

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, to the distinguished leader, I simply would say I am proposing that instead of this, which is essentially burning down the house in America in terms of healthcare, that you instead join with us in what you have admitted is one of the top drivers of healthcare costs in this country, which is what we want to tackle. We want to bring down the costs. We want to bring down the cost of prescription drugs, the out-of-pocket costs for everyone whose copays and premiums are too high. That is what we want to do. Taking away nursing home care, taking away the ability for a parent to take their child to the doctor or someone with cancer to get the treatment they need or a small business owner being blocked from getting healthcare because of a preexisting condition—we consider that burning down the house. We are opposed to that.

Frankly, we would love to have a ceremony and light this on fire and come back together and work together on the No. 1 driver, which is the cost of prescription drugs.

The ACTING PRESIDENT pro tempore. The majority whip.

Mr. CORNYN. Mr. President, maybe I misunderstood the question initially. I would suggest to the Senator from Michigan that it is the Democrats, under ObamaCare, who burned down the house because the individual market for healthcare has been decimated—decimated. And we are coming to the rescue of those millions of people who don't have employer-provided insurance. They don't get their coverage under Medicare or any other government program. They get it from the individual market. We are talking about individuals and small businesses. Right now people have almost no choices in many parts of the country, and for those who have choices, it is simply unaffordable.

It is an important conversation to have on drug prices and Medicare, and I am happy to do that. That would do nothing—zip, zero, nada—to help the people who are hurting now as a result of the failures of ObamaCare, and that is whom we are determined to help by passing this legislation after an open amendment process and fulsome debate.

The ACTING PRESIDENT pro tempore. The Senator from Michigan.

Ms. STABENOW. Mr. President, in conclusion, I wish to make one other comment, and that is, the people in Michigan who are purchasing on the private exchange—over half of whom are able to get a policy today for their families for less than \$100—I would say they would have a different perspective.

We need to fix those things that are not working, but for the 97 percent of the children in Michigan who can now see a doctor because of what has been done; for the hospitals that now see 50

percent fewer people walking into the emergency room without insurance, raising the costs for all policies; for the savings the State of Michigan is going to have in its budget next year of \$432 million in savings to taxpayers because they did the right thing by allowing children to go to a doctor instead of getting sick and going to the emergency room, I would suggest this is the wrong direction.

Mr. SCHUMER. Mr. President, I suggest the absence of a quorum.

The ACTING PRESIDENT pro tempore. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

HEALTHCARE LEGISLATION

Mr. MARKEY. Mr. President, last week, President Trump reportedly told several of our Republican colleagues that the House-passed version of TrumpCare's healthcare repeal of the Affordable Care Act was mean. This week, White House Press Secretary Sean Spicer said that the President would like to see a healthcare bill from the Senate that "has heart in it." What did we get? We got a bill from my Senate Republican colleagues that is identical to and in some cases even worse than the disastrous House-passed American Health Care Act that would rip coverage away from 23 million Americans and gut Medicaid by more than \$800 billion.

Nothing changes the fact that this undemocratic, secretive process has resulted in legislation that is so mean-spirited, it would make the Wicked Witch of the West cringe. The Senate Republican bill will rip away economic security from young families, make grandma and grandpa pay more for health insurance simply because they are old, tear away coverage for opioid addiction patients desperate for treatment, and punish Americans with pre-existing conditions such as cancer, diabetes, and Alzheimer's. For once, I agree with President Trump. This bill is mean.

Let's take a closer look about what is really inside of the Senate GOP's proposal on healthcare. Let's start by looking at the lower quality coverage. First, this bill will roll back the clock to the days before the Affordable Care Act, when an insurance card did not guarantee comprehensive coverage.

Because of the Affordable Care Act, there are certain things an insurance plan just has to cover—things like emergency services, maternity care, prescription drugs, mental health services. There is security in knowing that if you pay your premiums, this sort of basic minimum coverage is in place when you need it. But Republicans want to rip that away. They want to give States and insurance companies the option to not cover these things.

This would make it so that a consumer could easily be faced with an unexpected medical bill for services they had assumed were covered with their healthcare plan.

Independent analysis from the Congressional Budget Office estimates that out-of-pocket costs for maternity care or mental health or substance abuse disorder services could increase by thousands of dollars in a given year under TrumpCare. That is not increasing quality, as President Trump promised; that is lower quality. And that just increases inequality between the healthy wealthy, who can pay out of pocket for their care, and providing lower quality coverage for everyone else. That is mean.

Second, an age tax. Since the Affordable Care Act became law, the uninsured rate for Americans ages 50 to 64 decreased by one-half. Those are the baby boomers, and it is estimated that more than 28 million of these baby boomers will develop Alzheimer's disease between now and the year 2050. This reduction in the uninsured rates came about because the Affordable Care Act expanded Medicaid and put protections in place to prevent insurers from charging exorbitant prices just because of age. But instead of caring for our family and friends as they age and ensuring they can afford quality coverage on what may be a dwindling income, TrumpCare punishes you for achieving your milestone 50th birthday.

Under the Republican healthcare proposal, insurance companies can charge older Americans five times more than younger Americans for the same coverage. That is unconscionable. It doesn't matter if you are a 50-year-old marathoner in the best shape of your life; you will still be paying at least five times more for your insurance than your 40-year-old neighbor who smokes. As a result, Americans over the age of 60 could see their premiums increase by an average of \$3,200 or 22 percent. That might not sound like a lot to some people, but for those with decreasing incomes and fewer job opportunities, it is the difference between being able to eat and being kicked out on the street.

To add insult to injury, the subsidies in TrumpCare to help individuals purchase insurance are far less generous than what is currently available under the Affordable Care Act. Because that will result in premiums that are higher, the tax credits will not keep pace to help pay for more expensive insurance, and, as a result, this age tax is going to be mean to those who are older in our country.

No. 3, Medicaid cuts. Medicaid is a lifeline for families across our country. More than 70 million Americans—nearly half of whom are children—depend upon it. But it is clear that with TrumpCare's cuts to the program, Republicans want Medicaid to flatline. For a program that covers more than one-fifth of the Nation's population, including the sickest, the oldest, and the

poorest amongst us, Medicaid is especially irreplaceable.

But Republicans harbor an ancient animosity toward Medicaid. Republicans say that we need to restructure Medicaid's financing to help control the program spending and make it more efficient. That is just another way of saying to America's most vulnerable that you are just not as important as those who donate to our campaigns.

Raiding the Medicaid coffers achieves two goals. First, it tears holes in a critical social safety net for more than 70 million low-income and working-class Americans. Second, it provides the GOP with an open checkbook to pay back their donors with huge tax breaks.

Republicans might want to refer to these changes as capping the Medicaid program, but don't be fooled. What capping really means is decapitating access to primary care, decapitating the ability of grandma and grandpa to secure a nursing home bed, and decapitating access to treatment for substance abuse and mental health conditions. Gutting the Medicaid program—that is mean.

Next, they are going to reduce access to care. This one is simple. Less insurance coverage equals less access to care. While it is possible to get a doctor's appointment and treatment without health insurance, it is usually at prices that are impossible to afford for a typical uninsured person. Most working Americans can't conceive of paying more than \$150 every time they want to visit a primary care doctor or footing the bill for a couple of thousand dollars in the event they need more specialized care. The best medicines and the most effective treatments are only as good as the insurance coverage people have to help them to access to it.

How will these 23 million Americans who lose insurance under TrumpCare get the care which they need? They will not get the care. Unfortunately, when patients do try to access care, it will be because their illness has progressed to the point where it can no longer be ignored. Instead of seeking care with a primary care doctor in a less expensive healthcare setting, most uninsured patients will end up going straight to the emergency room—the most expensive site for care. And the cost of that uninsured patient—well, that is just going to get absorbed by everyone else in our country, as our rates for treatment and insurance coverage increase to make up for this uncompensated care. So reduced access to care—that is mean.

Then we move on to higher premiums. Higher premiums are going to be the new rule in our country because that is going to be what happens if the Republicans are successful in repealing the Affordable Care Act. According to the nonpartisan Congressional Budget Office, TrumpCare would increase premiums by an average of 20 percent in 2018. In Massachusetts alone, premiums

for next year could increase by \$600, threatening coverage for more than 180,000 of my constituents with private insurance. Because of everything else in TrumpCare, even though you are paying more, you will be getting less. It is like paying for a Cadillac, but only getting a tricycle. This will only prevent Americans from securing access to the care and the treatment they need and they deserve. Less care for more cost—that is going to be mean. Premiums are going to go up for everyone.

Finally, it threatens all of those in America who have preexisting conditions. For so many Americans, allowing insurance companies to refuse coverage or charge more because of a preexisting condition is inhumane, and it is immoral. Anyone who tried to buy individual health insurance before the Affordable Care Act remembers this problem. Before the healthcare act passed, in most States, if you had a preexisting condition, you could either be denied coverage, charged a much higher premium, or forced to wait potentially for years before receiving treatment for the condition to be covered. For many people, this meant they either had to go without needed care or spend their entire savings. For those with the most serious conditions, it was the difference between life and death.

The anxiety of suffering from an illness was only exacerbated by financial insecurity. It was a cruel and unusual form of punishment. Sadly, the Republicans want to take us back to this era. Threatening preexisting conditions—that might be the meanest of them all because protections for families who have preexisting conditions is something that goes right to the heart of what the Affordable Care Act provided as a protection.

Why would millions of Americans have to suffer these cruelties, these indignities, these punishments? That is the most outrageous part of all of this. President Trump and the congressional Republicans are proposing this healthcare heartlessness, all so they can give tax breaks to the wealthiest in our country.

We heard it from President Trump himself last night when he talked about the people he hired for his Cabinet. "I just don't want a poor person," he said. But who does he want running the government and our economy? He wants the wealthiest people in America. He wants people who are billionaires to be making the decisions as to how we run our economy. President Trump has in place a goal of turning over to the richest people in our country the responsibility for putting together the plan to cut the programs for the poor and the working families in our country.

The Republicans and their wealthy planners have put together a very simple one-step program: The rich get richer, and the rest get sicker in the United States. Make no mistake, this

healthcare plan is of the rich, by the rich, and for the rich. It is giving billions in tax breaks to people who don't need or deserve them, paid for by people who can't handle or afford it. That is cruel, that is inhumane, that is immoral, that is just plain wrong, and my Democratic colleagues and I will not stand for it.

We are standing up to say no to ripping away coverage for millions of Americans. We are raising our voices to say no to increasing costs for middle-class families. We are saying here today that we are going to say no to this legislative malpractice. The health of the American public is too important for us to be so mean, so callous to the people we were elected to serve.

This Republican proposal has never been about policy. It has always been about politics, and it is time to stop playing political games with people's lives, with people's healthcare.

Healthcare is a right and not a privilege. That is the promise we made to the American people with the Affordable Care Act, and it is a promise we must keep.

The President is keeping his promise to the rich in our country. They have now written a healthcare plan for one-sixth of our economy that slashes \$800 billion that would be used for the poor, for the sick, for the working class, for senior citizens in nursing homes by \$800 billion in order to give an \$800 billion tax break to the wealthiest people in our country. That is wrong.

This is a critical moment in our country's history, and we, as Democrats, are going to battle every single day here on the Senate floor and across this country to make sure that every person understands what the consequences of this incredibly callous, mean bill will mean—lower quality coverage, an age tax on the elderly, Medicaid cuts that hurt families across our country, reduced access to care, threatening of the protections for preexisting conditions, and resulting in higher premiums for everyone. It will be a disgrace.

I yield the floor.

The PRESIDING OFFICER (Mrs. FISCHER). The Senator from Maryland.

Mr. CARDIN. Madam President, first I want to thank Senator MARKEY for his comments. I share his concerns. I agree with what he has said about the risk factors of the bill that was announced this morning by the Republican leader and what it could do to millions of people around this country and what it will do to coverage for hundreds of thousands of people in my State of Maryland who will lose coverage and just about every Marylander whose healthcare will be impacted if this bill were to become law.

I want to start by saying that I think this is a shameful moment for the Senate—the Senate, whose traditions have made it be known as the most deliberative body in the world; the Senate, which has been known as a body that

allows for robust debate and benefits from the views of all 100 Members, where each of us has opportunities to get our voices heard. That tradition has been badly damaged by what the majority leader has done in bringing a bill that affects one-sixth of the economy of our country to the floor of the Senate without the deliberation by our committees and without transparency to the American people.

When I got to the Senate, I worked hard to get on the Senate Finance Committee. I did that because the jurisdiction of the Senate Finance Committee contains areas that I have devoted a good part of my public career to, including issues of taxation and issues concerning social programs in our State. But it also included healthcare, an area that I worked on when I was first in the Maryland State legislature. I wanted to be on the committee that had a role in developing the health policy of this Nation. I thought I could add to that debate with my experience, and I wanted to make sure that the people of Maryland had a voice as we developed healthcare policy in America.

That role is being denied by what the Republican leader is doing in bringing this bill to the floor without the benefit of hearings. Let me just repeat that. There has not been one hearing held on the legislation being brought forward by the majority leader. There hasn't been one committee markup of the bill.

Now, let me explain to the general public what a markup is. It is when the committees that have expertise on a bill—in this case, it would be the Senate Health, Education, Labor, and Pensions Committee and the Senate Finance Committee—have had a chance to bring the public in to get their views on the legislation, have had the committee staff go through it and explain all of the aspects to the members of the committee, with an opportunity for us to offer amendments to improve the bill, and then, ultimately, taking a vote on the recommendation to the full Senate. That is the regular order, but it is particularly the regular order on complex pieces of legislation.

I don't think there is a Member of this body who would say that this is not a complex field when we are dealing with healthcare—one-sixth of our economy. But the process that was used denied the people of Maryland and the people of this Nation the opportunity to have their voices heard through their elected representatives. It is a shameful moment.

Now, I know this has been done before on the floor, but I will just repeat it one more time. Compare this to how the Affordable Care Act was passed by the Senate. We had transparency, opportunities for the public to have input. We had hearings—many, many hearings that took place. My staff tells me there were 50 hearings or roundtable discussions or walk-throughs. We had 26 consecutive days of Senate de-

bate. There were hundreds of amendments offered by both Democrats and Republicans that were adopted on the bill before the bill reached the floor of the Senate. That all took place before we started the debate on the bill.

You cannot justify this process. This is an abuse by the majority, and it will affect the functioning of the Senate.

There are concerns about what this bill will do. The process is terrible. The impact on the Senate is terrible. But the real tragedy here is the impact, if this bill were to become law, it would have on healthcare in America.

So let me talk a little bit about my State of Maryland. It has been projected under this bill that those who will not have insurance coverage will go back basically to what it was prior to the passage of the Affordable Care Act; that is, a little over 400,000 Marylanders are at risk of losing basic health coverage. Now, it is going to affect everyone with insurance in Maryland, and I will get to that in a moment. But as many as 400,000 people are in jeopardy of losing their insurance because of what is done with regard to the alliances and the Medicaid Program itself. Many more will lose quality coverage.

Senator MARKEY talked about pre-existing conditions. You claim that there is protection for preexisting conditions, but it does not guarantee that the services will be provided because the States are given tremendous discretion as to what would be required as essential benefits within the healthcare plans. So if someone has a mental illness or someone has a drug addiction, is there a guaranteed coverage that that person would be able to get services? If that person has a pre-existing condition, it may very well not be covered because of the absence of essential health benefits.

Let me just give you another example of what could happen under this bill, and this is a real example on gender discrimination. Obstetrics coverage is critical for a childbearing woman. Now, if that becomes an optional coverage because of the State plans and discretion that it is given, obviously only those women who are planning to have children will take that coverage. Why would someone who doesn't need that coverage take the coverage? What are the consequences of allowing that type of choice? It is very clear.

Younger women are going to pay a lot more for their health insurance than they otherwise would. Is that fair? I think not. I think not. That is the consequence of the type of changes that are being made in the Affordable Care Act.

I was very instrumental in making sure that we had full coverage for pediatric dental. Why? Well, unfortunately, in my State in 2007—the year I first started in the Senate—we had a youngster, Deamonte Driver, who lived not far from here, who died because of an untreated tooth decay. It became abscessed and went into his brain. He had

to go through a couple of surgeries, and he lost his life. What was needed was \$80 of dental care. He couldn't get access to it because there was no coverage for it. He had no access to that care. He lost his life and, of course, the healthcare system had to pay a lot of money when it only needed to spend \$80 to keep him healthy.

Well, we took care of that and fixed that with the essential benefits now, including pediatric dental. Is that protected under the Republican bill? The answer is unclear—probably not. It is up to the States. It may be different in one State versus another. We don't have the protection.

Then we get to the affordability issue for Marylanders to be able to afford to have health insurance. Under this bill, there will be discrimination on those that are older. They are going to have to pay more for their health insurance. Is that right? No, it is not right. I heard the majority leader this morning give examples of how the Affordable Care Act is in danger, and he cited high premium increases. One of the States he quoted was the State of Maryland, and it was very misleading the way he did that. He was talking about the individual marketplace, and he was talking about one segment of that. What he didn't tell you is that CareFirst, the insurance company that is proposing that rate increase, indicated that at least half of that increase is the result of action taken by the Trump administration, because the Trump administration has not made it clear whether they will fund the cost-sharing provisions, which keep the costs down and affordable in the individual marketplace. That is a self-inflicted increase in premiums by the Trump administration.

There is a second issue that CareFirst mentioned, and that is the President's insistence on not enforcing the individual mandate, and, by the way, that is in the Republican bill. It means that younger, healthier people will choose not to have health insurance. Now, if they happen to ride a motorcycle and wrap themselves around a tree and get flown to the Shock Trauma Center in Baltimore and we are going to treat him, guess who is going to pay the bill? All of us are going to pay the bill through uncompensated care. It is going to raise my insurance policy and everybody's insurance policy. That person should have had insurance, but that person thought he or she didn't need that insurance. So they didn't take out the policy.

You find that those who will take out the insurance policies are the higher risks because they know they need the insurance. So those with high-risk issues will be in the pool raising the costs and that is why CareFirst has a higher ask, because they know it is less likely that healthier people will be in the pool than projected under the original Affordable Care Act. Why? Because of President Trump.

So when the leader says that the Affordable Care Act is falling apart, the

Affordable Care Act is strong, but it has been made vulnerable by the actions of the Trump administration, and the provisions in this bill will make it even weaker.

Now, 1.2 million Marylanders are in our Maryland Medical Assistance Program, or Medicaid Program. Many of these people are working families. Many of these people are our seniors who need long-term care and are in the Medicaid Program because it pays for their long-term care expenses. Many of these people are veterans or returning warriors who are under the Medicaid Program.

Under the Republican-released bill, they may make it a gentler slope before we get to the full impact of the Medicaid reductions, but the Medicaid reductions, if I understand correctly, are even more severe than under the House-passed bill.

Now, I could speak for Maryland. I know our legislature. Our legislature is going to try to do what is right, but they have limited resources in order to try to meet the needs that are out there. It is just not right to say that we are passing these problems on to the States when the States don't have the fiscal capacity to deal with them. Who gets hurt? The 1.2 million Marylanders who rely upon the Medicaid Program and all Marylanders who don't want to see what we call cost shifting, when someone who doesn't have health insurance ends up in our emergency room and doesn't pay the bill and everyone else pays those bills.

So why are we doing this? What is the reason we have gone through this pain? I have heard my colleagues talk about it, and it is absolutely true. The Republicans need to make room for the tax cut. They are pretty clear about it. Close to \$1 trillion in tax cuts is what they need to do. Who benefits from tax cuts? The wealthy, those who have access to healthcare. Who pays for the tax cuts? Those who are the most vulnerable in our community. That is just wrong.

My staff has put together a lot of individual letters that have been sent to us. I don't even need to go through them. I can tell the Presiding Officer just the experiences I have had walking on the streets to Baltimore or, quite frankly, walking anywhere, including here in Washington.

When people come up to me and say: Senator CARDIN, keep up the fight. Do you know what is going to happen if that healthcare bill becomes law? We have done some tests and we have certain genes, we are in a high-risk pool for cancer. We are not going to be able to get coverage if you let insurance companies go back to the practices they had before the passage of the Affordable Care Act.

People say that if they didn't have the insurance they now think they are going to lose, they would have to go through personal bankruptcy. That is not a hypothetical. Before the passage of the Affordable Care Act, unpaid

medical bills was the leading cause of bankruptcy. Are we going to go back to those days?

I talked to a parent who has a child with a disability—and to think what the cost of that child is going to be in the healthcare system. They don't possibly have the means to be able to afford that if they didn't have access to healthcare coverage without discrimination. You leave these discretions to how the insurance companies will respond with their businesses, they are going to figure out a way so a family who has a disabled child will not have adequate coverage. That is what is at risk. Senator MARKEY is right—healthcare should be a right, not a privilege, and we are moving in the wrong direction.

In Maryland, we have hospitals that are located throughout our State to meet the needs of the people of Maryland. We have hospitals that are located in areas where they have a lot of elderly and a lot of poor people, but because of the way we deal with our hospital reimbursements, we don't have cost shifting. We can have what is known as an all-payer rate, where whoever goes into the hospital, they pay the same rate so a hospital can locate in an inner city or poorer neighborhood. If you increase the cost sharing for people who don't have insurance, hospital facilities will not locate in those communities, adding to the costs of everyone's healthcare.

One of the great benefits, one of the great achievements of the Affordable Care Act, is that we now have facilities that are more conveniently located to people in this country, whether they live in a rural area or urban setting. Some are healthcare centers and some are health clinics, but they are more conveniently located because more people have third-party coverage and have insurance in order to pay those bills.

So I read with interest that certain segments of the advocacy community are going to be given certain concessions in this bill, and they think they are going to be OK. One is, I understand—and I am not sure what this term means, and maybe someone can explain it to me—medically complex children. These are children, I assume, who have special needs.

If I understand the bill correctly, there is going to be a carve-out in the Medicaid system so that these complex cases will be, at least for a period of time, reimbursed. Where are they going to get care?

Right now they are getting care, in many cases, in a school-based health clinic that is going to be closed under the Republican bill that is out here because it is not qualified to receive reimbursement. The expansion of our qualified health centers under the Affordable Care Act is going to be in deep jeopardy. I met with the CEOs of our qualified health centers where we have expanded to deal with pediatric care, dental care, and mental health. That is

in jeopardy of being contracted if you don't have the reimbursements from the people who live in that community that we have under the Medicaid expansion. That is in jeopardy. So don't believe you are protecting any vulnerable population when you don't provide the structure in which you can have reasonable reimbursements so that doctors, hospitals, and clinics can locate in communities and be treated fairly under our reimbursement structure.

I am deeply disappointed. I am deeply disappointed with what we have done to this great institution on this, such an important subject. I am deeply concerned, about the impact this is going to have on the people of Maryland and our Nation, and I will join my colleagues in doing everything I possibly can, during the limited opportunities we have only on the floor of the Senate, not in our committees—to do everything I can to protect the interests of the people of Maryland and our Nation so healthcare can be a right and not a privilege.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Madam President, I thank my colleague from Maryland for articulating the issues in this discussion draft that has been released this morning.

As I hear him talk about these complex kids, how the cap is going to work, and when people are going to be affected, it reminds me of the book, "The Smartest Guys in the Room." Right? Basically, people cook up schemes they think other people can't understand or the broader public will not catch on to in the hopes they can pass something. That is exactly what is going on here, a hoax and a scheme that is not cost-effective for the American taxpayer and will literally cut people off of access to healthcare, and literally, if the House bill was mean, this is doubling down on mean.

So I thank my colleague from Maryland for articulating the complex kids issue because these are concepts. If this is a discussion draft, I would hope my colleagues would come to the floor and discuss it—discuss the concepts that are in this bill and debate them, but that is not what is happening. In fact, we know very little detail at this point in time because people are assessing the information and trying to read and assess in between the lines.

I can state what I know and have gleaned so far by the accounts, and that this is a continuation on the war on Medicaid. I say that because with regard to this war on Medicaid, we didn't know where the Senate would go in their proposal. We know what the House decided to do. The premise and structure of the House bill is to cut Medicaid by capping it and continually driving down the amount of Federal obligation to this program.

I will tell you, it is not even a smart idea. If you want to reform and deliver

better healthcare at a lower cost, there are many ways to do that and save dollars and give better patient care, but that is not what the House proposal is. It was a budget mechanism. I am not just saying that. I am talking to my healthcare providers at home, I am talking to university professors, people who know and understand healthcare and have studied it for a long time. What the House did and now the Senate is doubling down on is nothing but a budget mechanism to cut people off of healthcare—as my colleague said, the most vulnerable of our population.

It is a wrong-headed idea. It is not going to help us control costs. Medicaid reduces bankruptcy rates, helps people stay employed, and boosts our GDP. Why would we want a draconian idea like cutting Medicaid as the centerpiece of a budget proposal by our colleagues on the other side of the aisle? As people have said, because they want to take that revenue and give it away in tax breaks for the wealthy. I guarantee you that is not what we should be doing.

The access to Medicaid is so important. Our veterans access the healthcare system through Medicaid. Many of them receive care through the VA, but also they receive services through Medicaid. Veterans would be impacted and would lose care. Our children who are seen at hospitals, such as the Children's Hospital in Seattle, are Medicaid populations, and they would not have the resources to get access to care. Our institutions that are covering individuals at Medicaid rates would take a hit.

All the Senate proposal does is basically move that cap, but it is a steeper cap at a point in time that makes and exacerbates this problem of cutting people off of access to care. So if the House bill is mean, this is just doubling down on mean.

There is nothing about destructing this safety net that is so important to Americans that goes hand-in-hand with the philosophy about how to drive down costs to healthcare. If you think about it, if we came out here and had a discussion with 100 U.S. Senators and said a great way to drive down the cost of healthcare would be to cut people off of healthcare, most people would say that is not a smart idea because when people are cut off of healthcare, we know that uncompensated care exacerbates healthcare needs, challenges other parts of our system, and delivering care to them makes it more expensive. When we have had discussions and roundtables about the proposal that the House had put out, providers in my State told me point-blank, covering the Medicaid population has helped drive down and control the rate of insurance in the private markets. By saying we are going to cut Medicaid at a more drastic rate, we are going to just send a signal to the market that rates for the private insurers should go up.

I don't think that is what my constituents want. They want us to inno-

vate. They want us to drive quality care and managed care into parts of the United States where it doesn't exist. They want us to take care of our most vulnerable population, and they want to make sure we are not delivering that off people who are going into the emergency room 50 times in a year because they don't have insurance.

We know the Medicaid rate is critically important. Medicaid costs up to one-quarter less than private insurance. It is a way to deliver care. We know measures we put into the Affordable Care Act, such as moving people off of nursing home care to community-based care, has saved Medicaid dollars. More States should do it.

We know plans such as bundling up the individual market into larger programs so they can have clout like others who work for a larger employer has also driven down costs. So those are the things we should be accelerating, not this notion that we move forward as a country by cutting the most vulnerable off of healthcare.

I ask my colleagues to come out and discuss this concept, discuss this idea, how it will affect the healthcare providers in their States. I plan to do that with my State. I hope they will come out here and tell us why it is a smart strategy to cut people off from Medicaid. I know no State that has the money to make up for the Federal share of Medicaid that is going to be doubled down in this bill.

I do not want to see a war on Medicaid. What I want to see is innovation. What I want to see is that covering people with some level of insurance basically helps save everybody on their insurance bills as well. I hope my colleagues will take this discussion draft and be proud to come out here and discuss it, but we have heard very little of that thus far.

Let's look at the real numbers, and I guarantee that we will hear from Governors, we will hear from States, we will hear from providers, we will hear from businesses, and we will hear from people who do not think this is a good idea.

Already there are comments from the National Association of Area Agencies on Aging: "This strategy will also put . . . Medicaid [and] states [and consumers] on a fiscally precarious path."

We have heard from other people that the Medicaid cap is up to twice as bad for States, will cause problems, and also from children's healthcare groups: "Converting Medicaid into a per capita cap . . . would dismantle critical protections . . . to care for all enrollees."

These aren't just partisan comments. These are the facts. What my colleagues don't realize is that by taking a huge chunk out of Medicaid, you are taking a huge chunk out of the safety net so many Americans depend on. It will not help us lower costs. It will exacerbate an escalation of rates for everyone in the market.

I thank the Presiding Officer, and I yield the floor.

The PRESIDING OFFICER (Mr. SASSE). The majority leader.

ORDER OF PROCEDURE

Mr. MCCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, all postcloture time on the Billingslea nomination expire at 2 p.m. today and that if cloture is invoked on the Svinicki nomination, the postcloture time not expire until 5:30 p.m. on Monday, June 26.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Iowa.

RUSSIA INVESTIGATION

Mr. GRASSLEY. Mr. President, in March, Mr. Comey briefed Ranking Member FEINSTEIN and this Senator on the Russia investigation. This included telling us who was and who was not under investigation.

After that meeting, I publicly called for Mr. Comey to tell the public what he had told us about whether President Trump was under investigation. I did this because the public had a right to know. Mr. Comey told me and other congressional leaders that the President was not under investigation. He even told the President himself, and I understand that he repeatedly told this to the President. But Mr. Comey didn't listen to my request for transparency. I think transparency in government is very important because transparency brings accountability, and government needs to be accountable. Mr. Comey didn't listen to the President's request. Only months later has the truth finally come out.

Well, it ought to raise the question with anybody: What happened in the meantime? What happened because Mr. Comey refused to tell the American people that the President wasn't under investigation? The short answer is something you see almost hourly, particularly in this city: media hysteria. Countless media articles falsely claimed the President was under investigation for colluding with Russia. Unfortunately, a number of our Democrat colleagues in the House and Senate played right along. Over and over again, the media published selective leaks. They published classified half-truths. All this was used to make false allegations of sinister conduct by the President. And, of course, there were a lot of people who believed it.

The intelligence community conducted an assessment of Russia's efforts to interfere in the election. That assessment said one of Russia's goals was to undermine public confidence in our democratic system.

Because Mr. Comey refused to tell the public that the FBI was not investigating the President, conspiracy theories and, of course, wild speculation have run rampant about the election, the President, and Russia. These conspiracy theories and wild speculation have played right into Russia's aim of undermining faith in our democratic system.