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Senate

The Senate met at 4 p.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAAYER

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

Let us pray.

Eternal God, sovereign of nations, answer our lawmakers even before they call, and hear them even before they speak. Give them the wisdom today to commune with You. May this fellowship bring them Your gifts of knowledge, judgment, and wisdom for these turbulent times.

Lord, help them to yield their minds, hearts, and wills to the flow of Your Divine intelligence, using Your might to solve problems in our Nation and world. Give them the power to handle the pressures of legislative labor as they find fuel from a fresh flow of Your strength. May they think clearly, serve creatively, and endure consistently.

We pray in Your sacred Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore 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.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mrs. ERNST). The majority leader is recognized.

BETTER CARE RECONCILIATION BILL

Mr. MCCONNELL. Madam President, 7 years ago, the Democrats forced an unfair healthcare system on our country that they called the Affordable Care Act. It turned out to be anything but that.

They told Americans that it would lower their premiums, but ObamaCare has increased premiums by an average of 105 percent in the vast majority of States on the Federal exchange since 2013. Unless we act, we can expect similar trends for years to come.

They told Americans that it would expand choice in the healthcare marketplace, but ObamaCare has left Americans in 70 percent of U.S. counties with little to no options for insurance this year. Unless we act, we can expect things to get worse.

They told Americans that it would allow them to keep their doctors, their plans, and their ability to make the smartest healthcare decisions for their families. Instead, ObamaCare forced millions off the plans they liked and forced millions into plans they either did not want or could not afford. Unless we act, more Americans will be left trapped, forced by ObamaCare to buy insurance but left without the means to actually do so.

This is the ObamaCare status quo as millions of Americans have come to know it. It is unacceptable. It is unsustainable. The American people need better care, which is exactly what we are working to bring them.

Through dozens of meetings and through conversations with every Member of our conference, we have had the opportunity to discuss many different ideas and approaches for bringing relief from ObamaCare. Ultimately, we found there were a number of areas in which we all agreed when it comes to what the critical issues we need to address are and how we can do that. Those solutions are what make up the draft legislation that was released last week and that we will continue working to consider now.

Better Care will preserve access to care for patients with preexisting conditions, strengthen Medicaid, and allow children to remain on their parents' insurance through the age of 26.

Better Care will lower costs from where they are under ObamaCare by,

among other things, eliminating taxes on the middle class, by giving Americans more power to control and reduce their medical costs and out-of-pocket expenses, and by giving States significant new tools to drive down premiums.

Better Care will free Americans from onerous mandates under ObamaCare by repealing the employer mandate that reduces hours and take-home pay for too many workers and by repealing the individual mandate that forces Americans to buy unaffordable ObamaCare insurance, freeing them to make the best healthcare decisions for their families on what types of plans they want and can afford.

Better Care will help stabilize insurance markets that are collapsing under ObamaCare by first implementing stabilization policies and then carefully transitioning away from ObamaCare completely so that more families are not harmed by its collapsing markets.

As one major insurer observed just today, this bill "will markedly improve the stability of the individual market and moderate premium increases." That is from a major insurer today.

We should keep working so that we can move forward with robust floor debate and an open amendment process here on the Senate floor. I would encourage all 100 Senators to participate because the American people need better care right now, and this legislation includes the necessary tools to provide it.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

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



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EXECUTIVE SESSION

EXECUTIVE CALENDAR

THE PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the following nomination, which the clerk will report.

The senior assistant legislative clerk read the nomination of Kristine L. Svinicki, of Virginia, to be a Member of the Nuclear Regulatory Commission for the term of five years expiring June 30, 2022.

Mr. MCCONNELL. Madam President, I suggest the absence of a quorum.

THE PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

THE PRESIDING OFFICER. Without objection, it is so ordered.

RECOGNITION OF THE MINORITY LEADER

THE PRESIDING OFFICER. The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Madam President, this week, the eyes of the American people should be and are on the Senate. The Republican majority endeavors to pass a massive remake of our Nation's healthcare system with the votes of only one party and the ideas of only one wing of one party in just 4 short days.

The Republican majority kept their healthcare bill shrouded in darkness for as long as possible, only dragging it into the light last Thursday morning after it was forced to because there was so much outcry over the secrecy. That was only a week before it was set for a vote. There are still no hearings and no opportunity for a robust discussion of amendments. Just a few hours ago, they released a revised version, which, at the moment, is what we will apparently consider on the floor.

There is a reason my Republican colleagues labored in secret. There is a reason they forsook the committee process and regular order and open debate. There is a reason they want to jam this bill through in just 1 week. They are ashamed of their bill. Now that we have seen it, we finally know why.

The Republican healthcare bill—this new TrumpCare—unwinds the healthcare protections and programs that are designed to help the Americans who need it the most in order to give a tax break to the Americans who need it the least.

The bill would gut Medicaid, making it harder for families with a loved one in a nursing home or for families with a disabled child to afford his care, so that they can give a massive tax cut to the wealthy.

This bill would defund Planned Parenthood, making it harder for millions of women to obtain care, so that they

can give people who make over \$1 million a \$57,000 tax cut, on average.

The bill would slash tax credits, which help families afford health insurance, in order to give a nearly \$1 trillion tax cut to the wealthiest Americans.

The bill would also punish any Americans who experience a gap in coverage, locking them out of health insurance for 6 months. Every year, tens of millions of Americans have a gap in coverage through no fault of their own. Some lose their jobs, and others have temporary financial problems. It is inhumane to say to those Americans: You now have to wait an additional 6 months without insurance.

Imagine someone who is struggling with cancer, and he has a lapse in coverage. The 6-month wait this Republican penalty imposes could well become a death sentence.

That is why Republicans are ashamed of this bill—it carries a staggering human cost. You do not have to take my word for it; the bipartisan National Association of Medicaid Directors came out today in opposition to the bill, saying it would “divert critical resources away from what we know is working today,” particularly for opioid treatment.

Madam President, I ask unanimous consent that their statement be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

[From the National Association of Medicaid Directors, June 26, 2017]

CONSENSUS STATEMENT FROM THE NATIONAL ASSOCIATION OF MEDICAID DIRECTORS (NAMD) BOARD OF DIRECTORS ON THE BETTER CARE RECONCILIATION ACT OF 2017

WASHINGTON, DC.—The following statement represents the unanimous views of the National Association of Medicaid Directors (NAMD) Board of Directors. NAMD is a bipartisan, nonprofit, professional organization representing leaders of state Medicaid agencies across the country.

Medicaid is a successful, efficient, and cost-effective federal-state partnership. It has a record of innovation and improvement of outcomes for the nation's most vulnerable citizens.

Medicaid plays a prominent role in the provision of long-term services and supports for the nation's elderly and disabled populations, as well as behavioral health services, including comprehensive and effective treatment for individuals struggling with opioid dependency.

Medicaid is complex and therefore demands thoughtful and deliberate discussion about how to improve it.

Medicaid Directors have long advocated for meaningful reform of the program. States continue to innovate with the tools they have, but federal changes are necessary to improve effectiveness and efficiency of the program. However, these changes must be made thoughtfully and deliberately to ensure the continued provision of quality, cost-effective care.

Medicaid Directors have asked for, and are appreciative of, improved working relationships with HHS and are working hard to streamline and improve the administration of the program. The Senate bill does formalize several critical administrative and

regulatory improvements, such as giving Medicaid Directors a seat at the table in the development of regulations that impact how the program is run, and the pathway to permanency for certain waiver programs. However, no amount of administrative or regulatory flexibility can compensate for the federal spending reductions that would occur as a result of this bill.

Changes in the federal responsibility for financing the program must be accompanied by clearly articulated statutory changes to Medicaid to enable states to operate effectively under a cap. The Senate bill does not accomplish that. It would be a transfer of risk, responsibility, and cost to the states of historic proportions.

While NAMD does not have consensus on the mandatory conversion of Medicaid financing to a per capita cap or block grant, the per capita cap growth rates for Medicaid in the Senate bill are insufficient and unworkable.

Medicaid—or other forms of comprehensive, accessible and affordable health coverage—in coordination with public health and law enforcement entities, is the most comprehensive and effective way to address the opioid epidemic in this country. Earmarking funding for grants for the exclusive purpose of treating addiction, in the absence of preventative medical and behavioral health coverage, is likely to be ineffective in solving the problem and would divert critical resources away from what we know is working today.

Medicaid Directors recommend prioritizing the stabilization of marketplace coverage. Medicaid reform should be undertaken when it can be accomplished thoughtfully and deliberately.

Mr. SCHUMER. Madam President, the nonpartisan American Medical Association—a conservative organization—came out today in opposition to the bill, saying it “will expose low and middle income patients to higher costs and greater difficulty in affording care.”

I ask unanimous consent that their letter be printed in the RECORD.

There being no objection, the material was ordered to be printed in the RECORD, as follows:

AMERICAN MEDICAL ASSOCIATION,
Chicago, IL, June 26, 2017.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.
Hon. CHARLES SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.

DEAR MAJORITY LEADER MCCONNELL AND LEADER SCHUMER: On behalf of the physician and medical student members of the American Medical Association (AMA), I am writing to express our opposition to the discussion draft of the “Better Care Reconciliation Act” released on June 22, 2017. Medicine has long operated under the precept of *Primum non nocere*, or “first, do no harm.” The draft legislation violates that standard on many levels.

In our January 3, 2017 letter to you, and in subsequent communications, we have consistently urged that the Senate, in developing proposals to replace portions of the current law, pay special attention to ensure that individuals currently covered do not lose access to affordable, quality health insurance coverage. In addition, we have advocated for the sufficient funding of Medicaid and other safety net programs and urged steps to promote stability in the individual market.