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 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

emergency field hearings, giving my constituents in Connecticut an opportunity to be heard, a chance for their voices and faces to be part of considering the Republican healthcare or really, more accurately, wealth care bill. Indeed, that label or characterization of the bill came from one my constituents who said: This plan is not healthcare, it is wealth care because it produces a massive transfer of wealth from the poor and middle-class Americans, whose healthcare would be deeply harmed, to the richest Americans, who would enjoy the benefits of hundreds of billions of dollars in tax cuts.

That kind of voice and criticism deserves to be heard here. Yet my Republican colleagues and their leadership have gone from total secrecy to total chaos. They are in chaos because they have refused to heed the voices and faces of ordinary, average working people—middle-class people, the most vulnerable people—who would be deeply harmed by this proposal.

One woman at one of my hearings in Connecticut, knowing what would happen under this bill, said to me:

Do the right thing. Save the Affordable Care Act and save our lives.

She was not exaggerating when she said lives are at stake. She is right. This very eloquent woman, Amy Etkind, knows all too well what this bill means for Americans like her, and the man she described, literally, as the ''love of her life.'' She told me about him during a hearing in New Haven Friday afternoon—about how he has struggled with addiction, mental health issues, and now diabetes. He is alive today because of Medicaid, and he has access to the services he needs. As she said, ''If Medicaid were to go away, he would be literally dead in a very short period of time.''

When we say the Republican plan would cost lives—it would kill people—it is no hyperbole, no exaggeration. It is plain, simple fact. As Ronald Reagan said, ''Facts are stubborn things.'' The fact is, this bill would cost the State of Connecticut nearly $3 billion in Federal funding over the next 10 years. These cuts, mainly to Medicaid, cannot and will not be replaced, as the CBO has predicted. It would leave States like Connecticut in an impossible position: either raise taxes to pay the difference or cut Medicaid enrollment to insurers, putting people like Amy's husband at risk, literally, of death; putting out on the streets the senior citizens living in the Monsignor Bojnowski Manor in New Britain, where they are enjoying great care—a high-quality environment because of Medicaid. Many of them are middle-class folks who worked hard, played by the rules, and exhausted their savings. They are vulnerable now because of the cost of healthcare and their care, in particular. The focus ought to be on them, on the people who are affected, not so much the numbers, but we know from the numbers that the Republican plan would disastrously raise premiums by 20 percent and would cut enrollment impact on the individual market—premiums and enrollment, apart from Medicaid, on the individual market. These numbers are from the Center on Budget and Policy Priorities. They are fact. Facts are stubborn things.

We know also what the effects would be—what the numbers are for people who are middle income. The elimination of the tax credits for middle-income people paying their premiums would be nothing short of disastrous.

We focused on Medicaid. I talked to you about Amy and the love of her life and what the effects would be of the decimation of Medicaid, but here we are talking about the elimination of tax breaks that help middle-income people. I don't need to explain this graph. For someone with $26,500 in income, their premiums under the Senate plan would jump to $6,500 from the present $1,700. For somebody earning in the midfifties, the jump is even greater, and it is true even for people who are earning $68,200. They will have to pay more, a larger share of their income, and receive less. It is not only that the Senate plan is disastrous because it is more costly, it is also going to impact the quality of care by reducing the standards; eliminating the strict requirements on preexisting conditions, the protections on annual and lifetime caps for coverage, defunding Planned Parenthood, continuing the war on women's healthcare. The long and short of it is that this measure is bad for America.

Tia spoke to me at these hearings about the opioid epidemic. If there is one example that breaks our hearts and wrenches our guts, it is the effect on people who are trying to recover from opioid addiction and abuse. Their recovery would be shredded—maybe stopped—by gutting Medicaid coverage.

Another woman who spoke at my hearing, Donna Sager, called herself ''the perfect example as to why our healthcare plans must include preexisting conditions and not punish people like me with high premiums.'' Donna, as she told me, is 63 years old and not yet eligible for Medicare. When she was 36, she was diagnosed with a rare form of hereditary colon cancer. For 27 years she has been undergoing major surgeries, constant screening, doctor visits to make sure she can remain as healthy as possible. Then she told me about her husband, a man in his seventies, and she said this:

He would like to retire, but how can he with all my medical expenses? I am frightened what I will do if the Republican healthcare bill gets passed. Changes to preexisting coverage will be extremely damaging to me, how will I pay these costs and high premiums? The republican healthcare plan wants to punish me for having cancer.

She closed by saying:

It is as though Washington wants to punish me again for having cancer and being older. . . . I never would have expected that the greatest country in the world would treat me like this.

There is a path forward, and it requires our Republican colleagues very simply to start over, to work with Democrats, to abandon this misguided, myopic effort to repeal, repeal, repeal. That mantra simply is not a policy for American healthcare.

What is needed is to build on the Affordable Care Act, to improve it, to correct its defects. We can do it if we work together and if we focus on the rising costs of medical care and try to bring them down, if we focus on the regulatory barriers to entering insurance markets and seek to eliminate them, if we focus on the FDA drug approval process and seek to responsibly and safely expedite new drugs coming to market, if we enable Medicare to negotiate drug prices as the VA does. Those examples of improving the present system are doable. They require leadership, which has been lacking and most particularly lacking at the White House.

Yesterday, we saw a picture that is worth a thousand words: the President of the United States sitting with Members of this body, but only Members of this body from the other side of the aisle—only Republican Senators. It was almost the entire membership on the Republican side. Not a single Democrat was invited, not a single Democrat consulted, not a single Democrat involved in the continuing process now of producing yet another plan behind closed doors in secrecy.

The majority leader announced it just today. The effort is to have another version to be submitted to the CBO by Friday, but that process simply continues the present fatal flaw in my Republican colleagues' thinking, which is that they can do it with only one party. I want to give credit to our Republican colleagues who had the courage and strength to say no because they saw it was bad for America.

In closing, I want to say that my Republican colleagues will be going home this weekend. They have been looking at themselves in the mirror, at their consciences, and they have been seeing something they don't like—a moral failing in this bill, not just a political failing or a policy defect but a real moral failing.

Healthcare is a right, and even if my Republican colleagues disagree on that point, they have to recognize that taking away healthcare, decimating Medicaid, waging war on women's health, depriving children of the preventive care they need so they can go to school and learn properly, evicting seniors from nursing homes, putting the burden of billions of dollars on my State of Connecticut and every State represented in this body, and other grotesque, cruel, costly impacts of this bill are the wrong ways to go. They know that when they look in the mirror, but they will know it even more powerfully when they look in the eyes of their constituents this week—if they have the guts and courage and heart to do so.

This wealth care plan is doomed to failure. Even if it passes, it is doomed to fail America. It is a moral failing, not just a policy failing. The health of our consciences, as well as our physical well-being, hangs in the balance.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

Mr. UDALL. 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. UDALL. Mr. President, I rise to defend the essential healthcare that 300,000 New Mexicans and millions of Americans depend on.

Leader MCCONNELL calls his TrumpCare bill the Better Care Reconciliation Act, but actually the bill will mean worse care for seniors, children, the disabled, rural communities, and working families all trying to make ends meet. It will mean no care for 22 million people, according to the latest Congressional Budget Office report. The bill cancels health insurance and slashes Medicaid funding, all so Republicans can give big tax breaks to the richest Americans.

President Trump called the original House bill mean. The Senate Republicans' healthcare bill isn't just mean; it is cruel. It is cruel to take away nursing home care that seniors depend on, cruel to take away necessary medical services from disabled children. Make no mistake, this bill will cost lives.

This version of TrumpCare is a massive redistribution of wealth from working families, seniors, and the disabled to the wealthy. But the Republicans' bill is not Robin Hood in reverse. TrumpCare doesn't just take money away from the poor to give to the rich; it takes away people's healthcare and robs families of their health and ability to work, care for their families, contribute to society, and lead happy and healthy lives.

This bill was drafted in secret. Only a handful of Republicans and their lobbyist friends got to see the bill. It is no wonder the American people hate what TrumpCare would do to them and to their families. TrumpCare is cruel; there is no doubt about it.

It is good that Leader MCCONNELL decided not to call a vote this week on this terrible bill, but I am by no means satisfied. We need to hear from the Republican leadership that they are ready to work with Democrats to improve the Affordable Care Act, not gut it, and to truly improve our healthcare system. This is what the American people are demanding, and this is what we in Congress should be working toward on a bipartisan basis.

We created Medicaid in 1965 to serve a critical need. Since then, Medicaid has become one of the most successful programs for making sure low-income people get the healthcare they need. People get treatment for illnesses that once were a death sentence.

The American people support a government that doesn't leave its most vulnerable to suffer and die, but the current Senate bill cuts Medicaid by more than $770 billion. Let's be clear, these cuts have nothing to do with better healthcare. They are a ruthless tactic to fund tax cuts for the wealthy.

On the campaign trail, the President vowed not to cut Medicaid. He said it a number of times. Last week, he tweeted that he is ''very supportive'' of the bill. Yesterday, he met with the Republican caucus and told them to pass the bill. By supporting this bill, the President breaks the promise he made during the campaign.

Medicaid expansion has allowed millions of Americans and over 265,000 people in my State to see a doctor. Many of these folks work but don't have health insurance through their jobs or can't afford private health insurance. Medicaid expansion is literally a lifeline, but TrumpCare wipes this out. I can't believe that our Republican friends are doing this to New Mexico children and families.

Take 1½ year old Rafe—this is Rafe. Rafe is here with his mom Jessica and his dad Sam, a veteran. They are from Albuquerque, NM. Rafe was born with cortical visual impairment—a kind of legal blindness—and significant developmental delays. He faced monumental medical challenges. But Jessica and Sam have been able to access the intensive medical care, early intervention services, medical equipment, and therapies he needs through a combination of their military insurance and Medicaid.

Now Rafe's parents are scared he will lose his Medicaid services. Their military insurance alone doesn't cover all the services and equipment Rafe needs. They need Medicaid. Without it, Rafe's chances for a better life are threatened. They worry about—and this is their quote—''dealing with insurance, finding healthcare, tracking down specialty doctors, keeping up with therapy appointments and doctor's appointments.'' They worry whether Rafe will be able to walk, feed himself, graduate from high school, and get a job. Now they must worry whether he will get the medical care he needs to give him the opportunity to do all of those things.

Let's talk about Carmen and her three children. Carmen is a single parent. She serves Native American students as a teacher, a coach, dorm parent, and higher education administrator. The small nonprofit organization Carmen works for doesn't offer health insurance. For the past 4 years, Medicaid has helped pay for the healthcare for her two sons.

Her kids are healthy, but two have nut allergies and need EpiPens at school and at home. According to Carmen, ''When I renewed their EpiPen prescription for school this past fall, I was astounded that the price sky-rocketed to $741 to fill one prescription!''

Now Carmen is worried; she doesn't know whether her kids will lose Medicaid or how she will pay for prescriptions. She asked me: ''Please continue to fight for the Affordable Care Act because you are fighting for me and my family's well-being.''

It is cruel to threaten Rafe's chances for a healthier life, cruel that Carmen might not be able to pay for EpiPens for her kids. TrumpCare threatens these two families and millions more.

TrumpCare will hurt seniors, so it is not surprising that AARP strongly opposes it. AARP opposes the TrumpCare age tax that allows insurance companies to charge seniors up to five times more for their premiums. The age tax, combined with reducing tax credits for premiums, will price seniors out of health insurance needed to supplement their Medicare. AARP is calling on every Senator to vote no on the Senate Republicans' bill.

Medicaid pays for an astounding 62 percent of all nursing home care. By cutting Medicaid, the Republicans threaten our mothers, our fathers, and our grandmothers and grandfathers in nursing homes. States can't bear the burden of these costs. Republicans want to shift them.

I know the State of New Mexico can't handle this. This cost-shift sets States up to cut reimbursement rates and reduce eligibility for services at nursing homes. Medicaid pays 64 percent of nursing home care in my State. New Mexico's 74 nursing homes will be impacted by these cuts.

Many of the folks in nursing homes are middle-class Americans who worked all their lives, paid taxes, and saved for retirement. They did everything right, but because skilled nursing care is so expensive, they have outlived their life savings, and now Medicaid pays the cost of care at the end of their lives, allowing them to live with dignity.

Senate Republicans may say that one improvement in their bill over the House bill is it protects people with preexisting conditions, but the American people shouldn't be fooled. People with preexisting conditions are not protected under the Senate bill the way they are now protected under the ACA.

The Senate Republican bill still allows States to waive the essential health benefits that all insurance companies must now provide under the ACA. These benefits include prescriptions, hospital stays, rehabilitative services, and laboratory services. If States waive these benefits, people with serious illnesses would have to pay out of pocket for these services or buy additional insurance, or if these services are covered but are not essential health benefits, insurance companies can put annual or lifetime limits on the services, and people with serious illnesses could end up with no coverage or be priced out of services.

All this sends us back to the time when people faced not getting care or going bankrupt if they got sick. We passed the ACA because the American people agreed no one should go broke to pay for lifesaving care and that insurance companies shouldn't be able to place limits on the care someone could get in their lifetime. Why do Republicans want to take us back?

Finally, the steep cuts to Medicaid would devastate hospitals, especially rural hospitals. Make no mistake—rural hospitals are already struggling. Medicaid cuts will force some to close their doors if TrumpCare becomes law.

In New Mexico, our rural hospitals are often an economic anchor for the community. Hospital administrators in my State are very worried. Medicaid has helped the Guadalupe County Hospital cut its uninsured payer rate from 14 percent to 4 percent from 2014 to 2016. Its uncompensated care decreased 23 percent in the same period. The hospital's administrator, Christina Campos, fears what might happen if TrumpCare becomes law. She is urging me to protect access to care in rural areas.

I will fight hard to keep residents in our rural areas insured and to keep rural hospitals open in New Mexico and across the Nation.

The President and congressional Republicans want to take us back to the days when healthcare was a privilege for those who could afford it. The American people do not support the Republicans' cruel plans. Congress should listen to the pleas of our constituents. The American people reject the framework of TrumpCare. They reject gutting Medicaid and the Medicaid expansion. They reject making seniors pay more for healthcare. They reject making healthcare inaccessible for those with fewer resources.

The Republicans need to go back to the drawing board and begin to work with Democrats. I say to my colleagues across the aisle, do not take healthcare and the opportunity to lead a productive and happy life away from millions of Americans. Together, we can make affordable healthcare a reality for all.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, one of the things that the healthcare law changes here have demonstrated is that partisanship in Congress has reached a new high—or I would say a new low. I am tired of reading about who is to blame for what, and I know Americans and North Dakotans are too. Most importantly, it certainly doesn't do anything to help American families' healthcare get any better.

We should all want to improve our healthcare system so it works better for families and for businesses. It should be a bipartisan discussion, not a political exercise. I am here, as are many of my colleagues, because that is what we hope to accomplish.

For years, I have been offering reasonable reforms to make the current health reform law work better. I want such reforms to be bipartisan. I want to have a larger conversation about healthcare in this country. But the Republican Senate bill, the Better Care Reconciliation Act, is simply not the way to have those discussions. Frankly, this bill is a nonstarter.

I have heard from so many North Dakota children with disabilities, seniors in nursing homes, men and women with preexisting conditions in my State, and hospitals, doctors, and nurses, especially in rural communities, who are deeply concerned—in fact, I can tell you, deeply panicked—about how this bill would make care less available and less affordable.

There are commonsense actions we can and should take right now to make sure American families aren't hurt in the near term. That is why we are here today.

Action and uncertainty caused by the administration, as well as House Republicans, exacerbated instability in the insurance markets, threatening significant cost increases for consumers in 2018. The administration has been unwilling to commit funding for cost-sharing reduction payments, and some Republicans have been working to dismantle the health reform law by not funding critical reinsurance programs. These actions make it extraordinarily difficult for insurers to plan and make business decisions for 2018—yes, 2018, the year we are talking about today. If insurers can't rely on these funds to support healthcare programs that make it possible for health insurance costs to remain affordable for families, the health insurance premium filings for the next term year will reflect that uncertainty. Health insurance rates for 2018 that have already been filed in some of our States demonstrate that fact.

Let's talk about the facts. Independent reports from the Congressional Budget Office and Standard & Poor's have said that the insurance markets were expected to stabilize this year and could stabilize this year unless the administration causes disruption. If you look at the numbers from last year, you will see that health plans were offered in every county in this country.

Today, we are here to offer a few bills that will make an immediate and real difference for families to address health insurance rate increases that we expect in 2018. These are commonsense bills that should be bipartisan.

We hope our colleagues across the aisle will work with us in a bipartisan way so we can provide immediate relief and guarantee stability for the individual market—stability that will enable individuals and families in all of our States to avoid serious increases in their health insurance rates.

No family should face bankruptcy to cover their healthcare costs because in Washington, DC, we can't implement the bill that we have and instead continue to stall and play the game of politics against the interests of the American people and, certainly in many cases, some of sickest among us and people who have a whole lot of healthcare insecurity. This is politics. We cannot continue to play politics with people's health.

Some of the issues we are working to address were included, interestingly enough, in the Senate healthcare bill—a clear acknowledgment from the Republicans that these changes are necessary for the health market to function in 2018.

Right now, we are standing here because time is of the essence. I hope our colleagues will join us in this effort. We want to work with them. We hope they will work with us. We hope we can at least at a minimum get together and solve the problem for 2018 while we are debating the future of healthcare delivery in this country.

I will call on my friend, the great Senator from New Hampshire, Senator JEANNE SHAHEEN, to offer what I think is a terrific idea and to talk about a bill on which I am a cosponsor.

The PRESIDING OFFICER (Mr. LEE). The Senator from New Hampshire.

UNANIMOUS CONSENT REQUEST—S. 1462

Mrs. SHAHEEN. Mr. President, I am very pleased to join my colleague from North Dakota, Senator HEITKAMP, and appreciate all of the efforts she is making to try to address the challenges we are facing in the healthcare markets across this country. Like her and like so many of my colleagues who are going to be here, I have come to the floor this afternoon because we want to take urgent steps and we can take steps today to address the uncertainty in our health insurance markets. We can take steps today that can hold down premiums.

I have heard Senators on both sides of the aisle who have expressed concern about looming premium increases in the Affordable Care Act marketplaces. We all need to understand, as Senator HEITKAMP pointed out, what some of the causes of these premium increases are.

Insurers regularly cite the Trump administration's refusal to commit to making cost-sharing reduction payments, also known as CSRs. These CSR payments were included in the Affordable Care Act in order to help Americans afford insurance once they had it. The ACA requires insurers to reduce deductibles and copayments for working families who are buying insurance in the marketplace. Because of the cost-sharing reduction payments, the CSRs, patients pay less for their care and the government reimburses the insurers.

These reductions and payments are built into the rates insurers are charging for 2017. Yet the Trump administration has refused to commit to paying these reimbursements because of a partisan lawsuit that has been brought by House Republican leaders.

Because of the radically uncertain landscape insurers are facing right now, many of them are doing one of