

that when it came out of his mouth, all of us on this side were saying: You have got to be kidding me. Really? It was just a little much.

I know we are all talking around the obvious, and that is that we need to fix the healthcare system in America so that people do not have to go into their pockets as often, so that insurance is reliable, and so that the markets are more stable. We are going to have a lot of opportunity, I hope, to come together and do just that. I hope my friend from Wyoming and my other friends on the other side of the aisle will be part of that.

UNANIMOUS CONSENT REQUEST—S. 1201

We have a very simple solution to the bare counties, and I hope people will think this through before they just object. I am going to have 25 bare counties, mostly as a result of the sabotaging of the exchanges by this administration. People in those counties are looking to me for an answer, and I do not blame them for being worried. How can we solve that problem today? S. 1201, the Health Care Options for All Act, which I have introduced, will solve that problem today.

All we have to do is say to anyone who is in a county in America—and I know my colleague from Ohio, Senator BROWN, has some counties, and I know my colleague from Indiana has some counties—if you do not have an insurer in your county, you can come with your subsidy and buy insurance from the same places our staffs buy it and most Members of Congress buy it. Those are national plans. They are in every State in the Union because Members of Congress have staff members in every State in the Union. There is no need to attract more plans. There is no need to do anything complicated. You just take the subsidies that you are entitled to and you buy insurance at the same place Congress buys it.

We can do that today. If we do not do it today, do you know what we are saying to the people who live in Ohio and Indiana and Missouri? We are saying that we are entitled to something better than they have and that they should not be allowed to buy what we can buy. Now, that takes some nerve. If we are not willing to take this simple, basic step, people in these counties should be angry and take up pitchforks—metaphorically, of course.

The national plans that are out there that my staff uses that are in Springfield, Cape Girardeau, Columbia—and I am sure my colleagues could talk about their staffs using these plans all over the country—I would like to make those available to regular folks in my State who want to be able to lay their heads on their pillows tonight and not worry about whether they are going to have insurance next year.

Mr. President, I ask unanimous consent that the Committee on Finance be discharged from further consideration of S. 1201, the Health Care Options for All Act; that the Senate proceed to its immediate consideration; that the bill

be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving my right to object, before coming to the Senate, I practiced medicine in Wyoming for over 20 years. That is why I am passionate about improving the quality of care and lowering the cost of healthcare. Unfortunately, we know healthcare is in a crisis. Premiums and deductibles are skyrocketing, and insurance is unaffordable.

It is interesting to hear the comments when we are talking about the sabotaging of the marketplace. It is ObamaCare that has sabotaged the marketplace. The Presiding Officer knows fully well, as do I, that when you look at the co-ops that were set up all around the country under ObamaCare, one after another went bankrupt—belly-up, shut down—and left people uncovered. That was before we even knew who the Republican nominee for President was going to be in 2016. That is ObamaCare. That was at a time when all there was out there was the Obama healthcare law. One co-op after another failed, and it cost the taxpayers billions of dollars—guaranteed loans that will never be paid back.

Just like the bill we just discussed, this proposal is an important acknowledgment by the Senator from Missouri. It is the acknowledgment that ObamaCare's collapsing insurance markets are affecting people all around the country. In Missouri, 18,000 people in 25 counties will have zero options on the ObamaCare exchanges—zero. They have been promised that their pre-existing conditions will be covered, and no one is selling insurance in those counties in that State. They have basically been misled by ObamaCare that they will be covered for preexisting conditions. In the Republican plan, what we are doing is covering people who have preexisting conditions.

Let me say again that next year thousands of people in Missouri will have no insurance company that will be willing to sell insurance in the ObamaCare exchange. It is clear that insurance markets in Missouri are collapsing, as they are all around the country.

This bill is not the solution. Instead of giving people more choices in Missouri, what does the bill do? It sends people to Washington, DC, to buy their health insurance—a typical solution from the other side of the aisle. Instead of empowering States with more flexibility and the authority at the State level, they think once again that Washington knows best. They think that the people they represent would rather call a bureaucrat who is hundreds of miles away than talk with local people who live and work in their communities.

The simple fact is that ObamaCare is not providing patients with the increased choices they were promised. We need to rescue people in Missouri and across the country from ObamaCare. This bill is the wrong approach.

I object.

The PRESIDING OFFICER. Objection is heard.

Mrs. McCASKILL. Mr. President, will the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Wyoming does not have the floor.

The Senator from Missouri.

Mrs. McCASKILL. Mr. President, the next time I will know, when he is giving a speech, before he objects, to start then.

I am pretty sure that his staff in Wyoming is not coming up to Washington to buy their insurance. I am pretty sure that all of our staffs—I am pretty sure the Presiding Officer's staff, those who work for him in Utah—are not coming to Washington to buy their insurance. I am pretty sure Senator MANCHIN's staff and Senator PATTY MURRAY's staff and all of our staffs who live all over this great country are not coming to Washington to buy their insurance. They are getting good health insurance plans.

I just think it takes incredible nerve to lecture me about people in Missouri having no insurance while the Senator from Wyoming is objecting to letting them get the same insurance he has. Really? That is what this has come to, this partisan exercise?

We don't have to fix this permanently this way, but we could do it just temporarily to give people peace of mind until we figure out the right way forward. But how dare Members of this Chamber tell people in my State they are not entitled to buy what we have, when they have no other options at this moment.

Let's move forward together and fix it—all of it. But to get a lecture that people in my State don't deserve what my staff has or what Senator BARRASSO's staff has—no wonder people are upset with Washington.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

#### HEALTHCARE LEGISLATION

Ms. KLOBUCHAR. Mr. President, I thank the Senator from Missouri for her good idea and for her passion for this issue and for her correct statement that when people sign up for these exchanges, they don't have to go by train, plane, or automobile to Washington, DC, to get their insurance.

I heard, when I was home this weekend, over and over, concern from people whom I was surprised to see come up to me. Several people in Winona, MN, came up to me and said: We are Republicans, but we don't think it is fair if seniors have to pay more when tax cuts are going to the wealthiest.

I heard from people in Lanesboro, MN, small business owners who were

worried about what was happening with the proposal from the other side. In Northfield, MN, the town of “Cows, Colleges and Contentment,” I can tell you that they were not very content at the Northfield Hospital as they saw the devastating impact this bill would have on rural hospitals.

So that is why I so appreciate my colleague from North Dakota, Senator HEITKAMP, bringing people together today to talk about the fact that there is another way forward.

There is another way forward, and the people in this Chamber have done this before. Senator McCONNELL negotiated with Senator Boxer on a major transportation bill. The last time we had an issue with doctors' fees, we were able to get that done on a bipartisan basis. So what we are simply asking our colleagues to do is to start afresh and to look at what we could do together to help the people of this country without sabotaging the current healthcare delivery system and without taking this out on the most vulnerable through Medicaid cuts.

Here are some ideas. As to prescription drug prices, why would we not allow the 41 million seniors in this country to use their bargaining power—to harness their bargaining power—as my friend Senator NELSON from Florida understands because he knows there are a lot of seniors in Florida—to harness that bargaining power to negotiate for lower costs on prescription drugs. The current law bans us from doing that. So all we want to do is to lift that ban and let our seniors negotiate. That is not in this bill we are considering from the Republican side. This is something we can come together and work on.

We can get less expensive drugs in the form of generic drugs. Yet, right now, we have a situation where major prescription drug companies are paying generic companies to keep their products off the market. It is called pay for delay. Senator GRASSLEY and I have a bill to eliminate that. We can bring in less expensive drugs from other countries if, in fact, we have a situation where the prices have ballooned, as they have for the top 10 selling drugs in America. Four of them have gone up over 100 percent.

The exchanges are another area where we have agreement. Senator COLLINS has been working on this. Senator Kaine and Senator CARPER have a bill on this, and Senator SHAHEEN is working on the cost-sharing issue. We can work together to make insurance more affordable for people who are in the exchange.

As to our small business rates, we must work on that.

I truly believe we can come together.

I will end with this. I got to be at that baseball game in the crowd with the 25,000 people who were watching the two teams play each other. Senator DONNELLY of Indiana was on the field. At the end of the game, after the Democratic team won, they didn't keep

the trophy. They handed the trophy to the Republican team and asked them to place that trophy in Congressman SCALISE's office.

We are not two teams. We are one team, and that is for our country, for America. So let's work together on this bill.

Thank you very much, Mr. President. I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. Mr. President, I love what the Senator from Minnesota just said. I am a retired Navy captain. For years we had healthy competition among the different branches of our services. I salute the folks in the Army, the Marines, the Air Force, and Coast Guard. I always say: The Navy salutes you. Then I also say: a different uniform, the same team. To the extent that we wear different uniforms, we really are on the same team, and I think the American people are anxious for us to start acting that way.

What I hope we will do is to hit the pause button right now on the legislation that the Republicans have pulled off the floor and that we will use this time as an opportunity not to go to our separate corners and figure out how to do the other team in when we return here in 10 days. I hope we will, as some of our colleagues have suggested, explore some ideas where we can work together.

Some have talked about how to make the marketplaces work. It is not a Democratic idea. It is a Republican idea. There are the tax credits for the exchange, which is a Republican idea. The individual mandate and the idea that there cannot be prohibitions on insurers denying coverage are Republican ideas too. Those are all ideas from 1993, taken from Mitt Romney, who put them in RomneyCare in Massachusetts, and we put them in the Affordable Care Act.

We didn't just do this and shut out the Republicans. We had 80 days where we worked on the legislation. I was on the Finance Committee with Senator SCHUMER and others, and we had, I think, a dozen or more hearings and dozens of amendments—over 300 amendments in all. Some 160 Republican amendments were included in the bill. To somehow say that they were being shut out is nonsense. That is a reinvention of history.

Let's do it the right way. At the end of the day, we will do what President Trump has been calling for, for the last 5, 6, 7, 8 months, as I recall. He said: Why don't we cover everybody, why don't we provide better coverage, and why don't we do it in a more affordable way.

Unfortunately, what Republicans have offered and what they pulled off the floor doesn't do that. It provides less coverage for more money. It says to people—the least well off in our society: We are going to provide you less coverage in order to give folks who make a lot of money, and really don't need a tax break, a tax break.

That is not consistent with the Golden Rule. The Presiding Officer knows it well. We are supposed to treat other people the way we want to be treated. That is an example of a failure with respect to the Golden Rule.

I didn't come here to waste my time and other people's time. I came here to get things done. We tried hard to involve the Republicans 8 years ago. They may not acknowledge that. The people in this country still want us to really bear down and work together, and we can do that. At the end of the day, we will be better as a party, we will be better as a body, and we will be better as a country.

I want to thank Senator WARNER for letting me speak before him. Thank you so much. I will say to Senator Kaine: Thank you for allowing me to be your partner on a great reinsurance plan that will help stabilize the exchanges. I am delighted to be your wingman. Thank you.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, I urge my friend, the Senator from Delaware, to get to the train station.

First of all, I wish to thank Senator HEITKAMP for bringing this group together. There has been a lot of talk about what ideas can fix the Affordable Care Act, and here we are hearing some of the ideas that we will offer.

Senator Kaine has had to hear this story before, but before I was in politics, I had a pretty long career in venture capital and invested in a lot of businesses. Some of those businesses managed to eke out a living, but the thing that was remarkable about the companies is that the companies that were the most successful weren't the ones that had the perfect business plan. They weren't the ones that had the newest ideas. The companies that were the most successful were the ones that were able to adapt and change. I never, ever invested in a business that ever met its business plan. Every one had to change in some way—alter.

The truth of the matter is, as to the Affordable Care Act, for all its good things, there were things we got wrong. I will be the first to acknowledge that. There have been a lot of us in this body who over the last couple of years—again, I thank the Senator from North Dakota, who has been a part of these efforts—have said that maybe we need to do a little less bureaucracy in the ACA in terms of reporting requirements. Maybe we ought to have a cheaper option. We have gold and silver and bronze. I remember working with the former Senator from Alaska on this. Maybe we ought to have a copper plan, as well, to try to get those young people invested in buying that first plan.

We said that maybe we ought to take an idea that came from the other side of the aisle, and, as long as we have appropriate consumer protections, go ahead and let insurance products get sold across State lines so there is more

competition. Then, we saw more problems arise. Unfortunately, problems arose with the ACA, as we have seen this administration and others try to knock out some of the building blocks that built up the ACA—risk corridors, cost sharing, or more recently the administration saying that we may just ignore part of the bill that says there is an individual mandate. Consequently, that means the insurance company had to charge a heck of a lot more money because they weren't sure whether the law was going to be in force.

We have had people like the Senator from New Hampshire say: Well, I had an idea on cost sharing that might fix it. My dear friends, the other Senator from Virginia and the Senator from Delaware said: Let's go out and do that reinsurance plan, so that if there are extraordinarily high-cost plans, maybe that will be a secondary backdrop so premiums will not have to be so high. I am proud to support and be a cosponsor on both of those pieces of legislation.

Then, as only the Senator from Missouri can do, she came up with the most obvious of, at least, a short-term solution that says: My gosh, if for some reason, because there have been efforts to sabotage the ACA, we don't have enough offerings for at least some stop-gap period, we ought to allow all the folks in our States, if they don't have any coverage, to at least get the same kind of coverage we get. That is kind of Harry Truman basic common sense—Missouri common sense.

So I hope our colleagues, after they get out of one more secret meeting in one more basement or secret location, will come back and start talking about these solutions—solutions that don't start with the premise that we are going to give folks like me a tax cut or that we are going to take a meat ax to Medicaid or that we are going to come up with a proposal that will take 22 million Americans off of health insurance.

The ACA didn't get it entirely right. There is a lot of room for improvement. We have asked our friends on the other side to meet us halfway and to try to bring the kind of bipartisan spirit we all talk about on this issue that affects each and every American and one-sixth of our economy. We can do it. We can do it right, but it is going to take the kind of cooperation and the kinds of good ideas that are being offered by my colleagues on the floor.

I yield the floor.

The PRESIDING OFFICER. The Senator from Florida.

Mr. NELSON. Mr. President, all of the Florida people walk up to me and say: BILL, what is going on? Why can't Congress get together? Why can't we work together? We do in our committees. We usually work together. We certainly do with Senator THUNE, who is the chairman of the Commerce Committee. This Senator is the ranking member. We get a lot of things out. We

are going to mark up the FAA bill tomorrow. There are a lot of controversial issues. We are going to get that out. Why can't we do it with healthcare?

So, last night, I had a telephone townhall meeting in my State of Florida and 6,000 people joined. They asked questions for an hour. Often, they would get through asking their question and they would say: I wish you guys could work together. So that is what we have been hearing in all of these speeches.

Well, let me give one suggestion that would lower premiums in the existing law, the Affordable Care Act, 13 percent. I had it costed out in Florida. Every now and then, you are going to have a catastrophic loss. It is kind of like when I was the elected insurance commissioner of Florida, and I inherited the mess after the monster hurricane. Hurricane Andrew was such a monster hurricane that it took down a number of insurance companies because the losses were so big. So we had to try to get insurance companies to come back into Florida. We created a reinsurance fund. We called it the Florida Hurricane Catastrophic Fund, which would reinsurance, or insure, the insurance companies against catastrophic loss.

That is what we can do right here. We could be like my poor constituent, Megan, who fought cancer for 2 years, with two transplants, and ultimately lost the battle, but the bill was \$8 million. That is hard for any insurance company to swallow, but those are going to be limited, isolated cases.

Why don't we create a reinsurance fund for the marketplace in the Affordable Care Act to help the insurance companies with catastrophic loss? I asked: If we did that in Florida, with the Florida marketplace, what would it mean? It would reduce the insurance premiums under the marketplace in Florida by 13 percent. That is just one suggestion.

Every one of us has a suggestion. Put all of these suggestions together, and we are talking about really fixing the current law, instead of this roadway we see our friends on the other side of the aisle going down—a solution that is going to take coverage away from 22 million people and is going to cut \$800 billion out of Medicaid and eviscerate Medicaid or that is going to charge older Americans over younger Americans five times as much as the younger. We don't have to do that. Let's come up with a creative idea to fix the existing law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINES. Mr. President, I also rise with my colleagues to speak in favor of commonsense solutions. I think the GOP leadership made a wise decision—and I thank them for it—to pull the vote on their healthcare bill this week when the CBO came out and said that 22 million people would lose health in-

surance, 15 million in the first year, and Medicaid cuts would be significant. Obviously, the public was very concerned, and I am glad the GOP has taken a step back. I think we now have a chance to get this right.

I want to tell a personal story about my own involvement in this in the last few months. The story, to me, exemplifies an important principle, and that is a bad process will produce a bad product. This bill was the subject of a very bad process.

The bill that was put on the floor was a bill that ignored and shut out all Democrats from participating. More importantly, it shut out the committees from participating. Most importantly, it shut out the public from participating. That led to a bill that was destined to be bad. So we ought to fix it.

Our Democratic leader is just exiting the Chamber. He asked me after I came back from the national ticket—as a consolation prize, I guess—can you be on the HELP Committee? This is the committee I have wanted to be on since I came to the Senate—Health, Education, Labor, and Pensions.

I have been a mayor, and I have been a Governor. I have been in local and State government for 60 years. Education is the biggest line item, and health is the second biggest line item. This is what I actually know something about. I was so thrilled to join the committee. But, boy, was I naive. I assumed that being on the HELP Committee meant we would get to have a hearing about a healthcare bill.

I got on the committee on the 3rd of January. On the 5th of January, with many of my colleagues, we wrote a letter to the Republican leader and to the Republican chair of Health and Finance—13 of us; we had been on the committee for 2 days—and said: If you want to talk about improving healthcare, we have ideas. We want to sit down with you right now and talk about improvements to healthcare.

I guess I am a naive 58-year-old. I thought, now I am on the committee. Now I am where things will happen, and we will get to actually fix healthcare. But instead, since I have been on the committee—and I have committee colleagues here who will attest to this—we have had hearings on higher ed, we have had hearings on Cabinet nominees, we have had hearings on FDA reform issues. But the one taboo topic on our committee is that we are not allowed to have a hearing about the healthcare bill.

We asked for one after the House passed their bill; we couldn't have a hearing. The Senate bill has been put on the floor; we haven't had a hearing, and as far as we know, there will be no hearing. So those of us who are focused on this issue have no opportunity, but, more important—it is not about committee Members. For those watching this and wondering what a hearing is about, a hearing is about hearing from the public. You have a witness table.

You get a patient and a doctor and a nurse. You get an insurance executive and a pharmaceutical executive. You get a small business having a hard time buying health insurance. You get them all to sit there and tell you what they like, what they don't like, and what can be fixed. All of that—all of that—has been shunted aside in this process, so the public isn't heard and the committees can't do their work.

Our ranking member on this committee, the Senator from Washington—I had watched her as the Budget chair when I was a Budget Committee member work out a great bipartisan budget deal in December of 2013, with then-House Budget chair, now-House Speaker PAUL RYAN. We worked it out. It was bipartisan.

I watched our ranking Democrat on the HELP Committee work with the chair on the HELP Committee, LAMAR ALEXANDER, 2 years ago to do something most people thought was impossible: have hearings and rewrite No Child Left Behind into the Every Student Succeeds Act. It was 7 years past the reauthorization date because it was too controversial. But I watched them use the committee process, entertain ideas from both sides, hear from the public, rewrite the bill, then conference with the House, and then get it to the President for signature.

Why is healthcare taboo on the HELP Committee? Let the committees do their work. Let the greatest deliberative body in the world deliberate. Let the Senate be the Senate, and let us work together.

My colleagues have mentioned that I put an idea on the table. It is not a fix-everything idea, but it is a particular idea with a lot of bipartisan cred, and it is the notion, as some of my colleagues have said, of reinsurance. Senator CARPER and I have introduced the Individual Health Insurance Marketplace Improvement Act, and it is going to a very particular problem that I think Democrats and Republicans recognize as a significant challenge in the current healthcare law.

President Trump, from the beginning of his administration, has injected uncertainty: We are not going to continue enrolling people—or we will reduce the market for enrollment. We are not sure we are going to pay the cost sharing. Maybe we should let ObamaCare crash and burn—a tweet that he did recently. Because this has happened, the individual market has become very unstable, and many insurers pulling out of the market are citing this unpredictability as contributing to an instability in the individual market.

Here is what Senator CARPER and I proposed, and we have numerous cosponsors: We take the tool that Senator NELSON was describing, reinsurance, a tool that provides a backstop against very high-cost claims, and we put it into the Affordable Care Act as it was for the first 3 years of the Affordable Care Act. The Affordable Care Act in its first 3 years had a reinsurance mechanism to backstop high-cost claims. If an insurance company knows there is a backstop, they can actually set premiums at a lower and more affordable level for everybody. Having that backstop also gives some certainty, so you can actually write a plan in a market where, if you don't have certainty, you might choose not to write it.

In the first 3 years of the Affordable Care Act, this reinsurance provision worked out very well, held premiums down, and kept insurers in the marketplace. It expired. But we actually know reinsurance works because it is part of a great bill that was passed during a Republican Presidency with overwhelming Republican support. Medicare Part D was passed during the administration of President George W. Bush. Reinsurance was made a permanent part of that bill to do exactly the same thing: to cover high-cost claims, seniors who had multiple high-cost medications. Because reinsurance was included in that bill—it was put in the original bill, authored by Republicans—it enables pricing to be more affordable for our seniors who are on Medicare, and it enables pricing actually to be more affordable for the public treasury.

Reinsurance is just one of a number of ideas that are out there, but it is an idea that has bipartisan bona fides. It has been demonstrated to work. You are not going to put reinsurance in this bill and have an unintended consequence that you didn't think would happen. We know how reinsurance works, and we know how it will work here.

I would just conclude and say that I hope we will take a bad process, which produced a bad product, set that aside, and engage in a good process to find a good product on the most important expenditure anyone ever makes in their life—on their health—a good product in the largest sector of the American economy; one-sixth of our economy is health.

The right process is this: When the Republicans get to the point that they think this bill is all they would want it to be, why not just put it in the Finance Committee, put it in the HELP Committee, and let's be the U.S. Senate. Let those of us who are on the committees do what we want to do. We have good committee chairs in these committees: Senator HATCH and Senator WYDEN, the chair and ranking on Finance; Senator ALEXANDER and Senator MURRAY on HELP. Put it in the committees; let's hear from the public about what works, what doesn't, and what can be fixed. Then let's dialogue and listen to one another and come up with solutions—just as in that budget deal, just as in the rewrite of No Child Left Behind.

The Presiding Officer knows the next thing I am going to say, I bet. I am in the minority on those committees. I have some amendments like reinsurance that I want to put up, but I can't

get them accepted unless I can convince some in the Republican majority that it is a good idea. I have to convince Republicans it is a good idea for my amendment to be accepted. Shouldn't I have that opportunity? Why would anybody be afraid of being open to an idea that might actually improve the bill?

Just this morning, I came out of a markup that the Presiding Officer is very familiar with, the markup of the NDAA. We finished it this morning on Armed Services. We went back and forth across the table, 27 Democrats and Republicans. We traded amendments, we voted some up, and we voted some down. We had Senator McCAIN and Senator REED leading us in that. We got to the end of the day, and we had a committee vote. After that discussion and listening to one another across the table, back and forth, the committee vote was 27 to 0—27 to 0. We got all the Dems on board.

I will not be naive enough to think healthcare is going to be simple and noncontroversial. I am sure we will have some tough discussions. I am sure I will offer an amendment that will be turned down. Maybe I will offer one that will be accepted. But we are much more likely to produce a good product and help people's healthcare if we actually will sit down in the committees that have jurisdiction and dialogue and amend before we bring this thing to the floor. It is just not worth rushing, because it is life and death.

We have a chance to get it right. The step-back this week enables us to take that chance, and we should seize it and work together.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, I wish to make some concluding remarks.

No. 1, I share the concerns that Senator BARRASSO expressed. I hear from ranch families and I hear from farm families about the unaffordability of their healthcare premiums. I hear about high deductibles. I hear about how what has happened in the health insurance market has made it more difficult for them to cover their families. I hear that.

We have solutions we have been talking about that could lower those costs. I would include dealing with people with chronic conditions. Reports from the RAND Commission tell us that 12 percent of the people in this country who have five or more chronic conditions cost the healthcare system over 40 percent. Some of those people are on the exchanges, and when they are on the exchanges, that drives the healthcare costs up.

But I have a question. I have a question for people who are advancing the Republican healthcare bill: Why do you have to give the richest Americans in this country a tremendous tax break to solve that problem? How does giving the top 0.1 percent of taxpayers in this

country over a \$250,000 a year tax break—how does that fix the problem for my ranchers? How does that fix the problem for my farm families? You know the honest answer: It doesn't.

I need to understand how taking billions of dollars out of the Medicaid system, driving sicker, older people who tend to be in the Medicaid population onto the exchanges into the individual marketplace—how does that help that farm family we talk about almost every week on the floor of the Senate, that farm family, that individual who is paying excess premiums? It does nothing for them.

This is all some smoke-and-mirrors deal. What we have done today—almost 15 of us have come to the floor, and what we are saying is: Let's fix the problems. We can all acknowledge that we have a healthcare system where really sick people have a hard time finding affordability. When you put really sick people into an insurance pool, it drives up the cost for everyone. How do we manage that? The insurance industry tells me the average time on the individual exchange is 10 months. How do you take someone with five chronic conditions and manage them in a 10-month plan? You know what, you don't. So they hop from plan to plan, costing more and more.

If you want to reduce costs, you have to figure out how we can better treat the sickest among us. Until we do that, we will not achieve the common goal, which is reducing and bending the costs of healthcare in this country. We cannot achieve that goal. When all we are doing is saying: No, we don't want to pay, we are going to make the States pay or we are going to make people on the individual exchange pay or we are going to make people do what they have done before, which is not have coverage and put them into uncompensated care, that will not solve the problem.

We have some great examples here for the immediate concern that we have about the premiums that are going to be expressed. In some ways, this reflects concerns about the increased costs of healthcare and what is happening in that individual market, but it is being driven by the failure to fulfill the statutory obligation—reinsurance, cost sharing.

I do have to point out that I found it interesting that the objection to Senator SHAHEEN's bill was that, oh, we haven't had time to take a look at it, haven't had time to even considering this cost-sharing issue. Really?

This is the last page of the Republican bill, page 145, stating in section 208, "Funding for Cost-Sharing Payments." I will give you, it is a different schedule, different formula in the Shaheen bill, but this is not a new concept. If we wanted today to give the insurance industry the certainty they needed that would make sure that the premium increases reflected not uncertainty but reflected actual costs, we would do this: We would take up

JEANNE's bill. The very bill that the Republicans have advanced says, "There is appropriated to the Secretary of Health and Human Services, out of any money in the Treasury not otherwise appropriated, such sums that may be necessary for payments for cost-sharing reductions authorized by the Patient Protection and Affordable Care Act (including adjustments to any prior obligations)."

The same provision was in the House bill. How can it be objectionable to have a debate about a provision that has been advanced in both Republican bills? How can that be objectionable when so much is riding on that, when the healthcare and availability of insurance to our families is riding on making sure we at least have some kind of stopgap measures in the exchanges that will guarantee a stability that will make insurance available.

If we don't know what is going to happen with those counties—we know we have huge counties that don't even have uninsured in them. Senator McCASKILL offered an opportunity. Guess what. How about they get their insurance where our staff get our insurance or some among us get our insurance? That is objected to because it is some kind of Washington solution.

What is ironic about that is that provision that made Senate staff in our home States get their health insurance on the DC exchange came from Senator GRASSLEY during the debate on the Patient Protection and Affordable Care Act, not a Democratic idea. It was a Republican idea and certainly something that bears at least a discussion, certainly something that ought to be talked about here.

Let's not pretend there has been an outreach to people on the Democratic side. Today the Democratic leader offered to go to Blair House, offered to bring people together at Blair House, have a sitdown on healthcare, offered to go to the Senate—the Old Senate Chamber, no cameras, let's talk about healthcare. What we get is: You are not serious.

I want you to know I am dead serious about sitting down and trying to fashion a healthcare plan that actually fixes the problems we have right now in affordability of health insurance.

When someone says, well, you have to accept tax breaks as part of that for the richest Americans, think about this: 400 Americans will get a tax break under the Republican bill—400. Just 400 Americans will get a tax break under the Republican bill, equal to what it would cost for Medicaid expansion in four States.

Make no mistake, this is not healthcare reform we are talking about. That bill is not healthcare reform. It is entitlement reform in Medicaid, shifting costs to States and patients. It is tax reform, making sure the wealthiest among us get a tax break.

If we want to talk about healthcare reform, if we want to talk about fixing

the ACA, let's not throw out what is working. Let's make sure we are fixing and addressing the problems that we here express every day that come in our mail and that we know we have to address in order to make the system fair; that is, younger, healthier people need a break. They need to find an affordable product.

How are we going to do that? We have seen ideas here today, ideas that could take care of—even if we just made them temporary, even if we said this is only going to be there until 2019, we could stabilize all of this today and begin that today, but yet it is objected to.

I think the message we want to send is we stand ready to fix the healthcare system. We stand ready to work with the other side of the aisle. We stand ready to address the concerns we hear from our constituents about the healthcare system.

If we really want to respond to the concerns the American public has about the U.S. Congress, we better start working together. We better start finding a path forward to solve problems, real problems, not pretend problems but real problems in this country. That way we will, in fact, enrich and enhance our democracy. Until we do that, we continue to struggle to get credibility with the American public, and that is not, ladies and gentlemen and Members of the Senate, a formula for success for our democracy.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The majority leader.

#### LEGISLATIVE SESSION

Mr. McCONNELL. Mr. President, I move to proceed to legislative session.

The PRESIDING OFFICER. The question is on agreeing to the motion.

The motion was agreed to.

#### EXECUTIVE SESSION

#### EXECUTIVE CALENDAR

Mr. McCONNELL. Mr. President, I move to proceed to executive session to consider the nomination of Executive Calendar No. 116, David Nye to be United States district judge for the District of Idaho.

The PRESIDING OFFICER. The question is on agreeing to the motion. The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The senior assistant legislative clerk read the nomination of David C. Nye, of Idaho, to be United States District Judge for the District of Idaho.

#### CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.