

sadness. If that goes forward, I think it fundamentally changes the situation permanently.

I had an occasion early this morning to speak to the President on this topic for a few minutes, as I know he is headed overseas. He expressed his continued dissatisfaction with the course of events. I think it should be abundantly clear to everyone that this government in the United States is prepared to take additional significant measures if, in fact, that constituent assembly moves forward at the end of this month—basically, all but admitting to the world what we already know; that is, that the democratic order in Venezuela has ended.

I do believe that there is still a path forward—a path forward that doesn't involve vengeance, that involves reconciliation; a path forward designed to restore the democratic order. I believe deeply that all of my colleagues here in the Senate and in the Congress and the President of the United States are prepared to play whatever role they can to help facilitate that. I think that, obviously, ultimately, it would involve restoring democracy. It would involve respecting its own Constitution. It would involve holding free and fair elections, internationally supervised, not by the United States but by the United Nations or by neighboring countries. I just left a meeting a few minutes ago with the Foreign Minister of Mexico, a nation that has shown that it is willing to step forward and be constructive and productive in this endeavor.

That is the goal. The goal is to restore peace and order and to restore democracy and to grant amnesty and freedom to those who have been imprisoned because of their political views. Within that space, there are those within the government who themselves perhaps seek the same thing but feel trapped by the circumstances before the nation today.

So I do believe there is a path forward, but I also think it would be unfair if I didn't make clear that the time for that path is running out and the door will permanently close if, at the end of this month, the Maduro government moves forward with this assembly, which is illegal and unconstitutional. At that point, it would be clear for all that they have no interest and no intent of restoring democracy. I fear the consequences of that, not simply because of what the U.S. Government and the Trump administration might do but what it would mean to those in the streets who are already desperate as it is.

I do think that path is there. I do believe that opportunity is still available, but it will not be around forever. My hope is that cooler heads will prevail. My hope is that patriots in Venezuela—no matter what side of this debate they have been on up to this point—realize it is time to step up and further this process of reconciliation, not with a goal of vengeance or punishment but with a goal of freeing those

who have been imprisoned unjustly, with the goal of having free and democratic elections, with the goal of living up to constitutional principles, with the goal of restoring democracy to a great people and a great nation.

I know that I, for one, despite all of my criticisms and all of the speeches I have given and all of the measures we have taken, am prepared to do all I can to be helpful in that endeavor, to help the people of Venezuela take control of their destiny once again and restore the democratic order, the constitutional order in a way that unites the country, not one that further fragments and divides it.

I know the President has expressed a willingness to be involved in that process in whatever capacity is appropriate, knowing that other nations in the region are prepared to lead as well.

I thought it was important on this 11th day of July, as we get closer to that measure—which I think will do irreparable harm to this possibility—that I come here to the Senate floor and express this. In the end, I think all of us in this hemisphere and, ultimately, the world would benefit greatly from a Venezuela that fulfills its potential—the potential of its people, the potential of its economy, the potential of its proud history of democracy. Whatever we can do to be helpful in that endeavor, I know that this Nation is prepared to do in whatever capacity is appropriate in the eyes of the people of Venezuela.

Ultimately, the future of Venezuela belongs to the people of Venezuela, and that is what we stand for. We hope that we can be helpful in a process that brings them together—and not further divides them—and restores what they once had and deserve to have again: a proud democracy, a vibrant economy, and a people with extraordinary and unlimited potential to achieve great things on behalf of their nation, their countrymen, and the world.

I yield the floor.

The PRESIDING OFFICER. The Senator from Delaware.

WELCOMING THE PAGES

Mr. CARPER. Mr. President, I want to welcome our new pages. They have been here all of 24 hours or so. I talked to some of them earlier today. They come from all over this country, and we welcome each of them.

I understand they are with us for 3 weeks, and we wish it could be longer. Who knows? Maybe it will be. We will see.

HEALTHCARE LEGISLATION

Mr. President, I am here today to talk about healthcare. That is a subject we have talked a lot about, not just on this floor this week, this month, and this year but for years. A lot of times, when we talk about it, we seem to forget that this involves real people, people who live in our home States. They are moms and dads; they are parents. They are children. They are grandparents, aunts, and uncles. They are young, and they are old. They

are people from different walks of life. They are real people.

I want to talk today about one of them. Delaware is a little State. I like to kid my colleagues that a lot of days in the week I visit all the counties in Delaware. We have only three. Yesterday I got to go to all three of them.

In the southern part of our State is Sussex County, which is the third largest county in America. I think there are 3,000 counties in America. The third largest is Sussex County, DE. The county seat for Sussex County is called Georgetown.

Before I came over here yesterday afternoon to be here for the convening of the Senate, I stopped off and hosted a roundtable. There were about 20 patient advocates from organizations across the State of Delaware. We were in Georgetown at a place called the CHEER Community Center, which is a gathering place for seniors in the southern part of our State. A lot of good activities happen there for seniors from all over Southern Delaware.

Some of the organizations on the frontlines of our healthcare system were there. I am going to mention a couple of them. They include the Mental Health Association, the National Alliance on Mental Illness in Delaware, the Leukemia & Lymphoma Society, Autism Delaware, the American Heart Association, the Juvenile Diabetes Research Foundation, the Alzheimer's Association, and atTAcK addiction. The folks at the roundtable explained to me and to others how the new plan that was presented several weeks ago would dramatically diminish their ability to care for the Delawareans they serve.

During our roundtable, we heard directly from representatives of these organizations, and we heard directly from patients. These Delawareans shared with us just how devastating a repeal of the Affordable Care Act would be for them and for their families.

One person's story stood out to me. She is a woman I have met before. Her name is Jan White. She is pictured here with her husband Mike. They live in Newark, which is at the other end of the State. If you drive up I-95 from Washington through Baltimore, on up to the Delaware line, the first town you come to in Delaware is Newark. That is where the University of Delaware is located. That is where they live.

Jan and her husband were college sweethearts. This October they are going to celebrate their 30th wedding anniversary. They run a successful small business in Delaware. It involves setting up meetings, running them, organizing and running special events.

Together they have one child, a son named Ethan. This September, Ethan will start his senior year at the University of Delaware, which is one of my alma maters. I went to graduate school there after the end of the Vietnam war on the GI bill. It is a wonderful school. He will be a senior there this fall.

Jan, depicted here with her husband, was doing everything she was supposed

to do to stay healthy. She ate right. She exercised. In fact, she was studying martial arts.

I eat right too. I exercise almost every day of my life and have since I headed to Pensacola, FL, as a newly minted ensign in the Navy. I still work out, just like Jan. One thing she has done that I haven't—she has studied martial arts and achieved her third-degree black belt. She did it a couple of years ago, in April of 2015.

Jan also worked hard at their business and helped to raise Ethan. Jan, Mike, and their son Ethan were living the American dream, but their lives were irreparably changed in April of 2016—a year after she earned her third-degree black belt.

Something happened. What happened was that Jan was diagnosed with aggressive stage IV non-Hodgkin lymphoma. It had invaded her chest and her spine. She went from teaching kickboxing and studying for her fourth-degree black belt to relying on a walker.

Jan underwent over 5 months of intense chemotherapy. I am told it was 102 continuous hours every 3 weeks. Think about that: 102 continuous hours of intense chemotherapy every 3 weeks. She had two injections into something called—I think it is a cavity in our brain—the Ommaya. She had two injections every 3 weeks for her spinal tumor, a high dosage of inpatient chemotherapy, and a month of radiation.

Jan was pronounced in remission earlier this year. Thank God. She desperately hopes to stay there, and our prayer is that she will.

When Jan was sick, she and her husband Mike kept working. There was no quit on that team. They kept working at their business, although it certainly wasn't possible to keep up with everything. That business had its usual pace that they followed.

As Jan has said, the bills don't stop just because you have cancer. That is true. Today she continues physical therapy repair damage from spinal cord compression from the tumor and the chemotherapy for the spinal tumor. She continues this therapy, even though her insurance-approved visits ran out a long time ago.

Jan monitors daily for relapse, hoping and praying it will not happen. She and Mike have worked hard to keep their business doors open and to try to put their lives back together.

The current debate in Washington over the Affordable Care Act makes Jan and Mike wonder if they will be able to afford the premiums that they face. Their current premiums now—not including deductibles, out-of-pocket expenses, or denials—are double their mortgage payments.

Jan told me that they wonder if they will have to forgo Jan's medical care. They wonder if they will have to choose to pay for care and maybe put their family in bankruptcy. What if the treatments don't work?

Most of us know that cancer is a hard battle. In my own family, we know that my grandfather, his wife, and others who have fought cancer ultimately succumbed to it. It is a hard battle. Jan shouldn't have to fight for the chance to fight and survive. That is what she is doing.

We are encouraged that she has had better than a fighting chance. Jan and her family hope that those of us in this body—in the Senate—and our friends in the House of Representatives will do the right thing. That is why she is now involved with the Leukemia & Lymphoma Society as a patient advocate.

It is up to those of us in Washington to do the right thing by Jan—not only to do the right thing by her but by the 1.2 million people who have blood cancer, including roughly 400 Delawareans and the 50,000 cancer survivors who live in my State.

I will close by saying this: Last week we had the Fourth of July recess. The place was closed, and most of us were in our States. I covered the State of Delaware almost every day. I saw thousands—probably tens of thousands—of people during the course of that time. I am amazed at how many people talked to me about healthcare legislation. They called on us to do the right thing.

The other thing they called on us to do was to work together. Any number of people said to me: This shouldn't be all Republicans trying to solve this; this shouldn't be all Democrats trying to solve this. This should be everyone working together.

I couldn't agree more. I think we have a great opportunity right now to hit the pause button and not retreat to our different corners around here but to figure out how we can engage and do three things with respect to the Affordable Care Act: Figure out what in the Affordable Care Act needs to be fixed and let's fix it; figure out what in the Affordable Care Act needs to be preserved and let's preserve it; and if there are provisions in it that should be dropped, let's figure out how to drop them.

I talked with one of my colleagues, a former Navy guy from Arizona on the other side of the aisle. We came to Congress together in 1982. We served in the Navy together before that. We were talking yesterday about a path forward for us. We both said almost at the same time: What we should do is regular order.

I don't know if our new pages have heard that term, "regular order." What it means is pretty much this: If someone has a good idea—or maybe a not-so-good idea—on an important issue, introduce it as a bill. It gets assigned a committee, and the committee chair, ranking member, senior Republican, senior Democrat talk about scheduling a hearing. They hold a hearing—maybe not just one hearing but maybe a series of bipartisan hearings. Sometimes they actually schedule some roundtables in

addition to hearings, which are more of an informal discussion, which are sometimes helpful in working out consensus around the very difficult issues like healthcare.

The regular order is that after there has been a lot of testimony, a lot back-and-forth, a lot of questioning, they have a markup in the committee on jurisdiction. The markup is to vote on the bill before we vote on the bill. We have the opportunity for members—Democrats and Republicans have the opportunity to offer amendments to the legislation, amendments for and against, amendments that would change and hopefully improve the underlying bill.

After the amendments are offered, there would be a vote on the underlying bill, to keep it in committee or report it out. In regular order, if it is reported out, then it competes for time on the floor. That is something our leaders, Senator McCONNELL and Senator SCHUMER, would need to work out amongst themselves.

If the bill makes its way to the floor, in regular order, we would have time for debate, especially for something this important. As I recall, when we debated the Affordable Care Act in committees, hearings, and roundtables, I think we spent 80 days. All told, I think over 300 amendments were offered. There were 160 Republican-sponsored amendments adopted to the Affordable Care Act. Is it perfect? No. Anything that big, that complex, should have been even more bipartisan than it was. This is something we need to get right.

I will close with this thought: If you go back 8 or 9 years ago, we had a new administration. I was a brandnew member of the Finance Committee, which has jurisdiction over Medicaid and Medicare. We share jurisdiction in the Senate on healthcare legislation; the other committee is the Health, Education, Labor, and Pensions Committee, which is led by Senator LAMAR ALEXANDER of Tennessee and Senator PATTY MURRAY of Washington State, two very able people and leaders. I would suggest that they are the kind of leaders who can help us actually figure out what is the right thing to do.

I don't know that either party is smart enough to figure it out by themselves, but if you ask a lot of people around this country, including people like Jan and her family or folks who are providers, such as doctors, hospitals, and nurses, and folks who work in pharmaceuticals, health economists—if you ask a lot of people "What do you think?" there is a much better chance to ultimately get this right.

I will add a P.S. as a former Governor of Delaware, as some of my colleagues know. I call myself a recovering Governor. We have a new page here from Ohio. One of the guys from Ohio is now a pharmacist. John Kasich, my old colleague from the House, is now Governor of Ohio. He has been a strong voice in favor of just what I am talking

about doing, and that is to hit the pause button and figure out how we can do this together, and we need to.

In closing, I will paraphrase something Mark Twain used to say. Mark Twain used to say: “When in doubt, tell the truth. It will confound your enemies and astound your friends.” Think about that.

In this case, maybe we should paraphrase Mark Twain: When in doubt, try regular order. When in doubt, try working together. When in doubt, try a bipartisan approach that is focused on getting this country and our healthcare delivery system a lot closer to where it needs to be.

Every President since Harry Truman said as President that we need to change our healthcare delivery system so that everybody in this country has access to healthcare. By the time we took up the Affordable Care Act in the Finance Committee and the Senate, we were spending, as a nation, 18 percent of the gross domestic product on healthcare in this country. I have a friend, and if you ask him how he is doing, he says: Compared to what? We are spending 18 percent GDP. What were they spending 8 years ago in Japan? They were spending 8 percent of GDP for healthcare in Japan. Did they get worse results? No. They got better results—higher rates of longevity, lower rates of infant mortality. In Japan they covered everybody. They still do. They are getting better results for less money.

Frankly, what we did in writing the Affordable Care Act was we looked around the world, including Japan, and we looked around this country, including at places like Mayo, the Cleveland Clinic, and others, to see what they are doing to get better results. We tried to put a lot of that in the legislation, in the law. Wonder of wonders, some is actually delivering good results—better value, better results for less money. That is part of the Affordable Care Act we want to maintain and preserve.

I have probably stood here long enough talking about this today. This is an important issue. It is one-sixth of our economy, and healthcare eventually affects us all. People who get sick will eventually get care. For too long, the care they have gotten has been in the emergency room of a hospital. By the time they get sick enough to go there, sometimes they are very sick. It is very expensive. They don’t spend an hour or two in the emergency room of a hospital; they may spend a week or two in the hospital and really run up the tab. That is a hugely expensive way to provide healthcare. Who pays for it? The rest of us. We have to be smarter than that.

I am hoping that in the days ahead, particularly as our Governors gather up in Providence, RI, later this week to discuss, among other things, providing healthcare for their constituents in 50 different States, my hope is that some of what I said here today will be on their minds: Hit the pause button. Fix

the things in the Affordable Care Act that need to be fixed. Preserve the aspects that need to be preserved. Let’s do it together.

Mr. President, I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

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

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

Mr. DURBIN. Mr. President, I represented the congressional district of Springfield, IL, for 14 years, and this is my 21st year in the Senate. It is a big State with 102 counties. We are proud of our diversity in our State, which runs from the great city of Chicago, to deep, deep Southern Illinois, to a town of Cairo, IL, which is literally south of Richmond, VA, by latitude. They grow cotton down there in the State. So it is a very big and diverse State. I am proud to represent it.

I have spent some time doing my best to understand the challenges that businesses, individuals, and families face and to measure their sentiments on issues over the years.

For the last several months, I have spent my time visiting every corner of downstate Illinois, which is the more rural, smalltown area of our State outside of Chicago. It is more conservative politically. President Trump ran well in some parts of downstate Illinois. And I have been in this area—representing it, growing up in it—to measure what I consider to be the topic and issue of the day, and that is the issue of healthcare in America. It is an issue which each of us takes very seriously and personally because each of us is called on in a variety of different ways in our lives to have healthcare for ourselves and our family—the people we love—at critical moments.

We are now engaged in a national debate about the future of healthcare in America. The Republicans control the House, the Senate, and the White House, and have been from the beginning opposed to the Affordable Care Act, which was passed under President Obama. I voted for it. I think it was the right vote. I think it has achieved a great many things. I hope we can build on it to make an even better healthcare system for our Nation. It is not perfect. There are areas that need to be changed, improved, and areas that I think need to be strengthened over the long haul to make sure America has more fairness when it comes to healthcare for our people.

Last week, I visited about a half dozen healthcare facilities in Illinois. I jokingly said to my staff that I have come to know hospital administrators in my State far better today than I ever have.

Here is what they told me. They told me the healthcare bill that Senator McCONNELL has proposed in the U.S.

Senate would be devastating to the families, the patients, the employees, and the healthcare facilities in our State. They told me that nearly \$800 billion in Medicaid cuts would cripple rural hospitals and health clinics. Not only would this harm patients in rural communities, but 35 percent cuts in the Medicaid Program would also cost jobs in Illinois. The Illinois Hospital Association in my State estimates that the Republican bill, which passed the House and now is being considered in the Senate, would cost us 60,000 healthcare jobs.

I went to Granite City, IL, which is near the St. Louis area. I met a young woman named Sam, who has Down syndrome and her mother Missy. They are worried about the Republican plan to cap Medicaid spending. Sam’s health needs can’t always be anticipated. There are not some that can be capped in terms of future needs, and the amount of care can hardly be determined in advance for this young woman who is doing her best to lead an active and involved life facing this disability, which she does. This is so true for so many people nationwide.

Some of my Republican colleagues in Illinois have said: We just don’t understand why Medicaid as a program has grown so much. Well, it may be hard to understand until you look inside the program and realize what it does. Medicaid may have started as a small idea, but it has really grown into a major provider of healthcare in America. In my State of Illinois, it is responsible for paying for the prenatal care, birth, and care of mothers and their children after they have been born for more than 50 percent of the kids.

It is an important provider of healthcare resources to our school districts in Illinois, which count on Medicaid to help them take care of special needs students—counselors, psychologists, transportation, even feeding tubes for those who are severely disabled. It is a critical program as well for the disabled community, like Sam and young men and women who are victims of autism or Down syndrome who want to lead a full life but need health insurance. Medicaid is their health insurance.

One woman said to me in Champaign, IL, my 23-year-old son is autistic. He counts on Medicaid, and, Senator, if I don’t have Medicaid, my only recourse is an institutional program that would cost us over \$300,000 a year. It is impossible for us to even consider that.

So those who would cut back on Medicaid spending in the name of flexibility and saving money or generating enough to pay for a tax cut for wealthy people would leave people just like those I have described in a terrible circumstance.

I haven’t described the largest cost of Medicaid. The largest cost in Illinois and across our Nation is the Medicaid services and benefits provided to those who are older—mothers, grandmothers in nursing facilities and care facilities

who count on Medicaid along with Medicare and Social Security for the basics in life.

I heard from Kevin. He is a worker from Urbana, IL, who is worried that the Senate Republican bill is going to increase his out-of-pocket expenses by thousands of dollars. He is worried because he fits into an age category which would see premiums go up dramatically in costs under the Republican bill. The Affordable Care Act, which we passed under President Obama, set limits on the increases in premium costs so no premium paid would be more than three times the cost of the lowest premium that is paid for health insurance in our country. Well, Republicans have changed that. In both the House and Senate, they have raised that to five times. So it means for people, particularly between the ages of 50 and 64, they are going to see a substantial increase in their premiums because of that Republican provision. People are following this closely enough to know that when premium costs go up for many of them, it becomes impossible to buy the coverage they need.

As I returned to Washington, I once again face the reality of what this Republican healthcare plan would mean. The nonpartisan Congressional Budget Office told us the bill would cost 22 million Americans health insurance coverage—cutbacks in Medicaid as well as cutbacks in private insurance. Think of that. I don't know how the Republicans in our State can go home and explain why a million people in Illinois are about to lose their health insurance in the name of healthcare reform.

I can tell you the notion of repealing the Affordable Care Act may have had some surface political appeal until you realize you might be 1 of the 1 million people in my State who ends up with no health insurance when it is all over. It would cut Medicaid dramatically, as I have mentioned, and then keep cutting—a 35-percent cut over the next 20 years—with devastating impacts on hospitals, clinics, and many other facilities.

By 2020, average premiums in the individual market would increase by 76 percent under the Republican plan. Costs would skyrocket even higher for seniors, rural communities, and those with medical needs.

What happens to people with pre-existing conditions under the Republican repeal bill? One out of three Americans has a preexisting condition. In the old days, they couldn't buy insurance or, if they could, couldn't afford it because they had a history of cancer in their family, diabetes, heart disease. Well, this Republican plan would take away the protections of the Affordable Care Act. It would allow States to waive essential healthcare benefits, like maternity care, mental health treatment, substance abuse treatment. People in need of these services would be left to fend for themselves.

The Congressional Budget Office analyzed the Republican bill, and it said: "People who used services no longer included in the Essential Health Benefits would experience substantial increases in out-of-pocket spending on health care, or would choose to forgo the services. Moreover, the ACA's ban on annual and lifetime limits . . . would no longer apply."

With this scathing analysis from the Congressional Budget Office, what did the Republican leadership decide to do? Instead of addressing these challenges straight on, they retreated. They shut themselves off behind closed doors and tried to cut a deal within the 52 Republican Senate Members here to pass this measure, as bad as it is. There was not one hearing on this bill—on the Republican healthcare bill—no markups, no amendments, and no support from medical advocates in any part of our Nation. There was no input in the Senate from any Member outside the Republican caucus.

They want to call this bill right away, and it is understandable. The longer it sits out there and the longer people get to know it, the less they support it. You know we still haven't seen the final language. Why? Because Republicans continue to work in secret on a bill that literally impacts one-sixth of the American people and every single person in our country.

This measure affects everybody. Even if you get your insurance through your employer or Medicare, this bill would make Medicare go insolvent sooner and allow employers to, once again, impose annual or lifetime limits on care under their health insurance plans.

Now, the latest we have heard is that the Republicans are meeting in secret, making some changes to this bill. They may be throwing some money at the opioid crisis facing America, but that will not make up for kicking 15 million people off of Medicaid. The amount of money they are talking about to deal with the opioid crisis is literally inadequate to deal with the seriousness of that issue or to provide the substance abuse treatment people currently receive from Medicaid who will be cut off under the Republican plan.

Cutting Medicaid, our best tool to fight the opioid epidemic, and offering a coupon for drug treatment is a cruel step backward. If it ends up buying a vote on the Republican side, shame on my colleagues for selling out so cheaply.

Republican Gov. John Kasich of Ohio is not fooled. He called this idea of a special opioid fund to win some votes on the Republican side "like spitting in the ocean." I called Governor Kasich this last week. He and I came to Washington together many years ago. I have known him, and I like him. We disagree on some political issues, but he is very forthright and frank. He has warned us that what is going to happen to Ohio is going to happen to the Nation, if the Republicans have their way with their healthcare bill.

We have also heard the Republicans are considering adding provisions that allow insurers to offer bare-bones plans. I have just heard some more about this today, and I believe the author of this idea is the junior Senator from Texas, Mr. CRUZ.

Here is what he says: If your State offers a health insurance plan that complies with the requirements of the Affordable Care Act, then you may offer it to other consumers in the State insurance plans that do not. He says it gives consumers choice. Well, it sure does, but look at the choice it gives them because if he is aiming for lowering premium costs by offering health insurance plans that are junk plans, health insurance plans that are fake insurance, the net result is going to be people paying a lot more in copays and deductibles and a lot less coverage when they definitely need it.

There are a couple other things it will do. Because these younger healthier people will buy the cheaper plans believing they are invincible, it will end up raising the cost of premiums for those who buy other insurance. The discrimination, in terms of premium costs, will be dramatic, and that, in and of itself, could be damaging to people all across the United States.

So Senator CRUZ believes that offering junk insurance plans and telling the consumers we are giving you a choice is going to answer the needs across America. It will not. It will raise premiums on everyone else. It will provide inadequate coverage for those who buy these plans, and sadly many of them are going to be facing deductibles and copays they just can't handle. That is no answer. It may be a political answer to get his vote, but it is certainly not a credible answer.

We have had this before the Affordable Care Act, and do you remember what it was like? People got sick and found out their insurance didn't cover what they needed. Women who were pregnant found out their plans didn't cover maternity or newborn care. People who were diagnosed with a mental health condition found out their insurance covered no treatment for mental illness. So what good is insurance if it doesn't care for the most basic and essential needs of Americans?

Thanks to the Affordable Care Act, we changed it. We required that policies provide real insurance for real families. Do you know what happened, in addition to providing more care for people across America? The number of bankruptcies, personal bankruptcies, have been cut in half since the Affordable Care Act passed. Why? The No. 1 driver of personal bankruptcy and family bankruptcy in America was medical bills—medical bills that were beyond the payment of an ordinary person. There are fewer of those today because of the Affordable Care Act.

Senator CRUZ's plan for selling fake insurance or junk insurance plans that will not be there when you need them,

I can just tell you it means more business for the bankruptcy court. It would banish those with preexisting conditions to the world of sky-high premiums, all in the name of Senator CRUZ's freedom of choice. Well, freedom isn't free when it comes to relegating so many Americans to such a precarious state when it comes to health insurance. No matter how much the Republican Senators tinker around the edges, they are dealing with a flawed, unfixable bill.

The American people oppose any bill that rips health insurance away from millions of individuals and families, they oppose any bill that causes nearly 1 million people nationwide to lose their jobs, and they are also opposed to a Republican health insurance plan that would cost coverage for half a million American veterans.

The American people oppose any bill that hurts those with preexisting conditions. They oppose a bill that throws millions of people off Medicaid and slashes billions in Federal funding to hospitals, healthcare clinics, and schools.

The American people oppose any bill that is rejected by every major medical and patient group. The Republican bill is opposed by the American Hospital Association, the American Medical Association, nurses, pediatricians, AARP, heart, diabetes, and lung associations. How can you write a bill that draws that much opposition? They did it. They did it behind closed doors, and they don't want you to see what they are doing with it now.

Finally, the American people oppose any bill that takes away nearly a trillion dollars in healthcare in order to provide hundreds of billions of dollars in tax breaks to the wealthiest Americans and large corporations. Case in point: Of the 145 pages of the Senate repeal bill, 94 pages are devoted to slashing Medicaid and providing tax breaks to the wealthiest Americans and pharmaceutical companies.

Last week, one conservative writer penned an article which said that it gives conservatism a bad name when we are giving tax breaks to the wealthiest people in order to cut and eliminate health insurance for the poorest people in America. That is exactly what this bill does.

I am glad the Senate Republicans have delayed their vote on this repeal, but many have not given up. In all of my townhall discussions, the plea from Illinois people has been clear: Improve the Affordable Care Act; don't repeal it.

So where do we go from here?

First, Republicans need to take repeal off the table. We need 3 Republicans out of the 53 to say this is the wrong way to go about it.

Second, President Trump must stop undermining the stability of the marketplaces with his uncertainty and sabotage.

Third, we need to work together on a bipartisan basis to strengthen our cur-

rent system. We need to address the price of pharmaceutical drugs. The current bill and law does not. That is the biggest driver, according to Blue Cross in Illinois, of premium increases—the cost of pharmaceutical bills. We need to build competition through a Medicare-like public option available to everyone who chooses it across the United States.

Some Republicans, including Senator McCONNELL, have said that the Republicans have to do this by themselves because the Democrats refuse to work with them. That is simply not true. We are here. We have been here all along, and we want to have a hearing. Bring in some experts. Let's just have a meeting. That would be a breakthrough.

Democrats have asked the Republicans to join us. Let's sit down together, informally, like grown-ups, and address this issue in a responsible fashion. We are ready and willing to work on legislation to improve the individual market for the 6 percent of the people who purchase their insurance there. I fail to see how gutting Medicaid and throwing 22 million Americans off of health insurance in order to provide tax breaks for rich people does anything to help that 6 percent.

This is a critical moment when it comes to healthcare across America. It is unfortunate that we are now considering a bill that was revealed only 2 weeks ago, a bill that has never been subject to a hearing before any committee, a bill that has never been amended in an open process.

When it came to the Affordable Care Act, over 140 Republican amendments were adopted. The Republicans haven't offered us an opportunity to offer one amendment to their proposal—not one. It is a take-it-or-leave-it, closed-door deal. That is not the way the Senate was designed to work. It is not the way the American people want us to work. They expect us to work in a constructive fashion on a bipartisan basis to solve the problems facing our Nation. The biggest single problem is giving peace of mind to Americans and American families across the Nation that they have healthcare they can count on and afford.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Mr. President, I have joined my colleague in coming to the floor to talk about how we need to make progress on healthcare and make sure that we don't pull healthcare out from millions of Americans. I thank the Senator from Illinois for talking about his constituents. Like the Senator from Illinois, I was at home this past July recess talking to my constituents, and I heard many of them talk about their individual healthcare needs and their concerns about what is happening in Washington.

I met a young woman who told me about her daughter who was born prematurely and weighed less than 2

pounds. Her daughter required specialized, expensive treatment as a newborn. She was concerned that if we keep moving ahead with the repeal of the Affordable Care Act, she and her husband would be overwhelmed with crushing hospital debt if, in fact, we hadn't covered preexisting conditions. She is one of millions of Americans who are scared that they are going to lose their health insurance under the proposal that is being talked about, that has been talked about for the last several weeks, and from what we can tell—because, obviously, there is a lot of secrecy—may still include details about reducing coverage for those who have access to care through Medicaid.

I have come to the floor tonight to talk about the latest idea because I think one of the things that is clear—and probably why the Senate majority leader said that he wanted, basically, to cancel the first 2 weeks of the August recess—is that my colleagues don't want to go home and talk about the proposal that was brought before them. In fact, they are now trying to bring up a new proposal, thinking that, again, with a very limited time period, without floor discussion, without committee debate, without an amendment process, somehow our colleagues on the other side of the aisle will fall prey to the notion that there is a silver bullet, a magic solution. I have come to the floor knowing that an amendment or a discussion piece or the new behind-closed-doors discussion proposal being advanced by my colleagues from Texas and Utah is basically to allow junk insurance into the marketplace.

What do I mean by junk insurance? I mean a proposal that basically offers less than the essential benefits, such as hospitalization, prescription drug benefits, lab costs, and all of those things; that, basically, by offering a market where you can get junk insurance, you can say: Oh, well, you have to have one offering of insurance that does cover all the basics and essentials, but then you can have junk insurance.

I say “junk insurance” because this is the wrong idea for the marketplace. It is basically mixing good and bad and not having adequate risk spread across—so basically it means that you don't have to have compliant plans for the market. I know this firsthand because we had this in Washington. We had this same experiment in Washington in the 1990s, and people tried to do the exact same thing—basically, have a compliant plan, and then say that you have a bunch of less-than-adequate proposals for insurance in the market that really aren't giving individuals coverage. What happened? It drove up the cost of the compliant plans that covered most of healthcare and basically drove the insurers out of the market. That was the experience in Washington State. This same idea was tried, and it failed because basically it ran up the price, and insurers didn't stay around to offer options. They

couldn't make the mandate of the required plan work because it basically took the risk out of the system.

The notion that somehow this new idea by my colleagues is going to be the silver bullet is, in my opinion, not an answer at all. People who would be the ones who could get that kind of coverage for a short period of time would then end up leaving the rest of the people without adequate coverage. As I said, what happens is, the costs then just go up, and then the market has to adjust. I would say that in our State—because a lot of people are talking about leaving the individual markets over the proposals that we are talking about today because they are concerned about the costs and who is going to be covered—you would see a very rapid collapse of the individual market exacerbated by what my colleagues from Texas and Utah are proposing.

There are numerous nonpartisan health experts who seem to be saying the same thing. There is the American Academy of Actuaries, where one individual said:

People who are healthy now would tend to choose noncompliant plans with really basic benefits. People who want or need more comprehensive coverage could find it out of their reach, because it could become unaffordable.

Another individual from the American Enterprise Institute wrote that “the main effect of the Cruz-Lee amendment would be to shift costs from healthy consumers to less healthy consumers and households with lower incomes.”

Douglas Holtz-Eakin, a Republican and former Director of the Congressional Budget Office called the amendment by my colleagues from Texas and Utah “a recipe for a meltdown.”

Larry Levitt, senior vice president at the Kaiser Family Foundation, summed it up best when he called the amendment “a recipe for instability and discrimination.”

So you can see that many people already understand the idea of junk insurance is not a market solution at all. It is not really even healthcare coverage. In its May 24 score of the House proposal, the CBO provided a definition of health insurance, saying that they would “broadly define health insurance coverage as consisting of a comprehensive major medical policy that, at a minimum, covers high-cost medical events and various services, including those provided by physicians and hospitals.”

To me it seems pretty clear that the types of plans that could be sold under this proposal don’t meet that definition.

What are essential benefits that we expect to be covered in a plan? Obviously, hospitalization, emergency services, ambulatory services, mental health, prescription drugs, rehabilitation, if needed, laboratory services, like lab tests, and we have moved toward some preventive, health, and wellness measures. Those are the es-

sential benefits that are supposed to be in a plan, and I want my colleagues to know that this experiment was tried. It failed. It drove insurers out of the marketplace because it just made the plans that were covering essential benefits so costly by distorting—really tearing the market apart.

The second point about the proposal we are hearing about is that it is still a war on Medicaid. In my opinion there are cost-effective ways for us to continue access to healthcare. I have brought them up on the Senate floor. One would be looking at rebalancing from nursing home care to community-based care or, as I have mentioned, a basic health plan that bundles up a population and serves them up to get a discount so that individuals would have as much clout as a large employer would have in the marketplace.

I hope that my colleagues will stop the focus on capping, cutting Medicare—because it would throw so many people off of the system—and focus on rebalancing people to the type of healthcare that will help us save costs, keep people in their homes, and give consumers the ability to compete cost effectively in the individual market.

These are the problems I still see with this proposal. To think, basically, that junk insurance will be the way for us to get a proposal and to see that Medicaid is still the target in a war on Medicaid, to me, is not the proposal to move forward on. I hope our colleagues will realize that both of these have severe faults and will sit down and talk about the proposals that will help us in establishing a more robust individual market.

I thank the Presiding Officer.

I yield the floor.

THE PRESIDING OFFICER. The majority leader.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

REMEMBERING R.J. CORMAN

Mr. McCONNELL. Mr. President, today I wish to remember the life of my dear friend, R.J. Corman, and to congratulate a business he started in Kentucky on its 30th anniversary. A man from humble beginnings, Rick started a company at the age of 18 with only a backhoe and a dump truck. With a keen business sense and a tireless work ethic, Rick built his company and earned a reputation for doing work better and faster than anyone else in the business. Today the R.J. Corman Railroad Group employs over 1,600 people and operates in 24 States.

Rick’s life was tragically cut short when he passed away in August 2013 at the age of 58 after a long fight with multiple myeloma, a blood cancer. Although his company had to learn how to succeed without him, the signature red locomotives and white cross-rail fences still carry Rick’s name and his legacy.

Those who knew Rick could agree that he worked hard, cherished honesty, and had an infectious laugh. In 2011, Fortune magazine published a profile on Rick and his business. It read, “In the way he operates—and faces the world—Rick Corman is truly larger than life.”

Rick started his company making track repairs for major railroads in 1973. With vision and determination, Rick convinced people to take a chance on him, and he began to expand his company.

This year, one of his businesses, the R.J. Corman Railroad Co., is celebrating its 30th year of operation. It opened in 1987, when Federal deregulation allowed railroads to sell unwanted lines of track. Rick, seeing both a profitable venture and a way to provide an economic boost to rural areas, began purchasing short line railroads. Today the business operates 11 railroad lines and more than 900 miles of track.

When Hurricane Katrina devastated the gulf coast in 2005, Rick’s emergency response operation immediately offered to help. Rick personally oversaw the repairing of railways damaged by the storm. Despite the heavy damage, Rick answered the call to help those in need.

Rick’s business acumen was impressive, but even more extraordinary was his unstoppable spirit. When he was diagnosed with cancer in 2001, he fought far beyond the doctors’ expectations. Rick continued to work, to enjoy life, and even to finish the Boston Marathon. He deeply cared for his employees and his community. When one of his employees lost his home to a fire, Rick sent the family a temporary trailer the next day. Over the course of his life, Rick and his company made numerous contributions to St. Joseph Hospital in Jessamine County. The hospital remembered Rick as the largest philanthropic supporter in its history.

Rick’s compassion and love of life inspired so many friends, family, and employees. He may be gone, but his legacy will remain, as we celebrate the 30th year of the R.J. Corman Railroad Co. Rick believed in his employees, and he said, “It’s really the people that make this company so different. It’s not me; it’s the people.” Today I ask my colleagues to help me remember Rick for his kindness, his courage, and his undefeated spirit.

The Lexington Herald-Leader recently published an article about Rick’s life and legacy. I ask unanimous consent that the full article be printed in the RECORD.

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