

long as he wants, but he is not going to solve his problem until he abandons tax cuts on the rich, abandons the decimation of Medicaid, and works with us to improve the existing law. His problem and our Republican colleagues' problem is not time. It is the substance of the bill.

I will say one more thing. If I were a Republican, I would not want to go home either. Every time they go home, they are lambasted because the American people have such a negative feeling about the bill. So, of course, they would want to stay here, but that is not the answer. The answer is to change the bill. Work with us. We have been begging, pleading, asking, cajoling for a month or two, when it was clear their bill was going to fail. I would say that is very important.

Mr. President, I heard the majority leader complain about the slow pace of nominations.

Our Republican friends, when they are worried about the slow pace of nominations, ought to look in the mirror. This President has nominated fewer nominees than has anyone else, and seven of the major nominees had to withdraw their nominations. Many of them were brought here to the Senate without the necessary documentation—the paperwork, the ethics reports, the FBI reports. The chaos in the White House is now spreading to the Republican Senate. Our President seems to blame somebody else when his administration makes a mess. Let's not do that here.

Again, the number of nominees that this President has submitted is lower than that of any President's in recent memory. My colleague complained about this nominee from Idaho. He was outraged that he had to file cloture. I would remind the majority leader that this district judge was nominated by President Obama in the last Congress and that he was the majority leader in the last Congress, which was responsible for putting nominees on the Senate calendar. The district court judge is only one of many nominees who the Republicans failed to move in the last Congress—a Congress which confirmed the fewest number of judges of any Congress since the Eisenhower administration. That goes to show how desperate our Republican leadership is to shift blame and attention away from its healthcare bill to hypocritical and preposterous complaints on nominations. It is in order to distract from the healthcare bill. They can try other tactics.

On one more point, I would remind my colleagues that it is the majority leader who has the power to put nominees on the floor. In the Department of Defense, we have been asked about three nominees. Leader MCCONNELL has the power to put them on the floor—instead of this judge from Idaho, instead of the nominee for OMB, and instead of the Ambassador to Japan—tomorrow, if he chose. It is his choice. If he puts them on the floor—these Defense nomi-

nees—in regular order next week, they will be approved.

So, again, to deflect from healthcare and the mess our poor Republican colleagues are in, to point falsely at the nomination process, which has been slow-walked by President Trump and many of the committees, is not going to succeed.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I ask unanimous consent to speak as in morning business.

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

#### HEALTHCARE LEGISLATION

Mrs. MURRAY. Mr. President, from the moment President Trump and Republicans began trying to jam TrumpCare through Congress, I heard from family after family in my home State about the damage their efforts to undermine families' healthcare would do, and this last week was no different. Again and again, my constituents told me what a difference it makes to have affordable insurance, to know that benefits like substance abuse treatment are covered, or to worry about how they would manage if TrumpCare ever became law.

I heard some of my Republican colleagues went out of their way to avoid those kinds of stories when they were home, so I wanted to make sure they heard a few examples now that they are back in town. And I appreciate that many of my Democratic colleagues will also be sharing stories they heard from their constituents over the past few days.

Like many of my colleagues on both sides of the aisle, I come from a State in which the opioid epidemic has had a devastating impact. It has been both heartbreaking and inspiring to talk with patients and families who are doing everything they can to fight back. Right now, the message I am getting from them loud and clear is that they do not want TrumpCare.

Daniel, one of my constituents, was injured in the military. He was given a prescription for painkillers. He was on them for 8 years, and he told me that during that time, his three daughters wondered why he wouldn't play with them. Eventually, Daniel changed doctors and was prescribed Suboxone, which made all the difference for him. He is now able to work again. He manages a grocery store. He relies on Medicaid for healthcare coverage, which covers the hundreds of dollars a month his prescriptions cost. Daniel told me that if he loses Medicaid under TrumpCare, he will not be able to make ends meet and all of the progress he has made will be threatened.

I heard from a constituent named Rachel of Seattle who was addicted to opioids and living in her car when she found out she was eligible for Medicaid. She got connected with Swedish Medical Center in Seattle, where she received wraparound health services, in-

cluding mental healthcare and primary healthcare. Now she and her husband are successfully in recovery. They are raising a family, and Rachel is going to school. But, just like Daniel, they do not know what they will do if TrumpCare becomes law and the Medicaid coverage that is keeping them going is taken away.

Those are just two of the countless stories I heard from patients and families and doctors in my home State and nationwide. I have heard from cancer survivors who have fought back as hard as they can and are worried that TrumpCare will allow insurance companies to price them out of care because they are now labeled with a pre-existing condition. I heard from young parents of medically fragile children who stay up at night worrying about how to afford care for their toddler if lifetime caps on coverage are imposed under TrumpCare. I heard from seniors who simply don't have the savings to cover the premium spikes TrumpCare would cost. I heard from women and men who are furious, and rightly so, that a group of 13 men wrote a bill in secret to defund Planned Parenthood—the Nation's largest provider of women's healthcare—removing a quality, affordable provider from communities in which it is now very difficult to get care.

These stories are powerful. They make it undeniably clear just how much TrumpCare would hurt people. So it is no wonder that Senate Republicans spent the last week lying low and avoiding defending, oddly, the indefensible. Senate Republicans have read the same independent Congressional Budget Office analysis as we all have. They have heard from countless doctors and nurses and hospitals and nursing homes and patient advocates about all of the ways TrumpCare would raise families' costs and take away coverage. They know that people across the country are completely, resoundingly rejecting TrumpCare. It is the least popular bill in three decades, according to one study.

All in all, TrumpCare shatters every promise President Trump and Republicans made about providing insurance to everybody and making sure no one is worse off. And, incredibly, the extreme rightwing still thinks it leaves too much of the Affordable Care Act intact.

Even though it seems one would be hard-pressed to find anyone who wants to stick up for TrumpCare—including, by the way, President Trump—Senate Republican leaders are still doing everything they can to jam this through Congress as quickly as they can. They are working on backroom deals as we speak and coming up with new ways to sweeten the deal for Senate Republicans who are rightly wary of voting for a bill that would so clearly do so much harm.

In particular, this afternoon I wanted to address the ongoing effort by extreme conservative Senators to double

down on pulling the rug out from under patients with preexisting conditions. They put together this two-track plan to make middle-class workers and families pay more. If they get their way, insurance companies would be back in charge and could tell patients with preexisting conditions or anyone who happens to get sick in the middle of the year “tough luck,” and they will do that in a way that even conservative experts predict will cause premiums and deductibles to skyrocket. Senate Republicans are coming up with other ideas, too, such as an opioid fund that a Republican Governor said is like “spitting in the ocean.”

Let me be clear. There is no “fixing” TrumpCare. No tweak around the edges is going to turn TrumpCare—which, by the way, is just a tax break for special interests and the healthcare industry on the backs of patients—into a healthcare bill that actually helps people. There is just no way. TrumpCare, as the President said, is mean at its core, and unless it is dropped altogether, Senate Republicans are going to have to decide whether they stand with their party or the people they came here to represent.

So to everyone out there who has called and written and rallied and tweeted, you are having an impact. You are why TrumpCare isn't already law. But you cannot give up now, and Democrats here in the Senate won't either. We are going to keep doing everything we can to make sure Senate Republicans can't hold their noses and vote for TrumpCare just to hand big corporations a tax break and President Trump a hollow political win, whether it is next week or the weeks into August.

I also want to remind my Senate Republican colleagues again that we have made clear all along the way that there is a better way to do this. Democrats are ready. We are willing to work with you on policies that make healthcare more affordable and workable for patients and families.

So I am here today to say I hope you all listen to the stories our Democratic colleagues are bringing to the floor. Think about how devastating TrumpCare would be, and do the right thing. Drop this mean bill once and for all so all of us can get to work on real healthcare solutions that actually help people afford care, get covered, and stay healthy. If you do, you won't have to defend this defenseless bill a minute longer.

Thank you. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, first of all, I wish to thank Senator MURRAY, a member of our leadership, for taking this time to talk about accounts from home, what we have heard from those we have the honor to represent, and I think this is exactly what is appropriate at the beginning of this work period.

I just come off of eight open-to-all townhall meetings in my home State of

Oregon. Five were in counties won by President Trump, three were in counties won by Hillary Clinton, and the single unifying issue that dominated each one is that TrumpCare is a loser. Across the political spectrum—Democrats, Republicans, liberals, and conservatives—what I was told is that the Congress ought to set this TrumpCare bill aside, that the one MITCH MCCONNELL has been working on ought to be dropped, and after it is dropped, Democrats and Republicans ought to get together and look for the common ground by trying to show some common sense.

I am going to spend a little time talking about what I heard, what people are concerned about, and then briefly talk about, as Senator MURRAY said, what we would like to do if our colleagues on the other side of the aisle will drop this ill-advised, “our way or the highway” approach and do what the Senate has traditionally done when we are talking about tackling a big issue, which is find common ground.

It doesn't get much bigger than healthcare. We are spending \$3.2 trillion each year now on healthcare. It comes to something like \$10,000 for every man, woman, and child. We are spending enough money; the real question is whether we spend it in the right place, and this very flawed TrumpCare bill will compound that problem.

During those eight townhall meetings over the past week, Oregonians asked me: When is this flawed TrumpCare bill coming to a vote? How are my frail, not physically well, older parents supposed to get by if this bill passes and they lose their health care coverage?

As I have talked about with Senator MURRAY, we know that Medicaid picks up the bill for what amounts to two out of three older people in nursing homes. What often is not mentioned is that it also covers home- and community-based services for seniors. I remember from my days as director of the Oregon Gray Panthers that the whole goal was to create this continuum of choices for older people and, as Senator MURRAY touched on, the older people who need nursing homes and nursing home benefits. She is absolutely right. We also need to protect the Medicaid guarantee for the seniors for whom care is appropriate in other settings, such as home- and community-based services.

At those townhall meetings at community centers and auditoriums, folks knew that I am the senior Democrat on the Senate Finance Committee.

We have another talented member from the committee, Senator BENNET, here, as well as my knowledgeable colleague from Oregon, Senator MERKLEY.

I have worked on these issues with respect to taxes and healthcare for some time, and I have really dedicated my professional life to trying to find that common ground, show common sense in the areas of healthcare and taxes. But the fact is, this version of TrumpCare is a tax break for some of

the most powerful special interests masquerading as a health plan, and when Oregonians heard that, whether it was in a Trump county or in a Clinton county, everybody started nodding.

The secret is out. This is not a plan to fix anybody's healthcare or hold down the premiums; this is one big handout to the most powerful special interests. People heard that Republicans were saying those tax cuts were going to create jobs. That is not very likely when they have made the tax cuts retroactive. What that means—they made the big one retroactive to January 1—is that if you have a capital gain say in March, and if this bill is passed in its present form, if that capital gain is \$1 million, you get a tax break of \$38,000. That is not creating jobs, it is creating windfalls, and the American people have caught on.

Now that the Senate is back in session, the public is reading about the newest proposal on offer. It is a Hail Mary pass from Senator CRUZ and Republican leaders, trying to put together \$50 billion for their version of TrumpCare. And we know in the Finance Committee, they have billions and billions of dollars that they can use to try to find those extra votes.

I will tell you, this Senator CRUZ proposal as it relates to healthcare is a prescription for mayhem in the private health insurance marketplace. It is going to mean misery for so many Americans dealing with illnesses. Forget the talk about bringing costs down. This plan is going to send health expenses into the stratosphere.

The plan tells insurance companies: You are off the hook as it relates to basic consumer protections. You get to bring back annual and lifetime caps on coverage.

Think about that. In the State of Alabama and everywhere else in America under the Affordable Care Act, the 160 million people who get their care through their employer heard about this bill and said: We are home free. It really does not affect us. They got a little extra bonus. The Affordable Care Act gave them a major catastrophic benefit if they had that employer coverage. With this Republican bill, all of those folks who thought they were home free with the employer coverage should know that once again there would be limits on what insurance companies could pay.

I will tell you, for anyone who is listening to this, if someone gets cancer at home, they are going to bust that cap in a hurry. This bill means they are not automatically protected. You can forget about essential health benefits. You get to flood the market with bargain-basement insurance plans as long as you offer one comprehensive option, and you get to price that plan through the roof.

If you pass this bill—the Cruz fantasy proposal—it is going to be a tale of two health symptoms. The young and healthy will opt for the barebones insurance plans that don't cover much of

anything, but there are millions of people in the country who can't get by, can't make it with skimpy insurance that covers nothing but stitches and aromatherapy.

There are people who have had a cancer scare or suffer from diabetes or people who get hurt on the ski slopes or slip off a ladder. The only coverage that works for them will come with an astronomical price tag.

By the way, the people between 55 and 64, who can get charged five times as much as younger people, get fewer tax credits under this Republican proposal. They can't get by with skimpy coverage. A lot of them have really serious health problems. Skimpy coverage for them is just a prescription for trouble.

The fact is, this new proposal basically starts marching America back to the days when healthcare was reserved for the healthy and wealthy. What I will say is that there would be plenty of opportunities for Democrats and Republicans to find common ground if this proposal is set aside.

Nobody has said the Affordable Care Act is perfect. What we would do is go to work to stabilize the private insurance market. That would be business No. 1. We would look at ideas, as Senator NELSON has just thoughtfully outlined, like reinsurance. Then a special priority of mine is to clamp down on skyrocketing prescription drug prices. I think there are a number of ideas that are teed up for both sides to come together.

I recently put in a bill called the SPIKE bill. What it says is that these big drug companies should have to justify their big price hikes. I don't think that is an extreme position to say they ought to have to publicly, justifiably make it part of the public record.

In the last few years, we have had a whole new industry emerge. They represent States and companies and labor unions, and they are supposed to be negotiating a good deal for patients. They are called pharmaceutical benefit managers, but we don't know what they put in their pocket and what they put in our pocket.

I have said: How about some transparency, folks? Sunlight is the best disinfectant.

Those are the kinds of ideas—reinsurance, stabilizing the private insurance market, clamping down on prescription drug prices, particularly using the power in the marketplace—that both sides ought to be able to get together.

The recess is over, but the healthcare debate is far from over. What I will say is what I told my constituents. I see my friend Senator MERKLEY here. We had rallies at home. I said: Folks, in stopping the McConnell bill before the July break, you proved that political change in America is not trickle-down; it is bottom-up.

For weeks before that July break, Americans of all ages and political philosophies called and texted and wrote and came to rallies and town meetings.

They said: This TrumpCare bill is a loser for us. It doesn't work. Drop it and move on to approaches that involve common sense. Look for common ground that both sides could support. It is absolutely vital.

The events of the last few weeks have shown the power of the grassroots. I walked through for my constituents what could have happened if 2 weeks ago the Republican leader had brought his bill to the floor. It was in the morning. I described how the bill could have gotten through the Senate. Maybe the House would have stayed in; maybe the House would have passed it; maybe the President would have signed it. One of my constituents said that morning: If that had happened and we had lost the ACA, even though it is not perfect, that morning we would have been in mourning.

Let us show today that we can tackle this in a way that the Senate historically has worked best. Let's block the deeply flawed bill, and then let's turn around immediately to show that we can come together, find common ground.

I see one of our colleagues, the distinguished Senator from Virginia, who has one of the important reinsurance bills here. We have a variety of ideas that we can pursue, that I think would have appeal on both sides of the aisle, but there is a step you have to take before you get on to those commonsense ideas. You have to stop the flawed bill before the U.S. Senate at this point.

I ask the people of this country to continue what they have done over the last few weeks and show political change, bottom-up rather than top-down.

I yield the floor.

The PRESIDING OFFICER (Mr. STRANGE). The Senator from Colorado.

Mr. BENNET. Mr. President, I thank the ranking member of the Finance Committee for his leadership not only on this bill but also healthcare over the decades. He knows something about the right way of doing it and the wrong way of doing it, which is partly what brings me to the floor today.

I want to say something that I think will be uncontroversial to the people at home but may be news to some people here, and that is whether you support the Affordable Care Act or whether you don't support the Affordable Care Act, whether you have been a supporter of ObamaCare or whether you are not a supporter of what is called ObamaCare, in general, people are pretty dissatisfied with our healthcare system at home. In general, people are pretty dissatisfied with the rate their insurance goes up. They are pretty dissatisfied with the fact that a lot of people are still uncovered in this country. If they are a senior, they are pretty dissatisfied not just with the idea but with the practice that month after month, people have to cut their medicines in half just to get through the month. They are pretty dissatisfied with the fact that they call an insurance company to

make a claim to say "My child was sick" and point out that month after month they have paid their premiums only to find that on the day they make that claim, there is someone at that insurance company who has more time than they do to stay on the phone, to keep them on that phone, to deny them their claim. They are pretty dissatisfied about that.

As a whole, I think the American people are dissatisfied by the fact that we spend 16 percent of our gross domestic product, our entire economy, on healthcare when every other industrialized country in the world spends half of that or less than half of that on healthcare and—this is going to come as news to some people in this Chamber—get better results. We are moving in the wrong direction on too many dimensions when it comes to our healthcare.

I have said all of that as a proponent of the Affordable Care Act. I spent a year and a half in Colorado, in certain places, being called a Bolshevik or a socialist, being accused of advocating for a government takeover of our healthcare system. This was at a time when the tea party was very active, and people would come and say, quite rightly: Read the bill. Read the bill. We need to take our government back.

We tried to do some things to help in that bill. For the first time in the country's history, we tried to say that it wasn't OK to discriminate against people who were sick or have what is called a preexisting condition when they went to buy health insurance. As the Senator from Oregon said, it wasn't OK that if you did get sick when you had insurance and you got something like cancer that an insurance company could just throw you off their rolls because you hit their cap.

We said that we thought it wasn't OK that there were millions of people, many of them children, who didn't have access to primary care; that is, a doctor to be able to give you a checkup and see how you are doing so that you weren't getting treated in the emergency room—the most expensive, least intentional way of running a healthcare system that is imaginable. In fact, I would say that is the Bolshevik way of running a healthcare system: When you are sick, you get to show up at the emergency room, and somebody is going to take care of you. It gives you the results of a Bolshevik system because you are paying more for less of an outcome.

We tried to address some of those things, and that became the Affordable Care Act. That became ObamaCare. That became something that was politicized for 7 years, as the House of Representatives cynically, month after month, voted to repeal the Affordable Care Act. Then the majority of the House went home to their districts and said: We repealed ObamaCare. We voted to repeal ObamaCare.

You didn't repeal it.

No, we voted to repeal it. If you send me back there next week, I will do the

same thing. I will do it the week after that.

Then at some point, people started to say: Well, you keep having the vote on repealing ObamaCare. Why haven't you actually done it?

They said: Well, we didn't have the Senate.

They have had the Senate now for two Congresses.

Well, we didn't have the Presidency.

Now we have the same party in Presidency, the Senate, and the House of Representatives. This terrible bill we are considering is not a bill that anybody—that is an exaggeration—virtually anybody in my State supports or has asked for. That is what we have in front of us.

I know somebody else who knew that the American people were dissatisfied with their healthcare system, and that was Donald J. Trump when he was running for President of the United States.

I hope, in particular, the people who voted for the President, as a way of keeping Washington accountable, will remember that he said he was going to provide the American people “a terrific plan,” to “cover everyone at a fraction of the cost.” The President, when he was running—he still does it—was very fond of talking about—his words—how stupid everybody in Washington was and he knew how to make deals and he was going to come here and make great deals and he was going to cover everybody at a fraction of the price with a terrific plan. That is what he promised the American people. That is what he was peddling when he was running for President. He said: “Everybody is going to be taken care of much better than you are taken care of now.” That is what he said. This isn't fake news. This isn't CNN or the New York Times or the Wall Street Journal or whoever is in the crosshairs. This is what the President said on the campaign trail when he was running because he detected, quite rightly, that the American people are unhappy with the way our healthcare system works—unhappy in the richest country of the world to have a healthcare system where people have to make decisions about their lives and about their children's lives that no one in the industrialized world has to make about their lives or their children's lives—and they wonder why.

I think the diagnosis has a lot to do with what some people have said, which is special interests having a grasp on Washington, DC. That is what the President said he was going to give to the American people. This is what his promise was to the American people. What did we get instead? We have a bill passed by the House that was a massive tax cut for the richest people in America, which, literally, nobody in my townhalls in red or blue parts of my State has ever said is something that would help with their healthcare. Not a single person has said what they want for healthcare is a massive tax cut for people making more than \$250,000 a year—not one, not one person.

There is a 25-percent cut to Medicaid in this bill. That was done in the name of, I guess, reforming entitlements. The argument has been made that there are a lot of lazy people who are on Medicaid, and if you cut Medicaid by 25 percent, they will go to work, and they should go to work. Well, there are two issues with that. The first is, it is important to understand who is on Medicaid.

In my State, 50 percent of the people are children. Are they supposed to be at work or can they go to school? Then there are a whole bunch of people on Medicaid—in fact, it is a very large share of the population of Medicaid who have spent their entire life savings down for the privilege of being in a nursing home paid for by Medicaid. Are they supposed to work? Then there are a lot of people—I am ashamed to say this—there are a lot of people in this country who are working one job, two jobs and can't make enough money to buy private insurance in the United States of America. That is a shame. Do they need to get a third or fourth job before we are saying they are not lazy or should we fix this healthcare system so it is more affordable, more predictable, more transparent for American families? Those were the promises the President made. That is the content of the bill with one addition. They slipped in—between that tax cut and that 25-percent cut to Medicaid, which is paying for that tax cut for the wealthiest Americans—what my colleague RAND PAUL, a Republican from Kentucky, has described accurately as ObamaCare lite. He is absolutely right about that. If you hate ObamaCare, you will hate ObamaCare lite. If you are looking in a rural part of my State or the country, and you already can't afford insurance because there is no market there and you can't get a subsidy that will help you because you are making too much money, you are going to hate that even more. Wait until they pass the Cruz amendment, which he is calling the freedom amendment—freedom to have to endure something no one else in the industrialized world has to put up with, which is buying lousy insurance that doesn't cover anything. You can create the worst product in the world and make it affordable. That is not hard to do.

We have come a long way from Franklin Roosevelt's four freedoms, if we are talking about the freedom of insurance companies to be able to throw you off if you hit the lifetime cap, freedom not to give you insurance if you have a preexisting condition. We have come a long, long way.

Finally, my colleagues are here so I am going to stop. I do want to say one word about the process. The majority leader today announced that he is going to keep the Senate in for 2 weeks in August because they have to finish their work on healthcare or maybe it is 3 weeks in August. I don't care if it is a month. I don't care if they cancel every recess we have between now and

the end of the year. I don't care if we work on weekends if it will create a situation where we can actually improve healthcare for the American people. I am glad to stay. In fact, I think we should stay, but, unfortunately, that is not what he is trying to do. What he is trying to do is jam through a bill that is incredibly unpopular with the American people. That is why, until 2 weeks ago, it was a secret. Until two Thursdays ago, it was a secret.

I have to suspect that one reason they want to keep us in August is because they don't want to go home because they were just beaten to death over the July 4th recess because people came out in Republican and Democratic parts of their States and said: Are you out of your minds? This bill has nothing to do with our healthcare. They probably don't want to repeat that in August.

I will close just by saying this, and I said this again to the people who came to my townhalls and were highly critical of the Affordable Care Act and the process: I want to remind you folks that back then—the Senator from Oregon will remember this—back then, we spent over a year debating that bill here in the Congress. We had countless—somebody could count them up—but countless committee hearings in the Health, Education, Labor, and Pensions Committee and the Finance Committee. We had almost 200 amendments that were Republican amendments that were adopted as part of that bill. Everybody remembers, no Republican voted for it, but there were 200 Republican amendments adopted as part of that bill. We have not had a single committee hearing in the Senate about this healthcare bill—not one.

So you can keep us in for 2 weeks or 3 weeks longer in August, but a better idea might be to follow the regular order around this place. Talk about take our country back, take our government back, make it work, have hearings, have witnesses. I can think of 100 Coloradans, off the top of my head, who would like to come here and testify. I would even say 50 of them can be Republicans and 50 of them can be Democrats. Have them come testify what would make healthcare better for them. That is what this should be about: families all across this country who are struggling because of our healthcare system and who need relief from this Congress and who so far aren't getting it.

I will close just by saying, if the President could submit a proposal that actually would meet the criteria he set out when he was running for President—instead of having a bill he couldn't pass with even 51 Republican votes—he would have a bill he could pass with 100 votes here in the Senate, and that is what we should strive to do.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Mr. President, let's revisit recent history. Four weeks ago,

my Republican colleagues were meeting secretly in this building, in a hallway that the press was not allowed in because they didn't want to have the press see them sneaking in and sneaking out of this completely undemocratic process—13 Republican men crafting a healthcare plan to destroy healthcare for 22 million Americans. That is where we were 4 weeks ago.

We made a big deal out of the fact that is not the way a Congress is supposed to operate. You are supposed to have committee hearings. You are supposed to have committee debate and invite experts in. You are supposed to have time to consult with your constituents back home, but none of that was happening. No, we had the Republican zero-zero-zero process: Zero committee meetings. How does that compare to more than 100 committee meetings and roundtables and walkthroughs from 8 years ago? Zero committee amendments. How does that compare to more than 400 amendments that were considered 8 years ago and more than 100 minority amendments, Republican amendments, that were adopted in this process? Zero exposure of the bill to the folks back home and to the healthcare stakeholders.

Then, 2 weeks ago, we had a draft, and we had a chance to circulate that draft and get a few folks from home to weigh in on what it looked like. We received a CBO analysis. Yes, it looked a lot like the House bill. The House bill was going to eliminate 14 million healthcare policies in a year, and the Senate was going to best that by eliminating healthcare for 15 million Americans and 22 million Americans over a 10-year period.

The President had called the House bill mean, but we had the even meaner Senate bill. Fortunately, we were able to create such a fuss that the majority leader canceled the vote—the vote that was going to take place with the zero committee hearings and zero amendments and that would give my colleagues the opportunity to go home and talk to their constituents. But what happened?

Well, in the course of this entire year, two-thirds of my Republican colleagues haven't held a single townhall, and last week, when they had a full opportunity to finally take their secret 13 bill—zero-zero-zero bill—and ask their constituents what they thought, they didn't hold townhalls. By best count, 2 Senators across the aisle held a townhall out of 52.

Why are my colleagues so terrified of their constituents? Is it because wiping out health insurance for struggling Americans is a travesty? Is it because wiping out healthcare for working Americans is a crime—a crime against decency? Is it because their bill proceeds to give \$33 billion to the richest 400 Americans? No, that is not \$33,000 or \$33 million, that is \$33 billion to the richest 400 Americans—more than several hundred billion dollars to the richest Americans overall. You know, the

money they want to give to the top 400 richest Americans would fund healthcare for more than 700,000 Americans under Medicaid.

Well, I went home. I went to a lot of places. I went to three cities in what you might call blue Oregon. I went to 13 towns in what can clearly be called red Oregon—predominantly Republican Oregon. I went to towns like Echo and Helix; Adams and Athena; Weston and Sumpter; Granite and Greenhorn, with 37 individuals; and Adams, with a population of 348. I went to larger towns like North Powder and Wallowa; and Baker City, Burns and Nyssa.

In six of those Republican towns, I held full townhalls, and what did I hear? I heard that the top concern was healthcare because constituents in red America across this country are terrified of the secret 13's bill and all that it involves. What would it do in my home State? Well, 400,000 Oregonians under the Oregon Health Plan would lose their care. At least another 100,000 would lose their care because of the changes in the way the exchange operates. They kind of put their minds to work at what the picture looks like from the draft the Republicans were willing to circulate after we applied extensive pressure. And what did we hear? Well, we heard that they are very concerned about extinguishing the expansion of Medicaid. Those are folks who are working hard but struggling, often in multiple part-time jobs.

We heard about the fact that Medicaid pays for more than two out of three individuals on long-term care in rural America. In fact, I went to one nursing home and asked: Does Medicaid—Oregon Health Plan—pay for two-thirds of your residents?

They said: No, Senator. Here in Klamath Falls, it is nearly 100 percent.

Realize that an individual who is getting paid-for, long-term care under Medicaid has to have assets of less than \$2,000. So there is no backup plan. You wipe out healthcare for those 400,000 individuals who are on expanded Medicaid, many of whom are in long-term care, and they have no backup plan.

One woman, Debra, said to me: Senator, I am paid for by Medicaid, and if they cut Medicaid, I will be out on the street. That will be a problem because I can't walk.

That is right, Debra, you are in trouble, and so is every other individual who is funded through Medicaid for long-term care.

What about maternity care? One out of three individuals in rural Oregon and rural America who is preparing to have a baby is funded through Medicaid. Children and the disabled are funded through Medicaid.

What do we get as an alternative now that the Republicans are back, having ducked their constituents? They want a new plan to offer? Well, they are talking about the Cruz plan. Now, this is interesting. It is a plan that says an insurance company can offer policies

that cover nothing as long as they have at least one policy that covers quite a bit, which means the young and the healthy buy the policy that covers almost nothing, and then the policy that covers quite a bit that older Americans and those with preexisting conditions need becomes incredibly expensive because the group in that pool are people with lots of healthcare problems, and it creates a death spiral in insurance.

Well, at the one end of the spectrum, you have a death spiral for insurance policies that cover a lot; at the other end of the spectrum, you have fake insurance because it covers virtually nothing. Oh, maybe it only costs \$50 a month. Oh, isn't that wonderful—until you find out it doesn't cover a day in the hospital; doesn't cover a trip to the emergency room; doesn't cover maternity care; doesn't cover drugs. In fact, it doesn't cover anything.

Why is it that a President who is so concerned about fake news is so interested in supporting fake insurance?

My constituents back home told me a lot of stories. These are stories that I hope to share in the next couple of days, but right now, I think it is important that we hear from my colleague from Virginia, Senator TIM Kaine, because he has also been looking in detail at this bill. He also understands what a devastating consequence TrumpCare will have for American healthcare.

Can't we come together with a better vision? Can't we come together and make the marketplace work better, restore the reinsurance that has ripped apart the ability of insurance companies to go into new markets? Can't we restore the cost-sharing payments that buy down the premiums, in fact improve them, so there are lower premiums and lower deductibles? Can't we come together and do a better job of funding opioid treatment? Can't we come together and take on the high costs of drugs in general, which is driving costs in the healthcare system? Just those four things would be something very positive to make our current healthcare system even better.

Let's work together to make healthcare here in the United States of America even better, not tear it down and destroy it, as is being proposed by my Republican colleagues.

Thank you, Mr. President.

The PRESIDING OFFICER (Mr. JOHNSON). The Senator from Virginia.

Mr. Kaine. Mr. President, I also rise to talk about the healthcare proposal on the floor, and I thank my colleague from Oregon and all my colleagues who have taken the floor on this issue.

I will just state at the top a punch line: I will vote for any healthcare bill that meets President Trump's promises. He said that in his replacement, no one would lose coverage, no one would pay more, no one would get kicked around because of a preexisting condition, and he wouldn't cut Medicaid. And any bill that meets those criteria, I am voting for, but I won't

vote for a bill that shatters all those promises, and that is what this current proposal does.

There is a lot to talk about with the bill, and I just want to talk about one thing—the proposed cuts to the Medicaid Program and especially the effect of those cuts on children.

In the current Senate proposal, which is being sort of adjusted and modified, there is a slashing of Medicaid by about \$770 billion over 10 years. And if you add to that additional cuts to Medicaid proposed by the President's budget, we are now north of \$1 trillion of cuts to Medicaid in the next 10 years.

Who receives Medicaid? In Virginia, between 50 and 60 percent of those who receive Medicaid are children. In Virginia, 600,000 young people are Medicaid recipients.

If you go to school and you are receiving an individualized education plan because you have a designated disability, Medicaid is paying for it.

About 50 percent of childbirths in Virginia are paid for by Medicaid.

If you are a kid who is doing everything right, but your family is dysfunctional and a juvenile court judge has to decide whether to keep you with your family or put you in a group home, if the judge decides to send a social worker to your house 5 hours a week, Medicaid pays for that.

If you are a child with autism and you are getting services for your autism after school so you can succeed in school, Medicaid pays for that.

In Virginia, 600,000 children receive Medicaid.

We recently had the administration's OMB—Office of Management and Budget—Director, Mick Mulvaney, before us, and I asked him about these Medicaid cuts. These cuts are catastrophic. How can you say these cuts are a good thing? This is his quote:

We are no longer going to measure compassion by the number of programs or the number of people on programs like Medicaid. We are going to measure compassion . . . by the number of people we get off those programs and back in charge of their own lives.

So the philosophy that drives this is, we want to get people off Medicaid and back in charge of their own lives—600,000 kids.

I had a roundtable yesterday in Springfield, VA, here in Northern Virginia, and I had five families, parents and children, come to talk about what Medicaid cuts would mean to them.

Angie and Anna are from Haymarket, VA. Anna is a little 5-year-old and, her mom says, typical in so many ways. She loves to play with her brothers, and she loves to play with dolls. But she has cerebral palsy and tracheal bronchial malacia and subglottic stenosis and chronic lung disease. In 2014, she developed a condition that caused her to have 30 bone breaks in 18 months.

Anna is in school. Anna is in school with a wheelchair that Medicaid pays for. Anna is in school with some home

health that Medicaid pays for. Medicaid enables this child who has so many needs to actually go to school so she can be all that she can be. Her family has TRICARE through the military because the dad is in the military, but they couldn't make it without Medicaid.

Jen and Cailyn are from Sterling, VA, also in Northern Virginia. Cailyn is about 9½. Within a week after she was born, the family knew there were some things wrong. She was finally diagnosed at age 3½ with a very rare, noninherited genetic anomaly. The family was able to get her qualified for a Medicaid waiver when she was about a year old. And this is secondary insurance. The family works and they have private insurance, but it doesn't cover a wheelchair, a hospital bed, and things that she needs to succeed. Again, this little girl who is 9½—and her mother testified that she functions on about the range of a 6-month old—she is able to go to school because Medicaid can pay for some of the technology she needs.

Kim and Isaac are from Ashburn, VA, in Loudoun County. Isaac is a youngster, a very active kid, but he has a tracheotomy. He is feeding-tube dependent. His family has private insurance, but they couldn't get along without Medicaid. He is in the Loudoun County schools succeeding because of Medicaid.

Dylan is another kid in Loudoun County schools. Corinne is his mother. Dylan has a rare neuromuscular disease called spinal muscular atrophy with respiratory distress. He has a tracheotomy tube. He relies on a ventilator to breathe. Little Dylan was at this meeting. The family has private insurance, but they couldn't succeed without Medicaid. Dylan is able to go to school because of Medicaid.

Finally, there is a family from Richmond—Amy is the mom, and the son is Declan. Declan is not in school because he is only 18 months old. He has cerebral palsy, and his medical needs are intense. With Medicaid, he is able to get some home nursing help, and he is able to get some machinery at home that helps him succeed.

These are beautiful parents, one of whom had adopted her child—first as a foster care and then adopted knowing the special needs of this child. This was Angie and Anna. These parents are the saints of the world, and these kids are fighting so hard. They are fighting so hard just to try to develop every talent they have, every capacity they have, but with Medicaid cuts, they would be in deep, deep jeopardy.

Why would we vote for a bill that slashes Medicaid to families like these when President Trump said we are not going to cut Medicaid? Why would we vote for a bill that shatters those promises, that takes health insurance away from 20 million people, that increases premiums for seniors, that subjects those with preexisting conditions to being cast in the shadows yet again? That is what this bill would do.

I had a conclusion written, but I will tell you, one of my moms yesterday gave me a better one. She gave me a better conclusion.

We had this roundtable with five families. We had some great folks from the American Academy of Pediatricians who were there, too, saying what a bad bill this would be for kids.

After the hearing was over, one of the moms looked at me and said: You know, they kind of picked the wrong group of people to fight with—talking about this bill.

I said: What you do mean by that, wrong group of people to fight with?

She said: Parents of kids with disabilities.

I said: I don't get where you are going.

And this is what she said to me: From the moment our children are born, all we do is fight. We fight so that our kids can survive. We fight so that our kids can have as normal a life as possible. We have to fight with hospitals. We have to fight with insurance companies. We have to fight with school systems. We have to fight with cultural stigmas about people with disabilities. If you are a parent of a child with a disability, from the day they are born, all you do is fight. And if they think that we are going to pass a bill to cut Medicaid to these kids and their families and that we are not going to fight about it, that we are not going to stand up and be heard, they have seriously underestimated us.

I think we can do the right thing, as my colleagues have said, if we will get together. I am on the HELP Committee, Health, Education, Labor, and Pensions, and the only topic that has been taboo on my committee this year is health. We have had hearings about nominees. We have had hearings about the FDA. We have not been allowed to have a hearing about this health proposal—either the House bill or the Senate bill.

Let's have a hearing, listen to patients, listen to parents, listen to hospitals, listen to doctors, listen to people who are worried about their premium costs, listen to insurance companies, and listen to medical innovators. If we listen, we will get this right. But if we shut down a process, if we don't allow the public in, don't listen, don't have hearings, and rush it through, we will get it wrong.

This is the biggest sector of the American economy, and it is the most important expenditure that anybody ever makes in their life. On behalf of the 600,000 children in Virginia and the 30 million children in this country who receive Medicaid, let's get this right.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I rise today with my colleague, Senator RISCH, to speak on the nomination of Judge David Nye to be a U.S. district judge for the Federal district of Idaho.

First, let me acknowledge the diligent work of Judiciary Committee

Chairman GRASSLEY and Ranking Member FEINSTEIN in expediting the confirmation process for Judge Nye's renomination.

I also thank both President Obama and President Trump for nominating Judge Nye to the Federal bench. It is rare to be nominated by Presidents of two different parties, but it is a fitting testament to Judge Nye's sterling reputation that he has secured that distinction.

Finally, I appreciate the majority leader giving Judge Nye the honor of being the first U.S. district judge by the 115th Congress.

Judge Nye is supremely qualified as a candidate for the Federal district court seat, having a unanimous "well qualified" rating from the American Bar Association and having received approval from the Senate Judiciary Committee without dissent twice in a little less than a year.

Judge Nye has long been ready to assume this high office. A longtime member of Idaho's legal community, Judge Nye has been a law clerk, a practicing lawyer, and since 2007 a judge on Idaho's Sixth Judicial District Court. This court handles all felony criminal cases, major civil cases, and appeals from the magistrate court from six counties throughout the southeast portion of Idaho. He also served from 2009 to 2012 as the administrative district judge for the Idaho Sixth Judicial District, elected by his peers on the court for the 3-year term to this position.

He is not just a well-respected jurist in Idaho. Judge Nye is heavily involved in the training and orientation of new Idaho judges, and he serves on the Idaho Supreme Court's committees on judicial education and felony sentencing.

Action on Judge Nye's nomination is critical and timely. Idaho is one of only three States having just two authorized district court judgeships. The nonpartisan Judicial Conference of the United States has declared a judicial emergency for Idaho and has recommended in every one of its reports to Congress since 2003 that Idaho be authorized a third district judge position. For the past 2 years, Idaho has had a three-judge caseload handled by just one active judge. What is even more challenging is that our lone remaining active judge is already eligible to take senior status since this past March. Even with Judge Nye's confirmation, Idaho still needs another U.S. district court judge.

Confirmation of Judge Nye today or tomorrow is undoubtedly a proud day for the entire Nye family, including Judge Nye's wife Katre and their eight children. Knowing that a successful public servant draws so much strength from the family surrounding him or her, I salute their partnership with Judge Nye in making this important occasion possible.

Again, I strongly endorse Judge Nye's nomination and appreciate the Senate's confirmation of him.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. RISCH. Mr. President, I want to associate myself with the remarks from my distinguished colleague and close personal friend, Senator CRAPO, and join him in urging our fellow Senators to quickly confirm Judge Nye.

As pointed out by Senator CRAPO, this will be the first district judge to be confirmed by this Congress. So it should be an honor for Judge Nye, and I am sure he views it that way.

This has been, literally, years in the making. As Senator CRAPO pointed out, we have only one active Federal judge right now, and he is handling what is essentially a three-judge load. Some time ago, when this vacancy occurred, Senator CRAPO and I went to work on this. Most Americans don't understand how this works, but to become a U.S. district judge, it takes essentially the concurrence of three people—that is, the President of the United States and the two Senators from that particular State, be they two Republicans, two Democrats, or one of each—because we have what is called a blue slip process, where if any one of the three can and do object to a person, then that person will not be permitted to go forward.

In this particular case, we negotiated with the Obama White House for literally months and months, and it turned into years. I believe we acted in good faith on both sides in trying to find a person who would be the right fit for Idaho. Again, we literally vetted well over 50 individuals for this position, and for one reason or another, we were unable to get any of those across the finish line.

Finally, we settled on Judge Nye. I shouldn't say "settled" on him. He had not really applied. After going through the 50 being vetted and not really getting where we wanted to be, we sought out Judge Nye and talked with him about it, and we went forward on that basis. The White House came along, and before President Obama left office, he nominated Judge Nye, pursuant to my and Senator CRAPO's request. Unfortunately, that was just about the time that we ran out of time processing judges. The election came and went. President Trump was inaugurated, and we started all over again. I want to personally thank the White House for very quickly renominating Judge Nye for this position, again, at the request of myself and Senator CRAPO.

Too many States have a shortage of judges, and there is a movement afoot right now to attempt to boost the Federal judgeship load, which is in bad need. For instance, in the last seven surveys that the Judicial Conference has undertaken, they recommended that Idaho get a third judge. Senator CRAPO and my predecessor before me and, I think, even Senator CRAPO's predecessor before him have also been pushing for this judge. We continue to do that, and I am seeing some green sprouts that perhaps we will be moving somewhere in that direction.

In any event, yesterday we had the vote on moving forward on his nomination, and that vote was 97 to 0, which certainly is a testament to Judge Nye himself. I would urge our fellow Senators, when we get to this vote, which will either be later today or midday tomorrow, to proceed with the same kind of vote. It was a bipartisan vote on cloture, and we hope it will remain a bipartisan vote as we move forward on this confirmation.

With that, I want to thank Senator GRASSLEY, who obviously is pressed by everyone who has a vacancy, and Senator MCCONNELL, who has lots of things on his mind these days and is struggling with challenges that come at him from all directions, for choosing Judge Nye at our constant and gentle urging over the recent months and years and moving him to the front of the line. I want to personally thank Senator MCCONNELL for doing that. Of course, I want to thank my distinguished colleague for his work on the Judiciary Committee and moving it through the Judiciary Committee.

I think Judge Nye will be a person who will make us all proud. Certainly, we are going to be very happy to have this judgeship filled in Idaho and, particularly, with someone of the quality of Judge Nye.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. CORNYN. 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. CORNYN. Mr. President, as we move forward in our efforts to repeal and replace the failed ObamaCare law, it is worth remembering the reasons why this work is so urgent and why it is so important. The Affordable Care Act has left many American families paying far more for healthcare than they did beforehand, and it has taken away their freedom to choose the doctor they want or the health plan they want. That is, of course, all contrary to what was promised at the time ObamaCare was passed back in 2009 and 2010.

We all remember what the President said, and none of it has proven to be true in terms of your plan, your doctor, or the costs. In fact, as I mentioned before, the cost has gone up 105 percent for people in the individual market since 2013 alone. So rather than seeing a \$2,500 decrease in the cost to their health coverage, they have seen a \$3,000 increase, and the prices continue to go up. It is actually getting worse by the day, which is another reason for the urgency of what we are about to do. A report from the Centers for Medicare and Medicaid Services, or CMS, released yesterday, found that 40 percent fewer insurers have applied to participate in