

that would give a 50-percent tax credit for small businesses with 50 or fewer employees to help them cover the cost of their employees. We know most people who don't have insurance work for a small business or work for themselves as a single employer. Let's help them.

There are things I know we could work on together across the aisle that would lower costs and tackle the real problems.

This is what I also know; that is, when people talk to me about lowering cost and addressing healthcare, they are not talking about another tax cut for multimillionaires or billionaires. That is actually not on their list of healthcare reforms. It is in the bill that is in front of us, but it is not on the list when someone says to me: You know, I want to bring down out-of-pocket costs so I can afford insurance for my kids and, by the way, would you give another tax cut to multibillionaires. That is not on the list.

If we could come together and take the two things off the table, tax cuts funded by the second thing, which is cutting medical care for seniors, families, and children on Medicaid—if we could take that off the table and focus on the real cost drivers, the real problems that need to be addressed so that healthcare is more affordable, then we would see enthusiasm on our side of the aisle and probably both sides of the aisle. I know we can come together; the Presiding Officer and I have worked together many, many times on issues. We can do this again, but we have a situation where somehow tax cuts get involved in every debate. Secondly, addressing Medicaid, which is actually saving money for taxpayers, States, and families, is part of this in a way that makes no sense.

I have said it before, but just to illustrate it one more time, our Governor and State legislature expanded Medicaid to working families, people making minimum wage, and what has happened as a result of that? Well, 97 percent of the children in Michigan can go to a doctor. What does that mean? That means they cut in half the number of people walking into the emergency room who don't have insurance and can't pay. Uncompensated care is down by 50 percent, and guess what happens. Magically, the State of Michigan is saving money. There is \$432 million more in the budget—taxpayers' money—and that savings can be used for something else important in the State, other than paying for people who don't have insurance, can't see a doctor, and have to use the emergency room.

For me, this debate gets all smooshed together with all kinds of things that aren't connected to each other. The truth is that Medicaid is saving money. More people can go to the doctor and get preventive care. Fewer people are walking into the emergency room, which is the most expensive way to get healthcare. This is working. For sen-

iors, three out of five seniors in Michigan in nursing homes are there because of Medicaid healthcare.

I am not interested in cutting healthcare for seniors, children, and working families. I am not interested in a tax cut that is going to give the top 400 people in the United States a combined \$33 billion in tax cuts. But if we want to focus on small businesses, folks who are individually buying insurance or it is too high, count me in. Count me in. That needs to get fixed, and that involves making sure that the administration does not continue with actions that are raising people's costs on purpose. We need to fix the things in the system that aren't working.

I hope that for the rest of this week, next week, and beyond, we can have some real conversations about working together to solve the real problems that deal with costs, prescription drug costs, out-of-pocket costs for people, and we can do that in a bipartisan way if we are focusing on the real problems in healthcare and how we make healthcare stronger, better, and more affordable for American families.

Thank you.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

RECESS

Mr. WICKER. Mr. President, I ask unanimous consent that the Senate recess until 4:20 p.m. today and that following the recess, Senator WYDEN or his designee be recognized for up to 60 minutes.

There being no objection, the Senate, at 3:36 p.m., recessed until 4:20 p.m. and reassembled when called to order by the Presiding Officer (Mr. BLUNT).

The PRESIDING OFFICER. The Senator from Oregon.

HEALTHCARE LEGISLATION

Mr. WYDEN. Mr. President, the last few days have proven, once again, that political change in America doesn't start in Washington, DC, and then trickle down. It is from the bottom up.

Because millions of Americans called and texted and tweeted their opposition to an abomination of a health plan, that plan is not going to be on the Senate floor this week, thanks to grassroots America. It is so appropriate at this hour. I also want to make clear we have a bottom line for the next 2 weeks. We have an incredible amount of heavy lifting we have to do to make sure working families and seniors get a fair shake from the American healthcare system.

I say that because, as we speak, Senate Republicans are at the White House

strategizing with the President. The horse-trading has already begun, and the Senate Republicans have a slush fund paid for by working families that contains hundreds of billions of dollars that can be used for sweetheart deals that would get them the 51 votes needed to pass this horrendous healthcare bill in the U.S. Senate.

Now I will turn to what we need to focus on in the next 2 weeks at town-hall meetings, civic group lunches, discussions with rural healthcare providers. That focus has to be to highlight what this flawed Republican bill really means and how it can't be fixed no matter how much money the Republican leadership throws at these problems. This bill is a healthcare smash-and-grab, designed to benefit the fortunate few, and is paid for by hundreds of billions of dollars in reductions from Medicaid—tax breaks for the wealthy that Senate Republicans are so anxious to dole out, they are willing to make them retroactive. Contrary to what Senate Republicans say, their tax changes don't create jobs. They do create tax windfalls.

Exhibit A, under their bill, you have a \$1 million capital gain in February, and, if this bill passes, that lucky person would get a \$38,000 tax break. Many of these gains go directly into the pockets of America's 400 most affluent families, while disabled kids, those with opioid addictions, and families where a baby boomer has the misfortune of having a stroke and needs nursing home care face the prospect that the crucial health services they need—services that are life and death for them—will not be there because of this flawed healthcare bill.

Next, I want to point out that over the next 2 weeks, we are going to lay out how this legislation would send costs into the stratosphere for millions and millions of Americans. Start with older people who are about to get hit by what I call a double-age tax. If this bill goes through, insurance companies will have a green light to charge older Americans more than they charge younger people. As if that doesn't raise their costs enough, older Americans are also going to be forced to pay a higher share of their income on healthcare costs because the Senate Republican bill shrinks their tax benefits as they age. Older Americans need more healthcare. They can't afford to skimp out on bare-bones insurance. So many of our older people are going to see their premiums nearly quadruple.

It is not just older Americans who are going to see their costs jump. Right off the top, hundreds of thousands of middle-class families across the country are going to lose tax cuts for healthcare because the Republican bill snatches away their eligibility.

When it comes to the private insurance market, this bill is centered on a plan to push Americans into bargain-basement healthcare coverage. After all the talk about deductibles and out-of-pocket costs being unaffordable, this

Republican proposal ties middle-class benefits to high-deductible, low-value insurance plans. It is a sleight of hand to make it look like consumers are getting a better deal and lower premiums.

Here is the reality. Of course you can make premiums go down if you force people into insurance that only covers bandaids and a bottle of aspirin. When people get sick or suffer an injury, they are going to read the fine print on their insurance. With this legislation, if it were to pass, they would see sky-high deductibles and cut-rate coverage. For working families, they would face the prospect they would get buried under medical debt because their insurance doesn't cover the care they actually need.

Finally, not even people who get their insurance at work—those folks probably thought they were home free in this debate—not even folks who get their insurance at work are safe from the Senate Republican healthcare plan. Four million Americans are going to lose their employer-sponsored insurance coverage just next year if this bill goes through. Tens of millions of Americans could once again face some of the worst insurance company abuses—annual and lifetime limits on coverage. Those are limits the Affordable Care Act banned, but Republicans are proposing to bring them back.

Let's be real clear. If you bring them back and don't protect people from skyrocketing costs, it means that if they develop cancer, they could bust through their coverage limit, and, once again, we would go back to the days in America where those folks were forced into personal bankruptcy because millions of people without coverage will be unable to pay for the care they need. People with employer-based insurance are going to get hit with a hidden tax in the form of higher premiums.

So if an American listening to this is considering early retirement, think again. The cost could well be too high. If you were thinking of leaving your job, becoming an entrepreneur, and starting your own business, you can think again. Your costs could be higher under this plan, especially if you have specific medical needs.

Then there is the generation of adults in the workforce today—people who are middle class, who are doing everything they can to support their families and save whenever possible. They may not be thinking about the expense of long-term care, but the fact is, growing older in America really costs a lot.

Because of this bill, millions of people will no longer be able to count on Medicaid being there to cover their long-term care in a nursing home or at home where they are most comfortable later in life.

I want to close by way of saying that what we have to do now is make sure that—to beat this destructive Republican bill; this is the only way to do it—Americans keep tweeting, keep sending letters, keep finding rallies to

attend, tell your stories about how you are going to do worse with this bill. And then tell your friends' stories and your family's stories. It is a virtual lock that this bill is going to come back around.

I close today by way of saying that grassroots America, by speaking out—the fact that they did that and did all that work I have described is why this flawed bill is not going to be voted on in the Senate this week. We need everybody over the next 2 weeks, seniors and working families and people all across this country—my message is that we need you to stay loud because that is the only way we will finally stop this bill in its tracks.

I yield to our friend from Maryland, Senator CARDIN.

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

Mr. CARDIN. Mr. President, I want to thank Senator WYDEN for his leadership on this issue and so many issues, his position as the ranking Democrat on the Senate Finance Committee. He serves this body very well, and he has done that today in outlining the flaw of the healthcare bill that was presented a week ago by the Republican leadership and what it would do to our healthcare system.

I want to acknowledge that I am very proud that I was in the Congress when we passed the Affordable Care Act. Today, millions of Americans have coverage who didn't have coverage prior to the enactment of the Affordable Care Act. I am also proud about the quality of that coverage. That coverage has guaranteed benefits so that individuals know they will be covered for their needs—no preexisting conditions, no caps. It is affordable, and we made sure it was affordable to the people of this Nation.

I have listened to the debate from some of my Republican colleagues about how the Affordable Care Act is collapsing under its own weight. Nothing could be further from the truth. The problems we are experiencing with high increases in the individual marketplace are caused in part by the actions of the Trump administration to try to undermine the Affordable Care Act.

Let me give an example in my own State of Maryland, where CareFirst—the largest carrier in the individual marketplace—sought about a 50-percent increase in individual rates, and they were very direct. At least half of that increase is as a result of the uncertainty of the Trump administration putting the cost-sharing payments into the budget. That raises the premiums for all of those individuals in the individual marketplace. There is also the uncertainty as to whether the Trump administration is going to enforce the requirement that people buy insurance, which means only the people who have higher risks are likely to buy the insurance, raising the price for those who want to buy insurance.

When we talk about the fact that there are increased costs beyond what we think are reasonable, recognize that it is the actions of the Trump administration that are causing a large part of that premium increase, which brings me to the bill that was unveiled last week by the Republican leadership. It moves us in the wrong direction in trying to fix the problems. It does that because it decimates the Medicaid Program. The largest expansion of coverage has been in the Medicaid Program.

This bill will significantly cut back—CBO has scored that a total of 22 million individuals who have insurance today will lose their coverage, but it does more than that. It does that for what reason? Not to make healthcare more affordable—it does that in order to give tax cuts to the very wealthy.

I am glad that we now have a little cooling-off period. We are not going to come back to the bill for about another 10 days, it looks like.

I want my colleagues to know that as proud as I am of the Affordable Care Act, I acknowledge that we can make it better. I hope Democrats and Republicans will work together to move in the right direction on improving the Affordable Care Act. Let me give some examples.

We know there is a high cost on the premiums, a higher increase than we would like. Why don't we join together to make sure there is predictable cost sharing provided to the companies that are in the individual marketplace? That would remove the uncertainty and reduce the premiums significantly in the individual marketplace. Why don't we work together, Democrats and Republicans, to increase the subsidies we provide to low- and middle-income families so that the premiums will be more affordable? We intended to do that under the Affordable Care Act, but after we got the cost scoring, we had to trim that back. Let's work together, Democrats and Republicans. Those two changes alone would deal with the concern that in the individual marketplace, we are seeing large premium increases. Together, we can solve that problem.

Why don't we work for more competition? I have heard my colleagues talk about the fact that some of the insurance companies are leaving, and some are mainly because of the uncertainty as to whether they are going to get their rightful payments for cost sharing. We can do something about that.

Why don't we, Democrats and Republicans, come together and say that there should be a public option with no public subsidy, so it is a level playing field of competition? That way, we are guaranteeing to every market in the country that there will be coverage for the people in your community. That encourages more competition. That gives stability in the marketplace. We could do that together.

Then, Democrats and Republicans, let's work together to bring down the

overall cost of healthcare in this country. We made proposals that—why are we paying more for prescription drugs, twice as much as our Canadian friends? Because they have an organized market, and they negotiate as an organized market. Why don't we come together and say: Let's take the entire market that we have for the government paying prescription drugs and have one negotiation? That would significantly bring down the cost of prescription medicine.

Why don't we build on efforts that we have done for collaborative healthcare, for value-based reimbursement? That would significantly reduce the cost. We have seen that in mental health and addiction. We could see the same savings in kidney care and in diabetes and heart disease.

There are ways we can improve the Affordable Care Act. Democrats are ready to work with Republicans to get that done. What we will not do is make this current system worse. We are not going to cut the Medicaid Program in order to provide tax cuts to the wealthy. Join us in improving the law to make premiums more affordable in the individual marketplace, to bring more competition into the program, and to drive down the overall cost of healthcare in this country. That is what Democrats stand for, and we are ready to work with Republicans today in order to get that done. I would encourage our colleagues to work together, and let's improve the healthcare system.

Mr. WYDEN. Will my colleague yield for a question?

Mr. CARDIN. I yield to my friend from Oregon.

Mr. WYDEN. I know my friend from Maryland is a real expert on this whole matter of private insurance, going back to his days in the State legislature, and I was director of the Gray Panthers.

I think what you are saying is that it is critically important that we get more predictability and more certainty in the private insurance market. What I am struck by is, of course, this is the private sector. This is not the government. This is the private sector. The President has been basically pouring gasoline on the fires of uncertainty in the private insurance market because he is always in or out on this question of cost sharing, and the private insurers then say: We can't really predict what our rates are going to be, and maybe we have to pull out or we have to raise rates.

Could the Senator again highlight his thoughts with respect to more predictability and more certainty? It is such an important point.

After my good friend from Maryland has made that point, I know the Senator from Delaware is interested in the same subject.

Mr. CARDIN. Senator WYDEN is exactly right. I have met with the largest insurer in Maryland. I have gone over their rate requests for this year. They

told me directly that the largest amount of their premium increase request is based upon the uncertainty.

They don't know whether the cost sharing is going to be put in the budget, and they have to make their decisions on rates now. Not knowing that, they have to cover themselves, and they are asking for a rate increase under the concern that the cost sharing may not be in the payment.

That was not only envisioned, we thought it was mandated in the Affordable Care Act. Now the President is talking about: Well, maybe I am not going to put it in. And we see some of his other activities. So if you are an insurance company and you are answerable to your board of directors and you know that this payment is how you are able to get low deductibles and copays, but you are not sure you are going to get the Federal payment, and you know that your customers are going to want the low cost sharing, you have to charge a higher premium just to cover yourself. That is exactly what was done in Maryland.

If the President of the United States had said that money is going to go into the program because that is what Congress intended, we would have had significantly lower rates in Maryland in the individual marketplace. Predictability is critically important.

Mr. CARPER. Will the Senator yield?

Mr. CARDIN. I will be glad to yield to my friend from Delaware.

Mr. CARPER. Senator CARDIN and I serve together on the committee called Environment and Public Works in the Senate. One of the issues we deal with is clean air.

This conversation about predictability and uncertainty that businesses seek is not just in health insurance, it is in all kinds of businesses across the country.

I remember being in a conversation 8, 9 years ago with—I think Senator ALEXANDER of Tennessee was with us. We met with the CEOs of a number of utilities across the country. Senator ALEXANDER and I were pushing legislation in response to President George Bush's proposal called Clear Skies. It was designed to reduce the emission of sulfur dioxide, nitrogen oxide, mercury, and CO₂, carbon dioxide. We talked with these CEOs from across the country for an hour in my office. We had been talking about reductions of X percent and Y percent and so forth in the emissions from these harmful pollutants from primarily coal-fired utilities. At the end of the conversation, this one older fellow who was representing a utility in the southern part of our country—he was sort of a curmudgeon-like person—he said: Senator, this is what you need to do with respect to the restraint on emissions, reduction in emissions. Here is what you need to do. You need to tell us what the rules are going to be. You need to

provide us some certainty and predictability and give us a reasonable amount of time to comply and then get out of the way.

I will never forget that conversation. Tell us what the rules are going to be, provide us with some certainty and predictability, a reasonable amount of time, and get out of the way.

It is not just utilities that want certainty and predictability, so do others, and particularly, as utilities are a regulated industry, so is insurance. They do like to have predictability and certainty.

We tend to focus just on the exchanges and the marketplaces in the 50 States, which provide health insurance for maybe 5, 6, 7 percent of Americans who get healthcare coverage. Most people get their healthcare coverage from employer-provided programs. Maybe 20, 25 percent get their coverage through Medicaid.

I used to think Medicaid was healthcare for poor women and children. When I was elected State treasurer, I used to think Medicaid was healthcare for poor women and children and not much else, and it turns out, it is a lot more than that today. Twenty, twenty-five percent of folks get their coverage there, another 15 percent or so in Medicare, and the rest are in the exchanges. Every State has an exchange. That is for folks who can't get coverage anywhere else. The idea is to have some opportunity to participate in a purchasing pool.

When we passed the Affordable Care Act, we made a promise that we would do the kinds of things that Senator CARDIN is talking about to provide certainty and predictability for the health insurance companies when they insure in these exchanges. The health insurance companies were reluctant to provide coverage to the folks who were going to get coverage through the exchanges. As my friend will recall, some of these people hadn't had healthcare for months, years, maybe even decades, and maybe some never had healthcare in their lives, so nobody really knew how much healthcare they would need, except we knew and the insurance companies knew that these people would need a lot. As my friend said, we provided some ways of reducing that lack of predictability. It is like the comic strip "Peanuts," with Lucy and Charlie Brown and the football. When she pulls the football away, she always fools him. He still kicks and misses every time. We sort of did that with the insurance companies. We assured them we would help provide stability, and we took away the very mechanisms designed to do that.

I think what my friend is saying, we need to come back and provide maybe three ways to do it; one, with respect to reinsurance; two, cover the risk costs; and the third is to do something—if we don't continue with the individual mandate, we need to come up with something like the individual mandate, which is not as harmful as Republicans are suggesting. I don't think the a 6-month lockout is humane.

Mr. WYDEN. Will my friend yield?

Mr. CARPER. I will be happy to.

Mr. WYDEN. The Senator, as a Governor, really has helped educate me over the years on this whole question of the States being “laboratories of democracy” and trying fresh approaches. Delaware has done that and Oregon has done that.

I ask the Senator: As a former Governor, what would it mean to you if you are staring at a 20- or 25-percent reduction in Medicaid? Because as you know, that is what is contemplated with the Senate Republicans.

Mr. CARPER. I was Governor from 1993 to 2001. We started in a recession and ended up with 6, 7 really strong years, as you recall, during the Clinton administration. We were able to balance our budget 8 years in a row, cut taxes 7 out of 8, pay down some debts, and get good credit ratings across the board.

The person who was my secretary of finance the last 4 years is now our Governor, John Carney. Ben knows him pretty well. He was a wonderful member of Congress and a wonderful Lieutenant Governor before that. He is looking at a budget of less than \$4 billion. He is looking at a \$400 million hole to fill. What is being proposed by our Republican colleagues on Medicaid would not make that \$400 million hole any smaller. It would add anywhere from \$100 to \$200 million—increasing it anywhere from 25 percent to 50 percent. It is a killer. Our Governor and our legislature are struggling enough to try to fill a \$400 million hole rather than trying to figure out how to deal with something as vibrant as \$600 million. It would be a backbreaker. That is what we are looking at. I share that with everybody.

Going to my “laboratory of democracy,” some people would like to have Medicaid for all. Several of our colleagues are very much interested in a single-payer system. As an old Governor—someone who had the privilege leading the National Governors Association—I am a believer that States can be that laboratory of democracy. They can take ideas and show us it is a good idea for the country and other States or take ideas and prove they are bad ideas. We ought to enable them to do that.

Mr. WYDEN. I thank my friend. Would my friend like to add anything else or should we yield to Senator CANTWELL?

Mr. CARPER. I want to say a kind word about our Presiding Officer. He heard me say this before. I will say it again. He may recall having cosponsored legislation in 1993, offered by John Chafee and cosponsored by ORRIN HATCH and others, that actually had a lot of good ideas in it. It had the idea of establishing exchanges in all 50 States. Having the sliding scale tax credit brought down the cost of healthcare insurance to lower income people in the exchanges with a bigger tax credit. It had the individual mandate in there to make sure young

healthy people got coverage too. We didn’t leave health insurance coverages to a pool of unhealthy young people to try to insure.

We added employer mandates so a certain number of employers had to participate. There was prohibition against insurance companies denying coverage. I want to say, our Republican friends took that idea—and Mitt Romney used that idea to establish RomneyCare when he was Governor of Massachusetts. It worked there. It wasn’t perfect. It took a while, but it worked. I would just say, we shouldn’t give up on that idea. We should not give up on that idea. There are ways we can fix it. Senator CARDIN talked about some of those ways, and I am sure Senator WYDEN as well.

I just heard John Kasich on one of the shows on TV. He said he was with Governor Hickenlooper. We have to stop being Democrats on this or Republicans on this. Folks want us to be Americans on this and work together. That is what I would like to do. I think we can do that in a way that brings credit, not just to our party but really to our Country. It accomplishes the three things the President talked about for a while: coverage for everybody, better quality coverage for less money. There is no way Democrats by themselves or Republicans by themselves are going to do that. If we work together, all things are possible.

Mr. WYDEN. Before Senator CARDIN leaves the floor and we yield to our friend from Washington, who is also so knowledgeable about healthcare, on this point with the States being the laboratories of democracy, during the debate with my colleagues over the Affordable Care Act, we wrote a provision, 1332. It gives the States the authority to do better, to come up with, as the distinguished Senator from Delaware, Mr. CARPER, said—it is a chance to do better and try out those fresh ideas on my colleagues.

The problem is, with the Senate Republican bill, they are talking about giving the States the right to do worse, to waive out some of these essential protections. Again, I think this is natural for something that could be bipartisan, where Democrats and Republicans could work together to really encourage States to do better. Let’s not go the other way and abuse that provision in the Affordable Care Act so States can work.

The PRESIDING OFFICER (Mr. BURR). The Senator from Washington.

Ms. CANTWELL. Mr. President, I join my colleagues here from the Finance Committee. Although I don’t want to admit it, it was 10 years ago that we had this discussion in the Finance Committee—my colleagues from Maryland, from Delaware, and from Oregon. What people don’t realize—even the Presiding Officer knows we spent a lot of time talking about healthcare. This was not “let’s have a few meetings and roll out a bill.” There was a very long period. In fact, the Chair

knows that, in fact, our side got a lot of heat for a lot of dialogue that happened with him and our colleague from Maine at the time—a lot of heat for dialogue with her. I think there was a period of time, about 6 or 7 months, where every single day I went to at least one thing in the discussion of the healthcare policy—at least one thing every day for like 6 months. That wasn’t even the markup. Those weren’t even the meetings. That was just the time period where the committee had designated various subgroups so we would talk about policy.

I don’t know if the two of you remember that period, but my recollection is every single day I was going to something regarding the healthcare policy and listening to experts and recommendations, and then, of course, we had these—I call them more roundtables than hearings. We had a lot of roundtable discussions, and we obviously went through a very formal bill process.

There is a little bit of irony that we are the ones out here today still talking about this healthcare bill. I think it is because we knew what the challenges were, and we tried to address them and were not afraid to keep addressing them. We are not afraid to be out here today talking about solutions we want to see as well.

I thank my colleague from Delaware and my colleague from Oregon for both being part of that effort because it really was an unbelievable amount of time and energy and discussion and formulation. The notion that somehow now we would take something that is one-sixth of the economy and draft something up in a dark process, then throw it out here—I am not surprised today that there aren’t the votes. The thing to do now is not try to just rack up some votes in the next few days and come back in July. The thing to do is to sit down and have a serious discussion.

I notice a couple of my colleagues are down at the White House. They are positioned right there next to the President. Maybe they are trying to put them on the hot seat. He is sitting there talking about the individual market. He is talking about the individual market in Alaska. All I am thinking is that the individual market in Alaska—we are sitting here, and the other side is proposing to cut 15 million people off of Medicaid. What does that have to do with the individual market? Nothing.

I don’t know if people are ready to focus on this the way we focused on it in that time period for more than a year—more than a year, day after day, meeting after meeting, hearing after hearing. I hope what they will do is stop this proposal and sit down and have an open process and have a discussion on these policies because they are so important.

We have been having all this discussion, and a lot of the frustration people have talked about is the individual market, where 7 percent of Americans

get health insurance. There are ways to fix and improve the individual market. I feel like I was fortunate enough to put forward one of the better ideas that worked successfully, at least it is working successfully in the State of New York, the Basic Health Program. So 650,000 people are on the Basic Health Program as a proposal. I think they call it, in that State, the Essential Plan. Two adults in a family of four can buy a policy for about \$500 in premiums, on an annual basis, instead of about \$1,500 on the exchange for that population that is above the Medicaid rate that needed to have a solution in the marketplace. There are 13 different companies offering insurance to those 650,000 people, so that is obviously working.

Now, it got implemented late. New York did it in 2016 because they were off to the races, but other States should now consider this. What is so great about this and helping to address the individual market is because, where we are on this side, we are willing to allow individuals who don't work for a large company to get the same clout as if they worked for a large company. When you buy in bulk, you get a discount. Americans know that. That is why they shop at Costco. If you go there and buy in bulk, you get a discount. That is what they are doing in New York. So 650,000 people have been bundled up like they are a big company and saying to the marketplace: Who wants to bid on selling us insurance? The end result has been more affordable insurance in the individual market. That is what they should be discussing down at the White House today. That is what they should be discussing, not cutting 15 million people off Medicaid. That is not a smart idea.

I am sure my colleagues here have already gone over this notion that once you cut people off of care, they end up in the emergency rooms or have exacerbated healthcare needs. So there are longer periods of time to get access to healthcare, more complicated healthcare costs, rising premiums.

We have gone around our State and heard loud and clear from the provider community and the hospitals that they have seen downward pressure on the price of private insurance because we expanded Medicaid, and the economic numbers are out there now to show the same thing. Cutting people off of Medicaid is not the solution to the individual market. I hope somebody down there at the White House brings that up.

In 2020, when the Medicaid cap—if it did go into effect—the analysis is it would cost shift \$324 million per year to my State. They would be cutting people off of Medicaid, and then basically the cost would be \$324 million a year to our State. You can imagine that our State doesn't have that money and isn't interested in picking up that tab. By 2028, when the Medicaid cuts start to kick in, we would be cost-shift-

ing \$4.2 billion per year to the state of Washington. That is not smart economics for us.

Over the weekend, I visited Virginia Mason Hospital in the northwest—again, a great success in delivery system reform. They implemented the Toyota model of production. There is, literally, faster turnaround time on lab reports and better expedience of nursing care. I think there was something like a 72-percent reduction in insurance liability costs. I mean, there are huge successes by changing and improving the delivery system that helps put pressure down on price. This is what we need to be talking about.

There is much innovation that was in the Affordable Care Act. We need to now ask the question: What further things do we need to do to make sure we drive down costs in the individual market as well? But with this Senate bill, you are not going to drive down price. There are reports now out by the Center on Budget and Policy Priorities last Friday that show the price will actually go up in the individual market if you cut people off of Medicaid. Basically, it will just increase by several thousand dollars the actual amount of money the people in the individual market will have to pay for insurance, so that clearly is not the solution.

I urge my colleagues on the other side of the aisle—I hope they come back and say that it is time to work in a discussion about these ideas in a broad way, not just another Hail Mary pass. Just get rid of this notion that cutting poor people off of Medicaid is somehow going to magically fix the individual market. It is not. I thank my colleagues from the Finance Committee who went through all of that.

Believe me; I am telling you, these discussions went on for weeks and weeks and weeks. Some people here are trying to come up with a score and get an answer in a week on this entire package. I think we debated, I would say, probably 2 or 3 weeks just on the notion of reforming—getting off of fee-for-service and focusing on a value index and getting the priorities of the delivery system focused on better outcomes at lower costs. This is something that really should be a big priority in healthcare.

I remember we had private meetings. We had the head of CBO come down and talk to us. We had hearings. We probably spent 3 weeks just on one concept of how effective that would be in the healthcare delivery system.

I see we are still here. We are still talking. We are still willing to improve this delivery system and make sure people have better access to care, and I thank my colleagues for including me in this discussion today.

I want to again thank the Senator from Oregon, the ranking Democrat on the Finance Committee. I know he knows exactly what I am talking about when we talk about innovation. There is so much innovation he put into the Affordable Care Act, giving states dis-

cretion. They already have all the discretion they need; they have all the discretion they need to keep innovating.

Hopefully we will get our colleagues to follow suit because this is where we are going to deliver better care at lower costs and help improve the access for everybody in America.

I thank the Senator from Oregon.

Mr. WYDEN. Mr. President, I thank the Senator from Washington State who was for care coordination, moving away from fee-for-service, using bargaining power, locally driven approaches long before it really became a buzzword in American healthcare. I thank her very much for this.

Mr. CARPER. Mr. President, may I ask the Senator from Oregon to yield for about 30 seconds?

Mr. WYDEN. Mr. President, of course.

Mr. CARPER. Mr. President, something the Senator from Washington said just reminded me—after we heard the news that Republicans are going to go back to the drawing board and see what they can come up with maybe during the Fourth of July recess, I did a radio interview with a station back in Delaware. One of the questions the interviewer asked me was: Well, the Republicans have a lot of money to play with; I hear a couple hundred billion dollars. Won't the Republican leaders just offer money to one Senator after the other after the other to find out what they need in order to get them to support this?

I said: I hope not. I hope that is not what happens. This is a time when we need to hit that pause button and, rather than dole out money to try to draw this Republican or that Republican to come into the fold, if you will, why don't we just spend some time in the rooms the Senator from Washington was talking about.

We spent all that time—a lot of time together, with Democrats and Republicans in hearings, public hearings, private meetings, roundtables, and so forth. That is the kind of thing we need to do over again. If we do that, we might be surprised. We might surprise the rest of the country about how well that would work out.

Thank you.

Mr. WYDEN. Mr. President, I thank my colleague.

Senator WARNER.

Mr. WARNER. Mr. President, let me join my colleagues on the Senate Finance Committee and not only express my concern about how we got here, but also acknowledge that an awful lot of folks in Virginia and a lot of decent folks in North Carolina and folks across the country breathed a little bit of a sigh of relief today. But that sigh of relief was just the fact that we have a bit of a reprieve from a proposal that, in my years here, I don't think I have ever seen—

The PRESIDING OFFICER. The Senator from Virginia will suspend for a moment.

If the Senators are going to carry on a colloquy, the Senator from Oregon has to remain standing.

Mr. WYDEN. I thank the Presiding Officer. At this point, we are just going to hear from Senator WARNER.

The PRESIDING OFFICER. The Chair recognizes the Senator from Virginia.

Mr. WARNER. Thank you, Mr. President.

Again, I am here joining my Democratic colleagues from the Senate Finance Committee.

I believe that folks in Virginia and, for that matter, folks across the country got a reprieve today when the majority leader indicated that we were not going to vote on the piece of legislation that he brought forward, a piece of legislation which, as has been acknowledged by the CBO, would take 22 million Americans off of healthcare, would transfer close to \$800 billion of costs currently borne jointly by both the Federal and State partnership in Medicaid and then thrust that cost upon the Governor of North Carolina, the Governor of Virginia, and a host of others. I can't recall in my time here in the Senate where a proposal has been as universally panned by organizations from the left, right, center, and everywhere in between.

As perhaps the President is now acknowledging with the majority leader and a number of other Republican Senators, using his own quote, that "nobody knew healthcare [was] so complicated." The fact is, the vast majority of Members on both sides of the aisle have realized healthcare is extraordinarily complicated. It is why it took years to fashion the ACA and why there are many of us, again, on this side of the aisle who continue to say we acknowledge, years after implementation of the ACA, that there are many things that need to be fixed, but the only way they are going to be fixed is if we do it in a bipartisan fashion.

Instead, the legislation that we were going to vote on tomorrow would have actually made healthcare much more expensive, less affordable, and less accessible for a whole wide breadth of Americans. Don't take my word for it; don't take these other elected officials' word for it. Let's look at well-respected, bipartisan groups.

The American Cancer Society said that the bill the majority leader put forward "would be devastating for cancer patients and survivors." The American Medical Association said that the majority leader's proposal violates the very first dictate of the Hippocratic oath, which says "do no harm." Obviously, this bill would have done a great deal of harm. The American Academy of Pediatrics says "The bill fails [our] children." The National Center on Addiction and Substance Abuse says the Republican proposal "will crush efforts to end the opioid epidemic." And the AARP says the proposal "would leave millions, including our most vulnerable seniors, at risk of losing the care they need."

But it is not just these leading healthcare organizations that have

come out uniformly and virtually universally against what the majority leader had proposed. I am also hearing that from Virginians. On Monday of this week, I attended an opening of the new PACE Program in Fairfax, VA. The PACE Program—I know the ranking member on the Finance Committee has been a big advocate of the PACE Program—is a program that works in an extraordinary way at keeping seniors in their homes rather than having them migrate to nursing homes. Well, folks at the PACE Program in Fairfax were more than disturbed when they heard that the majority leader's proposal cuts Medicaid by \$772 billion. Medicaid allowed so many folks to get access to healthcare, particularly if they had individuals in their family who might have severe disabilities. The majority leader's proposal, the per capita caps would actually take away the amount of health insurance they could receive.

The truth is, Medicaid covers 28 percent of all Americans and covers about 40 percent of all poor adults and seniors. In my State of Virginia, for those folks in PACE or in nursing homes, literally two-thirds of seniors who receive any kind of care receive care through Medicaid.

The cuts in this proposed bill would devastate our seniors and their families, and the cuts will not save money because so much of this is just the old-fashioned trickle-down that trickles down this responsibility to States that, again, would have to either raise their own taxes to take care of their responsibilities or, frankly, put out seniors who receive this critical care.

Mr. President, I also want to share with you and my colleagues a meeting I had last week with a series of families who came in. They had children or adults who had devastating disabilities.

I heard in particular from Marlo Dean from Virginia Beach, who was there with her 15-year-old son Dante, who has extensive health needs because of a rare brain disorder. Dante had just received a Medicaid waiver after being on the waiting list for 10 years. Ms. Dean, Dante's mother, said:

Cutting Medicaid is not the right thing. It's not the humane thing.

There were other families. Angie Leonard, who traveled from the Roanoke Valley with her 22-year-old son Joshua, who has autism, said that this is not what America ought to be about.

Rebecca Wood, who brought her daughter Charlie from Charlottesville, said that she has private insurance, but she is wondering what would happen when that private insurance hits its cap, a cap that had been removed when we put in place the ACA. Again, Rebecca said: "Our country is better than this." Boy, oh, boy, is she right.

When our colleagues talk about cutting Medicaid, when they talk about cutting it at the numbers they are talking about or putting caps back in place, I hope they realize that this is more than about the numbers of a government program. This is about pro-

viding support and services to families facing the nightmare of chronic illness or crippling medical illness and bills, quite honestly, that they can't pay on their own. It is about peace of mind for these families.

I have said from the outset that there were mistakes made in the ACA, and I stand ready to work with any Member of either side of the aisle to make sure that we fix those mistakes. But this debate ought to be about healthcare reform, not about providing the wealthiest in our country a tax break they don't need or taking hundreds of billions of dollars out of Medicaid.

I look forward—I hope our colleagues who come back from this meeting with the President will come back with a renewed sense of cooperation and collaboration. I know there are other members of the committee who want to speak on this issue. I stand prepared to work with them and the ranking member from the Finance Committee to do this right, but it ought to be done in a way—whether it is Rebecca and her daughter Charlie, whether it is Ms. Dean and her son—that they get a chance to have their voices heard through a regular order process, where at the front end of the process we can hear the concerns, get those concerns vetted, and make sure legislation that gets brought to the floor is fully vetted and actually improves the quality of care for Virginians and Americans all across this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before he yields the floor, I just want to thank Senator WARNER for his insightful comments. As a Governor, he really understands why a Medicaid cut of hundreds and hundreds of millions of dollars is going to permanently damage the lives of so many people in Virginia. I thank him for his comments.

Let me yield now to Senator MENENDEZ.

The PRESIDING OFFICER. Does the Senator from New Jersey seek recognition?

Mr. MENENDEZ. Mr. President, I do. The PRESIDING OFFICER. The Senator from New Jersey is recognized.

Mr. MENENDEZ. Mr. President, call me old-fashioned, but as a member of the Senate Finance Committee, I still believe the legislative process matters, especially when you are dealing with matters of life and death, like healthcare.

In 2009 and 2010, we had a painstakingly open, deliberative process while drafting our healthcare reform bill.

In the Senate Finance Committee alone, we held 53 hearings, roundtables, and meetings, consulting with patients, advocates, doctors, and industry leaders.

Only after months of bipartisan negotiations and marathon markups did we bring the healthcare bill to the floor, and when we did, we spent 25 days debating it in full view of the American

people. That is how we passed a law that protected Americans with preexisting conditions. That is how we stopped health insurance companies from dropping consumers the moment they got sick. That is how we passed a law that delivered coverage to 9 out of 10 Americans for the first time in history.

Because when you have an open, deliberative, bipartisan process, you can deliver real progress to millions of Americans. But when you have an ugly, partisan, backroom process, you get an ugly, partisan bill. And that is what we have with the Senate Republican healthcare bill.

It is an ugly bill, born out of an ugly process with ugly consequences for the American people.

And you don't have to take my word for it. Just last night, the CBO confirmed that the Republican health bill will leave 15 million more Americans uninsured next year—and 22 million uninsured by 2026.

And mind you, this is the plan that Republicans promised would be so much better than the unpopular, disastrous legislation passed by House Republicans earlier this year.

Well, if Trump thought the House healthcare bill was mean, then the Senate Republican plan is downright nasty.

It is really quite simple. Republicans want to give the 400 wealthiest families in America—the Warren Buffets and Donald Trumps of our society—a huge tax cut they do not need, paid for by taking healthcare away from those who need it the most.

For years, Republicans railed against the Affordable Care Act, and pledged they would repeal and replace it with something better. But under the plan they put out last week, the only people who are better off are millionaires and health insurance company executives.

Across the board, Americans will pay the price. They will pay higher premiums, higher out-of-pocket cost, higher deductibles—all for less comprehensive coverage. That is because the GOP plan still rolls back key consumer safeguards, like protection from lifetime limits and coverage for pre-existing conditions.

It still ends the Affordable Care Act's Federal guarantee that every health plan cover essential health benefits, like prescription drugs, prenatal care, hospital stays, and more. It still defunds Planned Parenthood and saddles women with higher costs. It still imposes a crushing age tax on middle-aged Americans.

My Republican colleagues like to say that this bill gives Americans more choice over their healthcare. But I have heard from countless New Jerseyans in recent weeks who know that under the Republican health plan, they will have no choice but to go uninsured.

I have heard from older workers, like Howard in Park Ridge, NJ.

He writes: Without subsidies provided under the ACA, my 51-year-old wife and

I would have no insurance. We could not afford premiums in excess of \$1100 a month. . . . Without these subsidies millions will go uninsured and many of these people, myself included, will die.

If all the choices Republicans provide workers like Howard are unaffordable, what good are they? That is not choice. That is a death sentence.

Or consider the half a million low-income New Jerseyans who secured coverage thanks to the ACA's Medicaid expansion.

My Republican colleagues call them “able-bodied adults.” But they aren't able to even afford a trip to the doctor under this bill. Many of them have low-wage jobs that don't come with health benefits—dishwashers, cashiers, home health aides. These are the people I grew up with in Union City. These are the people abandoned by the Republicans' heartless healthcare plan—people like Alton Robinson of Morris County. He credits Medicaid expansion with saving his life.

Alton struggled with addiction for nearly two decades. Medicaid enabled him to get substance abuse treatment and the physical and mental healthcare.

Today, Alton is clean. His life is on track. And he spends his working days helping other New Jerseyans get on the path to recovery.

Republicans' cruel bill leaves millions of people who rely on Medicaid expansion with no options at all. And for what? To give health insurance executives, real estate moguls, and hedge fund managers a massive tax cut they don't need?

According to New Jersey Policy Perspective, a handful of New Jersey millionaires and corporations get a \$15 billion tax cut under this terrible Republican health plan, while over half a million people lose their coverage.

And, of course, this legislation goes far beyond ending Medicaid expansion. It ends Medicaid as we know it.

Their plan fulfills a decades-old right-wing mission to shred the social safety net—forcing the most vulnerable among us to pay for tax cuts for the richest among us.

It has nothing to do with giving States more choice over how to run Medicaid. Because when you slash Medicaid by nearly \$800 billion, you leave States with no choice but to provide less care. When you cut Medicaid funding by \$60 billion in New Jersey, you leave the State with no choice but to abandon the most vulnerable—people like Leandra, the 13-year-old girl I met last week in Newark. She suffers from a rare muscle disease that leaves her confined to a wheelchair, too weak to walk and in extraordinary pain. She takes 18 medications each day. She has survived 19 surgeries.

Leandra can't speak out against this horrible, cruel Republican healthcare bill that would jeopardize her life. But we can. And we must continue to be Leandra's voice until Republicans finally hear her.

That is the kind of process we need when we talk about healthcare—a process that gives voice to the voiceless.

So today I say to Americans everywhere: don't sit on the sidelines. Don't be silenced. Make your voices heard. Tell Republicans what this heartless healthcare plan means for your families and your future.

Mr. President, I have a group of Nordic Parliamentarians I am hosting in a few minutes. Let me say that I join my Senate Finance Committee colleagues in this effort because I still think the legislative process matters, especially when dealing with matters of life and death like healthcare.

To reiterate, in 2009 and 2010, we had a painstakingly open, deliberative process while drafting our healthcare reform bill. In the Senate Finance Committee alone, we held 58 hearings, roundtables, meetings, consulted with patients, advocates, doctors, industry leaders, and only after months of bipartisan negotiations and marathon markups did we bring the healthcare bill to the floor. And when we did, we spent 25 days debating it in full view of the American people. That is how we passed a law that protected Americans with preexisting conditions. That is how we stopped health insurance companies from dropping consumers the moment they got sick. That is how we passed the law that delivered coverage to 9 out of 10 Americans for the first time in history.

When you have an open, deliberative, bipartisan process, you can deliver real progress to millions of Americans, but when you have a backroom, partisan process, you get an ugly, partisan bill, and that is what we have with the Senate Republican healthcare bill. It is an ugly bill in terms of what it does to people, it is born of an ugly process, and it has ugly consequences for the American people.

Just last night, as we all heard, the CBO, the Congressional Budget Office, a nonpartisan scoring division for all of us, Republicans and Democrats alike, said 22 million people will lose their health insurance and 15 million next year if the law were to pass.

Mind you, this was a law that was supposed to be better than the House Republican version. Well, that bill was mean, this bill is downright nasty. It takes healthcare away from those who most need it, only to give tax cuts to the Warren Buffets and Donald Trumps of the world, who, fortunately for them, don't need it.

It is amazing to me that for years I have heard my Republican colleagues rail against the Affordable Care Act—or as they call it, ObamaCare—and pledge to repeal it and replace it with something better. They had 7 years to come together and decide what that would be, and then, on a plan that was put out only late last week, we see the consequences of something that was rushed together by 13 men, no women, and nobody creating the diversity of America that relates to their

healthcare. That is fundamentally wrong, and I am not surprised that many of my Republican colleagues revolted against it—at least at this point. The question is whether they will continue to demand of their party and of all of us the type of healthcare that we want to see for each American, because under the plan as it was proposed, Americans will pay higher premiums, higher out-of-pocket costs, higher deductibles, all for less comprehensive coverage—pay more for less.

It rolls back key consumer safeguards. There is a difference between a guarantee—when we hear the word “entitlement,” we are really talking about a guarantee against lifetime limits. You have a serious disease, and you come up to that cap in your insurance. You still have the disease, you still have cancer, you are still treating it, you are still fighting it, you are trying to save your life, but you don’t have any more money because there is no more insurance coverage. We eliminated that under the law. There is no guarantee of continuing that safety under the Republican bill.

There is no guarantee that when you give States waivers, the way in which they treat those waivers—that you truly have a guarantee against pre-existing conditions being a prohibition to getting healthcare.

Finally, if you are middle class and middle aged, this bill gives you nothing. Nothing. If you are an older American, it costs you enormously.

Let me make my final point about Medicaid. Look, I am tired of hearing about Medicaid being only about the poor, as if the poor don’t deserve health insurance. They certainly do. But Medicaid is about a lot more than the poor. In my home State of New Jersey, 60 percent of recipients are either seniors or those who are disabled. They didn’t choose to be disabled; they either were born with or developed a disability. They deserve the full potential of their God-given potential, as anybody else does. Medicaid provides them healthcare so they can be a successful part of our society. Medicaid provides seniors with dignity in the twilight of their lives. Medicaid provides for pregnant mothers who may not have insurance elsewhere. Medicaid takes care of special education children in our schools. And, yes, Medicaid takes care of the poor.

Medicaid expansion helps those who go to work in some of the toughest jobs in my State and in our country. They have the dignity of having healthcare and being able to stay healthy so they can work. We want them to work. Yet we take away the healthcare that is the very essence of what keeps them healthy so they can work. That is not the America I know. That is not the healthcare that was promised.

We can do better, and we can do better together. What we need to do is get over the mantra of, let’s just repeal the Affordable Care Act instead of improve it. If you want to improve it and im-

prove the healthcare of Americans, you are going to find a lot of Democrats ready to do that, myself included.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I believe we are very close to consuming the hour that the Finance Democrats have, so I ask unanimous consent that at this time Senator CASEY be recognized for his remarks and at the conclusion of his remarks, I be recognized for some final comments.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I seek recognition to continue this discussion on healthcare, and I ask unanimous consent to speak in morning business.

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

Mr. CASEY. Thank you, Mr. President.

I rise to talk about an issue that some of us have talked about, but I think it is an issue that is barely breaking through now. There has been a lot of discussion in the debate so far about various aspects of the bill. We know the bill in its current form is about 142 pages, I guess, and more than 60 of those pages deal with one topic—Medicaid. So this is basically a Medicaid bill and a tax cut bill, and the two are not just referred to on a regular basis in the text, but I would argue they are actually in conflict with one another.

I was on the floor last night showing a chart that indicated that the top 400 households in the country would get a tax cut of \$33 billion. Just imagine that. Four hundred families get \$33 billion out of the bill—the House bill, but it hasn’t changed substantially at all when it comes to tax cuts—and then on top of that, the Medicaid cuts in just four States add up to the same number. So we have \$33 billion in cuts on Medicaid for 4 States and \$33 billion in tax cuts for 400 families.

If you are within the sound of my voice and you are one of those 400 families, sorry, but I don’t think you deserve a tax cut.

Here is another way of looking at it. This is the same basic information, but now, instead of looking at four States, as we did last night—those four States were Alaska, Arkansas, Nevada, and West Virginia—where the total Medicaid cut was just below \$33 billion, here is just one State, the State I represent, Pennsylvania. The cuts over time come up to \$35 billion. The Senate bill might move that one way or the other by a little bit, but basically that is what it is. But we still have this number we just referred to—\$33 billion in tax cuts for the 400 highest income households in the country. Nothing about that is fair. In fact, I think that is obscene. There are other words we could use, but we shouldn’t use those words on this floor. That is obscene.

In the same bill, they are ripping away Medicaid over time, and, as we know from the CBO report we saw last night, the House bill has a Medicaid cut of 14 million people losing their Medicaid coverage over the course of a decade. In the Senate bill, the number goes up to 15 million. So 15 million of the 22 million who lose their healthcare coverage are from Medicaid.

As my colleague from New Jersey just outlined, low-income folks, folks with disabilities, and folks who need to get into a nursing home—that is basically the Medicaid population. They are low-income children and adults, adults and children with disabilities, and, of course, seniors.

That is the basic inequity here. I don’t think anyone around the country, if they were looking at that comparison, would really say that is fair. How could that be fair in a healthcare bill, that a small group of Americans gets a tax cut?

By the way, it doesn’t end there. It is not just the top 400 Americans, it is a lot of other people as well. So if you are in any way wealthy, this bill is a bonanza for you. This is a once-in-a-lifetime injection of revenue that you are rarely, if ever, going to see. But why should a single family get millions and millions of dollars—under this scenario, potentially tens of millions for one family—why should they get that kind of a break while others are losing their healthcare by way of the Medicaid cuts or otherwise?

So if we are going to have a real process here that leads to a bipartisan conclusion, we have to get serious about the issue of healthcare. This is not a serious attempt to change our healthcare system for the better. A third-grader could rip healthcare away from a lot of people and give away the store to very wealthy people. That is an exercise anyone could do. That is simple. But to fix problems in our healthcare system, to make sure that if you are living in a rural area and there is only one insurer, that we work to create some competition—to fix that requires some work. To fix that requires bipartisan support. It is not this exercise we have been going through so far.

I hope folks on the other side can defend this and go home and say: I voted for this bill—or the updated version of the bill in a couple of days or weeks—and I am here to tell you that I not only voted for the bill, but I am asserting that it is fair to give \$33 billion to 400 households and tear \$35 billion out of the Medicaid Program just for Pennsylvania—just for Pennsylvania, one State, and it gets worse when you add other States.

I know our time is short and others are waiting to speak, but we have a long way to go to make sure we are focused on some of the real challenges we have in our healthcare system, not just ripping coverage away from vulnerable Americans in order to enrich people who need no help, need no injection of a tax cut.

In fact, they don't even want the tax cut. I was at a townhall the other day, and a doctor stood up and said—if the House version of the healthcare bill went through, this one doctor in Pennsylvania would get \$20,000 in a tax cut. He said: I don't need that. I don't want it. We want to fix the system. We want to make sure the people on Medicaid still get coverage.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. To wrap this up, Mr. President, I was struck when Senator MENENDEZ talked about the Senate Republican health bill being more for less. I think millions of Americans might say it is a classic bait-and-switch. After the horrible House bill was passed, Senate Republicans and the Trump administration promised something new. It would have more heart. It would be less mean. But essentially what they have done is doubled down on exactly what the American people rejected in the House bill—the secrecy, the fact that the breaks went to the fortunate few and the pain went to millions of Americans who needed nursing home care, who have youngsters with special needs, or who are disabled.

The fact is that the process Senate Republicans have used on this health reconciliation bill hasn't gone well. That is why they can't go forward with consideration of their healthcare bill this week. And it looks as though—I heard remarks from one of our senior colleagues early this afternoon—it looks as though the same darn thing is going to be used for tax reform. Once again, a bill processed behind closed doors, without any input from the other party—it looks as if that is the route that is going to be taken on tax reform. I think that is unfortunate.

I have made it very clear—very clear—to the Trump administration that the history of successful tax reform is bringing both sides in early and finding ways to secure principles that each side feels strongly about that the other can live with. There has been no such consultation—zero—with respect to this administration and Democrats on the Finance Committee.

I am struck, because I wrote, over the last decade, what are the only two bipartisan Federal comprehensive tax reform bills—first with our former colleague, the distinguished Senator from New Hampshire, Senator Gregg, and most recently with the new head of the Office of the Director of National Intelligence, Senator Coats, and we have had no consultation on the substance of tax reform. That is a prescription for trouble. It is, in effect, walking away from the history that the only way to get a sustainable, bipartisan tax reform plan is to get both sides together, not do what is being discussed now openly in the media: that the Republican leadership and the Trump administration are going to write a tax bill and then just pop it on the American

people in the fall. And I anticipate it will be more of the same in terms of stacking the deck dramatically in favor of the fortunate few.

I say this because we heard again what appears to be the plan of the Senate Republicans to kind of double down on the flawed strategy of healthcare, which is just to do it in secret and then expect to see if maybe they can get a couple of Democrats to go along. Then they can say: Oh, that is a bipartisan bill.

That is not a bipartisan bill.

A bipartisan bill is the kind of work that was done in 1986 with my predecessor, Senator Packwood, and Bill Bradley of New Jersey, who was another tall Democrat on the Finance Committee. A big group got together and worked out a bill that made sense, broadened the tax base, and gave everybody in America the chance to get ahead.

My hope is that over the next 2 weeks, in terms of defeating a flawed healthcare bill and showing that there needs to be a different path for tax reform, the American people will keep making those calls, keep tweeting, keep texting, keep going to rallies, keep going to meetings where healthcare providers get together and say: Look, this healthcare bill that Republicans are talking about does not work for us, and it does not work for our parents and our grandparents and youngsters and the disabled folks and those who need opioid services.

Again, I thank my colleagues from the Finance Committee. We have had something like eight colleagues participate in this over the last hour.

I would just say to the American people that the reason we have been able to hold off this horrendous Senate Republican healthcare bill is that grassroots America showed again that political change does not start at the top and trickle down but comes from the bottom-up. It was all of that citizen involvement that caused the Republican leadership to put this bill off, but it is a lock—an absolute lock—that it is going to come up again in a couple of weeks.

As I wrap up my remarks this afternoon, I hope that over the next 2 weeks, the American people will be loud, will come out to their elected officials' events, and will tell them what they are for and what they are against.

On behalf of the Senate Finance Democrats, I yield the floor.

THE PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, before I begin, I want to make something absolutely clear. This healthcare fight is anything but over. TrumpCare is not dead—not even close—and we cannot let up. It is no surprise that Senate Republicans needed another week to try to jam their TrumpCare bill through, given everything it would mean for families' health, their financial security, and their lives.

So, while we do not know what kind of backroom deals the Senate Repub-

licans will cut or which Republicans will decide that they care more about toeing the party line than protecting the patients and families in their States, here is what we do know. The majority leader is not going to give up. He wants to get to yes, and so does President Trump, so the backroom deals and arm-twisting are going to go into overdrive starting now.

That is why my message is, to every patient and family, every mom and dad, adult caregiver, doctor, nurse, teacher, anyone who believes TrumpCare would be devastating for their communities: Do not let up the pressure. We saw what happened in the House. We need to keep fighting, and Democrats are going to keep fighting along with all of you.

One has to ask, given how mean this bill is and how clearly patients and families are rejecting it, why are my Republican colleagues pushing ahead?

It is not like this is some kind of forgone conclusion. At any moment, Republicans can drop this effort and work with Democrats on healthcare policies that will actually help patients and families and not hurt them. Yet it is clear right now that Republican leaders are not interested. In fact, they have done just about everything possible to prevent not just Democrats but anyone, including most of their own party, from being involved in this process.

As Democrats have made clear, this is unprecedented. I was here when the Affordable Care Act was debated and passed. We organized dozens of bipartisan meetings. We held hearings, and we took amendments from both sides. We certainly did not leave the fate of women's healthcare up to a few men.

Yet, with the Republican's TrumpCare plan, there have been no hearings, and there has been no scrutiny, no public input, no expert testimony. Why is that? It is that their bill is not actually about healthcare—far from it. Their bill is about giving a massive gift to the wealthy and the already well-connected on the backs of children, working families, the sick, and the elderly. It is an enormous broken promise, and yesterday's CBO report made that alarmingly clear.

Republican leaders promised to lower healthcare costs. This plan will actually raise them, especially for seniors. They promised not to pull the rug out from under patients, but this plan would take coverage from 24 million people and gut Medicaid with even deeper cuts, by the way, than would the House's version. Under their bill, they said no one would be worse off. Tell that to a woman who would have to pay as much as \$1,000 extra for maternity care or who would have to see her local Planned Parenthood center closed. They said their bill would protect patients who have preexisting conditions. Read the fine print. The fine print says, this plan is a backdoor way of putting those patients' fates in the hands of the insurance companies.

This is truly shameful.

Republican leaders promised they were committed to tackling our growing opioid epidemic, but with this plan, all of our efforts—all of the work left to be done by the States—would be at risk. That would be incredibly harmful.

Over the past year, I have met so many families in my home State of Washington who have lost a loved one to the opioid crisis—in Bellingham, in Spokane, in Yakima, in the Tri-Cities—in community after community. I know the same stories are actually being told in West Virginia, in Ohio, in Kentucky, and in Pennsylvania—in States all across our country. I have heard directly from people who are on the path to recovery who have told me how their getting treatment and Medicaid coverage changed their lives for the better.

What will they do under TrumpCare?

I would be ashamed, too, if I had to defend this cruel bill over the upcoming recess. I would be ashamed if I had to explain this bill to constituents of mine like Jennifer England.

Jennifer is a woman from Kent, WA. She is a mom, a softball coach, and a cancer survivor. Because of coverage she had under the Medicaid expansion, she decided to play it safe and go to the doctor to get a lump checked out, something she told me she would not have done before. Jennifer was diagnosed with invasive ductal carcinoma. It was about to spread to her lungs and could have been deadly. Jennifer went through rounds of chemo and trip after trip to the doctor. On March 8—her daughter's 18th birthday—she was finally able to tell her daughter she was in the clear. Now Jennifer is terrified of what this bill would mean for her finances, for her family, and for her life if her Medicaid coverage goes away.

I would be ashamed if I had to defend this bill to Kelly Hill, from Seattle.

I met Kelly during a recent tour of Seattle's International Community Health Services clinic. Kelly shared with me that she has been living with HIV for 17 years and has a son with a severe developmental disability. Fortunately, Kelly told me she was able to get Medicaid when she needed it the most, in graduate school, when she was first diagnosed and when she was pregnant with her son.

Today, her son Avram is 15 years old and cannot be left unattended. He is going to need expensive care and support for the rest of his life. Medicaid plays a crucial role in keeping Avram active at home, in their community, and it allows Kelly the opportunity to have a full-time job so she can support her family. Kelly knows just how important access to healthcare is and the harm and uncertainty TrumpCare will cause.

I want to be very clear. If Republicans jam through TrumpCare this month, they will own the consequences. They will have to defend this bill to people like Jennifer and Kelly in their own States, and they

will be responsible for increasing families' healthcare costs, undermining protections for people with preexisting conditions, defunding Planned Parenthood, and allowing insurance companies to charge women more. They will be responsible for taking away care for seniors, pregnant women, and people with disabilities.

Again, Republican leaders can still choose to drop TrumpCare once and for all. I am not going to take any chances, though, and neither should anyone who is listening who joins Democrats in opposing TrumpCare. I fully expect the backroom deals to continue and to get even worse now that Republican leaders have been forced to delay this week's vote. I just hope the Republicans who are rightly concerned about the impact of TrumpCare will take a close look at the facts on the table, will recognize it is time to change course, and will stand strong for their constituents.

That is what this debate should be about, making sure the people whom we represent can count on the security of healthcare when they get sick so they will not have to consider forgoing treatment for a sick child because they do not have the money and so they will be treated fairly and equally in our healthcare system.

That is what I have been thinking about these last several weeks. It is why Democrats have been holding the floor all of these nights, participating in rallies, and staying out on the Capitol steps. It is why my friend, the senior Senator from Hawaii, took to the floor yesterday and bravely talked about what this fight now means to her personally. As she said, everyone is only one diagnosis away from a serious illness, and no one should have to worry about what he will do if and when that moment comes.

In this country, healthcare should be a right, not a privilege reserved for the few. That is what Democrats are going to keep fighting for, and we will not let up.

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.

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

The PRESIDING OFFICER (Mr. RUBIO). Without objection, it is so ordered.

Ms. WARREN. Mr. President, I am deeply relieved that the majority leader has delayed a vote on the Republican's cruel bill to rip up healthcare for 22 million people. People in Massachusetts and across this country spoke out against this terrible bill, and today

they proved they can make their voices heard. But let's be clear. The Republican's so-called healthcare bill has come back to life already more times than the scariest zombie in a horror movie. Despite how deeply unpopular

this bill is and how hurtful it would be to families across the country, Senator McCONNELL says he intends to vote as soon as the Senate returns in a little more than a week. That means that Senate Republicans still stand on the brink of passing legislation that will end health insurance coverage for 22 million people in America.

Make no mistake, if this plan passes, the rich will get richer and other people will die. I know that is a strong statement, and I know some people don't want to hear it. I know some people will hear it, but they don't want to believe it. But facts matter, and here is the fact that Republicans simply want to ignore: People without healthcare coverage are more likely to die than people with healthcare coverage. For many Americans, health insurance is a matter of life and death. Decades of rigorous academic research back this up. The data show that people with no health insurance die earlier than those with coverage.

For example, a 2009 study published in the American Journal of Public Health found that uninsured people died at significantly faster rates than those with insurance. The authors claimed that lack of health insurance was associated with nearly 45,000 American lives lost in just 1 year. So 45,000 American lives were lost in 1 year. That is more people in this country dying for lack of health insurance than from breast cancer, and the impact isn't limited to adults. Johns Hopkins researchers found that sick kids without insurance who end up in the hospital are 60 percent more likely to die than the children down the hall who had health insurance.

In 2012, a study in the New England Journal of Medicine compared States that expanded Medicaid, which provided coverage to millions of low-income Americans, to those that didn't. They found that for every hundred thousand people in States that did not expand Medicaid, nearly 20 more people die every year than in the States that expanded Medicaid. That is right. More people died in States that refused to expand Medicaid.

Now, we know a lot about this in Massachusetts, which has been one of the best test cases for understanding how insurance affects death rates. We have been working for years—long before the Affordable Care Act—to expand health coverage. Today, with the help of the Affordable Care Act, more than 97 percent of people in Massachusetts have health insurance. That is the highest coverage rate in the entire country.

Researchers from Harvard and the Urban Institute studied our health reforms to figure out the impact of expanding coverage. Their results, a 2014 study published in the Annals of Internal Medicine, found that Massachusetts health reform was associated with a 4.5-percent drop in preventable deaths. These data suggest that, nationwide, the ACA's coverage expansions are already preventing 24,000

deaths a year, and it is in effect in only 31 of the 50 States.

I could keep going, but the consensus is clear. A new study, hot off the press, in the *Annals of Internal Medicine* put it bluntly: “The case for coverage is strong.” The reasons are actually pretty straightforward. People who don’t have access to high-quality, affordable care—people who work as hard as they can but just don’t have the money—can’t go to the doctor when they need to; can’t get preventive care, such as breast cancer screenings and vaccinations; and can’t fill the prescriptions they need to stay healthy.

When someone doesn’t have coverage, they typically wait to go to the doctor until things get really bad—when the cough turns into a rattle, when the lump gets too scary to ignore or the backache makes it impossible to even to walk. This is the reason why everyone who actually works in healthcare—doctors, nurses, hospitals, patient groups, researchers, experts—is coming out against the Republican bill.

The American Medical Association—the nation’s largest association of doctors—says that the Republican bill violates the most basic principle of medicine: “First, do no harm.”

The National Council for Behavioral Health, whose 2,900 member organizations provide mental healthcare and addiction treatment to 10 million Americans, said the bill would “cost hundreds of thousands of lives.”

National Nurses United, representing 150,000 registered nurses across the country, said the bill would “prove to be deadly for our nation’s seniors.”

The President of a leading coalition of safety-net hospitals said about the Republican bill: “Let’s not mince words. . . . People will die.”

If the Republican bill passes, “people will die.” That is what the healthcare professionals are telling us. The Republican plan is to kick 22 million people off their health insurance. They want to slash tax credits that help people afford their premiums. They want to open the door to insurance companies to offer plans with higher costs and less coverage.

And why? Nothing in this bill—not one thing—improves healthcare for anyone—not one thing. No, the only reason for this bill is to finance \$569 billion in tax cuts for a handful of millionaires and billionaires.

There has been a lot of concern about the discussion of healthcare getting overheated. The facts do not lie. The academic studies don’t mince words. If the Republican healthcare bill passes, tens of thousands of people in this country will die every year.

Republicans can ignore these facts. They can turn away from these studies. They can pretend they don’t know what is going on. But the people who lose their healthcare—the babies, the women, the seniors in nursing homes, the people with disabilities, the workers who get hurt on the job, the people who get hit by heart attacks and

strokes and diabetes—will suffer all the same.

Yes, if the Republicans go forward with their bill, people will die. Those are the facts. We have less than 2 weeks to make sure the Republicans hear from everyone in this country who wants them to abandon this terrible bill once and for all.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, I ask unanimous consent to speak for up to 15 minutes in morning business.

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I am back for my weekly “Time to Wake Up” speech, which, given the theme of the week in Washington, it is going to focus on the health consequences of what is going on in climate change. It is timely to do so because just recently the National Weather Service issued an excessive heat warning for the Southwestern United States. In California, San Diego County set a record at—hang on—124 degrees.

As a result of this heat, the National Weather Service warned of “a major increase in the potential for heat-related illness and even death.”

In Phoenix, AZ, it got up to around 120 degrees. It got so hot that flights had to be grounded at the Phoenix airport because the hot air was too thin for the jet engines to get enough bite on the air for the planes to fly safely. The emergency rooms saw patients coming in with burns caused by walking barefoot on hot pavement or touching their cars that had gotten so hot in the sun that they were burned. There were several heat-related deaths reported in the Las Vegas area and in California.

This heat wave problem is not going away. “Heat waves like the one we are seeing in the Southwest are becoming much more frequent,” said Robert E. Kopp, director of the Coastal Climate Risk and Resilience Initiative at Rutgers University.

He went on to say: “Looking forward, we expect the amount of extreme heat on the planet to continue increasing even more” with obvious health effects.

It has gotten deadly serious in many places. In the 2003 European heat wave, there were more than 30,000 deaths across the continent, and the 3-day 1995 Chicago heat wave killed more than 700 people.

We need to pay attention. As Mr. Kopp concluded, “that calls for a major rethink of the systems that we rely upon.” This is not normal any longer.

This week also saw the publication in the *Providence Business News* of an article by Nitin Damle called “Climate Change’s Dire Health Consequences.” Nitin Damle is a physician in Rhode Island. He is a leader of our medical pro-

fession in Rhode Island, and he just recently was the President nationwide of the American College of Physicians.

In the *Providence Business News*, he writes:

The medical community is witness to the health effects of climate change now and not in some distant future. There are five categories of health effects that will affect not thousands but millions of people in America and around the world.

First, as we just talked about what we saw in Arizona and in Southern California, he goes on to say:

An increase in global temperature and frequency of heat waves will expose people to a risk of heat exhaustion (dehydration, headaches, weakness, nausea and vomiting) and/or heat stroke (high fever, stroke, confusion and coma). The most vulnerable will include the elderly, with multiple heart, lung and kidney conditions, multiple medications and a poorer ability to regulate their body temperature.

But Dr. Damle went on to say:

Children will be at risk due to their inability to thermo regulate, as will laborers who work outdoors and the homeless. History tells us that there have been 7,400 annual deaths between 1999–2010 in the United States, 15,000 deaths in France in 2009, 70,000 deaths in Europe in 2003 and 15,000 deaths in Russia in 2010 from heat waves.

Respiratory effects are another health consequence that Dr. Damle elucidates here.

Respiratory effects from particulate matter and ozone result in exacerbation of asthma and other chronic lung conditions.

He continues:

Fifty-five percent of the U.S. population tests positive for allergens and 34 million people have asthma. The increased length of the pollen season and growth of allergen-producing weeds, grasses, mold and fungus will lead to more exacerbations of asthma and chronic lung conditions at an annual cost of \$56 billion per year with visits to the emergency room and hospital admissions.

I was at a conference recently and saw a presentation by Dr. Kari Nadeau, who is the director of the Sean N. Parker Center for Allergy & Asthma Research at Stanford University and the Naddisy Foundation Professor of Medicine and Pediatrics.

I am going to borrow a few of her slides that relate to the asthma and allergen concerns. Let me start with this graph, which shows asthma prevalence nationwide and asthma prevalence in Rhode Island.

In Rhode Island, we run a little bit higher for the experience of asthma than nationwide, and this is an issue that is important to us. It comes home to roost. Dr. Nadeau used this slide. This was exposure to extreme heat and precipitation events associated with increased risk of hospitalization for asthma. This was a study that was done in Maryland. As the temperature went up, and there was extreme heat or precipitation, and asthma hospitalizations went up as well.

She showed a graph from another study in New York that of the ED visits, or emergency department visits, related to ozone or related to smog, which is a well-known asthma trigger