

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

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

HEALTHCARE LEGISLATION

Mr. SCHUMER. Mr. President, yesterday afternoon, my friend the Republican leader announced that the majority would delay the vote on the motion to proceed to this particular Senate Republican healthcare bill. We Democrats take no solace in that fact. Unfortunately, the majority seems intent on continuing their efforts to pass this healthcare bill.

Over the next few days and weeks, I expect to see buyouts and bailouts, backroom deals and kickbacks to individual Senators to try and buy their vote. What I don't expect to see yet is a dramatic rethink of the core of the Republican healthcare bill, but I am hopeful we can get to that point.

So far, every single version of the Republican TrumpCare bill in the House and the Senate has the same basic core to it. The details have changed a bit around the edges, but the core remains the same in each and every version: slash Medicaid to the bone in order to give a massive tax break to a very small number of wealthy Americans, cut support for Americans in nursing homes, those suffering from opioid addiction, and those with a preexisting condition to pay for a tax break for the wealthiest few.

The basic premise of every Republican healthcare bill so far is to cut back on healthcare for Americans who need it most in order to give a tax break to the people who need it the least. There is just no moral calculus to justify it. It doesn't fix any of the problems in our current healthcare system like high premiums, high deductibles, counties where there are not enough insurance options, and it is not what the American people are for. The American people are not for tax breaks to the wealthiest of Americans, nor are they for cutting Medicaid.

A USA TODAY poll this morning showed only 12 percent of Americans support this bill. At a level of 12 percent, even huge numbers of Trump supporters are opposed to this bill. The level of popular support is not going to change one bit with a tweak that wins over this Senator or that. A bill with this twisted idea at its core will fail time and time again. That is why the vote had to be pulled yesterday. You can be sure, if it were popular with the American people, it wouldn't have had to be pulled.

I make my friends on the Republican side and President Trump an offer. Let's turn over a new leaf. Let's start over. Let's abandon more tax breaks for the rich. Let's abandon cuts to Medicaid, and discuss what the American people are really concerned about: premiums, deductibles, the cost and quality of healthcare.

President Obama invited both parties, Democrats and Republicans, to Blair House to discuss healthcare re-

form in front of the American people early in his first term as President. President Trump, I challenge you to invite us—all 100 of us, Republicans and Democrats—to Blair House to discuss a new bipartisan way forward on healthcare in front of all the American people. It would focus on what you, Mr. President, have talked about in your campaign: lower costs, better healthcare, covering everybody—not on tax cuts for the rich, not on slashing Medicaid. President Trump, you said you wouldn't cut Medicaid. We don't want to either.

We Democrats are genuinely interested in finding a place where our two parties can come together on healthcare. We want to bring down premiums. We want to bring down deductibles too. We want to stabilize the marketplace. We want to control the outrageous costs of prescription drugs—another thing the President talked about in his campaign.

There is plenty of common ground for us to come together around. We believe our healthcare system has made important progress over the past 8 years, but it still needs to be improved in many ways. We admit the Affordable Care Act isn't perfect. There are ways we can improve on that law and on our entire healthcare system. So let's talk together about how we can achieve that in a bipartisan way.

If my Republican friends abandon cuts to Medicaid, highly unpopular with the American people; abandon tax breaks for the wealthiest few, highly unpopular with the American people, we Democrats are more than willing to meet with them and the White House to talk about how to improve healthcare for the American people, how to lower deductibles, how to provide better healthcare for more people at a lower cost because that is what we Democrats are fighting for: the average American family, not the wealthy few.

Today, we can turn over a new leaf and discuss healthcare legislation the way our Founders intended our government to discuss legislation: as a true debate between all of our country's representatives.

Yesterday, the majority leader reminded Republican Senators that if they failed on their partisan healthcare bill, they would have to negotiate with me, the minority leader, and by implication, our Democratic colleagues. When did the prospect of bipartisanship become a cudgel instead of an opportunity? When did bipartisanship become a threat? That is not how Congress is supposed to work. Negotiations with the minority to seek a compromise should be the first option, not the last resort.

Let's start over and get back to legislating in a way deserving of the grand tradition of the Senate as the world's greatest deliberative body. Providing affordable and quality healthcare is an issue we should grapple with, all of us together. It is one of the most important things we can do for our country.

We can do it but only if we do it together and put the partisan ideology aside.

So I challenge the President, invite us all to Blair House. Let's see what we can come up with. Let's try. We Democrats have, on several occasions, sent letters to our Republican colleagues asking for bipartisan talks on healthcare. So far we have been rebuffed. Now, with the demise of this bill yesterday—its inability to get enough votes to proceed—we have an opportunity to go back to the drawing board.

We are willing to debate and compromise on healthcare, but we have to be included, and it has to be a discussion on how to actually improve our healthcare system for the American people, not slash Medicaid to pay for tax cuts for the wealthy. We can meet, and we can try or the Republicans can stick to the same partisan approach on healthcare, which so hurts working families and so benefits millionaires.

President Trump, my Republican friends, the choice is yours.

Thank you.

I yield the floor.

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

Mr. DONNELLY. Mr. President, for all of the discussion about delays, politics, the process, vote counts, budget scores and analysis, it is critical we remember that this healthcare debate is first and foremost about people, our friends and neighbors, and their families. It is about moms and dads, sons and daughters, sisters and brothers, grandmas and grandpas.

We all agree everyone needs access to quality, affordable healthcare. Regardless of how healthy you are today, everyone needs the peace of mind that if they get sick, they will be able to get the care they need. We all know someone who has fought cancer, diabetes, multiple sclerosis, or has a child battling a chronic condition or disease.

In our shared experiences and relationships are shared values. Each of us wants our loved ones to be healthy and to live long, full, happy lives. We want what is in the best interests of our families, our friends, and our neighbors.

I have seen these values firsthand through the stories of Hoosiers who recently wrote to me out of desperate concern about the Senate healthcare bill. I have heard from everyone—from working parents to students, to seniors—that access to quality and affordable healthcare is critical to their ability to raise a healthy family, to contribute to our communities, and to live our final years in dignity.

Take Conor, who is a lawyer, and Sarah, a nurse practitioner, and their family in Fort Wayne, as an example. In 2015, Sarah was diagnosed with multiple sclerosis, an autoimmune disease that attacks the nerves in her brain and spinal cord. As Conor wrote me, "Like everyone else who suffers from MS, my wife didn't make this choice."

She did not choose this disease . . . sometimes people get sick or are diagnosed with chronic conditions through no fault of their own.”

If untreated, she would become severely disabled, and her condition would get progressively worse. The best possible outcome for Sarah is controlling the disease and limiting the spread of the symptoms because there currently is not any cure.

Conor and Sarah worry that under the Senate healthcare proposal, they would be subject to annual and lifetime caps, making Sarah’s treatment unaffordable. Through the Senate healthcare bill, States could seek waivers that would allow them to get rid of essential health benefits and implement annual and lifetime caps, even for health insurance plans that people receive through their work, just like Sarah does. For Conor and Sarah and others who suffer from conditions like MS, the reforms that prohibit limits on coverage allow them to have the peace of mind that they can live full lives, despite their disease and their diagnosis.

It is stories like Sarah’s and Conor’s that remind us why this is such an important debate. It is inherently personal. It is about the health, the well-being, and it is even about the life and death of our loved ones. It is about not going to the ER just to visit a doctor. It is about financial security. It is about financial security so our families aren’t one illness or one sickness away from bankruptcy.

Take, for example, Beth and Brad from Plainfield, IN. They are the proud parents of Kyle. Kyle has special needs, and he relies on Medicaid, not only for his healthcare but literally to help keep the family together. Beth recently wrote me:

Kyle is on a home and community-based Medicaid waiver, which is not mandated. If Medicaid is cut, Kyle and others like him are in real danger of losing coverage for home nursing and nutrition among many other things. Without home nursing, Brad or I will also have to quit working. And without enough income to pay for it ourselves, we’ll be placed in the horrific situation of either not being able to give our child what he needs at home, or institutionalizing our precious boy. We want to care for our son at home. We want to work and pay for his primary insurance that reduces the amount of Medicaid money needed. We want the independence, freedom and responsibility that the minimal supports through Medicaid allows.

And Lori from Kokomo, IN, wrote to me about her 3-year-old daughter Savannah:

She has a long list of medical issues. She has had 2 open-heart surgeries, 8 heart catheterizations, 1 pacemaker placement, and countless other procedures. Her medical bills, at 3 years old, are in the millions, and she still will need more cardiac surgery in the future. Her annual care—just her medications, appointments with specialists, therapies, etc—are more than our annual income, despite my husband working 3 jobs. The Senate GOP bill puts her life in grave danger.

Lifetime limits and waiving of Essential Health Benefits means she will lose her pri-

vate insurance. Allowing alteration or waiver of Essential Health Benefits will be catastrophic for Savannah and others with pre-existing or chronic conditions. I will be forced to look at my child and say, “I’m sorry honey, Mommy and Daddy don’t have enough money for your surgery.”

As a dad, the health and well-being of my family is on my mind every day, and I know that every mom and dad across our country feels the same way. My faith teaches me that we are all God’s children, and every man, woman, and child should have a shot at being able to live up to their God-given potential. We will move Heaven and Earth to take care of our kids. These values are shared across Indiana and across our entire beloved country.

My faith also teaches me that we all deserve to live with dignity.

Claudia from Muncie wrote to me:

I am a 55-year-old, medically-retired flight paramedic and RN. My career was cut short when I was diagnosed with ALS—Lou Gehrig’s Disease—in 2005. Without Medicaid and the waiver I would be institutionalized. Because of the things Medicaid covers, I am still able to be a mother.

For two decades, I was the person who came to the aid of others. Please, don’t fail me or my family now.

This bill would fail Claudia and millions of others. It would force Claudia’s family and families across the country to pay more, not less, or to even put critical healthcare out of reach. You don’t have to take my word for it, though.

The American Heart Association calls this bill “heartless.” The Catholic Health Association says the bill is “devastating.” The American Academy of Pediatrics says it “fails children.” The American Cancer Society says the bill could “greatly harm millions of cancer patients, survivors, and those at risk for the disease.” AARP, the American Medical Association, the American Hospital Association, and Catholic Charities oppose this bill.

Here in the Senate, we have been hired by the people we represent to continue the proud American tradition of leaving our children a country that is even better than when it was given to us. We owe it to the people we serve to ensure they have healthcare that is affordable and accessible.

Ohio’s Governor, John Kasich, recently said, when he talked about the challenges with our healthcare system, that this will never, ever be solved with a one-party approach. He is right.

In order to strengthen our healthcare system, we would be a lot better served by working together with a bipartisan effort and with input from those who provide healthcare every single day—the doctors, the nurses, the hospitals in urban communities and in rural communities all across our country. Most importantly, we need to remember the patients and the caregivers who rely on our healthcare system. We can do this together, and a big dose of Hoosier common sense would be a huge part of it.

I yield the floor.

The PRESIDING OFFICER. The Senator from Michigan.

Mr. PETERS. Mr. President, I have always believed that elected officials should do more listening than talking.

The breadth of issues that we address here in the Senate is as vast and diverse as our Nation. We rely on input from experts, from stakeholders, and from constituents to craft responsible, meaningful policy. In the past month alone, I have had the opportunity to attend bipartisan hearings on cyber security, countering violent extremism, self-driving cars, rural broadband, nuclear defense policy, and the posture of our Armed Forces, just to name a few. These issues are vital to our economy and our national security, and they are worthy of the time and effort that went into convening these very important hearings.

But over the same timespan, the Senate did not hold a single hearing on healthcare, while a handful of Republican Members drafted a flawed healthcare bill behind closed doors.

Healthcare policy is unique. It is very complex, while also being deeply personal. Throughout our lives, doctors and nurses are with us for some of our most significant moments. Whether it is responding to trauma in an emergency, helping us live with chronic conditions, devising treatment plans for an ailing parent, or delivering a newborn child, our medical professionals are there for us when we are at our most vulnerable.

We are all vulnerable. Life does not discriminate. Anyone can get in a car accident and need months of physical therapy. Anyone can be diagnosed with cancer and require surgery, radiation, or chemotherapy. Anyone can have a son or daughter born with cystic fibrosis. But in this great country, I believe no one should ever go bankrupt because they get sick, and no one should ever die because they cannot afford quality health insurance.

I believe healthcare policy is very complex, and we have to work very hard at it, but I am also guided by a very simple moral concept: No matter who you are and no matter where you live in this country, no citizen should ever be forced into bankruptcy because they are sick and no one should ever die because they can’t afford quality insurance.

I urge my colleagues to use the coming days to think about their goals for healthcare in our Nation and be guided by their own moral conscience. Passing a politically expedient proposal that can get 51 Republican votes after significant arm-twisting so that the Senate can move on to tax reform is not in the best interest of the American people, and I believe it is simply irresponsible.

I believe that we should provide the best care possible to as many Americans as possible while making sure that it is affordable. Now, I honestly can’t say whether my Republican colleagues share these goals, but I can say

that the Senate healthcare bill that we saw this week does not hit the mark. I urge my colleagues to use the coming days to really think about what this bill will mean for the families in their State.

I feel fortunate that Michiganders have been willing to share their heart-felt stories with me in recent years. They are fearful that repealing the Affordable Care Act will not only put them in jeopardy but also their friends, family, and neighbors.

I have heard from Amy from Metro Detroit. She is 53 years old and has type 1 diabetes, also known as juvenile diabetes. Amy is a self-employed small business owner. Before the Affordable Care Act, insurance companies viewed her diabetes diagnosis as a preexisting condition and were able to charge her more because of it. After the Affordable Care Act was implemented, Amy was able to shop around and find a much more affordable plan with the same level of benefits that she had before. While Amy does not qualify for subsidies to help purchase insurance, she was still able to cut her healthcare costs in half because of the Affordable Care Act. Amy fears—and rightfully so—that if the Republican healthcare bill passes, her costs may skyrocket, jeopardizing her business and everything she has worked her entire life for.

I have heard from Tammy, who lives in Marne, MI. Tammy's daughter Erin is 10 years old. Erin was diagnosed with cystic fibrosis at 18 months. She takes 23 pills and does 2 hours of breathing treatments each and every day. She is a fighter, and her whole family has pulled together to support her, but they are also very worried about her future. Erin's family has private insurance, but they supplement the high cost of her care through Medicaid. Tammy is afraid that the \$800 billion cut to Medicaid will jeopardize their ability to afford Erin's care and would cast an absolutely devastating blow to their family.

Finally, take Stefanie from Livonia, MI. Stefanie worked her entire life in the customer service industry, primarily in retail and in restaurants. She was never offered health insurance by her previous employers, and, until the Affordable Care Act, she never had health insurance as an adult. Then, in December 2015, Stephanie's third floor apartment caught fire, and she was left to make a horrific decision about whether to jump from her third floor apartment or die inside the burning building. Well, Stefanie jumped from the window to save her life, and she sustained serious injuries, including a broken back and a shattered foot. Because of the Affordable Care Act, she was able to receive treatment for her injuries, which included a month's stay in the hospital, multiple surgeries, and absolutely excruciating physical therapy to finally heal in the end. Stephanie's treatment came in close to \$700,000, an amount that would surely bankrupt nearly any American.

These stories and many more are what health insurance is truly about. For people like Stefanie, Amy, and Erin, we should do more listening than talking. We should listen to Stefanie, Amy, and Erin, and we should listen to the hundreds of healthcare experts who have expressed their strong opposition to this bill and the impact that it will have on the healthcare system in this country.

I would urge my colleagues to listen to the AARP, the American Academy of Pediatrics, the American Diabetes Association, the American Hospital Association, the American Heart Association, the American Medical Association, the Children's Hospital Association, the National Alliance on Mental Illness, the National Breast Cancer Coalition, and the National Council on Aging, just to name a few.

I am not just hearing from these national groups. I am also hearing from local healthcare professionals all across my State. Hospitals and community clinics in Michigan—particularly, the ones in the rural areas—are telling me this bill could cause them to close their doors. This will jeopardize access to care in communities that are already medically underserved. Costs will go up for seniors and individuals with preexisting conditions, like Amy.

No one chooses to get sick. But when we are confronting a disease or injury, health insurance is a lifeline. It allows us to get better, to get back on our feet, and it simply allows us to keep living.

In American society, healthcare coverage is our promise that if you work hard and you play by the rules, you will have the healthcare you need when you need it the most. As I have already said, no one in this great country should be forced into bankruptcy because they are sick, and no one—no one—should ever die because they can't afford quality insurance.

The Republican healthcare bill is irresponsible. This bill will strip away health insurance from 22 million Americans. This bill would put more and more Americans at risk of financial ruin from unpaid medical bills, and it would put more Americans at risk of dying because they can't afford the care they so desperately need.

This bill cannot and should not be salvaged with minor tweaks and arm-twisting to win a few votes.

I urge my colleagues to go back to the drawing board and begin an open, bipartisan process where we all listen to our constituents, hold hearings with experts, and work together to keep what works and to fix what doesn't. Let's let common sense rule the day and not partisan ideology. We should do what is best for our folks back home and ensure that everyone has access to quality, affordable healthcare. Michiganders and all Americans deserve nothing less.

I yield the floor.

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

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

Mr. BARRASSO. Mr. President, I come to the floor today as the pain of ObamaCare around the country continues to worsen. Healthcare prices continue to rise. ObamaCare is collapsing, basically, more and more every day. People in every State of this Union have seen their healthcare costs skyrocket. It has happened everywhere around the country.

We must do something to help the American people who are suffering under the heavy weight that ObamaCare has placed on their lives.

I was at a hospital this past weekend in Casper, WY, my hometown, and I talked to doctors, nurses, and patients. What I hear at home in Wyoming is that there is an urgent need to do something about the high costs and the limited choices under the Obama healthcare law. We are having discussions right now about the very best way to do that. Whatever we come up with, it is going to be a fundamental change in a direction away from ObamaCare. That is what America wants. That is what America needs. It is what the American people are asking us to do.

One of the biggest steps we need to take is to get rid of the ObamaCare mandates and penalties. I hear about it day in and day out. I heard about it in my office yesterday from a woman who was in town visiting on another matter, but she talked about her experience with the ObamaCare situation where her premiums have gone way up, and the deductibles are up so high that even though they are counted under ObamaCare as having insurance, her husband would tell you that he will not go to a doctor because, with a \$6,500 deductible, he feels he cannot afford to. But he is counted under ObamaCare. He wants more choices. He wants more control of his own life. And he wants to eliminate the taxes and the mandates.

I am sure the Presiding Officer hears this at home: People hate the fact that there is a mandate that says they have to buy insurance that Washington says they have to buy—that the Democrats have said they have to buy—rather than what might work for them and their family and be cheaper and work better for them and be more tailored to their family's needs.

There are more than 19 million people across the country who have decided that they are going to pay a penalty to the IRS or they received a waiver so they didn't have to get ObamaCare insurance—either pay the penalty or get a waiver. These are people who made the fundamental decision that ObamaCare insurance was not a good deal for them.

The second thing we need to do, I believe, is to repeal the burdensome and

expensive ObamaCare taxes. Healthcare costs have been soaring under ObamaCare. One of the reasons is because the healthcare law added almost \$1 trillion of additional taxes on to the backs of hard-working Americans. These are the taxes that specifically raised the cost for people needing health insurance and healthcare. They put taxes on things needed by people who are in need of medical care. Somebody who needs a pacemaker, someone who needs a walker, a wheelchair, an artificial joint—additional taxes on all of these users of medical devices, medical supplies, of over-the-counter pain medicines, over-the-counter medicine for fever, sore throat, as well as prescription medications. The taxes are on just about everything, and then, of course, the tax on health insurance itself. So if you buy health insurance, you have to pay a tax on that. What is that going to do to the cost of health insurance? It is going to raise the cost for people who have health insurance.

When the Democrats were debating and voting in support of the ObamaCare law on this floor of the Senate, they conveniently failed to mention all of these new taxes to the American people.

The third important thing that Republicans are committed to doing is to give much more flexibility to the States when it comes to making and developing healthcare solutions for the future.

I served 5 years in the Wyoming State Senate. We always felt that we could do a lot better job if we just had a little more local control, a little less in terms of government mandates, and make that same amount of money work that much better and go that much further and take care of that many more people.

Medicaid is the prime example. I had a State legislator in from Wyoming today, and in the office we were talking about Medicaid and what role the States play and what role the Federal Government plays, how to make dollars go further at home. ObamaCare increased the amount of money that Washington sends to States that chose to expand their Medicaid Programs. Of course, that is taxpayer money. Then ObamaCare paid a bonus—a bonus—to States that decided to not focus on the area where Medicaid was intended originally to be focused, which was on poor women, children, and the disabled. They didn't get a bonus—not at all. No bonus money to help those people. The bonus money went to help able-bodied, working-age adults. That is not whom Medicaid was set up to help in the first place.

Why should Washington collect money from people at home and then send it back out to the States with all of these new Washington mandates and restrictions on how the money is spent? I have much more confidence in the people of my home State of Wyoming and in the people of the Presiding Officer's State of Arkansas than I do in

any bureaucrat in Washington, DC. When it comes to developing good ideas about improving America's healthcare, I always believe in more flexibility and local control and patient control. The more we are working with doctors and communities, working with State legislators, the better. We need more flexibility in every State; we don't need Washington telling all of us what to do. If we give people and States more options, there will be more affordable options for insurance as well as for care.

Democrats tried their goal of a one-size-fits-all, Washington-mandated approach. That is what ObamaCare was all about, and it did not work.

I want to talk about one other thing Republicans are committed to doing with our healthcare reform plan, and that is stabilizing insurance markets while other reforms can take effect.

The ObamaCare exchanges are completely falling apart. Week after week, there is another story, another headline about the disaster that is ObamaCare. We look at a headline in a Chicago paper: "Another Obamacare rate shock." "Another" and "shock" with rates—that is what people are seeing around the country.

Last week, we learned that another 77,000 people in Indiana will lose their ObamaCare plans. Two more insurance companies are leaving the market there. Across the country, there are more than 40 counties where no one will be selling ObamaCare insurance next year—no one.

Premiums have already doubled because of ObamaCare in the last 4 years. Next year, people's rates may go up another 40 percent, 50 percent—well above that in other places. We cannot allow this to continue. The American people cannot afford it, it is not good for our country, and it is not good for the people living in this country.

We need to make sure we help support people who do need help paying their premiums. We need to give insurance companies more flexibility to offer the kinds of plans that people actually want to buy. We need to give States the ability to support their markets in ways that make sense for people in that State.

The discussion draft of our plan includes ideas to help keep the individual market going in a much stronger way than it is under ObamaCare today. It stabilizes the markets.

The insurance company Anthem put out a statement on Monday. The company said that these kinds of ideas "will markedly improve the stability of the individual market and moderate premium increases."

Anthem has been dropping out of exchanges across the country because the markets are unsustainable under ObamaCare. That has to be one of our goals as we continue to discuss legislation—stabilizing the markets and reducing premiums. There are a lot of good ideas on ways to do it. We are committed to exploring those ideas and

putting together a plan that will help give people the care they need, from a doctor they choose, at lower costs. That is what the American people want us to do. That is what we are working on.

There are limits under the Senate rules that keep us from doing some things we would all like to do. If Democrats are ready to work with us and to be part of the conversation, I think we can do some things to make this bill even better. But the situation we have today in this country for healthcare is not working. ObamaCare has collapsed. Healthcare is in a state of crisis. Those who supported ObamaCare and voted for it have caused it. We are just trying to clean up the mess.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, after weeks of secrecy, after not engaging with the public, after an effort to prevent not only Democrats in this body but women in this body from participating in putting together a new healthcare bill, last week we saw Senate Republican leaders put forward their bill to repeal the Affordable Care Act.

Like its companion bill in the House, this legislation imposes draconian cuts to Medicaid, our Nation's principal program for insuring children, people with disabilities, and seniors in nursing homes. It drives up costs for middle- and low-income Americans while delivering huge new tax cuts to the wealthiest in this country.

I start with the premise that you can't take health insurance away from 22 million Americans and call it reform or better care. I think President Trump was accurate when he described this approach simply as mean. The fact is, this legislation is a direct threat to the health and well-being of millions of Americans, including tens of thousands in New Hampshire.

The opioid epidemic in the country and in New Hampshire is the worst public health crisis in modern history. In New Hampshire, thanks to the expansion of Medicaid, done by a Republican legislature and a Democratic Governor, my colleague from New Hampshire who is now in the Senate, who is here with me today—thanks to their bipartisan work, nearly 11,000 Granite Staters have been able to access lifesaving treatment under the Medicaid Program for substance use disorders. By completely reversing the Medicaid expansion, the Senate bill released last week would cost who knows how many lives and would be a crippling setback in our fight against the opioid crisis.

Medicaid covers one out of three children in New Hampshire, as well as people with disabilities and seniors in nursing homes.

In concert with the President's budget, this bill being proposed by the Senate would cut Medicaid funding in half by the year 2027. Cuts of that magnitude simply cannot be done without

having devastating effects on children and other vulnerable people across New Hampshire.

Then, of course, this legislation blocks all Federal funding for Planned Parenthood. We have more than 12,000 Granite State women and men who depend on Planned Parenthood for essential health services, including cancer screenings.

According to the nonpartisan Congressional Budget Office, nearly 45,500 Granite Staters would lose coverage under the Republican leader's bill. These are people who rely on that coverage for basic care, as well as for treatment of cancer, heart disease, diabetes, and other chronic illnesses, and they are deeply afraid that they will be among the 22 million Americans who will lose their health coverage if the Senate bill becomes law.

Last Friday, Senator HASSAN and I convened an emergency public field hearing in Concord. We wanted to hear directly from Granite Staters who would be affected by the Senate bill. I have to say—and I am sure my colleague agrees with me—it was an extraordinary event, with over 200 attendees. They overflowed the overflow room. This is a picture of the room where we held the hearing, and we can see people lined up on either side of the room, waiting to take their turn to testify.

Senator HASSAN and I heard firsthand from healthcare providers, from people in recovery from substance use disorders, from parents of children with chronic diseases and disabilities, and so many others who are concerned about this legislation. We listened to emotional, heartfelt statements about the uncertainty, anxiety, and anger this Senate bill has caused. I was especially moved by testimony from parents who are worried their children will lose access to the lifesaving treatment they need that for so many of these kids is the difference between life and death.

People like Paula Garvey, of Amherst, NH, who talked about her 19-year-old daughter Rosie, who was diagnosed with cystic fibrosis just 2 weeks after birth. Rosie also suffers from juvenile rheumatoid arthritis. Rosie must follow a strict regimen of medications to keep the cystic fibrosis under control. Paula fears that the repeal of the Affordable Care Act and cuts to Medicaid will leave her daughter without coverage for her preexisting condition and that insurance companies will once again impose a lifetime dollar limit on benefits.

For Paula, and for any parent, the prospect of not being able to access lifesaving care for a child is profoundly upsetting. Paula said: I don't know what I am going to do if the Affordable Care Act goes away. What will Rosie do when she is off of our insurance and she is not able to find insurance again?

Sarah Sadowski of Concord, NH, testified about her 9-year-old daughter who has cerebral palsy. She said:

The Affordable Care Act was a huge moment of hope. I cannot face what life would

look like with pre-existing conditions, lifetime limits, and countless hours on the phone with insurance companies.

At the field hearing, we also heard important testimony about others who rely on Medicaid. For example, Medicaid provides coverage for more than 10 million Americans with disabilities and nearly 6 million seniors in nursing homes. In fact, these two groups alone account for nearly two-thirds of all Medicaid expenditures. Yet the Republican leader's plan to cut Medicaid funding in half over the next decade would have dire consequences for these Americans.

Brendan Williams, CEO of the New Hampshire Health Care Association, told our hearing that 63 percent of nursing home residents in New Hampshire rely on Medicaid. As was reported on Sunday in the New York Times, the deep cuts to Medicaid included in the Senate bill would force many retirees out of nursing homes or lead States to require residents' families to help pay for care. For many families, this is just not an option. They don't have the finances to be able to do that. So what happens? Their loved ones get kicked out of their residential care.

We also heard compelling testimony from healthcare providers who treat people with substance use disorders. Melissa Fernald is a private clinician in Wolfeboro, NH. She told us:

For the majority of [Medicaid expansion] patients, it is the first time they have had health insurance. It allowed me to assist them in properly diagnosing their mental health conditions . . . and securing primary care providers to treat their medical needs. It has been a powerful experience to watch them heal and grow as a result of receiving proper care. . . . My clients are more motivated and capable of getting a job and gaining financial independence.

Again, if your heart is not moved by the morality of these kinds of stories and by the values I think we should have in this country to help people who need help, we should be moved by the economics of this. It is going to cost a whole lot more when we kick people with substance use disorders off of their insurance, when they go to emergency rooms to get their care, or when they die than to make sure they get the help they need.

The Senate bill to repeal the Affordable Care Act and radically cut Medicaid is a threat to healthcare coverage for people in New Hampshire and in every other State in this country. I am so grateful to all of those Granite Staters who attended our field hearing on Friday. I know that in other States across this country, large numbers of people are turning out to express overwhelming opposition to the Republican leader's bill. I heard this morning that polling shows that just 17 percent of Americans support this legislation. We need to listen. We need to stop this headlong rush to pass a cruel and heartless bill.

For ordinary people in New Hampshire—the people whom Senator HASSAN and I heard from on Friday—re-

pealing the Affordable Care Act and gutting the Medicaid Program isn't about politics. It is a matter of life and death. We need to listen to the voices of ordinary people whose lives and finances would be turned upside down by this bill.

There is a better way forward for both the Senate and our country. It is time for Republicans and Democrats to put ideology and partisanship aside and come together to do what is right for ordinary working people in this country.

The majority leader's decision to delay a vote on the bill is an opportunity for all of us in the Senate. When we come back after next week's July 4th recess, let's come together in an open and inclusive process. The right way forward is for Republicans and Democrats to work together to strengthen the parts of the Affordable Care Act that are working, including Medicaid expansion, and to fix what is not working.

According to poll after poll, this is what the majority of the American people want us to do. It is time now to respect their wishes and to strengthen the Affordable Care Act so it works for all Americans.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I rise today to join my friend and colleague, Senator SHAHEEN, to discuss the stories and concerns we heard from our constituents in New Hampshire about how they would be hurt if TrumpCare becomes law.

Even though Republican leadership has delayed a vote on TrumpCare this week, we know that the fundamentals of what is wrong with TrumpCare will not change.

TrumpCare would force Granite Staters to pay more for worse insurance, all to give billions of dollars in tax breaks to corporate special interests—including Big Pharma—at the expense of hard-working Americans and the programs they rely on. This is the basic principle of TrumpCare, and it is unacceptable.

TrumpCare would be a disaster for people in New Hampshire. Granite Staters know this, and they have been standing up and speaking out against this dangerous bill.

As Senator SHAHEEN discussed, we held an emergency hearing last week in Concord to hear from our constituents about how TrumpCare would impact them. We held this emergency hearing at 2 p.m., on a Friday afternoon, in the summer, and with just a day's notice. Yet hundreds of people showed up.

Over 50 people shared their personal stories about the importance of healthcare, of how they have benefited from the important protections that are provided under current law—including maternity care, prescription drug coverage, and coverage for substance use disorder services—of the protections against insurance company

abuses, of Medicaid expansion, and of traditional Medicaid. They told us what their lives were like and why TrumpCare would be devastating to them and their families. I wish to share some of those stories today.

We heard from Ariel, from Rochester, NH, a mother who is benefiting from substance use disorder services that are included in Medicaid expansion and would be taken away under TrumpCare. Ariel said:

I am a mother of 3 children and I have a substance abuse disorder. I come from a long line of women who never had much opportunity. With the opportunity to have Medicaid I have been given the chance of treatment.

Without the chance of treatment I wouldn't have been taught that there is a solution and a way to live a full, beautiful life as a woman in recovery . . . as a mother of 3 beautiful children. . . . As a woman of dignity and grace. . . .

If the opportunity of Medicaid is taken away, the chance of positive change in this world is going to drastically drop. . . . Women like me may never know a world out-side of drug use and hopelessness.

She goes on to say:

Today because of the opportunity of change, I am able to be a positive role model to my children and most importantly our future.

When we met Ariel, she was pregnant with that third child, and she went into labor immediately following our field hearing. She told us over the weekend that she had a healthy baby boy. Because of the treatment Ariel received through Medicaid, she is in a better position to take care of that new baby boy.

Our Medicaid Program is not only critical to providing key support to combat the substance misuse crisis, but, as Senator SHAHEEN mentioned, it also helps seniors and those who experience disabilities get the care they need—services that would be taken away under TrumpCare.

This is something we heard from a Granite Stater named Jeff, who has a form of muscular dystrophy. Jeff said:

I am able to live a life that's independent in my own home, pursuing my own career, only by virtue of the fact that I am able to receive Medicaid services. Specifically, all this discussion about private insurance is well and good, but I think what some Senators aren't remembering or don't know is that private insurance doesn't cover many of the types of services that Medicaid does. . . . Especially personal care services that allow us to live independently in our homes and communities, which is where all of us would like to be, if we're able to. So, I'm concerned about that.

He continued:

I'm concerned about the fact that my understanding is that this bill would allow states to opt out of providing optional Medicaid services, many of which are the waiver programs here in the state that frankly are so vital to folks with physical disabilities, developmental disabilities, acquired brain injuries, and all sorts of other conditions. So that part concerns me.

Medicaid coverage makes it possible for Jeff and so many others to work and participate in their communities.

Jeff also said that he was concerned about the fact that TrumpCare cuts and caps Medicaid, which we know is really just code for massive cuts that would force States to choose between slashing benefits, reducing the number of people who can get care, or both.

Senator SHAHEEN and I also heard from several Granite Staters who have benefited from the Affordable Care Act and who are concerned that TrumpCare would reduce the care they receive while raising their costs. One of these people was Enna, from Exeter, NH. Enna said:

I am self-employed and purchase health insurance through the Marketplace here in New Hampshire. The ACA had given me the opportunity to purchase affordable health insurance for myself and my family of four.

She explained:

We were unable to maintain insurance consistently prior to the ACA, and even when we did have it, critical preventative care—for myself, as a woman—was not covered by our previous policy.

She said this about TrumpCare:

[It] would make our health coverage less comprehensive and less affordable. I am certain that our risk of financial and/or health catastrophe would be significantly greater [under TrumpCare].

There is no doubt that we should all be working together in order to improve the Affordable Care Act, build on the progress we have made, and lower healthcare costs for all of our citizens. I am willing to work with any of my colleagues on bipartisan solutions in order to make that happen, but we know that TrumpCare is not the answer. While my Republican colleagues have delayed a vote on this bill, no one believes that TrumpCare is dead yet.

I am going to continue to share the stories of Granite Staters who would have to pay more money for less care under TrumpCare. I will keep working to ensure that TrumpCare never becomes law. I urge my colleagues to take the time to listen to their constituents who would be hurt under TrumpCare.

The people of New Hampshire have been so brave. They have come forward, and they have talked about their most personal, difficult, and challenging experiences. They have laid themselves bare before the rest of us so we could understand what they have gone through and so we could understand that if we are not committed to a healthcare system in which every American—citizens in a democracy—have meaningful, truly affordable access to the type of care that each of us would want for our own family, then we are not doing our job as a democracy at all.

We need to protect and defend what we have, and, then, we need to improve what we have. We need to come together and make sure that healthcare is truly available to every one of us, so that we can be healthy and productive and so that we can lead together.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

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

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

Mr. KING. Mr. President, I want to talk about the healthcare bill, the healthcare issue, and talk a bit about how we can find a solution and then what the solution should look like.

For the last 2 days, as a member of the Armed Services Committee, I have been in our markup. In that markup, we considered somewhere in the neighborhood of 250 to 300 amendments. Of those 250 amendments, approximately 210 of them were either compromised—an agreement was worked out between the proponents of the amendment and those who had reservations—and they were either withdrawn or became part of the bill by unanimous consent. Of the 25 or 30 that were left for votes, however, we had good debate. The members talked about their point of view. The people who opposed them gave their points of view. We had a vigorous discussion and debate and then we voted. The important thing to me—and I am pretty sure I am right about this, I kept a mental note as we went through the votes—I don't believe there was a single party-line vote in the Armed Services Committee on any amendment. The votes were sometimes more Republicans, more Democrats, but there wasn't a single party-line vote. In other words, the process worked as it was intended to work, as it should work, and as it can work.

So I have a radical suggestion for those who are seeking a solution to this healthcare issue; that is, submit a bill and put it before the requisite committees, have hearings, have debates, have information, get information from around the country, from experts, from people who know about the topic, and that is how we make good laws. A bill that doesn't go through any of that process, that is concocted in secret and sprung on the Congress at the last minute, almost by definition will not be a good bill. Bad process—bad bill, and that is what we had happen in this case.

I think this is a time—we are going into a recess at the end of this week. Let's take a deep breath, and instead of trying to tinker around and attract a few extra votes and find something that will barely pass by the skin of its teeth, let's step back and submit this issue to the Finance Committee and the HELP Committee. Let's try to work through to find a real solution involving both parties, involving all of the wisdom that has been accumulated in this country on this incredibly complex and difficult and incredibly important issue. We don't have to try to do it in the dark. Let's do it in the light of day. Let's have open hearings and considerations, votes and amendments, discussion and debate, and then as our system is designed, we can come to a good result.

Let's talk about the bill that is currently before us. I guess it is before us. It hasn't really been submitted to any of the committees, but I am told it is coming to the floor. It was going to be this week. Now it is going to be the week, I guess, after the recess—at least that is what we were told yesterday.

Why is this a bad bill? I have been watching some of the commentary on this bill, and there is a lot of discussion about the Congressional Budget Office analysis: Is it correct, did they use the right baseline, are they good at projecting how many people are going to sign up for healthcare, and all of those kinds of questions. People are questioning the Congressional Budget Office. I happen to think they tend to be pretty nonpartisan, straightforward, good, scientific, and quantitative analysts of these kinds of issues. They issued their report saying 22 million people lose their healthcare. This is about people. It is not about ideology. It is about real people.

There is a really easy way to cut through all of the questions about whether they analyzed it properly and who is going to lose and who is going to win; that is, to look at a simple chart that is on, I think, the third page of the Congressional Budget Office analysis. This is really all you need to know about this bill: Medicaid loses \$772 billion over the next 10 years, and the tax credit and selective coverage provisions—that is the ACA—loses \$400 billion. It is \$1.1 trillion out of the healthcare system. You cannot take \$1.1 trillion out of the healthcare system and not hurt people. You can't do it. We don't have to argue about how many here, what age, and all of that kind of thing. We are talking about a massive cut to the support that is enabling American people to get healthcare.

In Maine, if you cut all these numbers back, as near as I can tell, it is about \$400 to \$500 million a year. I was the Governor of Maine. I know that \$400 and \$500 million a year is huge. People talk about: Well, we are going to cut Medicaid back. We are going to trim the growth rate. We are going to lower the way it is calculated and make it a per capita cap, all of these things, and we are going to give the States flexibility. The magic word "flexibility"—as if the flexibility enables you to somehow conjure up \$1 trillion. What you are really giving the States is the flexibility to decide between the elderly and the disabled or children. That is what this is all about.

There is another option, by the way. The States can always raise taxes to make up for this difference, and that is one of the most frustrating things to me, again, as a former Governor. We are talking about this reduces the Federal deficit by \$330 billion over 10 years. Yes, because you shifted almost a trillion dollars to the States. That is nice work if you can get it. That is balancing the Federal books on the backs of the States. If we want to make the

Federal budget look better, why don't we just let the States pay for the Air Force? That is a Federal expenditure. Shift that to the States. That will help us with our budget deficit, but it is a fake balancing of the budget because you are simply shifting the cost over to somebody else—another level of government.

The shorthand for that is shift and shaft. That is what we are talking about, either the State government is going to be shafted because they are going to have to raise taxes or the people who are going to lose the support are going to be shafted. We are talking about real people.

Let me talk about Medicaid for a minute. Medicaid is sometimes characterized—and I have even heard some of my colleagues use Medicaid and welfare in the same breath, as if Medicaid is a welfare program. It is not. It is a critically necessary support for healthcare for people who need it, many of whom are not welfare people—as we would denote them—not welfare recipients. They are getting a lifeline, a true lifeline that is actually keeping them alive.

In Maine, 70 percent of the people in nursing homes are on Medicaid. Nationwide, the number is 62 percent. So when you talk about Medicaid and cutting Medicaid, you are talking about Aunt Minnie in the nursing home. You are not talking about some welfare recipient who is ripping off the system. You are talking about your relatives who are in nursing homes, and 70 percent of the people in nursing homes are being supported by Medicaid. In Maine, we call it MaineCare.

So you can't shrink this amount of money and think it is not going to have impacts on people, and that is why this bill is so pernicious. Here is what the bill is all about: a one-half trillion-dollar tax cut to the top 2 percent of wage earners in America. Let's be clear what is going on here. There is an equation of one-half trillion dollars of tax cuts and more than one-half trillion dollars of cuts to benefits—money to the wealthy; healthcare away from those who need it. That is the equation. That is what this bill is all about. This isn't a healthcare bill. This is a tax cut bill dressed up like a healthcare bill, and it is also an ideological bill because people don't like Medicaid.

Here is the problem: Our healthcare system is the most expensive in the world. We pay the most per capita for healthcare as anyone on the planet, by far—just about twice as much as most other countries. If you do the math and you take the annual healthcare bill and divide it by the number of people in America, you get about \$8,700 a year per person. That is what we spend on healthcare. So for a family of four, that is \$35,000 a year. That is what healthcare costs us. By the way, that is the real problem. When we are talking about Medicaid and Medicare, Anthem and private insurance, and all of those

things, we are really talking about who pays. The deeper issue is how much we are paying. The problem is—and the reason we need Medicaid and the reason we need Medicare and the reason we need the Affordable Care Act—American people can't afford it without help. It is as simple as that. They can't afford it. The government has to provide some support. If it doesn't, it would break every family in America. We have to have the support. Right now, in the private sector, it is breaking our companies that are trying dutifully to keep up with the increase in costs of healthcare.

Don't fall for this idea that somehow the Affordable Care Act caused all the increases. I remember—again, harking back to when I was the Governor of Maine in the late 1990s, early 2000s—healthcare costs were going up 6 percent, 8 percent a year—10 years before the Affordable Care Act went into place. The private—the individual market for health insurance was already on a drastic upward climb. So to blame it somehow on the Affordable Care Act just doesn't wash in terms of the history.

The deep problem, as I say, is the overall cost of healthcare. We have to start talking about that issue. That is a separate issue from what we are talking about here as to who pays. We have to talk about different kinds of delivery systems. We have to talk about a huge increase in preventive care. We have to talk about helping people stay out of the hospital, stay out of the medical system. The cheapest medical procedure of all is the one you don't have to perform. So many of our diseases—our chronic diseases like diabetes—are based upon the choices people are making and their lack of adequate care early in the disease. That is a separate discussion. I think that is one we really have to look at. However this debate is resolved in the next few weeks or few days, we have to talk about the deeper issue of the overall cost. If we don't get a handle on that, then all of this other stuff is going to be—it is not going to solve the problem because the deeper issue is the enormous cost we pay in this country, which is almost twice as much as anybody in the world per capita.

You could say: But we have the best healthcare in the world. Yes, we do, for the people who can afford it. But for millions of people who can't afford it, who have either no or skimpy care, it is not the best healthcare system in the world.

There are no statistical indicators that tell us we are doing very well. On things like longevity, prenatal care, infant mortality, we are way down. We are like 17th, 20th. You would think that if we are spending the most money in the world, we ought to have great results. We don't. So that is something we have to talk about.

The cost of pharmaceuticals, the cost of drugs is higher here than anywhere else in the world. Why is that? That is a problem we have to discuss.

I had a tele-townhall Monday night. It was sponsored by the AARP of Maine. At the peak, they tell me there were 10,000 people on that call. I took questions, and the questions from seniors in Maine were full of concern—"fear" may be too strong a word, although in several cases it wasn't, but very deep concern about what the effect of this will be on them, on their mothers, on people who are depending on Medicaid for their care.

One lady who called pays \$8,000 a month for her chemotherapy drugs. If it weren't for her support under the Affordable Care Act and Medicaid, she said on the phone, "I'd be dead." That is what we are talking about here. We are talking about real people.

The final sort of general point I want to make before I talk about some of the people who are going to be affected by this is that I hear sometimes the proponents saying: The free market is going to solve this problem. The free market is miraculous; it can solve all problems.

I am a huge believer in the free market. I am a thoroughgoing capitalist. I started a business. I ran a business. I understand the free market. The problem is that healthcare is not a free market. If you go to buy a car, that is a free market. You can go online and compare. You can test drive. You can find the prices at the four dealers that are in your neighborhood. You can do all of those things. That is a free market. You don't have that in healthcare.

No. 1, you don't know the price. You call your local hospital and say: What will it cost me to get my knee replaced? Nobody can tell you. You don't know the price.

No. 2, it is very hard to compare products. You can do it if you can really dig and get word of mouth on who is a good doctor and who isn't.

No. 3, you don't say what you want; the provider tells you what you need. Imagine going into a car dealership and the car dealer saying: I am going to tell you I think you need this Mercedes over here. I think that is what you need, and by the way, you pay for it.

Our system is set up such that providers are paid for delivering a service, not keeping you well. They get paid by procedures, fee-for-service, not for keeping you well. There is no money in prevention. We have to change that. We have to change that.

Now let me talk about people. These are some people I have talked about before, and I just want to sort of go through them.

You know who this is. This is a Maine lobsterman. This is a guy; his name is David Osgood. The ACA gave them a chance to get insurance. It gave them an opportunity to get insurance where before it was practically impossible. He said it has given them some comfort, some reassurance. He said: "We'll be okay." That is the Maine way. "We'll be okay." This is one of the most independent, toughest professions there is in this country, but he is

not part of a big corporation, and he doesn't have somebody to pay part of his healthcare. He has to make it work, and the ACA gave him an opportunity that he didn't have before to give some confidence to his family and to his life.

By the way, there are about 75,000 people in Maine just like him who got coverage under the ACA, many of them for the first time, and those are the calls we are getting in my office.

This is Jonathan Edwards and Jen Schroth. This is sort of a funny story; it tells you what Maine is like. I know Jen's mother. I worked with Jen's mother in the early eighties. Maine is a big small town with very long roads. We all know each other. And it just happens that here we are, 25 years later, and I have become acquainted with Jen.

She and her husband are farmers. They are small farmers in coastal Maine. She thinks it is irresponsible to go without health insurance, especially when you have a family, but it was so expensive, they couldn't get it. They couldn't acquire health insurance in the individual market because they are not a member of a big corporation. The ACA gave them access to insurance for the first time—real insurance that covers what they need, not skinny insurance that only covers certain things and doesn't cover other things and just gives you the illusion of coverage until you go to make a claim.

Jonathan Edwards and Jen Schroth are farmers in Brooklin, ME—that is the real Brooklin, by the way, Brooklin, ME. Forget about that place in New York; this is Brooklin with an i-n. They are farmers in Maine to whom the ACA gave an opportunity to get insurance for the first time for their family.

Cora and Jim Banks from Portland raised four boys. This is amazing. They raised four boys, and every single one was an Eagle Scout. That is amazing. I mean, to be an Eagle Scout is a real achievement in this day and age. Cora worked at her home. She developed Alzheimer's in her late fifties. That is a tragic disease. When Jim could no longer care for her safely at home, she went to a nursing home, and Medicaid helped her be there. Medicaid helped her be there. If you start taking away Medicaid, what will become of Cora? What will become of Jim? He took care of her as long as he could. If she has to go home, if she has to leave that home, that will be a tragedy for her and for her family.

Again, as I mentioned before, 70 percent of the residents in nursing homes in Maine are on Medicaid. That is the kind of difference it makes in real life.

Here is Dan Humphrey. Dan Humphrey is a young man with autism who volunteers at local soup kitchens and delivers Meals on Wheels in Lewiston, ME. He depends on a Medicaid waiver to support his independent living. If it weren't for Medicaid, Daniel would be in an institution, or he would be with his parents. They wouldn't be able to

work because he would need care 24 hours a day. He does need care and support 24 hours a day. Under Medicaid, he is able to lead a real life and feel good about it. You can tell he is a great guy; look at his smile. Medicaid is a lifeline.

I talked about Dan 2 or 3 weeks ago, and since then, I have had an outpouring from people across the country and especially in Maine, people who have children or relatives or friends with disabilities, on what this has meant for them and how terrifying it is that anybody wants to take three-quarters of a trillion dollars out of Medicaid, which is providing an opportunity for Daniel to lead a decent life. Why would anybody want to do that? I don't get it. I don't get it.

Of course it can be made more efficient. Of course the ACA can be made more efficient but not three-quarters of a trillion dollars more efficient. That is a huge amount—\$450 million a year in Maine.

Daniel waited 8 years, under the current program, for the services he gets now. And if we put in caps and block grants—that sounds good in Washington: We are going to put in caps. Caps mean Daniel may not get his services next year or the year after or another guy like Daniel in Peoria or Philadelphia or San Francisco. That is a tragedy. These are real people. We are not talking ideology; we are talking real people.

Here is Lydia Woofenden. She lives near where I live. She just graduated from Mount Ararat High School in Topsham. Two of my boys graduated from Mount Ararat. She even has a job she was offered after years of volunteering. Everything she has achieved has been accomplished with help from her family and dedicated teachers and therapists almost exclusively funded through special education in the public schools and Medicaid.

By the way, having a child with disabilities has nothing to do with your income. You could be high income, low income, middle income. It has to do with the luck of the draw. It has to do with bad fortune, and it could hit anybody. So, again, this idea that Medicaid is some kind of welfare program is just not true. It is not true.

So, Mr. President, the reason I am here is because of these people. The reason I am here is to stand up for these people because they can't be here to do it themselves.

We can do better. The failure to get the votes to vote on this bill this week gives us all a chance to take a deep breath, to step back and say: Sure, there are things wrong with the Affordable Care Act. There are things we can debate. There are things we can argue about. We can have amendments. We can do what we did in the Armed Services Committee over the last 2 days and have a real discussion and debate. I know it is possible because I sat there and saw it happen. It can be done, and we can do it here.

Let's take a week not to try to browbeat and push and make special deals

to try to get 51 votes or 50 votes and then the Vice President breaks the tie. It goes to the House, and they don't even look at it—they will pass it. And then we will be embarked on a path that is really going to hurt the American people.

We have to have help. Healthcare is too expensive, and regular people in this country can't afford it. We have to have help, and this is the place where people are looking to find that help. Let's try to work together. I am certainly willing to work with anybody who will listen. But if they are starting from a premise of gutting Medicaid and giving somebody else a huge tax cut, that doesn't work. Let's talk about the real problem. You want to talk about healthcare, let's talk about it. Let's talk about how we can lower the cost of healthcare, how we can lower the cost of deductibles, how we can lower premiums, and how we can provide new options to people in the health insurance system. But let's not talk about what we are going to do that is going to have such tragic results on individuals and families and on the fabric of our society.

Mr. President, I believe we can do better. I believe we can do better, and we have an opportunity to do so. It sort of dropped into our laps this week. We have 10 days to work on this, to think about it, to try to come up with a solution or at least begin the process of a solution. There is no deadline here next week, but let's begin the process.

As we begin, I have this radical idea of referring these bills to committees here in the Senate, having hearings, getting expert opinions, listening to the country, listening to the hospital association that says this is a terrible bill. The American Medical Association says this bill violates the basic principle of the medical profession: First, do no harm. This bill will do harm.

There is no group whom I have heard of who is for it—only people who have an agenda to cut Medicaid because they don't like Federal support or people who have an agenda to change the Affordable Care Act because it has Obama's name on it. That is not a good enough reason to strike at the heart of our people, our communities, and our society.

One final point. I have been talking about people; let me talk about jobs. In Maine, in 8 of our 16 counties, the hospital is the largest employer. I talked to a hospital director an hour ago. They are desperate about what is going on down here because it is going to make it difficult for them to survive and serve their communities—the rural hospitals especially. I have met with them all across Maine—in Farmington, Bridgton, Skowhegan, Lincoln. Maybe you haven't heard of those towns because they are small towns in Maine, but they have a hospital that is the heart of the community and the biggest employer in the community. They all told me the same thing. This idea of this bill, this approach, is going to kill

them. It is going to cause them to at least shrink their services or close. In Maine, because we are a rural State with far-flung communities, that means people are going to be a long way from available care—1 hour, 2 hours—and that is a tragedy for our communities in terms of economic development, in terms of jobs, but mostly, as I keep saying, because of people.

People say: Why are you so impassioned about this, ANGUS?

It is because this is what the people of Maine sent me to do. They sent me down here to help them, not hurt them. They sent me down here to speak for them, not stifle their voices. They sent me down here to do the right thing, to do the ethical thing, to protect them when nobody else will. That is why I am here, and I believe that this Senate, this Congress, this government, can do better, and I hope we will.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. TOOMEY). The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

CONGRATULATING THE UNIVERSITY OF OKLAHOMA WOMEN'S SOFTBALL TEAM ON WINNING THE 2017 WOMEN'S COLLEGE WORLD SERIES NATIONAL CHAMPIONSHIP

Mr. INHOFE. Mr. President, this is a little out of character. Confession is good for the soul. One of my very favorite—maybe my most favorite—of spectator sports is, of all things, girls' softball.

Now, a lot of people don't even know anything about the sport. It is pretty incredible. I am pleased to tell you that Oklahoma City is the home of a very famous ASA Hall of Fame stadium, which is the world's No. 1 softball field. This is where the Big 12 Softball Championship and the Women's College World Series are held.

This past May, the Sooners won the championship game at the Big 12 softball tournament between Oklahoma and Oklahoma State, which also has a great team, at this impressive stadium. The Sooners won.

Then, on June 6, they became the 2017 Women's College World Series national champions in Oklahoma City.

After facing diversity in the earlier game against North Dakota State in the NCAA regionals, the Sooners proceeded to win 11 consecutive games—think about that, 11 consecutive games—ultimately achieving a 5-to-4 victory over the University of Florida Gators.

In the first game of the championship series, Oklahoma outlasted Florida in a recordbreaking—I was here; we were actually in session at that time—17 innings. It went until 3 o'clock in the morning. Of course, we won. It was the longest game in the history of women's college series of all time.

This win is the women's softball team's second consecutive national championship and the third in the last 5 years. This is a big deal. These girls come from all over the country and end up playing softball there. It is something where they are clearly national champions. It makes me very proud to see that they are doing so well.

I would like to take a moment to congratulate all of the players. Their hard work clearly paid off. It is important to thank the coaches as well. Thank you for your skills, your tenacity, and your dedication, which helped lead these ladies to victory.

Their remarkable head coach, Patty Gasso, has been with OU since 1995, and was inducted into the National Fast Pitch Coaches Association Hall of Fame in 2012. I bet you didn't even know there was such a thing, but there is. She and her staff have worked together over the last few decades to build a legacy that has a strong community following. These women will continue to make Oklahoma proud through their various roles as students, athletes, and leaders.

Just last week, junior pitcher Paige Parker was warming up before she threw the ceremonial first pitch of the game between the Kansas City Royals and the Boston Red Sox. It was during this warmup that the Royals players were able to see firsthand how impressive girls' softball pitchers are. The catcher even missed some of them and almost fell over.

I wish the best of luck to these players and the coaches for next year's softball season. Enjoy your success, and bring home another national championship next year.

Mr. President, I ask unanimous consent that the team roster of all the players and coaches, who made this a great championship victory, be printed in the RECORD.

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

The players: Kelsey Arnold, Falepolima Aviu, Caleigh Clifton, Alissa Dalton, Macey Hatfield, Shay Knighten, Mariah Lopez, Paige Lowary, Kylie Lundberg, Nicole Mendes, Melanie Olmos, Paige Parker, Nicole Pendley, Raegan Rogers, Sydney Romero, Hannah Sparks, Vanessa Taukeiaho, and Lea Wodach.

The coaches: Patty Gasso, Melyssa Lombardi, JT Gasso, Jackie Bishop, Lacey Waldrop, Brittany Williams, and Andrea Gasso.

Mr. INHOFE. Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. GARDNER). The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, over the last 10 days, I have conducted