the role of MS–13, one of the most dangerous and violent street gangs in America, with about 10,000 gang members present in the United States. We are looking at things like trade and the importance of modernizing NAFTA and the 5 million jobs that binational trade supports with Mexico or the 8 million jobs with Canada.

For our Democratic colleagues to object to our being able to meet in committees because of their pique over healthcare—which they have voluntarily taken themselves out of—is just beyond indefensible. I hope the American people realize exactly what they are doing. This is the temper tantrum I talked about a moment ago. This is not about having an open and honest debate and trying to solve a problem that, frankly, is not just our problem; it is a problem for all Americans. We ought to do better than that. We ought to hold ourselves to a higher standard than that. But this is the kind of temper tantrum, unfortunately, you get when a political party is not willing to participate in the debate and where they have no ideas that are actually workable, other than a single-payer system that will bankrupt the country and will fail to deliver quality healthcare to all our citizens.

I yield the floor.

The PRESIDING OFFICER (Mr. TOOMEY). The Senator from Louisiana.

HEALTHCARE LEGISLATION

Mr. CASSIDY. Mr. President, I am also here to comment, as Senator CORNYN has, on the state of play, if you will, and the repeal and replacement of ObamaCare. I think sometimes the American people feel like collateral damage as Republicans and Democrats go back and forth as to what is the best policy.

I am a physician, a doctor who worked in a public hospital for the uninsured for decades before I went into politics. I guess from my perspective, the primary thing is not Republican versus Democrat, but that patient who is struggling to pay her bills, her premiums, or the fellow who can't afford medicine. What are we doing for them?

There is a gentleman who went on my Facebook page—again, cutting through this kind of political noise. This is Brian from Covington, LA:

> My family plan is $1,700 a month, me, my wife and 2 children. The ACA has brought me to my knees. I hope we can get something done. The middle class is dwindling away. Can everyone just come together and figure this out?

If that is not a plaintive plea of someone who is drowning under the cost of premiums for insurance, which he knows he has and, as a responsible father and husband, he will work to pay for—nonetheless, he says that he is being crushed by these high premiums.

The American people need relief. We have to lower those premiums. I have always said, though, that whatever we do must pass the Jimmy Kimmel test; that is, to say that if Brian's wife or children or he himself has a terrible illness, there will be adequate coverage to pay for the care their family would need for that member of their family with that terrible disease. It kind of brings us to where we are now—two aspects to what we are considering.

By the way, when folks say that we are redoing one-sixth of the economy, that is not true. The Affordable Care Act, ObamaCare, again, attempted to address one-sixth of the economy that is healthcare. We are focused on the individual market, which is about 4 percent of those insured, and Medicaid. We are not touching Medicare. We are not touching the employer-sponsored insurance market. It is important to realize that this is not as comprehensive as the Affordable Care Act. It is something far more focused.

Let's first talk about Medicaid. I am very concerned about what has been proposed for Medicaid, but also concerned about current law regarding Medicaid. Under the Medicaid expansion in the Affordable Care Act, States got 100 percent of all the cost of the patients enrolled for the first 4 to 5 years. As you might expect, States were quite generous in their payments for these patients as they contracted with Medicaid-managed care companies to care for them, so much so that those folks enrolled in Medicaid expansion. Taxpayers are paying 50 percent more than taxpayers are paying for those in traditional Medicaid. And States enrolled roughly 20 million people in the Medicaid expansion program. The combination of enrolling so many people in the Medicaid expansion program and paying 50 percent more than for traditional Medicaid means that when States finally have to foot 10 percent of the bill, which they will by 2020—when States have to finally foot that 10 percent of the bill, they cannot afford that 10 percent.

Unfortunately, under the Affordable Care Act, State taxpayers will not be able to pay what in California is $2.2 billion extra per year as the State's 10-percent share. Similarly in Louisiana, my State, our taxpayers—me, my colleagues, my friends, my neighbors—would be on the hook for $310 million per year. Our State is having a budget crisis because we can't afford $300 million. Now it is a $310 million recurring bill every year.

One thing that is not said is that Medicaid expansion in its current format is not sustainable. We have to do something—again, to preserve benefits for that patient. We have to take care of that patient, but we have to make it sustainable, both for the Federal taxpayer and the State taxpayer. By the way, whoever is watching this is both a Federal and State taxpayer. You are getting caught both ways.

Let me speak a little bit about the process. If you want to speak about Medicaid, we just laid it out. Let's speak a little about the process, as much has been said about it. I don't care for how the process transpired, but I certainly understand Leader MCCONNELL's concerns that Democrats would not collaborate. I find that a sorry state of affairs.

What do I mean by that? SUSAN COLLINS and I, and four other Republican Senators, put forward a bill that would allow Democratic States to continue in the status quo—to get the money they would have ordinarily received under the Affordable Care Act and to continue a system—as much as they desire to have—for the whole Nation.

The minority leader, CHUCK SCHUMER, condemned our bill before we filed it, meaning before he had a chance to read it. Without reading our bill, he condemned it, even though his State of New York would have been allowed to continue in the program that they are currently in and receive the dollars to support that program. He condemned the bill before he read it, even though it would have allowed his State to continue in the status quo.

Similarly, we approached other Senators—10, at least, on my part. None would help us with our bill, even though their State could have continued in its current status quo, receiving the income it currently receives. That tells me that even a good faith effort to reach across the aisle was not going to get cooperation. That is too bad, and that is why, I think, there is kind of a political back-and-forth in which the patient—the American like Brian, struggling to support and cover his family—gets lost in the crossfire. A goodwill bill, designed for States to do that which they wish to do, would not even be considered by the other side.

I have always pointed out that if even two Democrats had walked into MITCH MCCONNELL's office and said ''We will work with you to pass a bill,'' they could have gotten far many more things for their State than saying ''No, we have not been invited to the party; therefore, we will not participate.'' I say that as an observation, not as a criticism, but also as an explanation to the American people of how we have ended up in this position.

Now, as to the bill that will be before us, I have not seen the written language. I reserve judgment until I have seen that, but I will say that there are some things I like. If our desire, again, is to take that patient, the American citizen, and make sure his needs or her needs are met—a family such as Brian described here who cannot afford their current premiums—there are things in this bill which will lower those premiums. There is the so-called cost-sharing reduction payments for the next couple of years that would continue to provide certainty to the insurance companies so that when they market insurance on the individual market, there would be certainty. They would be able to know those dollars are coming from the Federal taxpayer to support folks for the next couple of years, and they could lower their premiums accordingly.

There will be a so-called State Stability Fund that going forward, States

could use to create what was called the invisible high-risk pool—a reinsurance program, if you will—so that if you are a patient on dialysis, a patient with cancer, very expensive to care for, you would continue to get the care you require, but everyone else in that insurance market has their premiums lowered because there is a little bit of help for those folks with those higher cost conditions. By that, we lower premiums.

President Trump, when he was running for President, said he wanted to continue coverage, care for those with preexisting conditions, eliminate the ObamaCare mandates, and lower premiums. What I have seen or, at least, heard is we are on the path to fulfilling President Trump's pledge. Now, again, reserving judgment until I have seen written language, I will say that what I have seen so far keeps the patient as the focus, would address someone like Brian, the needs of his family, the needs of their pocketbook as well as their health, and build a basis so that going forward, States would have the ability to innovate, to find a system that works best for them.

On behalf of those patients, I hope that we as a Senate—whatever our party—are successful. I hope going forward we, as a Senate, no matter what our party, put the patient as the focal point, hoping that our combined efforts—again, no matter what our party—will address her needs or his needs, both financially and particularly for their health.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. Without objection, it is so ordered

Mr. BLUMENTHAL. Mr. President, earlier this week, on Monday morning at 9 a.m., I held a last-minute emergency field hearing on healthcare. With our colleagues on the other side of the aisle refusing to hold any official hearing on the bill and refusing to even show us the bill—what almost certainly is almost bad policy that is contained in the bill—I wanted the people of Connecticut to know that their voices and their faces would be heard and seen here in Washington, DC, and their stories would be told with or without an official committee hearing.

When I say this emergency field hearing was last minute, it was truly last minute, with many people having not even days but hours of advance notice to come and speak and share with me and others what the Affordable Care Act has meant to them, to their families, to their communities, and what losing it would mean to them.

To say the room was full would be a gross understatement. Every seat was filled, and when those seats were gone, people lined the wall two or three deep and squeezed in through the door. They were so anxious to be heard, and they were loud and clear. They were heard by me, and now I want their voices to be heard here.

We are continuing this hearing. In fact, we are having a second hearing on Friday afternoon at 1:30 in New Haven. We are sending out notices, blasting them to the people of Connecticut. We will have a third, if appropriate and necessary.

The people who came to this emergency field hearing in Connecticut were no different from millions of other people around the country, and they were speaking, in a sense, for all Americans. In my mind, they were speaking for parents who are suffering, providers who are healing, kids fighting back against dreaded diseases. They came because the closed-door discussions held in secret here by a small number of colleagues across the aisle will impact them every single day for the rest of their lives. My constituents and the people of Connecticut and the people of the country are unrepresented in those discussions. That is a travesty and a betrayal of our trust and our job.

So, on Friday, we are going to do the same thing. We are holding another emergency hearing in New Haven so people of my State can be heard, despite this disgraceful process that has left them and so many others on the outside looking in. They are excluded from democracy, and that is unconscionable.

If nothing else, I hope my colleagues will realize one thing. This is what democracy looks like. This is how we are meant to make decisions with many opinions—much debate, diversity of viewpoint, sometimes messy but always transparent, open, and clear to people whose lives are affected by it. That is what this emergency field hearing was designed to do.

Since it is becoming increasingly clear that this bedrock principle of our democracy—the right to open and honest debate—is being denied, I want to share some of the stories I heard on Monday, just some of them, and I will be sharing more of these stories over the coming days.

Justice Brianna Croutch was described by her mother as a beautiful free spirit, as you can see from this side of the photo. She was filled with compassion and at 21 years old had a beautiful and meaningful life ahead of her, all of her life ahead of her. She was a full-time student in a dental program, and she had a 4.0 average.

Justice, like far too many people, particularly young people in Connecticut and around the country, had a substance use disorder, and she needed effective, long-term treatment to begin that road to recovery. For Justice, this treatment came too late, and on August 23, 2015, she overdosed on heroin. It led to a brain injury. It is likely she will never recover from that injury.

''More likely than not,'' her mother said, ''I will have to make the decision to bring my daughter home with hospice care. No parent should be faced with these decisions.'' That is what Jennifer Kelly said at the hearing on Monday.

That is a picture of Justice as she is today.

I want to read exactly what Jennifer Kelly said because her words are far more powerful and meaningful than mine could ever be.

The American Health Care Act—

The House version of the so-called replacement for the Affordable Care Act—

would reduce Medicaid funding by $800 million, which provides coverage to an estimated 3 in 10 adults dealing with an opioid addiction. This will be so devastating to those seeking treatment for an opioid addition. In a system where families are already seeking help, this will be a tremendous step backwards.

So here I am, almost two years later, pleading for life, fighting once again for families I have never met, because I believe that no one should have to fight to get help for addiction in this country like my daughter did. So my question is, Mr. President and the members of the Senate, what number of lives lost will be enough? What is the magic number of sons and daughters, mothers and fathers, aunts and uncles that we as a nation will have to lose before you realize this country needs help?

I ask that same question of my colleagues today. I ask the question that Jennifer, a brokenhearted mother, asked. What number of lives will be enough? How many is enough? When will others in this body realize that gutting our healthcare system and stripping millions of care will simply make this opioid epidemic worse?

Jennifer was unfortunately not the only person who came to speak about the opioid epidemic. For me, the most moving and powerful among those moments came from Maria Skinner, who runs the McCall Center for Behavioral Health in Connecticut, who was there to give her thoughts and share the stories of two young people. I was actually lucky enough to meet both of them. Once again, I am going to share her words directly:

What I want to do is talk to you about two people and make that a real, personal, granular, human story. . . . And you know these two people very well; it's Frank and Sean.

She was speaking to me.

[You] have met Frank and Sean, who were able to access care and get clean and sober because of the Medicaid expansion, because they were able to have coverage.

And they've come here, to these rooms, to speak courageously and publicly about their struggle and about their recovery, and about how grateful they are to be able to be clean and sober because of the access of care afforded them through their insurance coverage.

We went to Sean's funeral on Saturday, and . . . Frank would be here today if he wasn't as brokenhearted as I am. Sean was 26 and had been doing really well, was on Naltrexone, was taking a Vivitrol shot, and he had to have surgery for a hernia, because

he raced motorbikes professionally and the hernia hurt him. He wanted to go back and was doing so well, he was speaking publicly to youth and was anxious to go back into doing what he loved. So he had that surgery and had to come off of his medication to do that. He was very vulnerable after his surgery, and he slipped once, and he used.

I've been to too many funerals and seen too many mothers and fathers broken-hearted at the coffins of their sons and daughters. We can't make this any harder than it already is. To me, it is unconscionable.

Maria is right, and so is Jennifer. Gutting Medicaid would be unconscionable. Weakening the protections afforded to those with mental health or substance use disorder would be truly unconscionable. Repealing the Affordable Care Act and the provisions within it that have meant more coverage, more healthcare, and more healing for those suffering from substance use disorder and struggling to break the grip of this opioid epidemic would be unconscionable and costly beyond words.

Alternative funds, as some reports say Republicans have considered, will never replace a permanent insurance program like Medicaid because Medicaid guarantees that coverage is there when families need it. No alternative can do that.

In Connecticut, nearly half of all medication-assisted treatment for people with substance use disorders is paid by Medicaid. My fear is that the Republican bill in place will mean that these people would have no place to go. They would have no support for medications, counseling, and help, no chance to get better, no place to go. I refuse to let us find out the answer to what would happen to them if Medicaid were gutted. I refuse to allow it to happen, if I have anything to do with it.

People with substance use disorder are not the only ones who will see their coverage threatened by a weakening of protections for those with preexisting conditions. In Connecticut on Monday, Shawn Lang of AIDS-Connecticut expanded on what this bill would mean for the people living with HIV in this country.

Some of us lived through the early days of the plague when we went to funeral after funeral, memorial service after memorial service, week after week, month after month, watching our friends wither away and die. The healthcare bill that is currently secretly weaving its way through Congress would bring us back to the early days of the plague.

HIV is a preexisting condition. Over half of the people living with HIV in the country and in this state are over the age of 50 and rely on Medicaid as their primary source of insurance. Most of those people also have other co-morbidities like substance abuse disorders and mental health disorders. What little we know about this bill would be devastating to people with HIV and AIDS, and it essentially would amount to a death sentence. Once again, having lived through those early days, we don't want to go back there.

Shawn's story is one of many I heard about the fear of losing coverage due to a preexisting condition.

Gay Hyre, a 60-year-old breast cancer survivor, has similar concerns about what gutting the Affordable Care Act would mean not just for her but for everyone around her. She said this about why she came to speak at the hearing:

I'm not just worried for me about my own care, although I will be on the receiving end of a lot of bad parts of this. I care passionately about the other 23 million Americans who are my fellow citizens of every age, type, and need. It's about the future, it's about our kids, it's about our grandkids who won't have access to treatments, who won't have access to doctors.

I know my colleagues across the aisle don't want to hear these stories. If they wanted to hear these stories from people in Connecticut and around the country, millions of stories, we would have hearings—not just emergency field hearings; we would have hearings here in Washington before the Committee on Health, Education, Labor, and Pensions and before the Committee on Finance and other committees that have jurisdiction on the House side as well as in the Senate. We would be having a real debate, a robust discussion, and everyone of us here would have a chance to review this bill, if there is a bill, and comment on it and hear from the people we represent. But unfortunately my colleagues across the aisle don't want to hear about the details of repealing the Affordable Care Act.

One witness at my hearing, Ellen Andrews of the Connecticut Health Policy Project, really summed up the reason. Here is what she said:

We have been working on expanding health coverage, high-quality, affordable coverage to everyone in the state and now everyone in the nation. I looked back, actually, at 2010, how many people were uninsured in this state before the Affordable Care Act, it was 397,000 people, almost 400,000. Last year it was down by 262,000. That is 262,000 fewer people living in our state without insurance because of the Affordable Care Act.

I want to share one final story. It is about a little boy in Connecticut who has a lot to lose if the Affordable Care Act is secretly gutted behind closed doors, as is now happening in real time right before our eyes, in secret, invisibly, in this body. I want to tell you about Connor Curran.

Two years ago, when Connor was 5 years old, his parents noticed that he was lagging behind his twin brother. They brought him to a doctor. Rather than receiving a simple diagnosis, they learned that Connor has Duchenne muscular dystrophy, a degenerative terminal disease that has no cure. Most people with the disease don't survive past their midtwenties. Connor's family wrote that their sweet boy, who was just 5 and full of life, would slowly lose his ability to run, to walk, to lift his arms. Eventually, they said, he would lose the ability to hug them at all.

Connor needs complex care from multiple specialists, costing an estimated $54,000 a year. Thanks to the Affordable Care Act, he cannot be denied coverage and has the coverage he needs to receive care. His family also wrote that any elimination of lifetime caps or elimination of essential health benefits will hinder his family's ability to access the care that Conner needs.

This is Conner in a picture that has been provided by his family.

The ACA removed barriers to Conner's care, and they are concerned—and so am I—that this reckless, reprehensible bill will put them back to the place that they were when they first learned about Conner's diagnosis.

Should Conner's disease progress, he will very likely need access to Medicaid in order to offset the costs of living with a disability, but for his family, the question now is, Will Medicaid even be there? If that devastating day comes, will he continue to receive the care he needs?

Conner's family is not about to give up. They have come to my office annually since he was diagnosed in order to fight for a cure and to fight for the Affordable Care Act—sometimes with tears in their eyes. They raise awareness, and they fight for their little boy. I know they would do it a million times over again if it meant that Conner could get better and live a long and healthy life.

Conner and others like him are why I am here. Conner and others like him are why I will continue this fight against any attempts to repeal the Affordable Care Act and replace it with a shameful, disgraceful bill that has been written behind closed doors—destroying lives and degrading the quality of life for millions of Americans.

The people whom I have met in Connecticut who came to this hearing—and countless others who have talked to me about the Affordable Care Act—are fighting for their lives and their health and for others who need it as well.

Those people whom I met in Connecticut and the others who will come to our hearing on Friday and, perhaps, afterward are the reason I am fighting for better coverage for all of the people of Connecticut and our country.

Those people are the best of our country with their fighting spirit and dedication to the people they love, and they deserve to be heard. They are the voices and faces of the Affordable Care Act who have been turned away at the door of this Capitol. I refuse to allow them to be silenced.

As I have mentioned, we will be back at it again on Friday because hearing from our constituents is part of our job. It is the bedrock of democracy. It is the fundamental core of what we do—listening to the people whom we represent. Failing to do so is unconscionable just as destroying the Affordable Care Act would be unconscionable, just as denying Conner what he needs would be unconscionable, just as ignoring Justice and Sean and Frank would be unconscionable. I hope my colleagues will listen.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Mr. President, I am pleased to yield 5 minutes to the distinguished Senator from Georgia.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, I thank the distinguished President pro tempore of the Senate, the chairman of the committee. I am honored to take that 5 minutes.

VETERANS HEALTHCARE

Mr. President, a lot of us wake up in the morning with a plan for the day, and we know what we are going to do each hour—and every 5 minutes if you are a Member of the Senate. Some days surprise you. I went to breakfast this morning for Members of the Senate who are veterans of the U.S. military. There were three of us at that breakfast. There were supposed to be more, but some did not come at the last minute.

One of the people at the breakfast handed me a piece of paper—four pages as a matter of fact—and asked: Have you seen this?

I did not know what it was, but I turned and looked at it. It was a white paper on the impact of President Trump's proposed budget on the American veteran.

The guy said: You are the chairman of the Veterans' Affairs Committee. I want you to explain why all of this is true.

I quickly turned through it, from one page to another, and looked at each of the headlines and subtitles. Every one of them was wrong. There was not a statement of fact in it, but there was a purpose to the paper.

So I thought all morning about what I would do today to try and get the word out about what is true without getting into a partisan or a bickering battle on the floor of the Senate about documents that have been sent out circuitously by one Member of the Senate or another. Facts are facts, and facts are stubborn things. It is very important for me as chairman of the committee to make sure that the Members of the Senate know what we are dealing with as we lead up to making important decisions.

This white paper alleges that President Trump's budget is a circuitous route to privatize VA health services for our veterans, which is patently untrue and wrong, and the authors of this in the Senate who have written it know it is untrue because they are on the committee. It further alleges that the funding of healthcare for veterans has been cannibalized by privatization programs in order to take healthcare out of the Veterans Health Administration and put it into the private sector.

I know, within a few weeks, that I am going to be coming to the floor with, hopefully, the entire Veterans' Affairs Committee and will be seeking additional funds for the Choice Program so as to continue to meet the demand for our veterans and their healthcare.

It was 2½ years ago that this Senate and this Congress and the former President passed and signed legislation that guaranteed that every veteran, no matter where he lived, could get services within the private sector in his community that were approved by the VA—services that he could not get from the VA anywhere. In other words, he got a choice. If he were denied an appointment within 30 days, he got a choice if he lived more than 40 miles from the service area. It became known as the Choice Program—popular but difficult to manage. It was popular in that 2.7 million appointments were held in the next 2 years over the previous 2 years because of the increased accessibility of healthcare for our veterans.

I come to the floor to say that the Veterans' Affairs Committee is working with the appropriators and the authorizers to see to it that the healthcare money that needs to be appropriated for our veterans is appropriately done in the budget proposal that we pass out of this body.

I want everybody on the floor to remember, every time you allege as a Member of the Senate that money for veterans is being cannibalized and that they are not going to get their health services, you are accusing the Congress and the Senate of not doing their constitutional duty of providing the funds we guarantee these men and these women when they voluntarily sign up to serve our country, serve for the eligible time necessary, and get VA status.

I am never going to forsake my obligation to the men and women who serve us today, have served us in the past, and will serve us in the future. I am never going to be one of those politicians who is not trustworthy in standing behind every promise that is made.

We have made a great promise to the veterans of America, and we are going to keep it because they made the greatest promise of all—that they would risk their lives for each of us.

So, if you get a document that reads ''The Impact of President Trump's Proposed Budget on America's Veterans'' and read it and it talks about the cannibalization of VA healthcare and its going to a privatized system of healthcare, put it in the trash can because that is where it belongs. It is full of quotes that have been taken out of context and that have been put together to tell a story to frighten folks.

Today and every day, we are in the process in the Veterans' Affairs Committee of working toward seeing to it that we meet the funding shortfalls that exist, to see to it that our veterans get the healthcare that they deserve and they come to our Veterans Health Administration for or that they have a choice, and we will continue to do so.

I have but one responsibility in the U.S. Senate, which is of paramount importance, and that is my chairmanship on the Veterans' Affairs Committee. I am not going to let our veterans down, and I am not going to let somebody else allege that we on the committee are trying to do something that would not help the veterans or guarantee them their healthcare. On the contrary, we are going to see to it that nobody else takes it away. We are going to do for our veterans what they have done for us—pledge our sacred honor to see to it that they get the service they deserve, have fought for, and have risked their lives for.

I thank the Senator from Utah for yielding the time.

The PRESIDING OFFICER. The Senator from Utah.

HEALTHCARE LEGISLATION

Mr. HATCH. Mr. President, for the last several weeks, I have been hearing quite a bit about process here in the Senate, particularly as it relates to the ongoing debate over the future of ObamaCare.

My friends on the other side of the aisle have, apparently, poll-tested the strategy of decrying the supposed secrecy surrounding the healthcare bill and the lack of regular order in its development. They have come to the floor, given interviews, and even hijacked committee meetings and hearings to express their supposedly righteous indignation about how Republicans are proceeding with the healthcare bill.

Of course, hearing Senate Democrats lecture about preserving the customs and traditions of the Senate is a bit ironic, but I will get back to that in a minute.

Last week, the Senate Finance Committee, which I chair, held a routine nominations markup to consider a slate of relatively uncontroversial nominees. On that same day, several of our colleagues and congressional staffers had been viciously attacked by an armed assailant, and a Member of the House of Representatives, of course, was in critical condition in the hospital.

I opened the meeting by respectfully asking my colleagues to allow the committee to use the markup as an opportunity to demonstrate unity in the face of a violent attack against Congress as an institution. Even then, my Democratic friends were, apparently, unable to pass up an opportunity to try to score partisan points and rack up video clips for social media by playing for the cameras as they lamented the committee's position in the healthcare debate.

Once again, the situation is dripping with irony. As I said, I will get to that in a minute.

If my Democratic colleagues are going to continue grandstanding over the healthcare debate, I have a few numbers I would like to cite for them.

Under ObamaCare, health insurance premiums in the State of Oregon have gone up by an average of 110 percent. In Michigan, they have gone up by 90 percent. In Florida, they have gone up by 84 percent. In Delaware, they have gone up by 108 percent. In Ohio, they have gone up by 86 percent. In Pennsylvania, they have gone up by 120 percent. In