

Act. Not only is it unaffordable for too many people, it is unsustainable. ObamaCare is unable to fulfill its promises to the American people.

Here is what every lawmaker in Congress ought to agree on: Insurance isn't worth having if patients can't afford to use that insurance. The facts are clear. A one-size-fits-all, government-run plan from Washington, DC, is driving insurers out of the exchanges, driving up premiums, driving away customers, and driving up the tab to the tax-paying public.

ObamaCare has overregulated, overtaxed, and oversold its promises to the American people. ObamaCare has not healed what ails the U.S. healthcare system. It is time to move forward.

Mr. President, I also want to speak about Medicaid for a moment.

Medicaid, as we know it, is not sustainable. The Federal Government and States spent \$553 billion on Medicaid in 2016. That amount is very close to \$593 billion spent on the No. 1 responsibility of the Federal Government—our Nation's defense.

Every decade since Medicaid started, it has grown faster than the economy. Medicaid is now unmatched as a driver of the deficit of our country. We cannot sit by and leave this kind of debt to our children and our grandchildren.

Dollars are not the only metric by which we measure Medicaid. Medicaid is a program that should supply healthcare to diverse populations and should have quality measured, but it does not.

Medicaid dollars should be spent efficiently, but they are not. Activists in Washington, DC, are fighting to preserve the status quo and, of course, in the process, scaring the daylight out of the American people.

Yet Iowans tell me that there are waiting lists for Medicaid waivers to obtain services for children with disabilities. Others tell me that medicines that will cure diseases are rationed to be used only with those with the most advanced disease. In other words, you have to get really sick for Medicaid to cover medical expenses.

It is a fact that Medicaid is not working the way it should for everyone. The time to act to preserve and improve Medicaid as the safety net for the most vulnerable citizens is right now.

I am holding up a letter here because, under a Democratic President, proposing to do what we are doing, 46 Democrat Senators wrote to President Clinton and expressed their "strong support" for Medicaid per capita caps. The letter went on to say that it would give States the flexibility to achieve savings without cuts to essential services. That is what the current proposal aims to do as well.

We are proposing per capita caps as a way to make sure tax dollars are spent wisely on the most vulnerable people in our Nation. Medicaid dollars should be spent on a child with cystic fibrosis who needs a blockbuster drug. A person with severe mental illness should be able to rely on Medicaid for care.

Medicaid cannot continue to be a limitless credit card for the States to spend money without any accountability to the people who need it. I urge my colleagues to put aside partisan dogma and work to solve this problem for the American people.

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

WASHINGTON, DC,
December 13, 1995.

President WILLIAM J. CLINTON,
The White House,
Washington, DC.

DEAR MR. PRESIDENT: We are writing to express our strong support for the Medicaid per-capita cap structure in your seven-year budget. We have fought against Medicaid block grants and cuts in the Senate, and we are glad you acknowledge the importance of our position.

We support a balanced budget. We are glad you agree with us that we can balance the budget without undermining the health of children, pregnant women, the disabled, and the elderly.

The savings level of \$54 billion over seven years included in your budget will require rigorous efficiencies and economies in the program. However, after consulting with many Medicaid Directors and service providers across the country, we believe a reduction of this level is possible to achieve without dramatic limits on eligibility or cuts to essential services. States will need flexibility to achieve these savings, and you have taken steps toward granting it in your bill.

We were encouraged that your Medicaid proposal does not pit Medicaid populations against one another in a fight over a limited pot of federal resources.

We were further encouraged to hear Chief of Staff Panetta relay your commitment to veto any budget not containing a fundamental guarantee to Medicaid for eligible Americans.

We commend you on the courage you have exercised in making these commitments to Americans eligible for Medicaid. There is a bottom line when it comes to people's health; do not allow the current Congressional leadership to further reduce our commitment to Medicaid beneficiaries.

Your current proposal is fair and reasonable, and is consistent with what we have advocated on the Senate floor. We urge you in the strongest possible terms to hold fast to these commitments in further negotiations. We are prepared to offer any assistance you may need in this regard.

Sincerely,

Bob Graham; John Breaux; Jay Rockefeller; Herb Kohl; Patrick Leahy; Frank R. Lautenberg; Ted Kennedy; Tom Daschle; Patty Murray; Barbara Boxer; David Pryor; Barbara A. Mikulski; Max Baucus; Paul Simon; Kent Conrad; Wendell Ford; Harry Reid; Paul Wellstone; Richard H. Bryan; Ernest Hollings; Dianne Feinstein; Tom Harkin; Byron L. Dorgan; Chris Dodd; J. Bennett Johnston; Joe Lieberman; Paul Sarbanes; Carol Mosely-Braun; John Glenn; Jeff Bingaman; Carl Levin; Bill Bradley; John F. Kerry; Bob Kerrey; Joe Biden; Daniel K. Akaka; Dale Bumpers; Daniel Inouye; Chuck Robb; J. James Exon; Howell Heflin; Claiborne Pell; Russ Feingold; Daniel P. Moynihan; Sam Nunn; Robert C. Byrd.

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

RECOGNITION OF THE MAJORITY LEADER

The ACTING PRESIDENT pro tempore. The majority leader is recognized.

MISSISSIPPI PLANE CRASH

Mr. MCCONNELL. Mr. President, I want to start this afternoon by offering deepest condolences to the Marine Corps and to all those who lost loved ones in the tragic plane crash yesterday in Mississippi. We are still learning details about the incident, but we know that at least 16 on board the plane perished as a result of the crash. Our hearts break for all those impacted and the many lives cut short in this tragedy. We are reminded of the bravery that our voluntary servicemembers exhibit, putting their lives on the line, both at home and abroad, in order to defend our communities and our freedom. We are indebted to them for their courageous, courageous sacrifice.

HEALTHCARE LEGISLATION

Mr. President, on a totally different matter, ObamaCare is a direct attack on the middle class. Seven years ago, Democrats imposed it on our country. In the years since, Americans have found themselves at the mercy of its failures repeatedly. Choice was supposed to go up, but it plummeted. Costs were supposed to go down, but they skyrocketed.

ObamaCare's defenders spent years trying to deny these clear realities. When the weight of the evidence became too clear to ignore, some appeared to bemoan ObamaCare's harmful impact on our country.

The Democratic Governor of Minnesota declared that it was "no longer affordable." President Clinton branded it "the craziest thing in the world." Other Democrats said similar things.

Such acknowledgements of the obvious seemed to many of us like progress, but they turned out to be just rhetoric. In the last election, voters delivered Congress the opportunity to finally address the ObamaCare status quo. Yet Democrats made clear early on that they did not want to work with us in a serious, bipartisan way to actually do so.

I wish they had made a different choice. I wish their sudden calls for bipartisanship now were even somewhat serious, but this is the reality before us. We must accept it because that is where we are.

As my Republican colleagues know, this is the charge we must accept as well. The American people are looking to us for a better way. That is why, despite the headwinds, I chose to keep working toward a better solution than ObamaCare. I have seen the pain in the eyes of too many of my constituents because of this law. I think they deserve better than what ObamaCare has given them. I hope, in the end, that a majority of the Senate will agree.

We have been continuing with ongoing conversations across the conference about how to get there. Members shared significant input over the State work period. We are going to keep working very hard on this. We will continue to focus on the fundamentals that have guided the process from the start, like improving the affordability

of health insurance and stabilizing collapsing insurance markets before they leave even more Americans without any options at all.

We also want to strengthen Medicaid for those who need it most by giving States more flexibility while ensuring that those who rely on the program don't have the rug pulled out from under them.

Many States want the ability to reform their Medicaid programs so they can actually deliver better care at a lower cost. Under current law, States have some ability to do so. Indiana, for example, has launched a particularly notable effort, thanks to the leadership of now-CMS Director Seema Verma.

Ms. Verma has also helped States like Kentucky develop their own plans, but the process is still too restrictive. It hinders broader innovation, and it is very slow. Kentucky's plan, for instance, still has not been approved by the Federal Government.

The Senate's healthcare legislation contains a provision to dramatically expand the State's authority to improve its Medicaid system. It is an idea that could significantly improve healthcare in States across the country. The Wall Street Journal wrote in a recent editorial:

This booster shot of federalism could become the greatest devolution of federal power to the states in the modern era. [It could] launch a burst of state innovation.

The Journal went on further:

Introducing many competing health-care models across the country would be healthy. California and South Carolina don't—and shouldn't—have to follow one uniform prototype designed in Washington, and even a state as large as California doesn't have the same needs from region to region [within the State]. If nothing else the repeal and replace debate has shown that liberals, conservatives and centrists have different health-care priorities, and allowing different approaches and experimentation would be politically therapeutic. The more innovative can become examples to those that stay heavily regulated.

It is clear that we have an important opportunity to achieve positive things for our country. It is also clear that, if we let this opportunity pass by, the options left are not good ones.

The Senate Democratic leader acknowledges that ObamaCare isn't working the way they promised, but his solution, as he noted in a statement last week, is simply more money for insurance companies. The solution would be an insurance company bailout—no reforms, no changes, just more money to paper over the problems under the current law. It is a multibillion-dollar bandaid, not a real solution.

Senator SANDERS acknowledges that ObamaCare isn't working, too, but his solution, as he stated in my State over the weekend, is to move to the kind of fully government-run single-payer system that was already abandoned in his home State of Vermont, that 80 percent of the voters recently rejected in Colorado, and that even the California State Legislature and its huge Demo-

cratic majority is finding rather hard to swallow.

Is it any wonder? The so-called single-payer plan Senator SANDERS proposed in his Presidential campaign would strip Americans of so many facets of decisionmaking over their own healthcare and literally hand it over to the government. It would require almost unimaginably high tax increases—unimaginably high.

The cost, according to a recent analysis by the Urban Institute, stands at an astonishing—listen to this—\$32 trillion. That is trillion with a “t.” That represents a greater sum than the entire economy of the most populous nation on Earth—China. It is more than Japan's economy, too—and Germany's, Britain's, and France's. It is the same with Italy's, Brazil's, India's, and Canada's.

In fact, the cost of Senator SANDERS' healthcare plan is projected to be roughly equal to the size of all nine of those countries' economies combined. It would total more than the entire economy of the European Union twice over. If you laid out 32 trillion one-dollar bills end to end, they would stretch from the Earth to Neptune. It took the Voyager 2 spacecraft 12 years to reach Neptune.

That is the government-run single-payer plan put forward by the most famous proponent of the idea. Many in the Senate Democratic leadership now support single-payer, too, and these days, increasing numbers on the left seem to openly comment on the failures of ObamaCare, as if they see an opportunity to finally realize their leftwing dream of total government dominance of the healthcare system.

That is the dream of many on the other side in this body. That will not happen if we succeed in our charge today. Americans deserve better than what we are getting under ObamaCare. They deserve better than what they get under an even more government-heavy system than we have now. They also deserve better than a bandaid solution.

The people we represent deserve more affordable health insurance. They deserve improved healthcare choice. They deserve a more flexible Medicaid system that can help improve outcomes for those truly in need. They deserve a more responsive healthcare market that trusts the American people to make more of their own choices, not the government.

That is what we have been fighting for throughout this debate. That is what we are going to keep fighting for today.

Mr. President, on one final matter, believe it or not, the current business before the Senate is the consideration of a noncontroversial nominee to be a U.S. district judge in Idaho—Idaho.

How do we know he is noncontroversial? Well, the Judiciary Committee reported out his nomination on a voice vote, and, then, every single Senate Democrat voted yesterday for cloture on his nomination, thereby agreeing

that there is no need to continue debate on this noncontroversial nomination—a noncontroversial district court judge.

Why are we still having a debate on a noncontroversial district court judge? If they agree that the Senate should bring the debate on the nomination to a close, then, why did they insist on dragging out the 30 hours of postcloture debate time in order to debate a nomination that not a single Democrat said needed to have more debate?

We all know the answer. It is that the unnecessary procedural vote yesterday served our colleagues' apparent purpose of wasting—literally wasting—more of the Senate's time. Unfortunately, this has become a common practice for our friends across the aisle.

At this point in President Obama's Presidency, we allowed more than 90 percent of his nominees to clear by simple voice vote. Let me say that again. At this point in President Obama's Presidency, we allowed more than 90 percent of his nominees to clear by a simple voice vote, and we only asked for those procedural votes known as cloture votes eight times. At the same point under this current President, President Trump, Democrats have allowed voice votes 10 percent of the time. While 90 percent of Obama's nominees got a voice vote, 10 percent of Trump's got a voice vote, and they forced procedural hurdles 30 times.

These delays have nothing to do with the credentials or whether Democrats support the nominee. In many cases, in fact, they do support the nominee, like the nominee before us.

As the Wall Street Journal observed yesterday:

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position.

What does this mean? It means a 2-day waiting period and then another 30 hours beyond that. It is not about changing the outcome; it is about wasting time to make it more difficult for the President to make appointments.

According to the nonpartisan Partnership for Public Service, at this point in President Obama's administration, he had 183 of his nominees confirmed. While the current President has made 178 nominations—almost as many—the Senate has confirmed only 46 of them.

The Wall Street Journal editorial I mentioned goes on to note that the extent of this Democratic obstruction extends far beyond the cloture vote issue. I have discussed this issue before, and I urge the Democratic minority to think critically about the consequences for the Senate and our country if they allow this near-total obstruction to continue.

Mr. President, I ask unanimous consent that the Wall Street Journal editorial I just mentioned be printed in the RECORD.

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

[From the Wall Street Journal, July 10, 2017]

RUNNING THE SCHUMER BLOCKADE: THE GOP SENATE NEEDS TO STOP DEMOCRATIC ABUSE OF THE RULES

(By the Editorial Board)

The Trump Presidency is well into its seventh month but the Trump Administration still barely exists. Senate Democrats are abusing Senate rules to undermine the executive branch, and Republicans need to restore normal order.

President Trump got an inexcusably slow start making nominations, but in the past few weeks he's been catching up to his predecessors. According to the Partnership for Public Service, as of June 28 Mr. Trump had nominated 178 appointees but the Senate had confirmed only 46. Barack Obama had 183 nominees confirmed by that date in his first term, and George W. Bush 130.

The White House has understandably begun to make a public issue of the delays, and Minority Leader Chuck Schumer says it "has only itself to blame." But a press release Mr. Schumer sent out Monday made the White House case, showing that the Senate has received 242 nominations but confirmed only 50 through June 30. Democrats are now the problem.

Among the non-controversial nominees awaiting confirmation: Kevin Hassell to lead the White House Council of Economic Advisers; David Malpass, under secretary at Treasury for international affairs; two nominees needed to review pipelines and other projects at the Federal Energy Regulatory Commission; and Noel Francisco for Solicitor General. Mr. Malpass was nominated in March and voted out of committee in mid-June. Mr. Trump's State Department is barely functioning with only eight confirmed appointees.

Democratic obstruction against nominees is nearly total, most notably including a demand for cloture filings for every nominee—no matter how minor the position. This means a two-day waiting period and then another 30 hours of debate. The 30-hour rule means Mr. Trump might not be able to fill all of those 400 positions in four years. The cloture rule also allows the minority to halt other business during the 30-hour debate period, which helps slow the GOP policy and oversight agenda.

Democrats have also refused to return a single "blue slip" to the Judiciary Committee, which has the effect of blocking consideration of judicial nominees from their home states. Senators like Minnesota's Al Franken and Amy Klobuchar are holding hostage the eminently qualified Minnesota Supreme Court Justice David Stras for no reason other than politics.

Minority Leader Chuck Schumer's troops are even invoking an obscure rule that prohibits committees from doing business more than two hours after the Senate opens for the day. Republicans have had to cancel briefings on national security and Russia electoral interference, as well as scrap a markup of two human-trafficking bills.

Democrat Harry Reid didn't have the cloture headache when he was Majority Leader because in 2013 he cut a deal with Republicans. The GOP traded the ability to offer more amendments to legislation in return for letting Mr. Reid limit post-cloture debate for most nominations to eight hours. This

rule let Mr. Reid confirm dozens of judicial and lower-cabinet nominations every week. But the deal expired in early 2015, and good luck getting Mr. Schumer to grant the GOP the same terms.

Frustrated Republicans may soon begin listening to Oklahoma Senator Jim Lankford, who wants the majority to impose the eight-hour rule unilaterally. Most debate about nominees occurs during vetting and in committees. Eight hours on the floor is enough for all but the most controversial nominees, and the Senate could then get back to other business.

As for the blue-slip tradition, it was designed to facilitate advice and consent by allowing Senators to use their home-state knowledge about local judges to better inform the White House. But it is a courtesy, not a rule, and Judiciary Chairman Chuck Grassley can ignore Senators who are using their blue slips as ideological vetoes of qualified candidates.

Mr. Trump has nominated first-rate judges, and Mr. Grassley is justified in suspending blue-slip privileges on a case-by-case basis. Majority Leader Mitch McConnell has also been starting the Senate at different times of the day to get around the Democratic sabotage of committee work. But note Mr. Schumer's childishness in forcing a game of Senate hide-and-seek.

Mr. McConnell will be wary of Mr. Lankford's advice to change a Senate rule in the middle of the term, but the Majority Leader rightly did so when Democrats staged a historic filibuster of Supreme Court Justice Neil Gorsuch. Democrats aren't using cloture to raise the level of debate or highlight unqualified nominees. They are using it—and have said as much—to sabotage a Presidency. That isn't what the Founders intended, and Republicans have every right to stop this abuse of process to let the President form a government.

The ACTING PRESIDENT pro tempore. The Senator from South Dakota.

HEALTHCARE LEGISLATION

Mr. THUNE. Mr. President, as the leader has very ably pointed out, the Democratic obstruction when it comes to President Trump's nominees is reaching an unprecedented level if you compare it to any past administration. He pointed out the number of nominees President Obama was able to get in and the way in which Republicans here in the Senate cooperated with him on his nominees. This state of affairs here in the Senate really is taking the obstructionism when it comes to trying to block even getting people into the administration, into their positions, to an entirely new level.

Frankly, about the only thing that probably exceeds the pileup of President Trump's nominees who are not getting into his administration is the pileup of bad ObamaCare news stories. Just take a look at a few of the recent headlines.

From the Cincinnati Enquirer: "Another insurer leaves Ohio health care exchange."

From Bloomberg: "Anthem's Exit Creates Obamacare 'Crisis' for Rural Nevadans."

From the Washington Free Beacon: "Recent Obamacare Insurer Exits Lead to 2 More Counties With No Choices."

This is another headline from the Washington Free Beacon: "19th Obamacare Co-Op Folds, Leaving Only 4 Operating in 2018."

Across the United States, the story is the same—huge premium increases, fewer choices, and a system that is well on its way to complete collapse.

In late May, the Department of Health and Human Services released a report comparing the average individual market insurance premium in 2013, which was the year most of ObamaCare's regulations and mandates were implemented, with the average individual market exchange premium in 2017 in the 39 States that use healthcare.gov. This is what they found:

Between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent. That is in the 4-year timeframe since ObamaCare was implemented. On average, individual market premiums more than doubled in just those few years.

In my home State of South Dakota, premiums increased by 124 percent, or \$3,588. That is money South Dakota families had to take from other priorities, such as saving for retirement or investing in their children's education. Over the past 5 years, the average individual market yearly premium has increased by \$4,800 in Arizona; \$8,364 in Alaska; \$3,648 in Louisiana; \$5,064 in North Carolina; \$4,488 in Tennessee; and \$5,292 in West Virginia.

Premium hikes aren't over. In fact, in many cases, they are getting worse. Here are some of the premium hikes insurers are proposing for 2018. In Maryland, one insurer has proposed an average premium increase of 52 percent. An Iowa insurer is seeking an average 43.5 percent premium increase. In North Carolina, an insurer is pursuing an average 22.9 percent hike. A Virginia insurer is looking for an average rate increase of 38 percent. A Delaware insurer is looking for an average rate hike of 33.6 percent. A Maine insurer is seeking an average rate hike of 40 percent. I could go on. Remember, these are rate hikes for just 1 year. The double-digit rate hikes for next year are in addition to years upon years of dramatic Obama premium increases, as I already pointed out.

The ObamaCare status quo is not sustainable. This law was fatally flawed from the beginning, and it is rapidly imploding. The American people need relief. Inaction is not an option.

My colleagues across the aisle seem to want to do one of two things. They either want to do nothing, which would leave Americans even worse off than they are now, or they want to double down on ObamaCare's failures by giving the government even more control over Americans' healthcare and then raising Americans' taxes to pay for it. Neither one of those so-called solutions will provide relief to the American people.

Republicans are committed to providing real help to the millions of Americans who have been hurt by ObamaCare, and we are working on legislation to do just that. My colleagues