

## COMMITTEE ON FOREIGN RELATIONS

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Tuesday, July 11, 2017 at 10 a.m., to hold a hearing entitled “Nominations.”

## COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS

The Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Tuesday, July 11, 2017, at 10 a.m. for a business meeting.

## COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Tuesday, July 11, 2017 from 2:15 p.m.–2:30 p.m. in Room SH-219 of the Senate Hart Office Building to hold a closed business meeting to consider the nomination of Mr. David Glawe to be Under Secretary for Intelligence and Analysis at the Department of Homeland Security.

## COMMITTEE ON INTELLIGENCE

The Senate Select Committee on Intelligence is authorized to meet during the session of the 115th Congress of the U.S. Senate on Tuesday, July 11, 2017 from 2:30 p.m.–4:00 p.m. in Room SH-219 of the Senate Hart Office Building to hold a closed hearing.

## COMMITTEE ON VETERANS’ AFFAIRS

The Committee on Veterans’ Affairs is authorized to meet during the session of the Senate on Tuesday, July 11, 2017, at 2:30 p.m. in SR-418, to conduct a hearing on legislation pending before the Committee.

## COMMITTEE ON THE JUDICIARY SUBCOMMITTEE ON CRIME AND TERRORISM

The Committee on the Judiciary, Subcommittee on Crime and Terrorism, is authorized to meet during the session of the Senate, on July 11, 2017, at 2:30 p.m., in Room SD-226 of the Dirksen Senate Office Building, to conduct a hearing entitled “Concurrent Congressional and Criminal Investigations: Lessons from History.”

## PRIVILEGES OF THE FLOOR

Mr. MERKLEY. Mr. President, I ask unanimous consent that my intern, Gloria Ramirez, be granted privileges of the floor for the balance of the day.

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

## ORDERS FOR WEDNESDAY, JULY 12, 2017

Mr. McCONNELL. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 12 noon, Wednesday, July 12; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consider-

ation of the Nye nomination with all postcloture time being expired; finally, that if cloture is invoked on the Hagerty nomination, the time count as if cloture were invoked at 1 a.m., Wednesday, July 12.

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

## ORDER FOR ADJOURNMENT

Mr. McCONNELL. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of Senators SANDERS, VAN HOLLEN, and BLUMENTHAL.

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

The Senator from Connecticut.

## HEALTHCARE LEGISLATION

Mr. BLUMENTHAL. Mr. President, I come to the floor today after a fourth field hearing in Connecticut. Every one of those field hearings has been packed. I spent time at a Planned Parenthood clinic in Hartford, as well as having visited others over the past year. I have spent time with numerous providers and at community health centers and heard firsthand from the people of Connecticut as to why the Republican health bill, which has been unveiled after having been concocted behind closed doors, would devastate the health and finances of Connecticut’s families and their communities.

The bill that we expect to be disclosed later this week will almost certainly be defective in the same ways as the bills that we have seen. To call these proposals mean or heartless, as the President has, is a gross understatement. The bill, very simply put, would cost both dollars and lives, eroding not just our ability to save money by investing in a healthier future but causing death and despair when neither term is really necessary. This wound would be self-inflicted, but it is a wound that is preventable and avoidable.

I pledge to the people of Connecticut that I will fight as long and as hard as necessary to stop this grotesquely cruel and costly proposal.

It is not, in fact, a healthcare bill. It is a wealth care bill. It decimates Medicaid, saving, supposedly, close to \$1 billion so that those savings can be used for tax cuts for the wealthiest Americans. As Warren Buffett has said—and he is one of them—“I don’t need it.” He would rather see it be used for better healthcare and coverage, and that is what the majority of Americans want. That is why this proposal is so deeply unpopular.

Now, after weeks of secrecy, followed by chaos, we are back to secrecy again, with Republicans retreating away from their constituents and going behind closed doors. Even over this past week, when we were back in our home States, they were crafting another bill. We

have not seen it. We have not debated it. We cannot even say that we know anything about what is in it, and my Republican colleagues know little more than we do on this side of the aisle. We know for sure, despite the secrecy, that the devastating effect would be overwhelming on people across income strata, geographic boundaries, and cultural backgrounds.

I am here not to talk in abstractions. I am here to talk about real people in real life and to share the stories that I heard at these field hearings—people’s stories that they have entrusted me to bring to you. Many of my colleagues have refused to hear these stories from their constituents because they would hear how repugnant and repulsive this bill is and how deeply angry the people of the country are. The people of Connecticut and the country are outraged.

The reason is people like Ariella Botts, and here she is. Ariella is 4 years old. She came to my field hearing last week with her mom, Rachel. Ariella, as her mom told me, has nemaline myopathy, which is a rare form of muscular dystrophy. Their family relies on Medicaid for her care. I want to tell you exactly what Rachel said about Ariella and their family, because her words are far more eloquent and powerful than mine.

Rachel said:

The fact of the matter is that my daughter’s care would cost over \$20,000 a month out of pocket between her food, her medication, her care, and the breathing machines that keep her lungs clear. There is no average American family that can pay \$20,000 a month of medical costs. We do our part. We have two jobs a piece. We do everything we can do. This is the only thing we ask for help on.

Rachel went on to say:

Supporters of the Trumpcare bill want you to believe that costs are high because there is this nameless and faceless abuser of the system, but I have spent hours in the waiting rooms of Yale New Haven Hospital and Connecticut Children’s Medical Center. I have spent hours in the neonatal intensive care units and the emergency rooms, and I can tell you that the people who are accessing care on my level—they’re not abusers.

I am going to continue quoting Rachel. I cannot really speak with the same power and authenticity that she has, but we are not allowed to show videos here on the floor.

She continued:

We’re mothers and fathers who know that there’s more for our children to achieve. We’re tax-paying, community-investing, voting, involved warriors for our families.

I asked Rachel what would happen to her family if Ariella did not have Medicaid, and Rachel said: “It would bankrupt us in less than a month.”

I want to tell you what it is like to spend just a little bit of time with Ariella. She is the most vivacious, animated, beautiful girl, and you would not know anything about her condition but for this apparatus, which is there so she can lead a normal or a near normal life and be the wonderful young lady that she is. I smile when I think of

her at this hearing because she brought smiles to all of our faces. I understand the joy and pride that she brings to her family because she is one courageous, strong child, and we are proud of her.

Rachel and Ariella were not the only people I heard from whose lives have been made not just better but, truly, whose lives have been made possible by Medicaid.

Jeff Pabon was also at a hearing that I held, and he told me about his family when he was growing up. As a single mother, his mom raised him and his four siblings. As a member of the working class, Jeff told me “she needed as much assistance from the system as the system could provide.” Years later, as an adult, Jeff proudly served our country in the U.S. Navy during Operation Desert Storm. He now has a family of his own, including a son with autism. He spoke out at my hearing because, as he said, “I’ve fought for this country before.”

What Jeff told me touches the core—the heart—of this debate, and I want to read it here on the Senate floor because he said it so powerfully:

The healthcare bill being crafted in secrecy by a minority of Republican Senators now threatens Medicaid protections and aims to provide tax breaks for the ultra wealthy, top 1 percent of America. I would like to see sensible, bipartisan legislation which serves the majority of Americans, like the other 99 percent. Let’s repair the provisions of the Affordable Care Act that need reparation. We need to be moving forward, not backward.

Jeff is right, and so is Rachel. How absurd and reprehensible that costs will rise astronomically while Medicaid funding and the number of those with insurance coverage will go down, just so our Nation’s richest can see billions of dollars in tax cuts—laughable, if it were not so deadly serious. “Deadly” is the word because this bill will cost lives. We rarely deal in life and death issues in this Chamber. This issue is one of them.

It will decimate the lives and livelihoods of so many and threaten not only Ariella but many like her of all ages—the senior who goes into a nursing home after exhausting her life savings and depends on Medicaid, the woman who goes to a Planned Parenthood clinic to be screened for cancer and finds that this pernicious disease has been detected because of that preventive step and the availability of healthcare at Planned Parenthood, the opioid addict who suffers from that disorder or disease—it is a disease, not a moral failing—and seeks recovery through the medicine that is made available by Medicaid. Forty-four percent of all of the medication for opioid addiction treatment comes from Medicaid in the State of Connecticut. All of them are at risk. It is not just their convenience or their comfort. Their lives are at risk.

I heard their stories, and I am haunted by them. I can hear their voices, and I can see their faces. I want my colleagues to do the same. I am ready to

do what Jeff asked of me. I am ready to work with all of my colleagues—Democrat and Republican—to move us forward, not backward. Let’s work together in a bipartisan way to fix the parts of our healthcare insurance system that need repair. Let’s go forward, not backward.

I am eager for the call from my colleagues on the other side of the aisle that offers solutions—not repeal but real solutions—as to what the American people need, want, and deserve.

First, we must bury the efforts to decimate Medicaid, to defund Planned Parenthood, and to repeal the Affordable Care Act. We have a chance right now to improve healthcare—a moment, an historic opportunity—and we must seize it. I feel that we are on the cusp of that dramatic and historic moment, and I look forward to working with my colleagues across the aisle.

I yield the floor.

The PRESIDING OFFICER (Mr. LANKFORD). The Senator from Vermont.

Mr. SANDERS. Mr. President, let me be as clear as I can be. The so-called healthcare bill that passed in the House of Representatives several months ago, strongly supported by President Trump, is the most anti-working-class legislation that I have ever seen. The Senate bill, also supported by Mr. Trump, in some respects is even worse.

At a time when working families in Vermont and all across this country are working longer hours for low wages—many people in my own State are working two or three jobs just to bring in enough income to maintain a family—this legislation will cause devastating harm to millions of our families from one end of America to the other.

The American people are united. This weekend I was in West Virginia and Kentucky—so-called conservative States—but I tell you that what is true there, what is true in Vermont, and what is true all over this country is that the American people are standing up and saying loudly and clearly that we will not allow 22 million Americans to be thrown off of the health insurance they currently have in order to give over \$500 billion in tax breaks to the wealthiest 2 percent, to the drug companies, to the insurance companies, and to other profitable corporations. We will not support a bill that takes from the most vulnerable people in our country—the children, the elderly, the disabled, the sick, and the poor—in order to make the very, very rich even richer. This is unconscionable, un-American, and the American people will not accept it.

Plainly stated, this so-called healthcare bill is really nothing more than a massive transfer of wealth from the working families of this country to the very rich. While this bill contains massive cuts to Medicaid; while seniors will pay far, far more in premiums; while Planned Parenthood will be

defunded, the 400 highest income tax-payers, most of whom are billionaires, will get about \$33 billion in tax cuts.

There is no State in this country—none, not the most conservative—that thinks that you throw 22 million people off of health insurance, including disabled children, in order to give \$33 billion in tax breaks to the wealthiest 400 Americans. At a time when so many people in America are struggling, the very wealthy are already doing phenomenally well. They do not need more tax breaks.

Not only is this bill a disaster, but the secretive, backroom process by which it has been written is unprecedented and literally beyond belief. That is not just me speaking; I think a number of my Republican colleagues who disagree with me on everything make that point as well. This bill impacts one-sixth of our economy—over \$3 trillion—and by definition, dealing with healthcare, it impacts virtually every American. Yet the discussions and negotiations on this legislation have never been made public. In fact, I suspect they are going on right now—not here on the floor but behind closed doors.

Unbelievably, with legislation that would completely revamp our healthcare system, there have been no doctors, no nurses, no hospital administrators, no representatives of senior citizens, no experts on the opioid crisis—which is sweeping our country—who have testified in public about the impact this legislation will have in our country. How can one possibly dream of drafting a bill of such enormous magnitude without hearing one public comment from the most knowledgeable people in America with regard to healthcare?

How can you possibly go forward without one public hearing where Senators have the opportunity—Democrats, progressives, Independents—to ask questions? But that is precisely the process this legislation has gone through.

I fully understand there are a lot of people who will say: Well, big surprise, BERNIE SANDERS, a strong progressive, opposes this Republican bill. What else is new?

But I want you all to understand that it is not just BERNIE SANDERS or Democrats here who oppose this legislation; this legislation is opposed by virtually every major healthcare organization in the United States.

I am not quite sure how we can go forward with major legislation impacting one-sixth of the economy, opposed by every major healthcare organization in the country, and not have one hearing. I am not quite sure how that can be done, but that is precisely what the Republican leadership here is doing.

It is not just BERNIE SANDERS who opposes this legislation. It is the AARP, which is the largest senior group in America. It is the American Medical Association. Hey, those are our doctors. When you get sick, you go

to a doctor. Many of them are members of the American Medical Association. They say this bill is a disaster. It is not just doctors. It is nurses. It is hospital administrators. It is the American Cancer Society, the American Heart Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Psychiatric Association, the Federation of American Hospitals, the Catholic Health Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the National MS Society, and the American Nurses Association, among many other organizations that oppose this bill being written behind closed doors.

Several months ago, as I think everybody knows, with the strong support of President Trump, the House passed their disastrous healthcare bill. Now, we know what is in the House bill. The Senate bill probably is being worked on as we speak, so we don't know what is in that exactly, but let me tell my colleagues what the House bill does. At a time when 28 million Americans today—before the Republican bill—have no health insurance and millions more are underinsured, with high deductibles and copayments, this bill from the House will throw another 23 million Americans off of the health insurance they currently have.

Think about it. Gee, if we have 28 million Americans off of health insurance, what most Americans would say is: OK, how do we lower that number? In fact, the Affordable Care Act added another 20 million people to the ranks of the insured. This bill throws 23 million on top of the 28 million we currently have uninsured, almost doubling the uninsured in America to over 50 million people. Think about it. People have a hard time even beginning to believe that legislation that is being seriously debated would almost double the number of uninsured in America.

Everybody understands—there is no debate about this—that the Affordable Care Act is far, far from perfect. This is a point I have been making from the day the Affordable Care Act was passed. Premiums in my State of Vermont and around this country are too high, deductibles are too high, copayments are too high, and too many Americans remain uninsured or underinsured. But in each and every one of these legitimate concerns, the Republican legislation that has been brought forward and passed in the House would only make a bad situation much worse.

The Republicans say: Oh, the Affordable Care Act is a bad piece of legislation. It has problems. The Affordable Care Act does have problems. Their legislation exacerbates every single one of the problems that it has.

So our job today, and I think what the average American understands—OK, we have problems. What are the problems? We have listened. Deductibles are too high. Copayments are too high. Premiums are too high. Prescription drug prices are way too

high. OK. Let's discuss it. What is your idea? How do we deal with these problems? That is what the American people want. The American people want us to address the problems that are in the Affordable Care Act, not destroy it.

It seems to me clearly that our job right now—and the American people are rising up. They are not going to accept this Republican legislation. Together we are going to defeat it.

I wish to speak for a moment about what it means if this legislation were to pass. What are the implications of throwing 22 million people—that is the Senate bill—off of health insurance, and 23 million people in the House bill? Let me tell my colleagues. I want every American to think about this. Just think about it. Think about somebody today who has cancer and is maybe in chemotherapy or maybe in radiation, somebody who has heart disease, somebody who has diabetes or some other life-threatening disease. There are God knows how many people in this country right now who are sick. What happens if they lose their health insurance? A simple question. You have cancer, you are getting treatment today, and the Republican bill takes away your health insurance. What happens to you when you cannot afford to go to the doctor when you feel a lump in your breast or when you have problems with your heart? What happens to you if you have a heart attack or a stroke and need significant care, but you have no health insurance and you don't have the money to pay for the outrageously high cost of care?

Here is the horrible and unspeakable truth that has to be brought out into the open; that is, if this legislation were to pass, many thousands of our fellow Americans would die, and many more would suffer and become much sicker than they should. Now, I am not suggesting that there is anybody in this body who wants to see anybody die unnecessarily. Nobody does. But people have to take responsibility for their actions, and if you throw 23 million people off of health insurance, many of whom might have life-threatening illnesses, thousands of people will die.

Several weeks ago I was on a television program, and I said just that, and then right after that, I was criticized by Republicans and rightwing critics: Why did you say that? What a terrible thing. Why are you frightening the American people? "Some people will die"—that is not true.

Well, PolitiFact is a nonpartisan organization that checks out what public officials say, and they took a look at well over 10 different studies on the issue of mortality rates and lack of insurance coverage. That is what they studied. They looked at more than 10 different studies looking at mortality rates and lack of healthcare coverage. What PolitiFact concluded is that the point that I made—that many thousands will die—is well supported. It is not BERNIE SANDERS. I am not coming up with some idea off the top of my

head. This is what many, many medical and scientific studies have told us.

Obviously nobody can predict exactly how many people will die if 23 million people lose their health coverage, but what experts at the Harvard School of Public Health estimate is that if 23 million people are thrown off of health insurance, as the House bill does, up to 28,000 people could die each and every year—28,000 people. That is nine times more than the tragic loss of life we suffered on 9/11, and that would take place each and every year. In the wealthiest country in the history of the world, we must not allow that to happen.

This bill would impact the children, many of whom are covered by the CHIP program, covered by Medicaid. You tell me what happens to a kid who has a disability right now and whose family receives Medicaid. Some of those children may have Down syndrome. Some of those children may have cerebral palsy, muscular dystrophy, maybe autism. They may have mental health needs, such as depression or anxiety, or complications from premature birth. Today, Medicaid and CHIP cover 5 million—or 44 percent—of those kids, providing them with coverage so that they can live with dignity and security.

But it is not just the children who will be impacted, it is also the elderly. What every person in America should understand—and many do not—is that Medicaid now pays for over two-thirds of all nursing home care. So I ask my Republican friends: What happens when you slash Medicaid? Who will pay for somebody's mom or dad in a nursing home dealing with Alzheimer's disease? How many seniors in this nursing home will get thrown out on the street or be forced to live in their children's basement? Well, we don't know the answer to that. We haven't had any hearings. We haven't heard any people testify to that. But I think we will see a whole lot of families disrupted, having to make the choice about whether to take care of their parents or provide for their kid to go to college.

It is not just nursing home care. What happens if you are just an older worker. Maybe you are 60 years of age. Well, the likelihood is that if you are a 60-, 62-year-old worker, the cost of your premiums is going to soar. Again, this is not BERNIE SANDERS' view; it is what the AARP says.

This is a quote from the AARP from June 22:

This new Senate bill was crafted in secrecy behind closed doors without a single hearing or open debate—and it shows. The Senate bill would hit millions of Americans with higher costs and result in less coverage for them.

AARP is adamantly opposed to the Age Tax, which will allow insurance companies to charge older Americans five times more for coverage than everyone else while reducing tax credits that help make insurance more affordable.

That is the AARP.

What about the opioid epidemic, which is hitting my State of Vermont hard and hitting States all over this

country? Each and every day, more than 90 people in America die from an opioid overdose. Can you believe that? Ninety people die every single day. Nearly 4,000 people begin abusing prescription painkillers, and about 600 start using heroin. We have a major, major crisis in opioid addiction and heroin overdoses.

It turns out that if you cut Medicaid by \$800 billion, which is what the Republicans are talking about, our ability to address the opioid crisis will be severely curtailed. At a time when we should be expanding prevention efforts, expanding treatment efforts, the Republican bill will make it much harder for us to deal with the opioid crisis.

This legislation is not what the American people want. I understand that the Republican leader today suggested that Members of the Senate may have to stay here for a few more weeks in August, and I can understand that. If I were the Republican leader, I would not want my Senators to go home to hear what the American people have to say about this legislation.

The truth is, poll after poll shows overwhelming opposition to this disastrous legislation. According to the latest USA TODAY/Suffolk University Poll, just 12 percent of the American people support the Republican bill.

As a matter of fact, according to a recent report, this is the most unpopular piece of legislation in the last three decades. It is more unpopular than the \$700 billion bailout of Wall Street. That is pretty unpopular. The American people are catching on as to what is in this bill, and they do not want to see it.

Let me conclude by saying what is as obvious as can be. It is what the American people want. Are there problems with the Affordable Care Act? Absolutely. Premiums are too high, deductibles too high, copayments too high, prescription drug prices are off the charts.

Let's deal with it. What is the problem? Let's deal with it. Put it on the table, and let us address those problems. The American people want to improve the Affordable Care Act, not destroy it.

Let me now, speaking for myself only, say this. I hope very much there can be bipartisan efforts to improve the Affordable Care Act, but I happen to believe we have to go further than that. I intend to help lead that effort.

In my view, there is something profoundly wrong when the United States of America is the only major country on Earth—the only one—that doesn't guarantee healthcare to all people as a right, while at the same time we spend far more per capita on healthcare. We spend far more per capita on prescription drugs, and our healthcare outcomes are not particularly good compared to many other countries.

I think the time is long overdue as to why we do not ask ourselves: How is it Canada can guarantee healthcare to all people, the UK can do it, Germany can do it, France can do, Scandinavia can

do it? Every major country on Earth recognizes that healthcare must be a right, not a privilege.

I happen to agree with that. That is why I will—as soon as this debate is over and as soon as, hopefully, we defeat this disastrous Republican legislation—introduce a Medicare-for-all, single-payer bill, which will in fact guarantee healthcare to all of our people in a cost-effective way.

Let me conclude by saying that the current Republican bill in front of us is a moral outrage. There are very few people in America who think you should throw 22 million of our people off of health insurance in order to give huge tax breaks to billionaires. This is a moral outrage, and it must be defeated. I will do everything in my power to see that it is defeated.

I yield the floor.

**THE PRESIDING OFFICER.** The Senator from Maryland.

**MR. VAN HOLLEN.** Mr. President, like many of our colleagues during the Fourth of July break, I spent much of my time crisscrossing the State of Maryland. On the Fourth of July, I attended many parades. The very first parade of that day was in a part of Maryland outside of Baltimore City, called Dundalk, MD, where Donald Trump had done very well in the past election.

What I found during that parade was a lot of people there who were still supportive of President Trump but not one person at that parade who was in favor of TrumpCare or the Senate Republican so-called healthcare bill—not one.

I was listening to the Senator from Vermont about the most recent polling. The polling I had seen previously had shown 17 percent of the American people in favor of this, which was very low. I am not surprised to hear it is even lower now at 12 percent because my own personal experience in these places in Maryland that had been supportive of Donald Trump, and in many ways still are, were that they were not in favor of this healthcare bill. In many ways, they had felt betrayed by it.

After all, during the last campaign, Donald Trump said he wasn't going to cut Medicaid, and yet the bill before us has dramatic cuts to Medicaid. In fact, the Senate bill has even deeper cuts to Medicaid over time than the House bill.

We all remember the House bill. President Trump had a great celebration in the Rose Garden in public, but behind closed doors he called it mean. Yet the Senate bill, when it comes to Medicaid cuts, will make them even deeper over a period of time, according to the report issued by the Congressional Budget Office, the nonpartisan Congressional Budget Office, just as we all left town for the Fourth of July break.

It was an interesting experience to hear people, on the one hand, saying let's find ways to work together on

many of the challenges we have in this country—and we should find ways to work together—but are strongly opposed to the healthcare bill that is before the Senate right now. The reason is, they are paying attention. They are concluding about this bill the same thing that the AMA, the American Medical Association, has concluded. In opposing this bill, America's doctors say it violates the No. 1 principle of medicine, which is: First, do no harm. That is the Hippocratic Oath. This Senate so-called healthcare violates that very simple proposition. At the very least, we want a healthcare system that doesn't do greater harm than what would otherwise be flawless. Yet we know, from this legislation, in looking at it, that it does do great harm to our healthcare system in the United States of America.

The nonpartisan Congressional Budget Office has looked at it and concluded that if you pass this legislation, 22 million fewer Americans will have access to affordable care than if you don't pass the bill. So it does harm compared to where we are today.

It is absolutely true that the Affordable Care Act is not perfect. In fact, the healthcare exchanges specifically can be improved. We need more choices. We need more competition there. Make no mistake, the Senate Republican bill and the bill that passed the House don't improve the Affordable Care Act. They destroy those parts of it that are working and have been of great benefit to tens of millions of Americans.

The Congressional Budget Office also tells us that premiums will go up next year. The Congressional Budget Office also tells us that if you are a senior between the ages of 50 and 64, you are in for a walloping increase in your premiums, which of course is what the AARP calls the age tax and why they are on the warpath against this legislation—because it will be greatly damaging to those seniors who are in the individual market who are now going to have to pay huge increases in premiums. Those have been documented by the nonpartisan Congressional Budget Office.

I would remind my colleagues that the head of the Congressional Budget Office was someone selected by the Republican chairman of the Senate Budget Committee and the Republican chairman of the House Budget Committee, and the CBO is our referee in this place.

If we all could make up our own facts, which in many cases the debates go in those directions anyway, it would be an even more unruly place. At least we have the CBO to provide that analysis. It is not just the CBO. This is masquerading as a healthcare bill.

I ask the question of my colleagues, Why is it that every single patient advocacy group that has weighed in on this bill has weighed in against this bill? These are not Democratic organizations or Republican organizations:

the American Cancer Society, the American Heart Association, the American Diabetes Association, the National Association on Mental Illness, National Breast Cancer Coalition, the National Multiple Sclerosis Society, the Alzheimer's Association. These are our constituents.

They don't wake up every morning thinking about a Democratic plan or Republican plan or Independent plan. These are organizations dedicated to patient health. They are all against a bill that is parading as a healthcare bill.

How can that be the case, that every single advocacy group that has weighed in on this bill that has a healthcare mandate and is nonpartisan is against it?

I ask my Republican colleagues to go back to the drawing board. This is not a healthcare bill, not when every single patient advocacy group weighed in against it, not when nonpartisan analysis tells us that 22 million people will lose out, not when the American Medical Association says it violates this simple principle of, first, do not harm.

It is not just the doctors. It is the nurses. It is the hospitals. It is the National Rural Health Association. I spent a good amount of time in rural Maryland over the Fourth of July break. Rural hospitals are terrified of the consequences of this legislation, not just because of the harm that will befall their patients because their patients will be denied access to affordable care—but when they no longer have patients who are covered by insurance who come through their doors and there is an emergency so they provide that care anyway, then the hospital all of a sudden is not getting paid for the care it provides. They are deathly afraid they are going to have to scale back their operations and lay off people in a lot of these rural hospitals.

I really hope and believe this is a moment where the Senate can look at this situation and decide let's not go down this road because the American people are asking themselves why are we doing this. It is one of those cases where I think people sort of lost track of why, other than the fact that, as many have said today, there had been this call to get rid of ObamaCare, to get rid of the Affordable Care Act but never a lot of thought as to what was going to replace it.

Now what we are learning is the proposals that would supposedly replace it will do harm. They will do a lot more harm than the place we are at today. Rather than do harm and hurt tens of millions of Americans, let's find a way to improve the current system. There are practical ideas for how we can improve the healthcare exchanges, the marketplaces within the Affordable Care Act. Many of us have put forward ideas, and I would be more than happy to explore with our colleagues ways we can improve upon those exchanges without doing harm.

When you look at this legislation and you realize it is not about healthcare, you have to ask yourself: What is it about other than simply saying we are going to fulfill this pledge of getting rid of the Affordable Care Act? At its core, there are two pillars to this bill. They are rotten pillars, but that is what they are. One is these very dramatic cuts to Medicaid, very dramatic. As I said, the Senate cuts even deeper over a longer period of time than the House bill. In the Senate bill, that cut is around \$770 billion, and then there are also cuts to tax credits that help more Americans afford healthcare. So if you cut Medicaid, you get rid of tax credits that make healthcare more affordable. On the other side of the ledger is this whopping tax cut—a whopping tax cut that goes to some very powerful special interests and some very wealthy individuals. Many of us heard Warren Buffett a couple of weeks ago on TV saying: I don't need a \$670,000-a-year tax cut as part of a bill that is going to put the health of my fellow Americans at risk.

I think a lot of people are asking the question: If this is a healthcare bill, why is the core of it this huge cut to Medicaid and a huge tax break for the wealthiest Americans? And by the way, if you make \$1 million a year, you get a \$57,000-a-year, on average, tax break in this so-called healthcare bill.

So let's put aside a bill that is rotten to its core. I heard a lot of talk about trying to fix this. I would just warn my colleagues to make sure our constituents know that cosmetic changes aren't going to fix this. You can't put a little deodorant on this and make it come out smelling great. It is just not going to happen. But if people are genuinely interested in finding ways to improve the exchanges, I am all in. We certainly should work together to reduce the cost of prescription drugs, and there are lots of proposals out there to do it. The President at one time even talked about making that a priority, but that seems to have fallen away. We all know there are ways we can smartly save money in our healthcare system by continuing to move away from a system that is based simply on the quantity of care and the volume of care and move toward one that rewards the value and quality of care. Let's do that.

The final thing I want to point out is that I was in Southern Maryland over the break, down in a place called St. Mary's County. I visited one of the substance abuse treatment centers called Beacon of Hope Recovery Center. These are people of great faith coming together to help people who are victims of the opioid epidemic, which has had a devastating impact on Maryland, as it has on so much of the rest of the country. We talked about some of the former patients who were there, people who are now actually part of the operation to help save the lives of other people who are racked with addiction. We met with these dedicated staff

members, former patients, and with local law enforcement all around a table, recognizing that if we are really going to conquer the opioid epidemic, we need to provide treatment services. This recovery center was pleading with all of us—with me, asking me to plead with all of our colleagues to not cut Medicaid because they are going to be relying on continuing Medicaid funding in order to provide those treatment services.

I think people around the country are just beginning to learn that Medicaid has been helpful and will become even more helpful in the fight against the opioid epidemic; that it is helping our kids with disabilities and special education in our schools; that it helps low-income working families who may work for an employer who doesn't provide health insurance and who still pays so low that they are at an income level where they qualify for Medicaid. People are also learning that most of the money spent in Medicaid goes to individuals in nursing homes and people with long-term disabilities, people who need long-term care. That is where most of the money goes. And 2 out of 3 dollars spent on nursing home care in the United States are Medicaid dollars.

So we are all in this together. Those deep cuts to Medicaid are going to have a devastating impact, as will the other changes that are going to make health insurance premiums go up for so many people, especially for seniors. And the provisions are going to harm those with preexisting conditions in various ways.

I will end with one of many stories that I have gotten, personal testimonies I received from constituents throughout the State of Maryland.

This one is from Sarah from Arnold, MD, who says:

Without the Affordable Care Act, my family would not have affordable, reliable health insurance. When my 3-year-old was 2 months old, he had emergency brain surgery for a benign cyst. Because of this, and even though he does not have any lingering effects or medical needs as a result of this surgery, we were denied coverage for him before the ACA.

That, of course, is because before the ACA, people could be denied coverage because of a preexisting condition. At the age of 2 months, he had the cyst. He was forever marked as someone with a preexisting condition and therefore could not get affordable coverage.

They wrote:

We were denied coverage before the ACA. In 2014, my husband opened up his own family law practice. Because of this decision, we were on our own for health insurance.

So they bought into the exchange.

And we are now in our second year of excellent coverage thanks to the Affordable Care Act. Having a fixed monthly payment with the options and privileges equal to those who work for big companies has been immensely helpful. The Affordable Care Act has worked for me and my family.

Mr. President, my point is not that the Affordable Care Act is perfect. There are improvements that can be

made. We should work together to make improvements, but let's not do something that violates what the doctors call the Hippocratic Oath. Let's not do something that does more harm in our system. Let's not do something that will result in 22 million fewer of our fellow Americans having access. Let's do something good together that actually builds on what we have, fixes what is broken, because we can make improvements in the Affordable Care Act, not by doing a U-turn and going backward but by looking forward.

Mr. President, I really hope that we will do that together.

Thank you.

#### ADJOURNMENT UNTIL TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 12 noon tomorrow.

Thereupon, the Senate, at 7:22 p.m., adjourned until Wednesday, July 12, 2017, at 12 noon.

#### NOMINATIONS

Executive nominations received by the Senate:

##### FEDERAL RESERVE SYSTEM

RANDAL QUARLES, OF COLORADO, TO BE A MEMBER OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR THE UNEXPIRED TERM OF FOURTEEN YEARS FROM FEBRUARY 1, 2004, VICE JEREMY C. STEIN, RESIGNED.

RANDAL QUARLES, OF COLORADO, TO BE A MEMBER OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR THE TERM OF FOURTEEN YEARS FROM FEBRUARY 1, 2018. (REAPPOINTMENT)

RANDAL QUARLES, OF COLORADO, TO BE VICE CHAIRMAN FOR SUPERVISION OF THE BOARD OF GOVERNORS OF THE FEDERAL RESERVE SYSTEM FOR A TERM OF FOUR YEARS. (NEW POSITION)

##### DEPARTMENT OF TRANSPORTATION

RONALD L. BATORY, OF NEW JERSEY, TO BE ADMINISTRATOR OF THE FEDERAL RAILROAD ADMINISTRATION, VICE SARAH ELIZABETH FEINBERG.

##### DEPARTMENT OF THE INTERIOR

SUSAN COMBS, OF TEXAS, TO BE AN ASSISTANT SECRETARY OF THE INTERIOR, VICE RHEA S. SUH, RESIGNED.

##### DEPARTMENT OF ENERGY

PAUL DABBAR, OF NEW YORK, TO BE UNDER SECRETARY FOR SCIENCE, DEPARTMENT OF ENERGY, VICE FRANKLIN M. ORR, JR.

MARK WESLEY MENEZES, OF VIRGINIA, TO BE UNDER SECRETARY OF ENERGY, VICE KRISTINA M. JOHNSON, RESIGNED.

#### EXECUTIVE OFFICE OF THE PRESIDENT

DENNIS SHEA, OF VIRGINIA, TO BE A DEPUTY UNITED STATES TRADE REPRESENTATIVE (GENEVA OFFICE), WITH THE RANK OF AMBASSADOR, VICE MICHAEL W. PUNKE.

#### DEPARTMENT OF STATE

MARY KIRTLEY WATERS, OF VIRGINIA, TO BE AN ASSISTANT SECRETARY OF STATE (LEGISLATIVE AFFAIRS), VICE JULIA FRIFIELD.

LEWIS M. EISENBERG, OF FLORIDA, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE ITALIAN REPUBLIC, AND TO SERVE CONCURRENTLY AND WITHOUT ADDITIONAL COMPENSATION AS AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE REPUBLIC OF SAN MARINO.

#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

ROBERT P. KADLEC, OF NEW YORK, TO BE MEDICAL DIRECTOR IN THE REGULAR CORPS OF THE PUBLIC HEALTH SERVICE, SUBJECT TO QUALIFICATIONS THEREFOR AS PROVIDED BY LAW AND REGULATIONS, AND TO BE ASSISTANT SECRETARY FOR PREPAREDNESS AND RESPONSE, DEPARTMENT OF HEALTH AND HUMAN SERVICES, VICE NICOLE LURIE.

#### DEPARTMENT OF STATE

STEPHEN B. KING, OF WISCONSIN, TO BE AMBASSADOR EXTRAORDINARY AND PLENIPOTENTIARY OF THE UNITED STATES OF AMERICA TO THE CZECH REPUBLIC.