

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.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

Though we await additional analysis of the proposal, it seems highly likely that a combination of smaller subsidies resulting from lower benchmarks and the increased likelihood of waivers of important protections such as required benefits, actuarial value standards, and out of pocket spending limits will expose low and middle income patients to higher costs and greater difficulty in affording care.

The AMA is particularly concerned with proposals to convert the Medicaid program into a system that limits the federal obligation to care for needy patients to a predetermined formula based on per-capita-caps. At the recently concluded Annual Meeting of the AMA House of Delegates, representatives of more than 190 state and national specialty medical associations spoke strongly in opposition to such proposals. Per-capita-caps fail to take into account unanticipated costs of new medical innovations or the fiscal impact of public health epidemics, such as the crisis of opioid abuse currently ravaging our nation. The Senate proposal to artificially limit the growth of Medicaid expenditures below even the rate of medical inflation threatens to limit states' ability to address the health care needs of their most vulnerable citizens. It would be a serious mistake to lock into place another arbitrary and unsustainable formula that will be extremely difficult and costly to fix.

We are also concerned with other provisions of the legislation beyond those directly affecting insurance coverage. The Affordable Care Act's Prevention and Public Health Fund was, according to the Department of Health and Human Services, established to "provide expanded and sustained national investments in prevention and public health, to improve health outcomes, and to enhance health care quality." These activities are key to controlling health care costs and the elimination of support for them runs counter to the goal of improving the health care system. We also continue to oppose Congressionally-mandated restrictions on where lower income women (and men) may receive otherwise covered health care services—in this case the prohibition on individuals using their Medicaid coverage at clinics operated by Planned Parenthood. These provisions violate longstanding AMA policy on patients' freedom to choose their providers and physicians' freedom to practice in the setting of their choice.

We do appreciate the inclusion of several provisions designed to bring short term stability to the individual market, including the extension of cost sharing reductions payments. We urge, however, that these provisions serve as the basis of Senate efforts to improve the ACA and ensure that quality, affordable health insurance coverage is within reach of all Americans.

We sincerely hope that the Senate will take this opportunity to change the course of the current debate and work to fix problems with the current system. We believe that Congress should be working to increase the number of Americans with access to quality, affordable health insurance instead of pursuing policies that have the opposite effect, and we renew our commitment to work with you in that endeavor.

Sincerely,

*James L. Madara, MD.*

Mr. SCHUMER. Madam President, even several Republican Senators are expressing concerns.

Republican Senator HELLER said: "The bill doesn't protect the most vulnerable Nevadans—the elderly, Nevadans struggling with mental health issues, substance abuse, and people with disabilities."

He continued: "The goal of healthcare reform should be to lower costs here in Nevada, and I'm not confident—not confident—it will achieve that goal."

Republican Senator SUSAN COLLINS said about the bill: "I'm very concerned about the cost of insurance for older people with serious chronic illnesses, and the impact of the Medicaid cuts on our state governments, the most vulnerable people in our society, and health care providers such as our rural hospitals and nursing homes."

Even my friend the junior Republican Senator from Texas said that under this bill, "premiums would continue to rise."

My Republican friends are right to have these concerns. The bill will not lower costs for working families. It will leave the most vulnerable Americans out in the cold, devastate rural areas, and set us even further back in combating the opioid epidemic.

This week, the Senate will witness a political exercise in that the majority leader will attempt to coerce the votes of these Senators and any other hold-outs by adjusting the dials on the legislation a bit. There will be buyouts and bailouts and small tweaks that will be hailed as "fixes" by the other side.

The truth is that the Republicans cannot excise the rotten core at the center of their healthcare bill. No matter what tweaks they add, no matter how the bill changes around the edges, it is fundamentally flawed at the center. No matter what last-minute amendments are offered, this bill will force millions of Americans to spend more of their paychecks on healthcare in order to receive fewer benefits simply so that the wealthiest Americans can pay less in taxes. That is why our Republican colleagues are ashamed of this bill and are rushing it through in 4 short days.

Before we vote on the motion to proceed, I would ask my Republican friends to do one simple thing: Reflect on how this bill would impact your constituents. We are all sent here to serve the people of our States—to do right by them, to ease their burdens where possible and make sure our laws reflect a country that gives everyone an equal opportunity to succeed. The first rule of medicine is "do no harm." So it should be with government. So it should be with this healthcare bill.

But this bill will harm the middle-class family with a parent in a nursing home. It will harm the father whose son is struggling with opioid addiction and who is having trouble finding the money to put him through treatment. It will harm the child born with a pre-existing condition, who may hit the lifetime cap on healthcare coverage before he or she even enters kindergarten.

As the American Medical Association said today, this bill violates the "do no harm" standard on many levels. I believe my friends and colleagues on the other side of the aisle are men and

women of good conscience. I would ask that they think with their conscience before they vote on the motion to proceed on Wednesday.

Any bill that does this much harm to the American people ought to receive a "no" vote.

#### RUSSIA SANCTIONS

Finally, Madam President, I have a word on Russia sanctions. President Trump has spent the last few days firing off tweets that point fingers at President Obama's handling of Russia's interference in our election. It is good that the President has finally acknowledged—albeit implicitly—that Russia interfered in our election, something that the intelligence community has long agreed upon.

Let me give the President some heartfelt advice. Mr. President, you have to stop the name-calling, finger-pointing, and deflection when it comes to something as serious as Russia's meddling in our democracy. This is very, very serious stuff.

Whatever President Trump thinks of President Obama's actions during the election is moot. Mr. Trump is now President, not Barack Obama, and the Russian threat is still there. If President Trump is concerned by Russian interference in our election, he can step up to the plate and try to stop it. Blaming Obama is not going to solve the problem, even though that blame may be wrongly placed.

The best thing President Trump can do is to support the Russia sanctions bill the Senate passed 2 weeks ago by an overwhelming, bipartisan, 98-to-2 vote—a bill that is currently languishing at the clerk's desk in the House, at what appears to be, at least, the request of the White House.

It would be unconscionable—unconscionable—to let sanctions stay where they are or, worse, to weaken them, when Russia has interfered with the wellsprings of our democracy and, if not punished, will likely do so again.

If President Trump doesn't support the bill and tries to block it or water it down, Americans are going to be asking: What is his motivation? What is the reason President Trump is afraid to sanction Russia after they interfered in our elections? The American people are going to ask a lot of questions.

I would advise the President to stop casting blame and step up to protect the vital interests of this country, to get tough on Russia, get serious about safeguarding our elections, and tell Speaker RYAN to pass our Russia sanctions bill so that President Trump can sign it.

Otherwise, President Trump is going to be in an even deeper hole with the public on the matter of Russia.

Thank you, Madam President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. LEAHY. Madam President, I thank the distinguished Democratic leader for his comments. I ascribe to them.