

ORDERS FOR TUESDAY, JUNE 27,
2017

Mr. TILLIS. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 2 p.m., Tuesday, June 27; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, and the time for the two leaders be reserved for their use later in the day; finally, that following leader remarks, the Senate be in a period of morning business for debate only, with Senators permitted to speak therein.

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

ORDER FOR ADJOURNMENT

Mr. TILLIS. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues.

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

The Senator from Connecticut.

HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, I am proud to be on the floor today, proud to stand with my colleagues, and I hope that at the end of this week, I will be proud of all of my colleagues when we vote to defeat this measure, or at least to delay it, because we owe the American people the right to be heard.

Our responsibility as elected representatives is at the very least to listen. I have been listening over the last week but really over the last year to constituents of mine in the State of Connecticut and over the last week at two emergency field hearings that I conducted because no hearings were held by the Senate and no markups and no votes in committee. What we saw here in Washington was complete secrecy, a bill produced behind closed doors, only seeing the light of day for the first time last Thursday.

Our Republican colleagues have gone from total secrecy to total chaos. The reason for the chaos is the facts that were most dramatically revealed today—just hours ago—when the Congressional Budget Office told us, not surprisingly, that 22 million Americans would be thrown to the wolves as a result of this measure—thrown to the wolves of no healthcare coverage—and eventually 49 million Americans would be without healthcare insurance by 2026.

Next year alone, 15 million more people will be uninsured under the Republican plan, TrumpCare 2.0. Low-income Americans would be unable to afford any plan at all, and anybody who does would be paying higher costs for fewer services of lesser quality. Americans will pay a higher share of their income

and receive less as a result. A 64-year-old making almost \$57,000 will go from paying \$6,800 under the Affordable Care Act to \$20,500 under the proposal before this body. This jump in cost is absolutely staggering.

It will destroy the financial well-being of middle-class Americans who also, when they need nursing home care, after they have exhausted their savings, will be thrown to the wolves. I visited one such facility just last Friday, where two-thirds of its 60 beds will be unaffordable when those middle-class families find their savings will no longer cover it.

These facts are the reason for the Republican chaos. One of our former colleagues, my mentor, Senator Daniel Patrick Moynihan, famously said: “Everybody is entitled to his own opinion, but not to his own facts.” The administration’s statement that the CBO is not to be blindly trusted—nobody has to trust the CBO blindly. Those facts are driven by reality. Their report speaks truth to power and to the American people, and the American people get it.

None of us can look our constituents in the eye, look ourselves in the mirror, look inside ourselves, in our hearts, and justify a vote for this bill. The American people are angry, many of them because we are even considering it. It is not an anger that is kind of a shrug of the shoulders; it is a deep, vocal, vehement, vitriolic anger. I have seen it and heard it at those hearings, where I listened to people coming forward and talking about this bill, recognizing it for what it is. It is not a healthcare bill; it is a massive tax cut for the wealthy.

Just Friday afternoon, one of the folks who attended the hearing came to the microphone and said: Don’t call it a healthcare bill; it is a wealth care bill. In fact, she is absolutely right. This bill cuts hundreds of millions of dollars in taxes for the richest so that they will do better, but it also cuts \$300 billion in Medicaid spending and investment to provide for that kind of tax cut. It is not a healthcare bill; it is a wealth care bill. And for most Americans, it is a catastrophic, cruel, and costly insult to their intelligence, their health, and our American values. It is a sham and a charade, making possible those cuts for the rich—tax cuts for them—at the expense of our most vulnerable citizens. And it has been the result of a profoundly undemocratic process—secrecy and speed.

Despite the best efforts of our Republican colleagues to keep Americans in the dark about what this proposal would do, I have seen growing awareness, again, not only at these hearings but as I walk through the airport, as I march in parades—twice over this weekend—as I attend public gatherings. Whether it is Boys State, sponsored by the American Legion for 16- and 17-year-olds, or nursing facilities for elderly citizens, there is a growing awareness that this bill is bad—profoundly bad—for the American people.

The people I have heard from have prescriptions to fill, appointments to make, lives to live, but they have come to these hearings on very short notice in Hartford and in New Haven, literally filling rooms so that there was standing room only.

I challenge my colleagues to hold the same kinds of hearings, to delay this vote so that they can go home at the end of this week and hold hearings in their State and listen to their constituents about what they have to say and what the consequences will be.

Nearly 1 in 10 veterans has Medicaid coverage, meaning that a staggering 1.75 million veterans, including 18,000 veterans in Connecticut, would be impacted by these reckless cuts. Let me repeat that number for all of us who rejoiced in the recent Accountability and Whistleblowers Act. Some 1.75 million veterans—18,000 of them in Connecticut—will be harmed by this reckless and needless insult and injury.

Put simply, this bill would make it hard for veterans with mental health disorders like post-traumatic stress disorder to get care. Nearly a quarter of all veterans receive care for mental health disorders outside the VA system, meaning they rely on protections that guarantee their access to affordable care. Under this proposal, those protections would be severely threatened, and the veterans who need that care would see that care at risk.

Here we are talking about a choice program that enables veterans to seek care outside the VA system, privately, and we are endangering care for millions of Americans—veterans—who need and seek it by using Medicaid.

If my colleagues listen to their constituents, they will hear from many of the people who have come to my town-halls, like Christine Girassi. Christine has two beautiful 4-year-old twins named McKenzie and Cameron. McKenzie was born with Prader-Willi syndrome, a rare genetic disorder that her mom described as “including low muscle tone, seizures, temperature instability, sleep apnea, infertility, OCD, intellectual disabilities, and developmental delay.”

In the first few weeks of her life, McKenzie was in the hospital for 57 days, accounting for \$2 million in costs. Their family was spending \$30,000 a year to help their daughter thrive. So when Christine learned that her daughter had received a waiver to become a Medicaid beneficiary, she was overjoyed.

Christine told me:

When we received McKenzie’s diagnosis, we were told that she wouldn’t do a lot of things, and at only 4 years old she’s already defying the odds. I have no doubt in my mind that if we are able to continue down our current path of the proper therapies and doctors, McKenzie will be able to have her fruitful life. I am terrified if the rug comes out beneath her that she will become just another statistic.

Another statistic? There are enough statistics in that CBO report. We will hear a plethora of statistics on the

floor, but a picture is worth a thousand words and many more than a thousand statistics, and no one—no one should be consigned to being a statistic.

This family is one of the many faces and pictures and stories of Medicaid. They deserve to be heard. If we gut this program, if we strip away the important services it provides, we know all too well what will happen to McKenzie and her family as statistics. Like her mother said, Medicaid has been the path to success for them, and that rug will be pulled from that family, from beneath McKenzie.

At the hearing on Friday in New Haven, I heard from Kent O'Brien, who told me about the eight prescription medications he takes—four for psychiatric reasons and four for medical reasons.

Of course, mental health parity has been one of the crusades of my life. When I was State attorney general, I worked with Senator Ted Kennedy and Congressman Patrick Kennedy to help advocate for that bill. As a Senator, I advocated for the regulations that were necessary for its enforcement, and we finally got it done.

I want to quote what Kent said directly. He told me:

Hi, everybody, how are you today? I'm going to keep this brief, because I know the senators are on a very strict time constraint and I respect that. So I'm just going to talk very quickly about my prescription medications; there are eight of them. Four of them are for psychiatric reasons and four are medical. And if I lose my Medicare and Medicaid, I will be unable to pay for them obviously, which in turn I will end up in the hospital.

Kent went on:

Now, for the Republicans who are seeing this in Washington, can you please listen to me carefully?

I am speaking to an empty Chamber. Let nobody make any mistake that Republicans are hanging on Kent's words as I speak now, but every one of them should go to the RECORD. Every one of them should be listening in their offices. Every one of them should go to the RECORD.

Kent goes on:

If I lose that medication, I will end up in the hospital, and it's going to cost the state and the federal government much more money than it would be to simply let me go to the pharmacy and pick up my medication.

If there were ever a message that Washington should hear, it is from Kent O'Brien, who closed by simply saying:

So I'm just going to close up with that, and don't hurt the American people. Help them!

If you met Kent, you would wonder how he was capable of that eloquence. He is an ordinary American, someone who looks like all the rest of us. He has said to this body what it means to hear: "Don't hurt the American people." He couldn't be more right. This proposal would cost our Nation so much, not just financially—Kent had it right—but morally. It will lead to a weakening of what makes our country strong and great in the first place: our

ability to care about our neighbor, to fight for what is right, and to listen to the people who represent here in the Senate.

First, do no harm. That is what the ethos of the medical profession is. It ought to be our mantra as well. It ought to be what my colleagues, if nothing else, heed as we reach this decision to listen to people who sent us here and hear their stories. Listen to the anxieties and fears and value of America. They will tell you all you need to know about this bill. Kent told me. As he said, the cost will be staggering—not just in financial terms but in human terms.

This bill—written behind closed doors, away from the light of day, away from the realities of medical care in the United States of America, away from the voices and faces I have brought to the floor today, and which I will continue to bring to the floor—ignores the most important thing we can do this week. As Kent said, don't hurt the American people. As the doctors tell us: First, do no harm.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Maryland.

Mr. VAN HOLLEN. Mr. President, I wish to start by thanking my colleague from the State of Connecticut for bringing those powerful testimonies to the floor of the Senate. It is really important that all of us—all 100 of us—spend time back home in our States listening to people who are telling us those kinds of stories.

I have received over 2,500 calls in my office just since Thursday, all of them strongly opposed to this so-called healthcare proposal.

Some things improve with time. Some things improve with age, like red wine. Some things get stinkier and smellier the longer they sit out there, like rotten things. That is the case with the series of Republican so-called healthcare bills, TrumpCare 1, TrumpCare 2.0, and now, TrumpCare 3.0. They are all rotten to the core, and the more they sit out there, the stinkier they get, and the American people know it.

If you had any doubts, take a look at the most recent Congressional Budget Office report we got today. There is a pretty clear pattern between all of these Congressional Budget Office reports and the first bill we saw and the second bill and now on this latest version.

Here is the pattern. Tens of millions of Americans will lose access to affordable healthcare in the United States of America in order to provide tax breaks for powerful special interests and richer Americans. That is the pattern. In this most recent report, we are told by the nonpartisan professionals at the Congressional Budget Office that 22 million of our fellow Americans are going to lose access to affordable healthcare. For what? To give powerful special interests and wealthy Americans a tax break.

Insurance companies currently are not allowed to deduct the bonuses they pay to their CEOs. Now you are going to allow insurance companies to deduct the bonuses they pay to CEOs, and while tens of millions of Americans will lose access to affordable care, millionaires in America will get an average annual tax break of \$50,000 a year, every year.

So make no mistake. You can call this a healthcare bill, but it has nothing to do with healthcare and everything to do with wealth care and transferring wealth from more struggling vulnerable Americans to the very wealthy.

If this were about healthcare, why is it that we have all received in our offices long lists from patient advocacy organizations that are dead-set against this legislation? These are organizations that have been dedicated to trying to improve healthcare for people and patients in our country: the American Cancer Society, the American Diabetes Association, the American Heart Association, the American Lung Association, National Alliance on Mental Illness, National Breast Cancer Coalition, and National Multiple Sclerosis Society. The list goes on and on from organizations that have dedicated themselves to advancing patient health.

On the other side, I haven't seen a single—not one—patient advocacy group that has come out to support this so-called healthcare bill. How can that be? If this is good for the health of our fellow citizens, why is it we have a long list of organizations dedicated to that cause against it and not one for it?

How about healthcare providers, the folks who help provide the care to our constituents? They are all dead-set against it: the nurses, the doctors, the hospitals, the people who have that network of care.

I was just out on the Eastern Shore of Maryland, a rural part of our State. The National Rural Health Association is opposed to this bill. They know the people they serve are going to be badly hurt, and, by the way, it is also going to hurt the economies in those parts of our State, especially the rural parts of the States, because those hospitals depend heavily on many of the people who get help through the Affordable Care Act, whether through the exchanges or through expanded Medicaid. As those patients come in the door and no longer can pay for their care, those hospitals said they may have to close down operations and lay people off. It is a double whammy—bad for patients and bad for those who provide the care to our patients.

That is why AARP has been all out against this, because they know that for Americans between the ages of 50 and 64, before you get on Medicare, this is a total disaster. As they have said, there is an age tax. If you are older, you are going to pay a whole lot more under this Republican bill than you pay today.

Many people are just realizing now as they follow this debate that two out of three Americans who are in nursing homes today are supported by Medicaid payments. So millions of our fellow Americans who now get their care in nursing homes, where Medicaid is providing support for two out of three, are going to be put at risk and made vulnerable because of this legislation.

Remember, Donald Trump said he wasn't going to cut Medicaid. This cuts it by over \$750 billion. Make no mistake, on this issue, this Senate bill is a lot meaner than the House bill. We all know that President Trump out in the Rose Garden celebrated the passage of the House bill. But behind closed doors, what did he call it? Mean. This Senate bill, as time goes on, will cut Medicaid far more deeply than the House bill. As we look at this Congressional Budget Office report, it talks about how you get to the end of year 8 and 9 and 10, and you go beyond that. You are going to have very deep cuts, much more painful, much meaner than in the Senate bill.

We have heard a lot about pre-existing conditions. The reality is that the Senate bill is very devious in this regard. It is a great sleight of hand. On the one hand, it creates the impression that if you have preexisting conditions, you are going to be all right. But what it pretends to give with one hand, it takes away with the other. It makes those Americans as vulnerable as they were before the passage of the Affordable Care Act.

I am not talking about those who are directly benefiting, like those on expanded Medicaid or those in the exchanges. I am talking about those who are benefiting from the patient protections in the Affordable Care Act.

I just got a note the other day from Mark in my State of Maryland saying:

My son was diagnosed with Crohn's disease in 2008, at age 18. He was repeatedly denied insurance and was only able to cover part of the cost of care through the Maryland high-risk pool. Obamacare made it possible for him to be insured and care for this lifelong disease.

It was ObamaCare that "will literally save his life." We have many stories like this one from others who were denied access to care because of pre-existing conditions before the Affordable Care Act.

There is another major sleight of hand in this Senate Republican proposal, and that relates to premiums. I have been listening. We have been hearing a lot from our Republican Senate colleagues about how this is going to bring down the price of premiums. We all know that what Americans care about is what they are having to put out in total for their healthcare. There are premiums. How much is the deductible? Great, I got a lower premium, but my deductible is now \$10,000. There are copays.

Here is the dirty little secret if you dig into the Congressional Budget Office report, after listening to many of

our Republican colleagues talk about premiums. Now, you have to translate a little bit here because this is in the budgetese of the Congressional Budget Office. What they say on page 9 is this: Some people enrolled in nongroup insurance—in other words, in the individual market, the people who are currently in the Affordable Care Act exchanges—would experience substantial increases in what they would spend on healthcare even though benchmark premiums would decline on average in 2020 and years later.

So the translation is that in some cases the premium—that sticker price—may go down, but you are going to end up paying a whole lot more when it comes to your deductible and your copays.

It goes on to say that because nongroup insurance—in other words, the individual market—would pay for a smaller average share of benefits under this legislation, most people purchasing it would have higher out-of-pocket spending on healthcare than under current law. It goes on and on.

In other words, keep your eye on the ball, America, because when someone tells you your premiums are going to go down, watch what happens to all your other healthcare costs. The Congressional Budget Office, the nonpartisan analysts, are telling you they are going up.

This brings me to my final point. I said at the beginning that some things get better with time and some things get stinkier and smellier. We know that the more the American people get a look at this latest Senate Republican proposal—TrumpCare 3.0—the less they are going to like it. The more they see it, the more they will hate it. Just like something that is rotten gets stinkier with time, this will get worse and worse with time. That is why it is so important that we not try to jam this through the Senate.

I understand the Republican leader. He knows this is rotten to its core, and he knows the more it sits out there, the more people are going to see what it is all about and the more they are going to hate it.

Let's have a full debate, and let's make sure all of us go back to our States over the Fourth of July—to the parades, the barbecues, and the picnics—and look our constituents in the eye and tell them that we are going to take healthcare away from tens of millions of Americans, that we are going to open up the discrimination once again to preexisting conditions. We are going to increase their overall healthcare costs, even though we tell them we are going to be reducing them. Let's look them in the eye and tell them what this bill is all about rather than trying to push it through in 24 or 48 hours or later this week.

Our constituents deserve to know the facts, and we need to make sure we vote to protect the interests of the United States of America, not just provide another round of tax breaks to

powerful special interests and millionaires.

THE PRESIDING OFFICER. The Senator from Hawaii.

MR. SCHATZ. Mr. President, you might think that for the last 7 years, the major complaint people had about the Affordable Care Act was that it hurt rich people, because they seem to be the only people who stand to gain with this Republican Senate healthcare plan. They get a giant tax break. The rest of America, on the other hand, is in trouble.

With TrumpCare, healthcare will cost more, and 22 million people are going to lose their healthcare altogether. Some healthcare bill. To put this in perspective, imagine if everyone lost their healthcare in Hawaii, Maine, Nevada, Alaska, West Virginia, Ohio, Idaho, and Wyoming. That is what TrumpCare does. That is 22 million Americans. It also devastates one of the best healthcare programs this country has.

With this bill, Medicaid is going to lose nearly \$800 billion. If your only worry is that your investment income gets taxed at 3.8 percent every year, you can breathe a sigh of relief. Let me drill down on that because one of the most egregious tax breaks in this bill—and this is mostly a tax cut bill and not a healthcare bill—is the following: If you are making \$200,000 as an individual or \$250,000 as a couple, capital gains income is currently taxed at 3.8 percent. If you are making \$200,000 as an individual or \$250,000 as a couple and you have capital gains, not regular income, it is taxed at 3.8 percent. This bill zeros that tax out. This bill zeros that tax out. On top of that, it is retroactive. Think about the absurdity.

Here we are. I am looking at the Senator from Pennsylvania and how much he has advocated for children and especially for children with disabilities. I am looking at the Senator from Connecticut and the work he has done for people with chronic diseases and mental health challenges and the resources we need for that. And in the middle of a supposedly oriented toward healthcare piece of legislation, we are giving a retroactive capital gains tax cut to people who make over \$250,000 a year in combined income. It is absurd. It is not a healthcare bill.

If you have a loved one in a nursing home, if you are pregnant or thinking of having a baby, if your kid has a disability that requires costly care, if you work two jobs but your employer doesn't provide health insurance, then this bill does not take care of you. Instead of less taxes, you get less care, and you are going to pay more for it.

This is what happens when legislators don't have committee hearings or they refuse to meet with patients, doctors, nurses, advocates, their own constituents. There have been so few townhalls about healthcare. There have been so few real Senate debates about healthcare.

I have seen every single Democratic Member of the Senate come here and

talk about this piece of legislation. I have seen every single Republican Member of the Senate talk about legislation that they are proud of. I have seen very few people on the Republican side of the aisle come down and talk about this bill because they know it is not a good piece of legislation.

At this point, we are not even debating healthcare policy. It is not a question of what is the best way to get people to sign up for insurance or how we can lower premiums and deductibles or how we can improve the delivery system; it is a question of how many people are going to lose their healthcare so that insurance company CEOs can continue to make millions of dollars a year. That is literally what is in this bill. Those are the conversations we are having—nothing related to reforming the healthcare system or getting people more coverage for less but, rather, tax cuts for people who are involved in the healthcare industry.

How many grandparents are going to get kicked out of nursing homes? It is not a rhetorical question. My wife's grandmother was in a nursing home 2 months ago. It was a beautiful facility. They took great care of her. They had three beds, three nursing home beds. I think the normal reimbursement is about \$9,000 a month. They took wonderful care of my wife's grandmother. They won't exist. That nursing home and all the nursing homes like it won't exist if there is an \$800 billion cut to Medicaid. This is not a theoretical conversation. This isn't even a partisan conversation. Everybody has nursing home beds in all of their home States. Everybody at least ought to know some middle-class people who rely on Medicaid for nursing homes.

CBO gave us the answer today. Too many people are going to be locked out of the healthcare system if this bill goes forward, and all for giant tax cuts.

Look, our healthcare system is not perfect. Changes need to be made, but this bill is just not it. It has no clear guiding principle other than slashing Medicaid to pay for tax cuts. We have to start over.

I am looking at the Presiding Officer, who was a speaker of the house in North Carolina and understands how to do a bill on a bipartisan basis. I am thinking of the numerous Republicans who are capable of working on a bipartisan bill that can get 60 votes.

By the way, the politics would change because if we worked on a bill that could get 60 votes, we would be in a wonderful position—the Senate is set up to encourage us to work together—because if we abide by that 60-vote threshold and we come up with a bill together, we would own the American healthcare system together. We don't get to play this blame game about what is happening with premiums or what is happening with coverage numbers. We actually, on the level, collaborate.

When you think about a bill or an issue that used to be as partisan as

public education, we had LAMAR ALEXANDER and PATTY MURRAY come together. Heck, in the last Congress, we had JIM INHOFE and Barbara Boxer do a bill together. It is possible for us to do a bipartisan piece of legislation.

The decision was made to go with reconciliation, and that is backfiring because the problem with not involving Democrats is that there are Democrats across the country. The problem with not involving experts is that you end up with a product you can't defend.

What we really need to do is take a breath, take the Fourth of July weekend, and reconvene as a Congress—not as Democrats and Republicans but as Americans who understand that our healthcare system is not perfect, that it is in need of improvement, but this bill doesn't get it done.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, I want to pick up where my colleague from Hawaii left off. There is a wonderful analogy that President Obama used after the 2016 election. As you could imagine, Democrats were pretty dejected the day after, and President Obama put it pretty simply. He said: Listen, just remember, these elections are intramural scrimmages. We put on temporary pinnies, Republicans and Democrats, but in the end, we all belong to the same team. We are all Americans.

Elections and legislative fights are temporary skirmishes before we recognize and realize our greater identity, which is that we have this commonality. Clearly, that is not what the American people see here. They think our primary identity is our partisan identity, and there is a lot of days in which we give them fodder for that belief.

It really is amazing, when it comes down to it, that when you think about the healthcare system, we do have the same goals in mind. There are actually lots of other issues on which we don't have the same goal. Republicans want to go left, and we want to go right. Republicans want to go right, and we want to go left. On healthcare, we actually all want to get to the same place: More people have access to health insurance, the cost of that insurance is less than it is today, and the quality of the care people get is better. It is funny because underneath that, it is just mechanics. It is not actually ideology. It is a decision as to which lever you press and which you don't.

I get that a lot of my Republican colleagues don't think we are sincere when we say: If you put this monstrosity of a bill aside, we will work with you to do something better. But it is sincere. We don't want to blow up Medicaid. We are not with you on that. We don't want to pass along big tax breaks, only going to the very wealthy. But we get that you want some more flexibility for States. We get that you want maybe an additional plan offered

on the exchanges that doesn't have all the bells and whistles the existing plans do. But you get that we want stability in the exchanges. We want some certainty in the markets going forward.

There is an important conversation to be had here. Our hope is that, with this CBO score, maybe it will be the straw that breaks the camel's back, that will cause our Republican colleagues to give up this nonsensical approach to healthcare reform and work with us.

I am going to repeat some of the ground that has already been covered here in the next few minutes, but I want to go over some of the highlights of this CBO report.

Senator SCHATZ previewed this, but it is hard to get your head wrapped around what it means for 22 million people to lose insurance.

This is an old chart from the CBO score on the House bill that held that under their approach, 23 million people would lose insurance. I X'd that out. We now have 22 million people who would lose insurance under the Senate approach. That is the entire combined population of Alaska, Delaware, Hawaii, Idaho, Kansas, Maine, Montana, Nebraska, Nevada, New Hampshire, New Mexico, North Dakota, West Virginia, and South Dakota. All that happened between the House Bill and the Senate bill is that the people of Rhode Island got saved. I X'd out Rhode Island because Rhode Island has about 1 million people. About 1 million more people will have insurance under the Senate bill, but that is humanitarian catastrophe. That is a big deal, to have that many people lose insurance.

I know that is not what you set out to do. I know the Republicans didn't set out to do this, in part because I listened to Senator CORNYN come down and complain on the Senate floor relentlessly that the Affordable Care Act still left a whole bunch of people without insurance. In fact, he sent out a tweet today highlighting that the CBO does confirm that if current law continues, there will still be a lot of people without insurance. He left out the fact that the CBO says that under the Republican bill, 22 million more people will lose insurance, but that is a whole lot of people.

By the way, in the first year, CBO says 15 million people will lose insurance. Fifteen million people is the entire population of 13 States. That happens next year. Emergency rooms in this country cannot in 12 months absorb 15 million people losing insurance.

For all the folks who say that the ACA is in a death spiral, CBO says you are wrong. Very flatly, CBO says that if existing law remains, even without any improvements, the number of people without insurance effectively remains static. Yes, at the end, if you make no improvements, you will go from 26 million people not having insurance to 28 million people not having insurance.

CBO says—I had to change this because it used to be 51 million under the House bill. CBO now says 49 million people will lose insurance if you actually pass the bill the Senate is going to consider this week. The death spiral happens if we pass the Republican healthcare proposal. That is not a death spiral; that is stability. It is not an optimal result, 28 million people not having insurance, but it is far preferable to 49 million people not having insurance. I understand that Republicans will quibble with CBO and say that maybe they didn't get it exactly right. Even if they were 50 percent wrong, that is still over 10 million people losing insurance. By the way, just for good measure, CBO was right in their estimates of the percentage of Americans who would have insurance under the Affordable Care Act. Inside of their estimate—the details worked out differently—but they said that by 2016, 89 percent of Americans would have health insurance, up from 83 percent prior to the passage of the Affordable Care Act. Guess how many people have health insurance today: 89 percent of Americans, 89 to 90 percent of Americans.

We all agree that premiums should go down. If we are going to pass something, the result should be that premiums go down. Here is what CBO says: Premiums go up and not by a little bit. They go up by 20 percent in the first year. Admittedly, I am painting a partial picture here. That is 2018. After that, CBO says for certain populations in this country, premiums will go down, but it is largely for the young, the healthy, and the wealthy.

CBO says that you will have massive premium increases for older Americans. For lower income Americans who are in that age bracket of 50 to 64, premium increases will go up by at least two times, up to four times.

CBO also says that if you are lower income, you are not going to buy insurance because you can't afford it. It doesn't even matter what your premiums are because they will be so high, you can't afford them. Premiums go up for everybody off the bat—and for lots of vulnerable people after that.

So who gets hurt? Everybody, except for the folks who are getting tax cuts. If you are an insurance company, a drug company, or you are super rich—maybe that is an unfair term—people making \$200,000 or more a year get tax cuts, but most of the tax cuts go to the super rich. People making over \$1 million a year will do fine. If you are an insurance company, a drug company, or you are very wealthy, you get a great deal out of this piece of legislation, but pretty much everybody else gets very badly hurt.

Today, one of our Republican colleagues said this to a reporter—I won't give you a name. One of our Republican Senate colleagues, when he was asked about the Republican healthcare proposal, said: "I am not sure what it does. I just know it's better than

ObamaCare." That is about as perfect an encapsulation of the Republican positioning on this bill as I can imagine, because if you did know what it did—if my Republican colleagues did get deep into the CBO report, it doesn't solve a single problem in the American healthcare system. There are big problems, such as 26 million people still don't have insurance. This bill makes it worse.

People are paying too much for insurance, especially those folks who are making middle incomes who are just outside of qualifying for the Medicaid subsidies. This bill makes it worse. Almost every problem is made worse by this piece of legislation. I guess that is sort of what a lot of Americans wonder—if our Republican colleagues do know what is in this bill. "I am not sure what it does. I just know that it's better than ObamaCare."

This solves one problem for Republicans. It is a political problem. Republicans have said for the last 8 years that they are going to repeal the Affordable Care Act. My Republican friends promised it in every corner of this country, at every opportunity they had, and this does solve that political problem. If you pass this bill, you can successfully claim that you have repealed the Affordable Care Act, but that is the only problem it solves. It makes almost every other problem in this system worse.

The number of people without insurance goes up. Premiums, especially for the poor, the vulnerable, go up. There is nothing in this bill that addresses the cost of healthcare, of drugs, of devices, of procedures. There is nothing in this bill that talks about the quality of healthcare. Every problem—virtually every problem in the healthcare system gets worse.

I will just end by reiterating the offer that Senator SCHATZ made. I think you have a lot of people of very good will who want to work with Republicans and are sincere about it. I will be part of whatever group gets put together if this bill falls apart this week.

I held an emergency hearing in New Haven, CT, on Monday, just to try to explain to people what was in the Republican Senate proposal and to get people's feedback. It was hard to sit through. It was 2½ hours of some really scared folks.

I will be honest with the Presiding Officer. Most of the people who came had disabled kids. Most of the people who came had disabled kids who were on or relied on Medicaid, and they were just scared to death about what was going to happen to their children. But they also talked about the problems that still exist in the healthcare system—the fact that drugs are too expensive. Many of them pay too much for healthcare. They wanted those problems solved, and they wanted us to work with Republicans on it.

Senator SCHATZ was right. If we did it together, we would own it together. It would stop being a political football.

While that would be a secondary benefit to the actual good that would come from a bipartisan piece of legislation that actually addresses the issues in the underlying healthcare system, it would be a pretty remarkable good that is possible because we have the same goals in mind. We both want the same things. It is just, in the end, putting aside this bill that makes all of those problems worse and, instead, sitting down together and deciding which levers we want to push to make things better.

I yield the floor.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I rise, as well, to talk tonight about the issue of healthcare. I thank my colleague from Connecticut for looking down the road to when, maybe, we can actually work together on this issue. We are in conflict this week, and that is not a place any of us want to be.

We are in conflict because of the elements of this bill. I will make two basic points in my remarks tonight, one about Medicaid and then one point about another provision in the bill that I think is particularly insulting.

A lot of our discussions start with policy and data, and that is important. That is obviously part of the debate about the bill and what is in it and what impact it will have on programs and people over a long period of time, but part of this debate, of course, is about the people we represent. I know the Presiding Officer understands this, and I am heartened that he is paying attention to our arguments because sometimes—I have done it myself—when you preside, sometimes you are doing something else. So we are grateful for his attention.

I have talked on this floor a couple of times over the last couple of weeks—even months—and I will not repeat the stories because they have been told a number of times, but Rowan Simpson is a young man whom I recently just met. His mom had sent me a letter. Rowan is on the autism spectrum, and his mom is very worried about his future because of the potential impact on Medicaid and the benefits he is getting today from Medicaid.

I just referred the other day—I guess it was Thursday on the floor—to a letter from a dad about his son Anthony, who has a number of challenges, one of them being that he is on the autism spectrum. I have another letter, as well, which I will not go through tonight, but it is from a mom in Northeastern Pennsylvania, who wrote to me about two of her children—principally, her son who has Type 1 diabetes and what the loss of Medicaid coverage will mean for that child, who, in this case, is just 4 years old.

Everyone in this Chamber in both parties has stories like this to tell—stories about people who are, because of a disability, totally dependent upon Medicaid. That is not unique to one State, and, of course, it is not unique to one party.

One of the more egregious and objectionable parts of this 140-plus page bill is the impact it will have on Medicaid—the Medicaid expansion, which many people now know represents probably on the order of 11 million people who got healthcare coverage since 2010 and got that coverage because Medicaid was expanded. But the bill also speaks to the Medicaid Program itself by the so-called per capita cap, capping the dollars the Federal Government would provide in the future with regard to the Federal-State partnership on Medicaid. These are big stakes when it comes to a program that has been with us for 50 years.

As everyone knows, Medicaid is principally about individuals with disabilities, and that is obviously those children I mentioned. It is about folks who need some help getting into a nursing home, senior citizens. Of course, it is about kids from low-income families who have no other healthcare, absent Medicaid. In our State, there happen to be 1.1 million kids on Medicaid who are from low-income families. The disability number in both children and adults is, by one estimate, more than 722,000 people. These are big stakes, even if it is just involving one of those individuals or hundreds or thousands. But as I will refer to later, some of the numbers are, of course, a lot higher than that. So those stories and those pleas for help from those families obviously do not just inform us, but they inspire us to keep working, to keep fighting. I will be fighting against this bill as long as it takes.

It is likely that we will have a vote this week. I am assuming we will, so we have only hours and a few days to fight and point out what we believe to be the defects. One of the things that is significant about this debate is that we have had people not just writing those stories and telling us their story but also telling us and giving us ideas about how to conduct the debate and how to fight and how to oppose it.

I have in my hand—I will describe it first before I offer a consent request. I have in my hand several pages that list almost 600 names from people in Pennsylvania who have written to me over the last number of weeks and months, actually. What they are urging me to do is to pursue a legislative strategy to protect their healthcare. Why are they doing that? It is not because they have nothing else to do. They are worried. These people are really worried. They are worried about those kids like Rowan and Anthony, whom I just mentioned, and a 4-year-old with Type 1 diabetes or a whole long list of other disabilities a lot of kids have. They are worried about their parents, who may not be able to get the long-term care they need if Medicaid is capped and cut and decimated. They are worried about their friends and their families. They are, in a word, as worried as anyone has ever been about the healthcare of those they love and the healthcare of those they care about. That is why

they have been writing and going to meetings and making phone calls and engaging in such a robust way, all these weeks and months.

Mr. President, I ask unanimous consent that this list of almost 600 names from Pennsylvanians be printed in the RECORD.

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

Ashley De Padua, Carol Ribner, Lisa Brown, Adam Huard, Julie Strauss, Amy Reynolds, Dianne Spatafore, Pamela Nolan, Karin Fox, Claire Witzleben, Wendy Albertson, Laura Rose, John Mack Jr., Elizabeth Failor, Lisa Bargielski, Peg Welch, Jason Carnahan, Robert Perry, Morgan Vinokurov, Melissa Byrne.

Patricia DeWald, Kristin Kondrlik, Michael Crane, Diane Smith-Hoban, Diane Sayre, Benjamin Andrew, Janice Diehl, Robert Bahn, John Bair, Angela McClain, David Cassiday, Dara Bortman, Judi Reiss, Nicholas Marritz, Amber Blaylock, Tina Nightlinger, Lisa Bradshaw, Kimberly Schladweiler, Michael Dwyer, Vashti Bandy.

Christine Russell, Mary Farrington, Ralph McDermott, Anna Cunningham, Linette Schreiber, Barbara Powell, Shelley Francies, Joyce Fentross, Shannon Bearman, Jocie Dye, Ina Martin, Mary-jo Tucker, Bracken Babula, David Mosenkis, Martha Franklin, Nathaniel Missildine, Kristin Nielsen, Maria Duca, Erica Bartlett, Irina Pogrebivsky.

Stephanie Romano, David Hincher, Diane Holland, Tracy Krider, Michelle Nutini, Anne Martin, Tracey Miles, Alexis Lieberman, Dorothy Posh, Thomas Hennessey, Cynthia Mould, Jennifer Kunkle, Ann Calamia, Jennifer Zoga, Barbara Turk, Raymond Hopkins, Carol Proud, Alex Hesten, Kimberly Jones, Richard Pavonarius.

Robert Huff, Klydiya Vasylenko, Mike Kass, Bernadette Flinchbaugh, Jo Johnson, Carolyn L. Johnson, Abby Godfrey, Mark Herr, Jeri Sebastian, Lisa Hartjen, Anne Smith, Melissa Nurczynski, Christine Crooke, Ellen Garbuny, Harry Richards, Ruth Hetrick, Carolyn Rahe, Stephanie Moats, Sally McAfee, Abigail Gertner.

Stacey Smith, Davinica Nemtzow, TC DeAngelis, Shelley Schwartz, Lisa Keppeler, Katie B, Joseph Willard, Maryam Deloffre, Kathie Brown, Ellen Catanese, Cynthia Donahue, Porter Hedge, Gretchen Bond, Mary Dallas, Fae Ehsan, Kathy Goldberg, Jennifer Jarret, Dan Potter, David Dutkowski, Rich DeAngelis.

Patricia Kay, Sharon Doros, Stephanie Doyle, Lynn Loomis, Elizabeth Adams, Kathryn Petz, Agatha Andrews, Alex Lombardi, Erin Gautsche, Marie Turnbull, Carol Sinclair, Robert Turnbull, Elisa Bermudez, Marie Vincent, Florian Schwarz, Daniel Pencoske, Ina Shea, Beth Collins, Meenakshi Bewtra, Jillian Bosmann.

Mari Greipp, Michael DiEva, Andrea Epstein, Fredrica Friedman, Starla Crandall, Stanley G., Cindy Fogarty, Ron Ashworth, Trudy Watt, Kristen King, Kathleen Sheehan, Ryan Brown, Kevin Collins, Kelly Collister, Ambry Ward, Joseph Melchiorre, Catherine Abrams, Michael Bourg, Ed Gragert, Hien Lu.

Jo Johnson, Cody McFarland, Maggie Deptola, Sandra Blair, Zoe Soslow, Yoko Takahashi, Anna Drallios, William Dingfelder, Shawna Knipper, Cheryl Brandt, Larissa Mogano, Linda Bishop, Lital Levy, Laurie Pollack, Judith Navratil, Natalie Duvall, Richard Owens, Elaine Giarusso, David Thomas, Leslie Collier.

Nicole Seefeldt, Jonathan Lipman, Ellen Gallagher, MaryAnn Black, David Hughes, Michael Niemeyer, Pegene Watts, Kelly

Sack, Glynnis Arnold, Ruth Lawson, Michelle LeMenager, Iris Valanti, Danielle Callahan, Frederick Ward, Martha Haines, Audrey Marsh, Lynn Campbell, Kristen Cochran, Judith Brennan, Michael McCabe.

Joshua Miner, Jaime Bassman, Rachel Murphy, Elena Knickman, Nelson Vecchione, Daniel Laurison, Karen Osilka, Roger Knisely, Theresa Baraldi, Holly Best, Thomas Baraldi, Patricia Walsh, Michelle Herr, Karen Heenan, James Paul Johnson, Alexander Kimball, Sigal Ben, Leah Durand, Ingrid Gustafsson, Mary Jo Maggio.

Ken Hardis, Lisa DeAngelis, Mary Jo Harris, Alice Ung, Lance Flowers, Deborah Hoelper, Joel Cardis, Georgine Dongillig, Renee Donahey, Anna Payne, Hallie Kushner, Linda Cortese, Mark Vecchione, Natalie Garner, Rachel Marx, Janet Cavallo, Adrienne Gunter, Heather Turnage, Kenneth Reisman, Flora McGettigan.

Tricia Connell, Nicole Conley, GiGi Malinchak, Ellen Toplin, Eileen Brumbaugh, Theodore Fallon, Elizabeth Dooley, Stacy Klein, Deena Thornton, Barbara Stephan, Cheryl Dungee, Louisa Alexander, Brett Krasnov, Mary Gallant, Kathy Gardian, Irene Lin, Colleen Dunn, Liane Norman, Susan Yerk, Ann Telford.

Leslie Elder, Sheri Utain, Christine Hooper, Teri Vanore, Paula Baxter, Mordecai-Marl Mac Low, Nicolette Byer, Donna Vito, Michele Forbes, Rebecca Kane, Katherine Fein, Sue Meyers, Deb Yohman, Sherri Suppa, Jim Greipp, Jeffrey Bussmann, Rachel Smith, Eileen Reed, Louise Beer, Mary Reichtart.

Tesia Barone, Nicole Gilchrist, Richard Greenstein, Amy Levengood, Judith Max, James Walton, Mary Widing, En B, Mary Jo Harris, E. E. Zachai, Tammy Harkness, Timothy McCormick, J Pensiero, Betty Fisher, Cindy Shannon, Elisabeth Whyte, Carmela Daniels, Amy Felton, Judith Gold, Jack Guida.

Sarah Gaffen, Linda Bullock, Pamela Woldow, Katherine Kurtz, Lisa Harrison, Esther Wyss-Flamm, Catherine Roundy, Jim Barlow, James Schreiber, Dave Carlton, Andrew Famiglietti, Maria Catrambone Rosen, Breanna Jay, Bethany Altieri, Alicia Olivant Fisher, Chris Braak, Jessica Atchison, Elizabeth Dennis, Elizabeth Cates, Elizabeth Reilly.

James Berry, Marita Scheibe, Sheila Thomas, Randy Sarner, Alyson D'Alessandro, Suann Snavely, Chantal McKelton, Theresa Glennon, Josie Byzek, Marlene Katz, Deborah Grill, John Moffa, Anne Coles, Liane Norman, Chanda Lawrence, Norma Kline, Colleen Kessler, Maria Catrambone Rosen, Laurence Coles, Kate Wallis.

Carol Harris-Shapiro, Briana Latta, Melanie B, Charlotte Ridge, Nathan Krisanda, Meredith Sonnen, Margaret Walter, Hallam Carrie, Leslie Richards, Jenny Anne Horst-Martz, Karen Roberson, Richard Vanore, Susan Devenny, Rhana Cassidy, Maria Golden, Kathy O'Brien, Vanessa Baker, Robert Brucicman, Sarah Smith, Yuliya Benina.

John Ascenzi, Melanie Cichy, Paul Gottlieb, Shannon Browne, Jen Britton, Erin Dunke, Debi Seltzer, Anna Edling, Brianna Wronko, Francis Palombaro, Katie Morrison, Jennifer Hombach, Jessica Lennick, Ellen Toplin, Charlene Kurland, Joanne Mahoney, Sherry Greenawalt, Abigail Hyde, Sara Sierschula, Amy Leddy.

Emmy S, Renee Broxk, Kimberly Winnick, Melissa Reed, Lisa Jaremka, Karen Shelly-Genthaler, Melissa Welshko-Williams, Naomi Pliskow, Joan Susski, Rachael Pinsley, Lindsay Friedman, Shari Johnson, Melanie B, Keith Adams, Lynn Martin, Anastasia Frandsen, Brooke Petry, Tamara Davis, Martha Posnet, Phoebe Wood.

Lindee Fitting, Isabelle Mahoney, Tamar Granor, Nancy Berman, Karen Jensen, Katie Haurer, Beth Collins, Catherine Budd, Miriam Phillips, Christine Bradley, Michelle Gorski, Chris Gorski, Sophie Taylor, Catherine Borges, Mary Alice Clevenger, Nick Ingram, Brenda Scholtz, Melissa Miller, Jeanne Burd, Nad Rosenbe.

Joanna Kempner, Maria Boyd, David Shen, Sara Sobel, Jessica White, Jennifer Pennington, Margot Keith, Catherine Sunnen, Naida Reed, Ashley Morgan, Beth Brindle, Amy Friedlander, Millicent Wilson, Richard Baron, Max Ray-Riek, Ruth Cary, Sandy Heisey, Sharon Furlong, Laura Tilger, Donkey Dover.

Lynn Jones, Kaytee Ray-Riek, Janice Test, Mary Terp, Faith Cotter, Sarah Campbell-Szymanski, Frank Wallace, Judie Howrylak, Minna Ltumey, Erin Hetrick, Melinda Kohn, Jenny Stephens, Susan Gamber, Olivia Landis, Terry Hirst-Hermans, Jill Hall, Roseanne Mulherin, Susan Miller, Julie Platt, Lori Spangler.

Hiro McNulty, Greg Carey, Amanda Fogarty, Sissy Gault, Mona Callahan, Meryl Mintzer Puller, John Hoetzl, Stacey Kalle, Thomas Paquette, Karen Clark, Paige Wolf, Patricia Scanlon, Ellen Reese, Rosalind Bloom, Gary Stein, Eric Berue, Jenn Hrehocik, Tamara Myers, Mara Kaplan, Amanda Cranney.

Deborah Miller, Debra Nathans, Paul Stockhausen, Johanna Hollway, Leah Holstein, Susan Robbins, Roger Latham, Alison Yazer, Melissa Marshall, Mary Lynn Colabrese, Harry McLaughlin, Samantha Payne, Elizabeth Hawkins, Julie Krug, Lisa Heinz, Shoshana Kaplan, Corrine Richter, Lee Baer, Eve Glazier, JoEllen Bitzer.

Judith Cardamone, Hilary Schenker, Faye Clawson, Caren Leonard, Carol Feldhaus, Judith Moyer, Sharyn Feldman, Jessica Martucci, Mike Kutik, Marylou Streznewski, Ann Baker, Abby Martucci, Dennis Cusin, Marie Norman, Debra Brokenshire, Martha Cornell, Maria Swarts, Sherell Chambers, Suzan Hirsch, Alison Wojtkowiak.

Patricia Carbone, Marcella Glass, Benjamin Mills, Peg Welch, Rita Shah, Marcia Gever, Karen Phoenix, Tabitha Felton, Carolyn Stillwell, Katherine Parys, Roxanne O'Toole, Harold Love, Nicole Jaffe, Steven Weitzman, Meredith Brown, Lauren Lewis, Sarah Wheeler, Maria Lauro, Jason Magidson Lorette Lefebvre.

Denise Marcolina, Eric Krewson, Joseph Bosh, Joan Stein, Kami Schaal, Melissa Nerino, Dorothy McFadden, Heather muntean, Donna Devonish, Gloria Rohlfs, Terry McIntyre, Kaitlin Marks-Dubbs, Frederick Page, Douglas Graham, Sarah McKay, Zack Greenstein, Janice Nathan, Michel Wilcox, L Roulston, Laura Wukovitz.

Andrew Wilson, Amy Moulton, Christina VanSant, Donna Bullard, Nancy Entwistle, Tessa Lamont-Siegel, Ben Cocchiaro, Yasmeen Ali Khan, Rachel Amdur, Amalia Shaltiel, Sara Stetler, Bruce McDowell, Pat Hanahoe-Dosch, Mara Rockliff, Tristan English, Ryan Bross, Lynn Rubenson, Elizabeth Cheney, Regina Vicoli, Vicki Hewitt.

Kelli Servello, Charles Ang, Kierstyn Piotrowski Zolfo, Leah Bailis, Tom Petersen, Pamela Magidson, Kathleen Morrison, Genevieve Coutroubis, Susan Rubinstein, Ruth Ann Davidson, Frances Winsor, Janis Rainer, Margaret Grubbs, Anna Kuhnreich, Melissa Melan, Wendy Forman, Kristina Witter, Joan Kwortnik.

Mr. CASEY. Mr. President, I will make two final points about Medicaid and then juxtapose Medicaid with another part of the bill. If you look at the bill—it is about 140, I guess, 142 pages—more than 60 pages deal with Medicaid. So this is principally a bill about Med-

icaid. There are some other issues, obviously, addressed on the exchanges and the fundamentals of healthcare. But it is mostly about Medicaid and tax cuts, unfortunately; and that is particularly objectionable to me that you have a small group of very wealthy people who are going to make out in ways we can't even imagine, like a big bonanza for the superrich.

Now, let me just talk about the Medicaid part of it first, and then I will refer to a chart. I am holding in my hand the Congressional Budget Office report from today, which came out. It, of course, is a document produced by the Congressional Budget Office as well as the Joint Committee on Taxation so it is a joint effort.

On the CBO—so-called CBO Congressional Budget Office report, recently—a couple weeks ago now—on page 17 of that document, there was an assessment made of the number of people who would lose Medicaid as a result of the House bill, and that number was 14 million Americans would lose Medicaid over the decade up until 2026.

Well, unfortunately, as of 4 p.m. or something this afternoon—I guess about 4 p.m., 4:30—we got the Congressional Budget Office assessment of the Senate bill, the Senate bill that was unveiled last week. Not on page 17 of this report but actually on page 16, here is what the Congressional Budget Office and the Joint Committee on Taxation says about enrollment in Medicaid. I am quoting from the bottom of page 16:

Enrollment in Medicaid would be lower throughout the coming decade, with 15 million fewer Medicaid enrollees by 2026 than projected under current law in CBO's March 2016 baseline.

Then, they refer to a figure in the report.

So the House bill CBO assessment says 14 million will lose Medicaid coverage. The Senate bill, analyzed by CBO, which is supposed to be a more moderate bill, a better bill in the eyes of some Republican Members of the House and the Senate, that was supposed to be better, but here is what we know now: 15 million people will lose Medicaid. That alone should cause any Senator to be very concerned about the impact of this legislation. That alone should, I hope, require some people to use an old expression: Examine your conscience about what will happen if you vote for this legislation.

Let's say someone says: Do you know what? I can put that into context, and I think actually that will not happen or I have another explanation or whatever justification or rationale you use for voting for a bill that will result in 15 million people losing Medicaid coverage. People are very vulnerable. Let's just say you can analyze that a different way and come to a different conclusion. We will see how people deal with that number this week when they go home and when they have to talk about this legislation over time.

Here is where it gets a lot worse. This is a chart that is rather simple. Even

though it has a lot of data on it, it is rather simple. Here is what it says at the top. First of all, this isn't my chart; it is the Center on Budget and Policy Priorities' chart. You can go to cbpp.org to see it.

This is based upon the House bill, but I just told you that the Medicaid enrollment number is 1 million higher—or that the number losing Medicaid is 1 million higher under the Senate bill, and the tax cuts that are in the Senate bill are almost identical. You can just go down and count them. The House and Senate bill are virtually identical on tax cuts.

Here is what the headline is: Tax cuts for the top 400 roughly equal to Federal spending cuts from ending Medicaid expansion.

Now, remember, I said before that Medicaid expansion is one problem I see. The per capita cap is another. This chart just deals with one of the Medicaid problems—Medicaid expansion—so ending Medicaid expansion in Nevada, West Virginia, Arkansas, and Alaska, just four States, right? Alaska, they project, will lose \$2 billion worth of Medicaid over the decade, Arkansas would lose \$7 billion, West Virginia would lose \$12 billion, and Nevada would lose \$12 billion. That adds up to \$33 billion Federal Medicaid cuts from ending Medicaid expansion. So \$33 billion dollars just for States. By the way, these are not really high-population States. There is no California, New York, Texas or big States like that. So \$33 billion lost in Medicaid in just those four States.

What does this orange bar graph show? The same number, \$33 billion tax cut for the 400 highest income households in the country. It is the same number. So 400 households get a tax cut of \$33 billion, not in some other bill down the road, not in some other year, not in a budget bill or a tax bill. They get this massive tax cut in what is called a healthcare bill. At the same time, it is equivalent to the total Medicaid lost in just four States.

It gets worse if you add more States. Guess what. If you add up about 30 States in a different chart, it is about the same as all the tax cuts together, but here we are just talking about four States and 400 families.

I hope I am not offending anyone if they are in those top 400 households who are making either billions or, by one estimate, the average might be \$300 million. I know it has been difficult to make ends meet. You have been struggling and trying to pay the mortgage and the light bill when you are one of the top 400 richest households in the country.

But this chart, when you juxtapose this chart—and especially the orange part, the tax cut for 400 families, the giveaway to families who don't need it. Frankly, they don't even want this tax cut. I haven't found one person who came up to me in the last couple of years and said: You know what, I wish my taxes didn't go up. I wish those

taxes didn't go up while you were trying to help people on Medicaid. Not a single person said that.

Most people who will get this tax cut would rather that we make sure we take care of those children I mentioned with the disability or those families who need the protection of Medicaid.

When you put this chart next to the policy and those 60-plus pages of the decimation of Medicaid, there are a lot of words we could use that we are not allowed to use on this floor, but one of the words we should use is "obscene." That is an obscenity. When you match these cuts for 400 families next to the cuts to Medicaid, that is obscene, obnoxious, and bad policy.

If there was ever a reason to take this 142-page bill and throw it in the trash, throw it in a garbage pail as fast as we can, it would be this chart because that is not what the American people are asking for. They actually think some people in the Senate are actually working on a healthcare bill. That is what they believe. A lot of people don't know about this yet, but they are going to know. They are going to know by the end of the week, at least, if not sooner, that the 400 richest households in the country are getting that much money—\$33 billion. Maybe in the Senate bill it is only \$32 billion or \$31 billion, so we will stand corrected if it goes down, but that is really an abomination. That is an insult to the American people. People should be ashamed this is part of that bill.

I get it. We can have a debate about Medicaid. I get that, but when you are taking Medicaid dollars and transferring to wealthy people, no one should support that kind of a policy, but that is what we have. That is what we are up against.

If there was ever a reason to fight to the ends of the Earth against a piece of legislation, it is this. We are going to continue to fight this. We are going to continue to point out this basic inequity, this insult for the rest of this week.

We hope folks on both sides of the aisle will not only be listening, but we hope our Republican friends will take another look at this bill and understand how objectionable this is to so many American families. All of that worry I talked about before is made worse, is aggravated by this kind of result when it comes to tax cuts.

We can do all that as a great nation. We can make sure wealthy folks who need a break once in a while—they have gotten a lot of them in the last 25 years—that they can get a fair tax code. We could also make sure kids with disabilities, seniors, and kids in rural areas and big cities and small towns can get the healthcare they need from Medicaid. We are a great country. We can do that. We can have a growing economy and still support a critically important program like Medicaid.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, we have just gotten the latest numbers on the Senate Republicans' reckless plan to take away health insurance from millions of American families, take it away from sick, little kids, take it away from seniors in nursing homes. These numbers are worse than anyone expected.

After weeks of secret work behind closed doors, the Republicans came up with a plan that will take away health insurance from 22 million people and slash the Medicaid Program by nearly \$800 billion, all in exchange for shoveling hundreds of billions of dollars of tax cuts to the richest families in this country.

You know, with results like these, Senate Republicans should not still be trying to figure out the best way to ram this bill through the Senate. They should just throw it in the trash.

We don't have a lot of time left, and I know it is easy to tune out these debates and to assume these are all just a bunch of partisan games. So if you aren't inclined to take my word for it, don't, and don't take the Republicans' word for it either. Take a look at what the experts are saying about the Republican bill because since this brutal bill was finally revealed on Thursday, it has been denounced by nonpartisan doctors groups, health policy experts, and patient organizations. The American Medical Association says the bill violates the fundamental principle of medicine: "First, do no harm." The Children's Hospital Association says it is "a major step backward for children and their health." The National Council for Behavioral Health says, "Instead of 'repeal and replace,' it is 'wreck and wreak havoc.'"

Lynn Nicholas, the head of the Massachusetts Health and Hospital Association, has actually come up with a pretty simple test for the Republican plan: "I challenge any Republican Senator to name one thing in this bill that will make healthcare in the U.S. better for patients or healthcare professionals who care for them."

Think about that. She says use that as the test, one thing. That is a pretty low bar—one thing. Yet the Republicans can't pass that test. They can't name one thing in this bill that will improve healthcare in America. That is because this bill is not supposed to improve healthcare in America. It is not a healthcare bill. It is a tax cut for the rich, paid for by gutting healthcare for millions of working Americans.

Doctors, patients, parents, families, experts, they are terrified by this bill because they have read it, and they have concluded that nearly every line in this bill would make life worse for young people and for old people and for families across this country.

I want to focus on just one major part tonight, the part that rips away the Medicaid Program. Let's do some basic Medicaid facts. Who uses Medicaid? Thirty million kids. That is about 4 out of every 10 kids in this

country count on Medicaid to help pay the medical bills. About 6 out of 10 children with complex medical needs—children who need breathing tubes, special therapies, and multiple surgeries, 6 out of 10 of those children count on Medicaid to help pay their medical bills. Nearly two out of three seniors in nursing homes count on Medicaid to help pay their bills, and one out of every three people dealing with addiction counts on Medicaid to help pay for treatment.

Who uses Medicaid? America uses Medicaid—children, the elderly, hard-working families, people with disabilities, and people struggling with addiction. At any given moment in this country, one in every five Americans is counting on Medicaid to help pay the bills. What are these people supposed to do when the Medicaid expansion goes away, when this bill's additional massive Medicaid cuts go into effect? What are they supposed to do? What are their families supposed to do?

Dig in on one issue around this. Dig in on opioid abuse. This is a problem that is growing around the country. Last year we lost 2,000 people in Massachusetts alone. I hear from parents who have lost children, from brothers and sisters who have watched a loved one disappear. I hear from people who are desperate because their child or sister or brother can't get into a treatment facility. I hear from dedicated doctors, nurses, and counselors who need more resources so they can expand treatment programs. Now the Republicans propose a bill that is like throwing gasoline on a bonfire. One in three people struggling with an addiction are counting on Medicaid, and the Republicans plan to cut nearly \$1 trillion from the program. I do not understand. I cannot understand how the Republicans could turn their backs on literally millions of people who need help.

The cuts to Medicaid are terrible, but there is more. The Republican bill also slashes the tax credits that people use to help pay for insurance. The budget nerds at the Congressional Budget Office say that "most people" would "have higher out of pocket spending on healthcare than under current law."

Think about that. Under the Republican plan, healthcare costs will go up for most people, and even if someone can manage, somehow, to afford coverage under the Republican bill, the Republicans are willing to let insurance companies drop expensive benefits that the companies just don't want to cover, including—are you ready?—opioid treatment. If this bill passes, it will devastate our ability to fight opioid overdoses. This isn't a hypothetical. This isn't speculation. Before the Affordable Care Act became law, one-third of individual market health plans didn't cover substance use disorder services, and about one in five plans didn't cover mental health services. The insurance companies don't want to cover these services, but the ACA made coverage mandatory. That

meant that no one in this country had to wonder when they showed up at a clinic whether or not their insurance would help them out, but the Republican bill opens the door to dropping those requirements. Millions more people could be left out in the cold at a time when they most need help. This is cruel. Our country is already struggling with a treatment gap, and far too many patients facing addiction can't get the care they need. The last thing we should be doing is kicking millions of these patients off of the coverage they already have.

Now, let's face it. The Republicans realized this, and they have a plan on this issue. They know that what they are doing is indefensible. So they have a plan. They propose to throw \$2 billion into a special fund for opioid treatment and say: Problem solved. This is political spin at its worst.

For every dollar the Republicans propose to put into opioid treatment, they are taking out more than \$100 from Medicaid, the rock on which our ability to provide opioid addiction treatment is built. Why? Why treat our brothers and sisters, our children, our elderly parents so shamefully? Why? So that Republicans can produce a giant tax cut for a handful of millionaires and billionaires. That is it. Our friends, our families, and our kids can struggle on their own. They can die on their own so that Republicans can cut taxes for the richest people in this country.

What the Republicans propose is morally wrong. It is not too late to do the right thing. It is not too late to reverse course. It is not too late to junk this bill and start over. I hope the Senate Republicans have the courage to do exactly that.

I yield the floor.

The PRESIDING OFFICER (Mr. ROUNDS). The Senator from Colorado.

Mr. BENNET. Thank you, Mr. President.

I appreciate very much the comments from my colleague from Massachusetts and my colleague from Pennsylvania.

I notice my colleagues from the other side of the aisle are not here tonight to defend this piece of legislation. It doesn't surprise me, given what is in this legislation and given what we have heard over the last week.

The Senator from Massachusetts was explaining what it was we were trying to do when we passed the Affordable Care Act, now years ago. Part of what we were trying to do was to extend coverage to a lot of Americans that didn't have it. In my State of Colorado that meant over 600,000 Coloradans who didn't have it before the Affordable Care Act was passed. Another thing we were trying to do was to say to insurance companies that it is not OK to have as your business practice that you take month after month after month of premiums from people and then when they call on the phone and say: My kid was sick; my kid got struck by lightning; my kid had an accident, to then

hold them on the phone as long as possible just as a way of denying their claim. Most people in America are too busy trying to move their family ahead, trying to get by, to stay on the phone all day with an insurance company. While we were at that, we said: It is not fair to deny people insurance in the richest country in the world because they have preexisting conditions. It is not fair that it is a business plan in America to have lifetime caps on people in the richest country in the world who might hit those lifetime caps because they get cancer. It is not fair that in America, the richest country in the world, some seniors have to cut their medicines in half every month just to get through the month and to pay their bills. These were some of the issues that we were trying to address when we passed the Affordable Care Act.

Mr. President, I am from a Western State, like you. I was out all those months in Colorado, having town hall after town hall, not just in Democratic parts of the State but in Republican parts of the State, trying to explain what it was we were trying to do—both to give people better coverage, more predictable coverage, and less costly coverage and also to try to do something to bring down healthcare costs in this country. We succeeded at some of those things. We didn't succeed at others of those things. It was a legitimate attempt at trying to deliver something for the American people that people all over the industrialized world don't have to live with.

Only in this country do people have to make choices about feeding their family and taking care of their kids at the doctor. Only in this country do seniors have to make choices about cutting those pills in half. Only in this country do people have to make choices about paying their rent and taking care of their kids. It doesn't happen in the rest of the industrialized world. Before I hear it from the other side tonight, let me say: Our results are getting worse, not better. For populations across this country, longevity is actually getting shorter, not longer. This is a difficult, complex, but urgent question for our country.

That is what we were trying to do with the Affordable Care Act. Some of it succeeded and some of it didn't. I will talk more about that in a minute.

For 8 years Republicans ran for election after election after election on ObamaCare: ObamaCare is socialism; ObamaCare is a Bolshevik plot to take over the United States; ObamaCare is destroying jobs—just at a time when we were coming out of the worst recession since the Great Depression. We saw uneven job growth in this country but undeniable job growth over the entire period of time they were saying ObamaCare was destroying the country and destroying our economy.

The recession was at the end of the last administration. The Obama administration saw the largest job increases

we have seen in this country since World War II. I know it is inconvenient to believe that or to say that. I know that in corners of the internet where false news really does dominate, people don't believe it, but it is true. I am the first to say there are not enough good jobs, and I am the first to say there are not enough high-paying jobs, but compared to the record we inherited, it was a success, all while we had the Affordable Care Act being implemented, all while we were extending coverage to millions of people in America—many of them children who didn't have adequate coverage before we passed the Affordable Care Act.

It has been called every name in the book, just like President Obama was called every name in the book, and they linked those two things—healthcare reform, the Affordable Care Act, and ObamaCare. That became its name.

Every single attack under the sun was levied on that. Why? Because people really believed it was destroying the healthcare system? Maybe some people did. Because they believed that it was destroying businesses? Maybe some people did. I suspect there was a much more simple reason, and that was to try to win elections.

By the way, while we are on the subject, no matter whether you support the Affordable Care Act—and I support some things about it; there are other parts of it that have been disappointing to me—I think it is fundamentally important for people to understand that the Affordable Care Act is not our healthcare system. It is part of our healthcare system. The regulations that it has placed on insurance providers so that people with preexisting conditions couldn't be denied insurance is part of our system. The fact that it tried to create accountable care organizations so people got better primary care so we would reduce the amount of hospital readmissions from something like 18 percent or 19 percent, which wasted billions of dollars in this country, down to 2 percent or 3 percent, that is healthcare.

But there is a lot of healthcare that has nothing to do with ObamaCare or that has something to do with it but it was not the creation of ObamaCare. There is Medicare and Medicaid. There are doctors. There are nurses. There are patients. There are drug companies. That is our healthcare system, and our healthcare system is a mess. It is a mess. It is a mess. We tried to take this thing and improve it when we passed the Affordable Care Act. Some of it worked; some of it didn't work. Some people would argue we went too far. Some people would say we didn't go enough.

But I can state this. I have been doing those town halls again in Colorado, and what I know is that people feel defeated not by ObamaCare but by the American healthcare system—by our healthcare system, which is less predictable and less affordable than in many countries around the world.

Now President Trump knew this. He is a smart politician. I never thought he was going to win. I never thought he was going to win on a campaign that on so many dimensions was out of step with conventional American political thought, and I was wrong. He won. I don't think he represents a traditional Republican view, and that may be one reason he won. In no sense do I think of Donald Trump as a conservative. I think of him as quite radical in his proposals. I think of him as a reactionary force on a political system that the American people, for whatever reason—some of them are probably good reasons—were losing their patience with.

You cannot deny that the guy, somehow, in the far reaches of Trump Tower, had his finger on the pulse of what was going on in some parts of this country. I don't know if it was because he was a reality TV star or what it was, but one of those things was healthcare. He understood the American people's dissatisfaction with our healthcare system, just as these 7 years and 8 years of Republican campaigns have understood it. Majority Leader McCONNELL made it clear when we were passing the bill: You own it. You own it. He said in a book later that it was very important to him that the American people were able to demarcate between the Democrats' responsibility for the healthcare system as it was and the Republicans' willingness to take no responsibility for it.

Even though we had hundreds of hours of hearings that lasted more than a year and even though we had—they are not countless—well over 100 Republican amendments that were made in committee and on the floor that were incorporated in the legislation, in the end, not a single Republican voted for the bill.

Maybe that was a principled reason, not just a political reason, because maybe there are some people who have the view in the Republican Party that the Federal Government should not have any increased involvement in their healthcare system. In fact, I have heard some people say the Federal Government should play no role in the healthcare system. Yet whatever the reason, not a single Republican voted for ObamaCare.

The rest of the history writes itself, which is that every premium increase in America, whether it was related to ObamaCare or not, becomes part of ObamaCare. Every drug that gets increased in price becomes ObamaCare, and for everybody who loses his insurance, that is ObamaCare when what is happening is really far more complex than that.

There are very legitimate critiques of ObamaCare, but it is not the same thing as our entire healthcare system. I think it is important to make that point because, whether we are considering the Republicans' proposed bill tonight or someone else's proposed bill tonight, we would have to understand it was not going to fix the whole problem all at once.

People in my State are deeply dissatisfied with our healthcare system. I say that as somebody who voted for the Affordable Care Act. I have said it before. People have tried to make a political issue out of it. They write ads about it: Look, Bennet said the healthcare system is not perfect.

I will go further than that. It is a crying shame that people in this country have to spend their lives wrestling with insurance companies, lying awake, wondering whether their kids are going to be able to get primary care or dental care or cancer care if they get sick. That keeps families up every night in my State, not so much the people who are on Medicare but a lot of other people.

So Candidate Trump saw this unease in the American people, this concern that the American people had with our healthcare system, which I share, and in his campaign—in his very populist campaign for President—he promised to provide “such great healthcare at a tiny fraction of the cost.” Those knuckleheads in Washington do not know what they are doing. I am going to deliver you “such great healthcare at a tiny fraction of the cost.” That was his promise to the American people. That is what he said he was going to deliver.

He differentiated himself from other Republicans by saying: “I will never cut Medicare.” “I will never cut Medicaid.” He said: Those other Republicans say they will. I am not going to do that, but I am going to supply better healthcare than you are getting now at a tiny fraction of the cost. He said: “Everybody is going to be taken care of much better than they're taken care of now” with no cuts to Medicare and no cuts to Medicaid.

We had our election, and people voted for this nominee who made not just these promises but many other promises about what he was going to do for our economy based on, I think, largely, a complete fiction about what is actually going on in our country—for that matter, in the world—with respect to our economy. So he won. He did not just win—the Senate is Republican, and the House of Representatives is Republican.

Now, after running elections for 8 years to get rid of that scourge on America, that stain on America, that legislation that has destroyed our economy and destroyed our healthcare system, they wrote a bill. It took them a long time, really, to get it through the House of Representatives, which was shocking, because they had 8 years to figure out what was wrong with the current system and how to address the current system. They tried it once, and they could not even bring it to a vote in the House. They could not even bring it to a vote.

Then, understandably, the people who sent those Republicans to office in the House said: What are you talking about? You said you were going to repeal ObamaCare. You told us all of

these terrible things that ObamaCare had done. Your first order of business was to repeal ObamaCare. How dare you not have a vote?

I am glad they said that because people should keep their promises.

I have believed for a long time that people want consistency out of their politicians, that they will put up with inconsistency if you say to them that the facts are different than I thought they were and that is why I changed my view. Yet, in these times of fake news, of the media having the challenges it has, and the rest of the things that all our system, consistency is not something that a lot of politicians pay attention to. I think they think that is because voters do not pay attention to it, but, in this case, they did. They said: You said you would repeal ObamaCare. You did not just say it once. You said it year, after year, after year, after year. Finally, they then passed a bill in the House. Not a single Democrat voted for it.

We learned from that process, which took place before the Congressional Budget Office had even scored the bill—imagine that. There were all of these people who criticized the Affordable Care Act, and proponents were rushing the bill through. As I said, I think there were 200 Republican amendments adopted. It was a bill that held almost countless committee hearings in the Senate Finance Committee and the Senate HELP Committee. It was a bill that consumed 25 days of legislative process on this floor, a modern record in terms of time. In fact, we had all of that process, and I will come back to this.

Here is what Senator McCONNELL said about that. After all of that process, he said on this floor, I think, that Americans were “tired of giant bills negotiated in secret and then rammed through on a party-line vote in the middle of the night.” Oh, that bill was negotiated completely in public, painfully in public. I used to go home, and people in my townhalls literally had copies of the bill. Do you remember the chant: “Read the bill. Read the bill”? That is because everybody had the bill.

On the House side, it is important for people to understand that they passed the bill without even getting a score from what is called the Congressional Budget Office. The head of the Congressional Budget Office is appointed by Republicans when the Republicans are in the majority, not by the Democrats. It did not even get a score. We had a score on the Affordable Care Act before we passed the bill. We had a score that every single American could see about what it would cost and what money it would spend, what money it would save, how many people would be added to the insurance rolls. We had that. They did not have the decency to do that in the House.

They should have because—guess what happened—when the score came out, it said that 24 million people would lose their health insurance after

a candidate for President said that you are going to have “such great healthcare at a tiny fraction of the cost.” “Everybody is going to be taken care of much better than they’re taken care of now,” unless you are one of those 24 million and, I would argue, many of the rest as well. I will come to that.

So they passed that bill, a terrible bill. I think that bill has the lowest approval rating among the American people of any piece of legislation that has existed in the time I have been in the Senate. It is still not as low as the approval rating of this place, which used to be 9 percent, but it is low because people know it does not really address their healthcare problems. It is not a healthcare bill.

Then the President found out what was in the Congressional Budget Office’s score, and he had some Republican Senators over to the White House and said: I hope you will not pass a bill like that. That is a mean bill.

That is not my description. That is President Trump’s description of the House bill. That is a mean bill.

He said: I want a bill with a little more love in it than that bill out of the Senate.

He has to be disappointed tonight because the Congressional Budget Office’s score came back and said that under the Senate’s version of the bill—the less mean bill—only 22 million people will lose their health insurance and that far from having better insurance at a lower price, half of the country—literally half the country—is going to pay thousands more in out-of-pocket expenses because of what has become known as TrumpCare.

There are three principal parts to the bill in the Senate and in the bill that has passed the House. There are some differences, but I would say they are differences without a distinction. They are immaterial distinctions. There are three major components to these so-called healthcare bills.

The first is a massive tax cut for the wealthiest people in America. If you are making \$200,000 or less in Colorado or in any State in the country, you will not get a penny from this tax cut—not a penny. As my colleague from Pennsylvania said, if you are one of the top 400 taxpayers in America, together, you are going to get \$33 billion in tax cuts. That is an average tax cut for each of those 400 Americans of \$82.5 million. There is not a person in Colorado at any one of my townhalls who has said to me: MICHAEL, the key to doing a better job with our healthcare and the key to fixing ObamaCare—and I am talking about the critics of ObamaCare. There is not a one who has said to repeal those taxes on the top 1 percent of taxpayers in America at a time when our income inequality has not been greater than in 1928 and at a time when we are collecting in revenue only 18 percent of our gross domestic product and spending 21 percent. Not a single person has stood up in a town-

hall meeting and said the key to success here is in cutting those taxes. Just to be clear, I should mention that \$82.5 million is over a 10-year period. It is about \$8.25 million a year.

As Senator CASEY, from Pennsylvania, noted, that \$33 billion adds up to be the equivalent of what it would cost to pay for the Medicaid of 772,000 people who live in just four States—the entire Medicaid population of four States.

But what they would consume in healthcare to try to support themselves and their family is not \$8.5 million a year; it is not \$85 million over 10 years; it is, on average, \$4,500 a year on healthcare. That is the first part of this bill—a massive tax cut that is not going to benefit anybody in my State who earns below \$200,000.

The second element of this bill is a massive cut to Medicaid, which is one of the fundamental safety net programs in this country. The cut, whether you look at the House cut or the Senate cut, is massive. It is about a quarter of the program. It is about \$840 billion. And in the Senate bill, the cuts are even deeper than they were in the House bill. I wonder what the President would say about that. The House bill was mean. I bet he would say the Senate bill is cruel because it perpetuates those cuts.

I have heard the rhetoric from politicians in Washington about why it is so important to cut Medicaid. They need to cut Medicaid so they can pay for the tax cuts for people who are so wealthy, most of them probably don’t even need to mess around with insurance to pay for their healthcare or their doctors. Now they are going to have another \$8.5 billion a year. Now they are going to have another \$85 million over 10 years if they want to spend it not on insurance but on whatever else they want to spend it.

So on the one hand, they had to find the money to pay for this tax cut. They found it from some of the poorest Americans there are. How do they justify that? They justify it by painting a picture that says that there are Medicaid recipients all over America who are receiving Medicaid but not working, and therefore we should cut the program because if we cut the program, they will know they have to get a job in order to buy health insurance, and they won’t be on the Federal Medicaid Program. They say to go to work, and that is why we can cut this program. Keep people out of that hammock they are lying in instead of working for their healthcare.

What an insult to the almost 50 percent of Medicaid beneficiaries in Colorado who are poor children. Are they supposed to go to work, or can they go to school? And while we are at it, maybe we should think about giving them better schools so they can actually compete in this economy. But are we really going to take away their healthcare?

Then there are a whole bunch of people who have spent down their life sav-

ings for the privilege of being in a nursing home paid for by Medicaid. There is not a townhall I have where there aren’t sons and daughters or grandsons and granddaughters of people who are in nursing homes paid for by Medicaid after they had to spend their whole life savings down to be there. What a terrible system it is that a family has to be near bankruptcy before we say: We will give you a helping hand. It is a terrible system, but it is what they have. And they can’t work. They are in a nursing home. They are in long-term care.

Then there are a whole bunch of people in my State and in other States—and this may be the greatest insult of all—who are working at one job or sometimes at two jobs, and in the richest country in the world, they are working and are getting paid and are not getting paid enough to be off the Medicaid rolls. They are working, and they are still on public assistance. And we are cutting a quarter of the Medicaid Program because people need to go to work.

I am not making this stuff up. I asked Secretary Price, who is the Secretary of HHS, Health and Human Services—he is in charge of the healthcare for this administration—I said: Mr. Secretary, let me take you through the faces of the people in my State who are on Medicaid. And not only did they confirm that that is who is on Medicaid in my State, he said that is the way it looks all over the country.

What an insult to justify a massive tax cut for the richest Americans by taking away poor people’s healthcare; by saying they are not working for it, when they are children, when they are in nursing homes, when they are working one and sometimes two jobs in the richest country on the world.

So that is the second part of this healthcare plan—tax cuts for wealthy people and cutting Medicaid for poor people. And in the middle of that is the only thing that could fairly be described as a healthcare plan; it is just a terrible plan.

Senator PAUL from Kentucky—one of the more principled people in this Chamber—said it very well when he called it, not politely, “ObamaCare lite.” He is absolutely right. If you hate ObamaCare, you are really going to hate ObamaCare lite. It is the same structure, which amazes me because all of the people who said we should repeal ObamaCare are now preserving the very basic structure of how the program worked, but the problem with it is that they have cut the subsidies. They have turned them into tax credits and cut the value of the subsidies. If you think insurance is expensive now in the individual market, wait until you meet ObamaCare lite, in the words of RAND PAUL.

So those are the three components of the bill. And it is not surprising to me that for those reasons, Senator McCANNELL has written this bill in secret. It

is not surprising to me that he hasn't wanted to have a committee hearing. It is not surprising to me that he brought the bill here on the floor last Thursday, then accused people on the other side of not having read the bill and still wants us to act on the bill this Thursday so he can go home before July 4th and say to the American people: We did it. We kept our promise. We repealed ObamaCare. We may have written a terrible piece of legislation that has nothing to do with improving your healthcare, but we repealed ObamaCare. And he is hoping the American people won't notice.

Let me tell you something. The American people are noticing. There is a reason why the House bill has the worst approval rating of any piece of legislation in modern American history. The American people are not stupid.

I was in Frisco, CO, not that long ago, which is a place that everybody should visit from all over the country. There is tremendous skiing, and there is tremendous hiking, wonderful people. And before I had the townhall meeting, I went and visited a healthcare center there that they are justifiably proud of. It turns no one away. It gives phenomenal primary care. It gives phenomenal dental care. They have to figure out every week how to get through, but they always figure out how to get through so that people in Frisco and in the surrounding area have healthcare.

This is not a poor community by American standards. It is a resort community, but there are people who live there year-round. I asked the people who run the clinic: Who are the payers for healthcare in your clinic? Who are they? What pays for healthcare here? And she said: Well, MICHAEL, the Medicaid is 33 percent. That shocked me because if you are in rural Colorado, the Medicaid number is usually a lot higher than that because people don't have access to a lot of resources, and we all know they don't have access to a robust insurance market. Thirty-three percent was Medicaid, 53 percent was uncompensated care, and the rest was private insurance companies that pay for the insurance. That shocked me.

I said: Fifty-three percent is uncompensated care, people with no insurance? How can that be?

She said: These are people in our community who make too much money to be eligible for Medicaid, but they can't afford private insurance.

They are working full time; that is not the problem. They are not even—as I described before in a case where somebody is paying them too little, so they are eligible for Medicaid; their problem is that they are being paid too much, and they are not eligible for Medicaid as a result, but they can't afford private insurance. I think that is an indictment of the Affordable Care Act that I accept as somebody who voted for it. The idea that we would re-

quire people in America to buy health insurance and then not have a market that gave them quality health insurance at an affordable price is ridiculous.

I have had people in rural Colorado say to me: MICHAEL, look, why are you requiring me to buy something where there is not enough competition, so the premium is high and the deductible is ridiculous. So it is of no use to my family, and you are requiring me to buy something that is useless to me. We should have more competition to drive down price.

I say: You are 100 percent correct.

And if we had a functioning Congress that wanted to take a bipartisan approach to fixing that problem, we could fix it, and there are probably 15 or 20 other things along those lines. But the Republican healthcare bill—so-called healthcare bill—does none of that. It does none of that.

So to the extent that you don't like ObamaCare because you feel as though your premiums are going up and you are not getting enough for it, as opposed to the millions of people who have gotten insurance as a result of it, some for the first time—to the extent you are worried about that, the House bill makes it worse and the Senate bill makes it worse.

There is a projection in the CBO report that says that at a certain point in time, your premiums might come down under the Republican bill, but the reason for that is because you will be buying lousy insurance. It is not because Donald Trump, as he said to the country, has provided such great healthcare at a tiny fraction of the cost. That is not the reason. It is because they provided terrible healthcare at a fraction of the cost. That is not a benefit to anybody. If an insurance company can put you on lifetime caps, of course they are going to charge you less.

I am all for working together in a bipartisan way to address the issues in our healthcare system that, frankly, go far beyond the Affordable Care Act to make sure people in America don't have to continue to make the choices people all over the world don't have to make about having to stay in a job they hate because they have to keep the insurance or being able to quit a job and do something else because they know the insurance will be there. Nobody else has to make those decisions. And nobody else in the world goes bankrupt because of healthcare, but that is still a problem in America.

I think fundamentally the problem we have here tonight is proponents of this legislation didn't set out to fix our healthcare system; they set out to repeal ObamaCare or the cartoon of ObamaCare they have been running on for the last 8 years. That is what they set out to do. Along the way, they obscured it all so they could have the opportunity to cut taxes on the wealthiest Americans—which, for some reason, is an obsession with some people

around here—and dramatically cut access to healthcare by poor children.

I know there are people who are hearing this will not believe what I am saying is true. It is true. I hope you will familiarize yourself with the facts. I hope, in particular, people who feel the last bill we considered on this floor didn't get the process it deserved—people who quite rightly wanted to make sure Members of the Senate and the House had actually read the bill, people who wanted to know what it was like to live in a country where your health insurance is uncertain from month to month, where you have to decide between paying the rent, buying the food or being on health insurance; people who are dealing with and whose families are dealing with the effects of this terrible opioid crisis that wasn't even really a gleam in our eye when we passed the Affordable Care Act.

I especially say to people living in rural America how sorry I am that people aren't paying attention to your needs; that your hospitals may be cut because of an ill-considered piece of legislation which has nothing to do with delivering healthcare in rural Colorado or rural America.

We can do so much better than this, but to get to a place, unfortunately, where Democrats and Republicans have the opportunity to work together, the first order of business has to be to defeat the bill on the floor. I hope people know this is the week when it is critical to call and let your voices be heard, let people know you expect something better than what we are getting, and that Americans ought to have a healthcare system that is affordable, that is predictable, and that actually creates stability instead of instability for their families.

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

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

ADJOURNMENT UNTIL 2 P.M. TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 2 p.m. tomorrow.

Thereupon, the Senate, at 9:55 p.m., adjourned until Tuesday, June 27, 2017, at 2 p.m.

NOMINATIONS

Executive nominations received by the Senate:

DEPARTMENT OF TRANSPORTATION

MARK H. BUZBY, OF VIRGINIA, TO BE ADMINISTRATOR OF THE MARITIME ADMINISTRATION, VICE PAUL NATHAN JAENICHEN, SR.

DEPARTMENT OF STATE

MARIA E. BREWER, OF INDIANA, A CAREER MEMBER OF THE SENIOR FOREIGN SERVICE, CLASS OF MINISTER-