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Senate

The Senate met at 11 a.m. and was called to order by the Honorable DAN SULLIVAN, a Senator from the State of Alaska.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Almighty God, Lord of the Universe, inspire our lawmakers today with the magnetism of Your presence. Give them a longing to know and do Your will, receiving Your guidance and following Your admonition. Lord, provide them with the liberating assurance that all things are possible for those who believe. Go before our Senators to guide, beside them to inspire, above them to bless, behind them to protect, and within them to transform. Fill their minds with Your Spirit and their hearts with Your joy, becoming their Providential Guide in all they think, say, and do.

We pray in Your Holy Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, June 22, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby

appoint the Honorable DAN SULLIVAN, a Senator from the State of Alaska, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. SULLIVAN thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

HEALTHCARE LEGISLATION

Mr. McCONNELL. Mr. President, 7 years ago, Democrats imposed ObamaCare on our country. They said it would lower costs. It didn't. From 2013 to 2017, premiums have on average doubled in the vast majority of States on the Federal exchange. Next year, ObamaCare premiums will go up across the country once again, potentially by as much as 43 percent in Iowa, 59 percent in Maryland, and even a staggering 80 percent in New Mexico. Does it sound as if ObamaCare is working?

They said it would increase choice. They said it would increase choice, but of course it didn't. This year, 70 percent of American counties have had little or no choice of insurers under ObamaCare. Next year, at least 44 counties are projected to have no choice at all, meaning, yet again, Americans could be thrown off their plans in States like Missouri and Ohio and Wisconsin. Does this sound as if ObamaCare is working?

Now Democrats tell us it would be wrong for the Senate to actually address these problems in a serious way while the law they have defended for 7 years teeters, literally teeters on the edge of total collapse. They were wrong before; they are wrong again now because ObamaCare isn't working. By nearly any measure it has failed, and

no amount of eleventh-hour reality denying or buck-passing by Democrats is going to change the fact that more Americans are going to get hurt unless we do something.

I regret that our Democratic friends made clear early on that they did not want to work with us in a serious bipartisan way to address the ObamaCare status quo, but Republicans believe we have a responsibility to act, and we are—for our constituents, for our States, and for our country.

We have long called for a better way forward, and we have been engaged in intensive talks on how to get there. Through dozens of meetings, open to each and every member of the conference, we have had the opportunity to offer and consider many ideas for confronting the ObamaCare status quo.

We have debated many policy proposals, and we have considered many different viewpoints. In the end, we have found that we share many ideas about what needs to be achieved and how we can achieve it. These shared policy objectives and the solutions to help achieve them are what made up the healthcare discussion draft that we finished talking through this morning.

We agree on the need to free Americans from ObamaCare's mandates, and policies contained in the discussion draft will repeal the individual mandate, so Americans are no longer forced to buy insurance they don't need or can't afford. We are repealing employer mandates, so Americans no longer see their hours and take-home pay cut by employers because of it. We agree on the need to improve the affordability of health insurance, and policies contained in the discussion draft will do that. It will eliminate costly ObamaCare taxes that are passed on to consumers, so we can put downward pressure on premiums; expand tax-free health savings accounts and deploy targeted tax credits, so we can help defray out-of-pocket costs; and shift power from Washington to the States,

- This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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so they have more flexibility to provide more Americans with the kind of affordable insurance options they actually want.

We agree on the need to stabilize the insurance markets that are collapsing under ObamaCare as well, and policies contained in the discussion draft will implement stabilization policies, so we can bring financial certainty to insurance markets and hope to Americans who face the possibility of limited or zero options next year under ObamaCare and ultimately transition away from ObamaCare's collapsing system entirely, so more Americans will not be hurt.

We also agree on the need to strengthen Medicaid, preserve access to care for patients with preexisting conditions, and allow children to stay on their parents' health insurance through the age of 26.

I am pleased we were able to arrive at a draft that incorporates input from so many different Members, who represent so many different constituents who are facing so many different challenges.

The draft containing the solutions I mentioned, along with many others, is posted online, and I encourage everyone to carefully review it. There will be ample time to analyze, discuss, and provide thoughts before legislation comes to the floor. I hope every Senator takes that opportunity.

Next week we expect the Congressional Budget Office to release a score. After that, we will proceed with a robust debate and an open amendment process on the Senate floor—a process I would encourage each of our 100 Senators to participate in.

When legislation does come to the floor, it will present Senate Democrats with another opportunity to do what is right for the American people. They can choose to keep standing by as their failing law continues to collapse and hurt more Americans, but I hope they will join us, instead, to bring relief to the families who have struggled under ObamaCare for far too long. Either way—either way, it is time to act because ObamaCare is a direct attack on the middle class, and American families deserve better than its failing status quo. They deserve better care, and that is just what we are going to continue to work to bring.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will proceed to executive session to resume consideration of the Billingslea nomination, which the clerk will report.

The legislative clerk read the nomination of Marshall Billingslea, of Virginia, to be Assistant Secretary for Terrorist Financing, Department of the Treasury.

RECOGNITION OF THE MINORITY LEADER

The ACTING PRESIDENT pro tempore. The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, we are beginning to receive the first bits of information about the Senate Republican healthcare bill, which has until now been shrouded in absolute secrecy.

I can see why. Even as we continue to get more details, the broad outlines are clear. This is a bill designed to strip away healthcare benefits and protections from Americans who need it most in order to give a tax break to the folks who need it least.

This is a bill that would end Medicaid as we know it, rolling back Medicaid expansion, cutting Federal support for the program even more than the House bill, which cut Medicaid by \$800 billion.

Let me remind everyone in this Chamber, Medicaid is not just a health insurance program for Americans struggling in poverty, though that is an important and necessary part of it. Medicaid is increasingly a middle-class program. Medicaid is how many Americans are able to access opioid abuse treatment, Medicaid foots the bill for two-thirds of all Americans living in nursing homes, and Medicaid provides the cushion, particularly in rural areas, so hospitals can survive and give topnotch healthcare to all of us.

From what is reported, in just 3 short years under the Senate bill, Republicans will take millions off their Medicaid coverage, and then, starting in 2025, the plan will institute even more Medicaid cuts, and each year those cuts get deeper than the year before. Within 10 years of this new funding system, the cuts to Medicaid could total hundreds of billions of dollars above the more than \$800 billion the House bill already cuts from the program.

Every senior in America should read the fine print of this bill. It looks as if American seniors could be paying way more. Why do this? Looking at the bill, the answer is, because the Republicans want to give a tax break to the wealthiest Americans—those making over \$200,000 a year—and set themselves up to give these folks another, even larger tax cut in their tax bill.

Even though much of the early reporting says that the bill will keep certain protections for Americans with

preexisting conditions, the truth is, it may well not guarantee them the coverage they need by allowing States to waive essential health benefits. What the bill is saying to those Americans is that insurance still has to cover you, but it doesn't have to cover what you may actually need. It doesn't have to cover all or even most of your costs.

If you need treatment for opioid addiction, your plan may no longer cover it. If you are pregnant and need maternity care, your plan may have decided that is too expensive. The coverage that Americans with preexisting conditions actually need may well become either unaffordable or even nonexistent under this bill.

Simply put, this bill will result—

Mr. CORNYN. Mr. President, will the Democratic leader yield for a question?

Mr. SCHUMER. Not right now—at the end of my remarks.

Simply put, this bill will result in higher costs, less care, and millions of Americans will lose their health insurance, particularly through Medicaid. It is every bit as bad as the House bill. In some ways, it is even worse.

The President said the Senate bill needed heart. The way this bill cuts healthcare is heartless. The President said the House bill was mean. The Senate bill may be meaner.

The Senate Republican healthcare bill is a wolf in sheep's clothing, but this wolf has even sharper teeth than the House bill.

It is clear that Republicans know that cutting Medicaid will hurt so many people in the middle class, so many in my home State of New York. Republicans know that people want essential health benefits, so they have created a disguise by saying that these changes will not occur for a year. But, in reality, the Senate Republican bill is a wolf in sheep's clothing, only this wolf has even sharper teeth than the House bill.

We are potentially voting on it in a week—with no committee hearings, no amendments in committee, no debate on the floor, save for 10 measly hours, on one of the most important bills we are dealing with in decades. That brings shame on this body. We won't even know the full cost or consequence of the bill until CBO scores it, and that could take a few days more.

How can my friend the majority leader expect this body to fairly consider this legislation, prepare amendments, and debate it in 1 week with only 10 hours of debate? How can he expect his own Members to do the same? Many of them on the Republican side are learning the details of the bill the same way we Democrats are: They are reading it today.

Now, listen to what the majority leader had to say in 2009 when we were debating healthcare—his words:

This is a very important issue. . . . We shouldn't try to do it in the dark. And whatever final bill is produced should be available to the American public and to Members of the Senate, certainly, for enough time to