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Senate

The Senate met at 9:30 a.m. and was called to order by the Honorable RAND PAUL, a Senator from the Commonwealth of Kentucky.

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Beautiful Savior, You have been our dwelling place in all generations, and we are sustained by Your steadfast love. Today, surround our Senators with the shield of Your favor, as they labor to keep our Nation strong.

Lord, teach them to be obedient to Your commands, doing Your good will as Your presence fills them with joy. May they be quick to listen, slow to speak, and slow to anger. Manifest Your power throughout their labors, so that this Nation will be exalted by righteousness.

May Your angels guard us in all our ways.

We pray in Your mighty Name. Amen.

PLEDGE OF ALLEGIANCE

The Presiding Officer led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

APPOINTMENT OF ACTING PRESIDENT PRO TEMPORE

The PRESIDING OFFICER. The clerk will please read a communication to the Senate from the President pro tempore (Mr. HATCH).

The legislative clerk read the following letter:

U.S. SENATE,
PRESIDENT PRO TEMPORE,
Washington, DC, July 26, 2017.

To the Senate:

Under the provisions of rule I, paragraph 3, of the Standing Rules of the Senate, I hereby appoint the Honorable RAND PAUL, a Senator from the Commonwealth of Kentucky, to perform the duties of the Chair.

ORRIN G. HATCH,
President pro tempore.

Mr. PAUL thereupon assumed the Chair as Acting President pro tempore.

RECOGNITION OF THE MAJORITY LEADER

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

HEALTHCARE

Mr. MCCONNELL. Mr. President, the Senate took a critical step yesterday afternoon to finally leave the failed experiment of ObamaCare in the past. It marks an important moment for our country. It signals a positive development for the countless Americans who continue to suffer under ObamaCare's skyrocketing costs and diminishing options.

I thank every colleague who voted to begin the debate. I thank the President, his administration, and our friends in the House for the roles they have played.

Now we have to keep working hard. We are determined to do everything we can to succeed. We know our constituents are counting on us. We will work through an open amendment process. I know Members in both parties have healthcare ideas they would like to offer. If you have one, bring it to the floor.

Last night the Senate considered a comprehensive ObamaCare repeal-and-replace substitute. That amendment was subject to a 60-vote threshold because the Congressional Budget Office had not provided a score for that provision as yet, but it represented a number of important healthcare reform ideas developed by our Members.

Later today, the Senate will vote on another alternative that is based on the ObamaCare repeal legislation that passed Congress in 2015 and was vetoed by President Obama.

We will consider many different proposals throughout this process from Senators on both sides of the aisle. Ultimately, we want to get legislation to finally end the failed ObamaCare status quo through Congress and to the President's desk for his signature.

This certainly will not be easy. Hardly anything in this process has been. We know that moving beyond the failures of ObamaCare is the right thing to do. We have put a lot of hard work already into this. We have had important successes, as we saw with the vote to proceed yesterday. We have to keep up the work now so we can get this done.

RESERVATION OF LEADER TIME

The ACTING PRESIDENT pro tempore. Under the previous order, the leadership time is reserved.

CONCLUSION OF MORNING BUSINESS

The ACTING PRESIDENT pro tempore. Morning business is closed.

AMERICAN HEALTH CARE ACT OF 2017

The ACTING PRESIDENT pro tempore. Under the previous order, the Senate will resume consideration of H.R. 1628, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017.

Pending:

McConnell amendment No. 267, of a perfecting nature.

Enzi (for PAUL) amendment No. 271 (to amendment No. 267), of a perfecting nature.

Donnelly motion to commit the bill to the Committee on Finance with instructions to report back with instructions.

The ACTING PRESIDENT pro tempore. Under the previous order, the

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.

time until 11:30 a.m. will be equally divided between the leaders or their designees.

Who yields time?

If no one yields time, time will be charged equally to both sides.

RECOGNITION OF THE MINORITY LEADER

The Democratic leader is recognized.

Mr. SCHUMER. Mr. President, I ask unanimous consent that my speaking time be taken from leader time, not the debate time.

The ACTING PRESIDENT pro tempore. Without objection, it is so ordered.

Mr. SCHUMER. Mr. President, as the Senate continues the debate on the Republican healthcare bill, it seems the Republican majority is no clearer on what the endgame is because there is no good way out of this.

Last night, the Senate Republican TrumpCare bill—after months of backroom negotiating and provisions aimed at all kinds of individual States and Members—died, with nine Republicans voting against the measure and many others who voted for it gritting their teeth unhappily.

Later today, we will vote on a bill to repeal the Affordable Care Act without replacing it. I know that you, Mr. President, have championed that bill. Based on public comments and public criticism from the other side of the aisle, repeal without replace will fail as well. It is becoming clearer that in the end, the majority leader might push a much scaled-back version of repeal in the hopes of passing something—a so-called skinny repeal—just to get to conference. My colleagues, make no mistake about it, skinny repeal is equal to full repeal. It is a Trojan horse, designed to get the House and Senate into conference where a hard-right flank of the House Republicans, the Freedom Caucus, will demand full repeal or something very close to it. They will demand all the things—deep cuts to Medicaid, generous tax breaks for the wealthy, elimination of preexisting conditions, slashing the kinds of things people need for nursing homes and opioid treatment and disabled kids—that many of my Republican colleagues in the Senate have very sincerely tried to undo.

There is no such thing as skinny repeal. It is a ruse to get to full repeal, with all the concomitant cuts to Medicaid and tax breaks which are so unpopular and which so many of my Republican colleagues here on the other side have opposed. It is clear House and Senate Republicans are miles apart. They are divided on major issues—on Medicaid, tax breaks, and preexisting conditions. The differences between House Republicans and Senate Republicans are virtually irreconcilable. So what is the point of a conference?

You can imagine a conference that turns into an endless game of hot potato; the Republican leader and the Senate passing the potato to the House; the Republican leader of the House passing the potato back to the Senate because neither wants to be responsible for what is inevitable: the demise of TrumpCare. Of course, it is likely a conference could probably produce no agreement at all, keeping the incredibly toxic and unpopular TrumpCare bill the topic of conversation for another 3 months, stalling the legislative agenda for another 3 months, and in the end getting nothing done.

My Republican colleagues should consider that. Many of them want to work with us on so many issues. Above all, NDAA, which my dear friend JOHN MCCAIN, who we pray for every day, wants to get to right away, and the Energy bill, which my colleague from Washington and her chair, the senior Member from Alaska, could bring to the floor and get moving in a bipartisan way. Leader MCCONNELL has made it clear he wants to move nominations.

If we stop playing this game with TrumpCare and send it back to committee and do regular order, as JOHN MCCAIN preached so well yesterday, we could move on to all these other things in a good, strong bipartisan way and start to get things done. My Republican colleagues should consider that carefully.

We Democrats want to start working with our Republican colleagues on the issues I mentioned. We also want to work on improving ACA. No one has ever said ObamaCare was perfect. I have called five or six of my Republican colleagues on the other side and said if we stop this effort with TrumpCare—with repeal or repeal and replace with something far worse than the present—we can go back to committee and improve the present healthcare system and get premiums lower, make healthcare better, and stabilize the system so there is more competition. We will do that.

My good friend the Senator from Wyoming, not the Senator sitting here but his colleague—I heard he was saying to some Members: Oh, the Democrats will never negotiate. SCHUMER will never negotiate. I saw him last night on the floor, and I assured him we will. That is our goal. He accepted that in good faith, which I very much respect.

So the bottom line is simple. I say to my Republican colleagues, when you find yourself in a hole, the first rule is stop digging. By continuing this process—trying to send something, anything, to conference with the House—Republicans are just digging a deeper and deeper hole for themselves and for this body. I implore my Republican colleagues to stop digging and come work with Democrats. We can work to improve our Nation's healthcare system, but Republicans have to turn back soon, and they are running out of chances.

One more thing I would add. I heard my friend the Republican leader say we are going to have a full amendment process. He is trying to convince the folks on the other side that, oh, we will do a bunch of amendments, and then we will have no choice, we will have to send something to conference because we couldn't get anything major done. That is a lot of bunk. We have had no hearings, we had no amendments, we had no bipartisan discussions, and we will not even be able to have debate on many amendments on one of the most major bills affecting us, that affects tens of millions of people's health, and affects one-sixth of the economy. Don't fall for this, oh, we are having a full process. I like my friend the Republican leader. We get along well, but sometimes he says things that when I hear them, I get a little twinge in the stomach. We have a full and open amendment process, he said three or four times. Everyone in this Chamber knows that is not the case. Don't be deluded into thinking, well, we tried. We haven't tried until we go back to regular order.

COMMENTS OF THE PRESIDENT ON ATTORNEY GENERAL SESSIONS

Mr. President, on another matter, President Trump continues to find new ways to humiliate his own Attorney General, Jeff Sessions, a man who stuck his neck out for the President before any other Senator would. I heard President Trump say: I was already popular. As I remember it, when Jeff Sessions supported him, he was an underdog, and everyone said: Wow, Jeff Sessions is doing that out of loyalty and friendship with Donald Trump, not because he was jumping on a train that was headed down the track. Maybe he saw that, but no one else did, and now the President humiliates him.

I would say to my fellow Americans—Democratic, Republican, liberal, conservative—every American should be troubled by the character of this person who humiliates and turns his back on a close friend after only 6 months. We are already far beyond the dangers of a chilling effect at the Department of Justice. The President is taking almost every opportunity in public to demonstrate an open hostility toward the Attorney General. It seems clear the President's intention is to make life unbearable for the Attorney General, hoping to prompt his resignation. All Americans should be wondering why the President is publicly demeaning and humiliating such a close friend and supporter—a member of his own Cabinet. They should wonder if the President is trying to pry open the office of Attorney General to appoint someone during the August recess who will fire Special Counsel Mueller and shut down the Republican investigation. Let me say, if such a situation arises, Democrats will use every tool in our toolbox to stymie such a recess appointment.

Second, I can't imagine my friends on the Republican side, particularly my friends in the Republican leadership, the majority leader and Speaker RYAN—I can't imagine they would be complicit in creating a constitutional crisis. They must work with us and not

open the door to a constitutional crisis during the August recess.

SANCTIONS BILL

Mr. President, one final point because I know my colleagues are waiting: sanctions—finally, a word on them. Yesterday, the House of Representatives passed nearly unanimously, 419 to 3, a sanctions bill that was a product of bicameral, bipartisan negotiations and includes strong sanctions against Russia, Iran, and North Korea. The Senate must act quickly on the legislation from the House.

I understand that earlier today the chairman of the Foreign Relations Committee indicated he plans to strip out a section of this package that relates to North Korea. This is yet another delay generated by Republicans to prevent this bill from landing on the President's desk before we leave for the recess. Even as we debate other items here on the floor, we shouldn't delay this legislation any longer.

I will work with the majority leader to schedule another vote on the sanctions bill so that we can send the legislation to the President's desk before the recess, and I expect the vote will constitute a veto-proof majority, just like the vote in the House.

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

The PRESIDING OFFICER (Mr. COTTON). The Senator from Washington.

EXPORT-IMPORT BANK

Ms. CANTWELL. Mr. President, I saw the remarks of the President of the United States in Youngstown, OH, and it has brought me to the floor this morning because the focus of some of his speech was on the economy and job creation. Well, I can tell the President right now that we need his urgent attention to making sure that we create jobs right now. It is not about something in the future; it is about right now.

There are over 40 projects worth $30 billion being held up because the Export-Import Bank does not have a quorum. It is incredibly important to get a functioning bank and to get a board that supports having the support of a credit agency to work with the private sector to finance the sale of U.S.-made products.

The President seems to embrace the notion that we should make things in America. I think we should make things in America, but I don't think that we sell them only in America. I actually want to sell the great manufactured products of the United States of America to overseas markets, to the 95 percent of consumers who are outside the United States. But because this administration has not shown the leadership to get a functioning Export-Import Bank, we continue to struggle. Those $30 billion in projects are being held up because we don't have a functioning quorum.

GE Aviation in Ohio—I wish he would have visited them because they decided to move part of their operations to Canada and Brazil, instead of expanding in Ohio, to take advantage of countries that actually have a credit agency. GE Aircraft Engines decided to open a turbine prop engine facility in Europe for the same reason. We are losing jobs simply because we don't have a tool to work with private-sector banking to make sure that the sale of U.S.-manufactured products actually gets done to countries and organizations in those countries that don't have the proper financing. GE supposedly said that they weren't going to move their corporate headquarters to Ohio because they did not support the reauthorization of the Export-Import Bank.

Between 2012 and 2016, the Export-Import Bank supported more than 255 export deals in Ohio from all sizes of companies, such as Haltec, which exports auto parts, and Anglo American Hardwoods, which exports wood products to the GE Aviation that I mentioned and GE Aircraft Engines. These deals were worth more than $2 billion.

What I am so frustrated about is that this administration has not kept its word in support of the Export-Import Bank. We continue today with the folly of having our Trade Ambassador show up before the Finance Committee and say that the Export-Import Bank is controversial. I reminded him that it was actually supported by a majority of Democrats and a majority of Republicans in the U.S. Senate. It was also supported by a majority of Republicans in the House of Representatives and the Democrats in the House of Representatives. So how could it be so controversial if we reauthorized it?

But the White House has continued to have a double-edged strategy, pretend that they support the Export-Import Bank, and yet send up the name of a nominee to chair the bank who wants to destroy the bank and has made that intention clear.

If we want jobs in Ohio, we need to get the Export-Import Bank approving deals from manufacturers that are ready to close sales and create more jobs, so let's focus on the task at hand. I hope the President will stand up and clearly articulate the need and support for an Export-Import Bank and stop sending us the name of someone who just wants to destroy it.

I thank the Presiding Officer.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

REQUESTS FOR AUTHORITY FOR COMMITTEES TO MEET

Mr. ENZI. Mr. President, I have 12 requests for committees to meet during today's session of the Senate. They do not have the approval of the Democratic leader; therefore, they will not be permitted to meet past 11:30 this morning, but I ask unanimous consent that a list of committees requesting authority to meet be printed in the RECORD.

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

Committee on Commerce, Science, and Transportation,
Committee on Environment and Public Works,
Committee on Foreign Relations,
Committee on Homeland Security and Governmental Affairs,
Committee on Indian Affairs,
Committee on the Judiciary,
Committee on Veterans' Affairs,
Committee on Aging,
Subcommittee on Public Lands, Forests, and Mining,
Subcommittee on Africa and Global Healthy Policy,
Subcommittee on Investigations.

Mr. ENZI. Mr. President, I listened with a lot of interest to the Democratic leader's comments this morning and his proposal that there would be cooperation if we went to a system of putting it back through committees and doing that, but I have to say that we would have a lot more confidence in getting a solution if there were a single positive suggestion from the other side for a change. Until that happens, there isn't much confidence on our side that the promise of bipartisanship is going to happen.

They keep saying that it isn't perfect, but they don't put forward ideas for any of the changes. We have been suggesting changes for several years, and we have been told each time that it just needed a little more time, that it was a perfect bill.

Soon we will be trying to do a budget. It would be nice if we had some suggestions on budget items that were positive things. I put out that offer as well.

The reason we are having this is that more than 7 years ago, President Obama and congressional Democrats imposed a risky, partisan healthcare experiment on America that ultimately led to skyrocketing healthcare costs and collapsing insurance markets for millions of Americans across the country. This riverboat gamble has caused a stark and dramatic outcome. Currently, there are projected to be 50 counties across the Nation that will not have a single insurer participating in the ObamaCare exchange.

To add further insult, Americans seeking affordable coverage in these almost 50 counties will still be fined under the ObamaCare mandate for not having health insurance. In other words, many Americans will either be forced to pay for insurance they cannot afford or pay a penalty for not having health insurance under this so-called Affordable Care Act, which they can't even access. Where are these people supposed to go? What can we do to help? Again, we are looking for some positive suggestions.

My colleagues on both sides of the aisle know that this healthcare experiment has failed and that we must work together to free Americans from these mandates and put healthcare decisions back in people's control.

Today, Senate Republicans are taking an important step to rescue the millions of hard-working families trapped by ObamaCare's taxes and

mandates. We are trying to repair the Nation's broken healthcare system because we now have a President in the White House who shares our commitment to improve America's healthcare system and make better care available to all Americans.

One of our top priorities in Congress has been to provide relief for hard-working Americans from ObamaCare, which has pushed insurance markets to the brink of collapse. In Wyoming and across the country, premiums for hard-working families are soaring while choices for patients have dwindled. As I travel across Wyoming, I have a lot of people who tell me that their health insurance costs more than their mortgage and, if they ever need healthcare, they have a deductible that is bigger than that.

Simply put, ObamaCare stumbled out of the starting gate on the very first date the healthcare.gov website launched. You might remember how you couldn't get on the website or how you got kicked off after you had done a lot to put in information. Yes, ObamaCare stumbled out of the starting gate on the very first day that the healthcare.gov website was launched, and it has consistently failed to deliver on its core promises while hurting far more Americans than it is helping.

One thing both parties should agree on is that an accessible and affordable healthcare system should be available to each and every American family, and I truly hope my colleagues on both sides of the aisle will work with us to find common ground on healthcare that truly delivers better care.

Millions of Americans have been suffering under President Obama's healthcare law, and this past fall our Nation voted for a change. These hard-working Americans made it clear that fixing our healthcare must be a top priority for Congress and the President. This week, we are delivering on that promise of relief from ObamaCare.

Making America's healthcare system more efficient and effective has always been an important and challenging endeavor for the public and private sector alike. President Obama and his congressional Democrats pushed Washington into the healthcare market, inflicting far greater uncertainty, cost, and disruption into the healthcare landscape than anyone ever imagined. By taking the important steps necessary to untangle Americans from this unworkable, unpopular, and unaffordable law, hard-working families can expect to see stability in the skyrocketing healthcare costs and egregious penalties imposed on them by the ill-named ObamaCare concept of ''affordable care.''

If you are young and healthy, ObamaCare has made it an easy choice to opt out of health coverage. But for those not so fortunate, for those who must have coverage, soaring healthcare costs are becoming a stunning reality. I have constituents in Wyoming who have written to me with worry and concern about their surging health insurance premiums.

I assume that my 99 other colleagues have received many letters like one I received from a family in Gillette, WY. They recently wrote me that under ObamaCare they are paying more than $2,400 a month—essentially taking on more than another mortgage.

In their letter to me, they write:

> Mike, we are small business owners in Gillette, WY. Between Obama trying to kill the coal, oil and gas industries and his insurance fraud, we are stuck between a rock and a hard place. I just paid a $2400 Blue Cross Blue Shield of Wyoming Health insurance bill. I can't keep doing that. I am a real person with real problems created by my own government. HELP MIKE HELP.

That last line of this letter is especially moving: ''HELP MIKE HELP.'' This is why Republicans in Congress and the President have focused on doing just that—helping hard-working Americans like this family in Wyoming. They are looking to us to provide real leadership and rescue them from the failed ObamaCare law.

The previous administration seemed to focus only on protecting their self-described signature legislative achievement. Our focus must be to address ObamaCare's tangled and expensive web of regulations. For families like my constituents, the situation is grim and only getting worse by the day.

One of the most disturbing parts of this law is that Americans are now essentially double-charged by having to pay more in taxes to fund the very healthcare law that is driving up the cost of their insurance premiums. Let me explain further. ObamaCare taxes have increased insurance premiums and limited options for patients and healthcare providers, including taxes on prescription drugs, over-the-counter medications, health insurance premiums, and medical devices.

Unless Congress acts, American households will be forced to pay nearly $1 trillion in new taxes and penalties over the next 10 years. Individual and employer mandate penalties forced millions of hard-working families into expensive and terribly inadequate ObamaCare plans that they did not want and could not afford. ObamaCare's crushing regulations mean smaller paychecks for families and prevent small businesses from expanding and hiring new workers.

For every American, ObamaCare has meant more government, more bureaucracy, and more rules and regulations, along with soaring healthcare costs and few choices. Working together, we can begin to lift these burdens and higher costs this law has imposed on all Americans. The bill we are debating this week will begin to provide relief from ObamaCare that millions of hard-working Americans have long demanded.

Fortunately, America now has a Congress and a President committed to helping stabilize the collapsing insurance markets that have left millions of Americans with no options.

The goal of the Republican healthcare bill will be to improve the affordability of health insurance, preserve access to care for Americans with preexisting conditions—yes, to preserve access to care for Americans with preexisting conditions—and to safeguard and strengthen Medicaid for those who truly need it. This will be accomplished by giving States more flexibility and ensuring that those who rely on this program won't have the rug pulled out from under them. Most importantly, we will free the American people from the onerous ObamaCare mandates to purchase insurance that they don't want and can't afford.

The American people have endured a lot under ObamaCare—including every broken promise. We all remember President Obama's promise to each and every American that if they liked their health plan, they could keep it. Well, Americans soon learned they couldn't keep their plan or their doctor or any extra money in their wallet. The main reason for this is because ObamaCare invaded the insurance marketplace and drastically reduced Americans' choice of healthcare plans and with it the competition necessary to contain the costs of health insurance. It was no surprise that the President's promise—if you like your plan, you can keep it—became the ultimate example of the unfulfilled and unattainable promises of ObamaCare.

For many Senators, especially from rural States like mine, the real impact of ObamaCare on our health insurance market is much more disturbing. Wyoming currently only has one health insurer in the individual market, both on and off the ObamaCare exchange. Let me say that again so there is no mistake. There is only one health insurer either on or off the ObamaCare exchange for all of Wyoming. One health insurer for all of Wyoming. Many States are experiencing a similar crisis, with only one insurer left standing since others have entirely abandoned the exchanges.

For residents of Wyoming and millions of other Americans, the Obama administration's public relations campaign—on which it spent millions of taxpayer dollars—touted choice that ultimately became false advertising. This is the actual ''choice'' for millions of Americans: one and none—but the ''none'' will cost you because of the mandate penalty. You can't afford it, so you don't get it, and then it costs you because of the mandate penalty.

What about the promise of lower healthcare costs that provided the foundation for my colleagues on the other side of the aisle to pass this flawed bill? Even President Obama's administration admitted that ObamaCare is failing to address costs, with average premiums rising by 25 percent for silver-level plans on the Federal exchange. That means families have to decide whether to purchase unaffordable insurance or pay a fine. In most cases, they are literally paying

more money for less control of their healthcare.

Last October's dramatic premium increase was clearly on the minds of voters when they cast their ballots in the November election. Let me say that again. Last October's dramatic premium increase was clearly on the minds of voters when they cast their ballots in the November election. There is trying to be some blame put on us for those increases, but that was before last November's election.

This is a crucial time for healthcare in America. We do not have the luxury of ignoring the crisis in health insurance markets and the crushing premiums faced by families across the country. Healthcare costs for my constituents in Wyoming continue to be among the highest in the Nation, with other States not far behind.

We must act now to rescue the millions of Americans who are suffering under ObamaCare in order to provide relief to those who have been harmed by this law. Unwinding this failed law to make meaningful changes has not been easy, but Americans are relying on us to accomplish this task and keep the promise to rescue them from ObamaCare. Our goal is to create a healthcare system where Washington gets out of the way and families are again empowered to control their own healthcare, with more choices and lower costs.

So this is where we find ourselves today. Congress and the President are fulfilling their promise to provide relief for millions of hard-working Americans trapped by Obamacare's taxes and mandates. We are not tied to any single idea. We hope our Democratic colleagues will ultimately join us in this worthy endeavor. The American people are expecting us to act. We must not let them down.

I yield the floor.

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, since the Republicans have announced that their top legislative priority in this Congress would be to rip away healthcare from millions of Americans, I have come down to the floor many times to beg them to reconsider. I shared stories about families in Massachusetts who gained quality healthcare coverage for the first time after the passage of the Affordable Care Act. I shared statements and letters from hospitals and doctors in Massachusetts talking about the incredible difference healthcare coverage makes for the patients who walk through their doors. I have also shared many, many stories from parents with children who have complex medical needs—all of those children depending on Medicaid.

I know that families, doctors, hospitals, nursing homes, and patients lying in their hospital beds haven't just been sharing their stories with me; they have been begging every Republican in the Senate to listen to them as well. People share their stories because they want to make a difference. These are the stories of families we represent. They are the reason we are here in the Senate. They are supposed to be our guiding light for the choices we make and the way we vote.

Senate Republicans who voted yesterday to move forward with their effort to rip away Americans' healthcare are not listening to the people they represent. Their vote was irresponsible. It was reckless. It was cruel. It was immoral. But more than that, this was a vote that is not who we are as a country.

Let's be very clear about what is happening on the floor of the Senate right now. Fifty Republicans have voted to open debate on a series of bills, each of which would have devastating effects for healthcare in this country. Now the Republicans don't know which of these bills will actually be the ones they will be asked to vote on. Only some of the bills have been analyzed by the number crunchers over at the Congressional Budget Office, the CBO, to estimate exactly how many people would be kicked off insurance and how high premiums would go, but every version that the CBO did examine over the last few weeks was very ugly, with tens of millions of people losing their coverage and costs skyrocketing for millions more.

The latest plan Senator MCCONNELL has been floating behind the scenes would have Republicans ultimately vote on what is called a skinny repeal bill. This bill would make a limited set of changes to the Affordable Care Act—just the important stuff. What is important to Senator MCCONNELL? It seems to be the part of the Affordable Care Act that makes the health insurance system actually work, because the skinny bill would repeal the parts of the ACA that say everyone needs health insurance coverage. This is the individual mandate.

Republican leadership is telling their Members that if they vote for this skinny bill, they can hammer out the rest of the details in conference with the House of Representatives. But make no mistake—this isn't a more moderate version of the Republicans' ugly plan to repeal the Affordable Care Act. This isn't compromise. In fact, this may be the worst idea they have had yet because if Senate Republicans vote to repeal the individual mandate, they are getting rid of the linchpin of the insurance markets in this country. That is because this provision—the one the Republicans want to junk—is what keeps the price of insurance affordable for people with preexisting conditions.

Don't just take my word for it. Independent experts have looked at what would happen if the Republicans repeal the individual mandate. Boy, it is not pretty. Just yesterday, the American Academy of Actuaries—these are the experts who study how insurance works. They do that for a living. These are their numbers. They wrote to Senate leadership begging them not to go forward with this reckless plan. They wrote that eliminating this part of the health law ''would likely have significant implications for health care coverage and costs both to consumers and the federal government.'' They said that it would ''lead to premium increases.'' It would ''weaken insurer solvency.''

Let me do the translation on this. The actuaries—those who study insurance for a living—are saying that what the Republicans are thinking of voting on is a provision to jack up insurance costs through the roof and rip away coverage from those who can't afford to pay those higher costs.

We should be very clear about the consequences. If the Republicans go through with that vote, they will be responsible for every dollar of premium increases that occur over the weeks and months that follow as this bill sits in a conference with the House and insurance companies jack up prices because they don't know what they might be required to cover. Senate Republicans will be responsible for every single person who has to drop coverage because they can't afford those price increases. The Senate Republicans will be responsible for every single person who didn't go to the doctor when they needed to or didn't schedule surgery when they needed to because they no longer have health insurance. Senate Republicans will be responsible for every family in this country who misses a mortgage payment or can't pay their electricity bill or is forced into bankruptcy because their medical debts have become too big to ever pay off.

Every time I have come to the floor to talk about this terrible Republican bill, I have said that I am ready to work on bipartisan proposals that will actually improve healthcare in this country, and I say it again. I am still ready to do that, but we cannot move forward while Senate Republicans are still trying to take healthcare coverage away from millions of Americans and drive up costs for millions more.

Republicans seem to think they can wear us down, that they can keep us here until we get too tired or we give up or we just give in, but, boy, that is where they are wrong. They do not have a clue what they are up against because we are fighting for families. We are fighting for little kids. We are fighting for our neighbors. We are fighting for parents and brothers and sisters and loved ones. We are fighting for the American people. When you fight for the American people, the wind is always at your back, and your heart is always strong.

So Democrats will be here, fighting for as long as it takes to beat back these shameful healthcare bills. We hear the American people. We hear you. We are on your side, and we will never give up.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. WARNER. Mr. President, first of all, I thank my friend, the Senator from Massachusetts, for her comments today and for her relentless willingness to take on this fight and so many other fights that are so important to our country.

I come to join her call to point out some of the challenges in this legislation but also to make an appeal to my friends on the other side that this does not have to be the way we go. I have been one who has acknowledged for many years that there are challenges in the Affordable Care Act and that there are areas in which there could be common interests in finding solutions, but what we have before us now is a series of ''bad, badder, and baddest'' choices. In effect, we have a series of options that ask: Do we want to pass legislation that would take 16 million Americans off healthcare? Do we want to pass legislation that would take 22 million people off healthcare? Do we want to pass legislation that would take 32 million Americans off health insurance?

What parts of these choices do my Republican colleagues really embrace?

I think that in the 8 years I have been here, I have never seen a series of pieces of legislation that have been so unpopular, even before they are passed, than this litany of options from full repeal to skinny repeal and all of the variations in between.

As has been said by the Senator from Massachusetts and I know by the Senator from Washington State as well, the American people know this. That is why our phones are ringing in our offices and I know in our Senate Republican colleagues' offices. People are saying do not pass this kind of legislation.

I think about the fact that in the last couple of weeks, the parents of a number of children and young adults who have enormous disabilities have come to my office. In Virginia, we run a very skinny Medicaid Program. Frankly, it has not been very generous. Some of the individuals who have come to my office have waited 5, 6 years—one person has waited 10 years—to get a Medicaid waiver. These families, these children, in any of the proposals that have been put forward, would be the first to lose their coverage.

Family after family talked about the fact that, right now, both parents can work because they have a little bit of relief to take care of their disabled young adults in certain cases. In many cases, it is because the young adults can at least find someplace to do some productive work themselves. Yet, if they were to lose the Medicaid waiver, one of the parents would have to stop working, and the child would have to stop his form of employment. Net-net, it would be a loss not only to that family, but it would be a loss to our economy.

I mentioned that I used to be the Governor of Virginia. In 2016, Virginia received about $4 billion in Federal Medicaid funds—51 percent of the State's funding for people covered by Medicaid. As I mentioned, we are ranked one of the skinniest programs in the country. Unfortunately, we rank about 47th, I believe, in terms of our payments. Yet, under any of these proposals that decimate Medicaid, Virginia would be penalized for running an efficient program.

Again, one of the ironies of this is that the States that are the least penalized in the Republican proposals, in terms of the $700 billion-plus of Medicaid cuts, are actually the States that have more generous programs. They are often States that are represented by Democratic Governors. In what way do these proposals help our Republican colleagues or, for that matter, their constituents?

We have heard, as well, that the American Cancer Society, the American Medical Association, the American Academy of Pediatrics, the American Hospital Association, and AARP—a who's who of groups affiliated with healthcare—have come in and pleaded: Please, do not do this, this way—any one of these litany of proposals that we will be dealing with over the next few days.

From what I have heard on an individual basis—and I take enormous pride in the fact that in my time here—and sometimes it has even gotten me crosswise with the ranking member of the HELP Committee—I have tried to reach out on virtually every piece of legislation I have worked on to find a Republican partner. I actually got put in a timeout by a previous leader for doing too much of that.

What I hear from my Republican colleagues is, they do not want to own this. They know, in many ways, that this is walking the plank on what is both bad policy, bad politics, bad for their constituents, but the notion that somehow they have to provide a win for a President who has provided zero leadership before they can take some kind of August recess is literally the worst reasoning I have heard in my 8 years in the Senate as to why to pass a piece of legislation, particularly a piece of legislation that affects one-sixth of our economy. In many ways, it is almost one-third of the people who will be affected by some of these changes.

I think many of us were touched yesterday when we saw Senator MCCAIN, who is an American hero and who himself is having to grapple with enormous healthcare challenges, come back to the floor and, frankly, admonish us appropriately but also say that while he was going to vote to start debate on this bill, the real way we ought to go about doing this is to roll up our sleeves, in a bipartisan fashion, and take this legislation back to where it should start, which is in the HELP Committee, where the Senator from Washington serves, in the Budget Committee, whose chairman is on the floor, and in the Finance Committee. Two of those three committees I have the honor of serving on.

I commit to my Republican colleagues that I will work with them. I have laid out a series of ideas, some of which they have endorsed in terms of there potentially being cheaper options, in terms of selections; the idea, as long as we protect consumers, of allowing insurance policies to be sold across State lines and other ideas in terms of reinsurance that other colleagues have worked on. There are a host of ideas we all agree on. Let's start with that premise, in terms of coming to a solution, not coming up with legislation that is cooked up behind closed doors that even my strongest Republican colleagues have acknowledged they cannot vote on when they only get an hour to look at it.

Think about all of the same criticisms—some of them valid—that were made against the Democrats when we passed the ACA; although I would continue to remind my friends that we had, literally, hundreds of amendments which were Republican amendments that were accepted into that legislation. It was not a perfect process, but let's learn from that and take this advantage right now. Listen to the American public, and let's work together to get this right.

The other item that will come about from any of this Republican legislation put forward, even from the skinniest of their proposals, would dramatically affect those individuals with preexisting conditions. I have three daughters. One of my daughters has juvenile diabetes. She has had it for 18 years. Another daughter has asthma and a very strange set of allergic reactions that have actually caused her to have been hospitalized 38 times in the last 40 months.

I am an extraordinarily lucky individual. I know that both through health insurance and because I had the resources, every time my two children got sick, I could make sure they got the medical attention they deserved. I cannot imagine talking to any Virginia family or Washington family or Wyoming family or Arkansas family who has a child with those same afflictions and trying to explain to them that my kids who have juvenile diabetes, asthma, and allergic reactions—through no fault of their own and that have caused this number of hospitalizations—have a right to healthcare and that their kids who have preexisting conditions do not have that right.

Our country is much better than this. We can figure out a way to get this right, but we are not going to get it right if we continue to have this ploy of one closed-door, cooked-up deal after another that is put forward, with no review and no real attempt to find a common solution.

I do not come to the floor that often, and I do not often talk about the medical needs of my family. This is for the sake of not only my kids who get the coverage they need and deserve but for

all the kids who now get the coverage they did not have prior to the ACA and who have it now. It is the idea that insurance companies cannot discriminate against you because you have preexisting conditions.

Let's see if we can make sure we maintain that commitment. In the greatest country in the world, as Senator MCCAIN so eloquently put it yesterday, let's see if we can work through to a way that makes this body, once again, the greatest deliberative body in the world. Let's see if we can find that common ground that would allow us to put forward legislation that at the end of the day, we would all be proud of. That is a goal worth working on.

My hope is, over the coming days, we will find that common group of Senators who will say we are going to take that path rather than the path we are on right now.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Mr. President, I hope all Senators in this Chamber took the time to listen to the very wise words from the Senator from Virginia as to the fact that we are facing real issues in this country and that when we work together and go through the regular process of having committee hearings and no secret negotiations or backroom deals, we can lead this country in the way it should be led.

I thank the Senator for coming to the floor and reminding us that is how we get things done in a way that America accepts it.

Yet we are not here after having had committee hearings or process or anything. We are here because of backroom deals that have brought us to this floor at a time when no one can accept the fact that all of the proposals are as a result, so far, of how many millions of people will lose insurance—22 million, 15 million, 24 million. That is what we are debating here, and that is a terrible debate. That is not what we should be talking about, but those are the proposals we are being offered.

Again, the Democrats are here. We are not giving up, and we are going to fight any effort to pass TrumpCare until the last possible moment because that will be the result. We are going to speak out for families nationwide—children, parents, patients, people with disabilities, seniors, and people who have called and tweeted and marched and filled our office halls. So many people are worried and, frankly, scared right now. These are families who are being kept in the dark by our Republican colleagues and who are being left to wonder what might happen to their healthcare, their financial security, and even their lives.

It is appalling the majority of Republicans who are willing to go along with this plan and move to begin debate without even knowing what bill they will be debating. Yet, last night, the vast majority of the Senate did something unusual. It showed just how much agreement there actually can be among us, when 57 Republicans and Democrats agreed to reject a full TrumpCare replacement bill and sent a message that we agreed with Senator MCCAIN in that we should stop letting the ''bombastic loudmouths'' drive our work and instead return to regular order and get back to work on policies that actually help the people we are here to represent.

There are responsible Republicans who disagree with the way the Republican leaders have hidden their legislation from Democrats and the public throughout this process, who think there should be an open, transparent process, with both sides at the table, and who want hearings and public debate rather than backroom deals and secret negotiations. I do as well, and I know many of my Democratic colleagues agree.

Now that it is clear that there is absolutely no path to full TrumpCare in the Senate, what is the reason for continuing this damaging, rushed, deeply partisan effort on the floor to jam just any bill through the Senate? Together we can do a lot better than the lowest common denominator bill that simply sends TrumpCare to conference with the House and then gives the Freedom Caucus a blank check to gut Medicaid and put insurance companies back in charge of people's healthcare, and more. Let's be clear. The only reason to pass a cobbled-together, last-minute bill on the floor is to keep the extreme conservative dream of repealing ObamaCare alive, no matter what that means for patients and families.

I truly believe there is a better way to get this done right, and it is to stop what Senate Republican leaders are doing right now and start over.

So, once again, I ask my Republican colleagues to drop this partisan effort and join us at the table. Let's work together to improve families' healthcare, as so many of us truly want to do. My door is open, and I am ready to get started.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, no one should normalize what is happening on this Senate floor right now. We are all waiting for the white smoke to come out of Republican leadership offices so that the millions and millions of very scared people in my State will be able to see what is about to happen to their lives.

This isn't a game. People's lives are at stake. People's health is at stake. Yet, because this debate is now devoid of policy and substance and seemingly just about delivering a political victory to Republicans, we wait and we wait and we wait.

People are scared. All over the Capitol today there are parents of children with disabilities, many of whom rely on Medicaid in order to keep their children alive. I have spent a lot of time with them over the course of the last 6 months because, to them, the measure of a civilization is how it treats the most vulnerable, and their kids, with these deep disabilities, are among the most vulnerable. For much of the last 6 months I have seen anger in their eyes—anger that Congress would choose to hurt their kids or to force their family to go bankrupt.

Yesterday, I saw something new in their eyes. I saw fear. I saw deep, debilitating fear because they sense that we are on the precipice of doing something that they didn't think was possible—a piece of legislation passing the Senate and the House that would deliberately and intentionally hurt their children.

There is no way around it. It is not hyperbole. The House bill that we are debating right now guts Medicaid to the point where 15 million people—the most vulnerable Americans—would lose access to healthcare.

I know it is very hard for people in this Chamber to understand because we all have really good healthcare. But when you have an expensive disease or your child has an expensive disease and you lose insurance, you can't pay for it. You can sell your house, you can sell your car, and you can exhaust your savings. For some families, that will cover 6 months' worth of expenses for their sick child. At some point, the patient dies if they don't have access to healthcare.

So people are scared. They are really scared. They are scared not just at the consequences of the House bill eventually passing, but they are also scared at the casualness with which this debate seems to treat their plight.

There are rumors now that, at the end of this process, we are going to vote on what has been described as a stripped-down, gutted version of the original Republican healthcare bill. It might have one or two provisions in it—maybe the elimination of the individual mandate, maybe the elimination of a few taxes. The intent would be to essentially punt the more comprehensive debate about what our healthcare system is going to look like to a conference committee.

I want to talk about that for a few moments and what the consequences of that are. First, I want to talk about what the consequences are, if that end result is achieved, for the Senate. Why do my colleagues choose to run for the Senate if they are prepared to surrender the biggest policy decision they will likely face to the House of Representatives? Why go through all the trouble of running, of raising all the money, of getting all the votes to become a Senator if you aren't prepared to actually render an opinion and pass a bill on the biggest priority issue facing this country right now—the future of the American healthcare system?

Republicans have been unable to come up with a bill that can get 50 votes. Why? Because they refuse to engage with Democrats. Now the solution

is to punt by passing a stripped-down version of the bill, handing all power to the House of Representatives, surrendering to the House of Representatives. What is the point of being a U.S. Senator if you aren't actually going to make policy, if you are just going to hand over the keys of policymaking to the House of Representatives? This is the U.S. Senate.

I disagreed with Senator MCCAIN's vote yesterday, but I heard the speech he gave to us that this should be the place in which we make the big, tough decisions about the future of the American economy. The Senate will put an ''out of business'' sign on the outside of this Chamber if we pass a scaled-down version of this bill that admits we can't come to a conclusion.

What is the point of being a Senator if you just hand this debate over to the House of Representatives? By the way, that is what will happen. If the Senate goes to conference with the House of Representatives and there is only one bill in that conference—and that is what will happen if a stripped-down version of this bill goes into conference and the House has a comprehensive reform bill—the House bill will be the only one in the conference committee, and the House bill will become law. The House bill will survive. It may have some small cosmetic amendments to it, but all of the power will be given to the House of Representatives in those negotiations because there is only one idea that will be present.

Let's go back for a moment and remember what was in that House bill that so many of my Republican colleagues told me was deeply objectionable to them and would never get a vote on the Senate floor. Twenty-three million people will lose insurance. Rates will go up by 15 to 20 percent. People with preexisting conditions in most States likely will lose all protections available to them. Insurance plans will not have to cover maternity care, mental illness, or addiction any longer. Medicaid will be gone as we know it. My small State, with an $8 billion Medicaid Program, will have a $3 billion cut. Children will lose their ability to stay alive because they lose their healthcare insurance. Seniors in nursing homes will be put out on the street. That is not hyperbole. That is real. That is what happens when you kick 23 million people off of insurance.

That bill or some version of it would emerge from the conference committee because the Senate would have defaulted to it by going to conference with nothing. But that is just the long-term consequence. The short-term consequence is that this scaled-down bill reportedly will include an elimination of the individual mandate. Insurance markets will fall apart.

Everybody here knows, whether you are a Republican or a Democrat, that the only way you guarantee that people get priced the same if they are sick or not sick is to require people to buy insurance when they are not sick. In fact, the Republicans know that because in their bill that they wrote behind closed doors, they included an individual mandate. They did. It was designed in a different way. They said that if you don't buy insurance, you will be penalized by being locked out of the insurance market for 6 months. But they had a penalty for people who don't buy insurance, just like the Affordable Care Act has a penalty. Republicans and Democrats understand that in order for the insurance markets to work as they are regulated today, you need to encourage people to buy insurance when they are healthy and penalize them if they don't. The Republican bill does that, just like the Affordable Care Act does that.

If you pass a bill that removes that mandate, then every insurance adjuster, every actuary who works for a major healthcare insurance company, will tell you that the markets will crater because individuals won't buy insurance until they get sick, knowing that they can't be charged any more. Healthy people will not buy insurance. Rates will go up. Insurers will flee the markets. The entire thing collapses.

That is the short-term consequence of telegraphing to the insurance companies that you are getting rid of the individual mandate. Even if that is not the final result, that telegraph signal, at a point where insurers are already rethinking the markets because of the sabotage campaign that President Trump has undertaken, would be catastrophic.

This is not a game. These stakes are big. The casualness with which people are approaching this debate is scaring the life out of people in my State, out of parents of kids with disabilities and folks who are dealing with sickness and illness all across this country.

It is not too late. We don't have a communicable disease. We aren't going to physically harm Republicans if they come talk to us. It is time to abandon this Republican-only approach and come work with Democrats. Let's jointly own the problems that still exist in the healthcare system and jointly own the solution. People are scared of what is happening in the Senate today, and there is a different way.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. What is the time situation?

The PRESIDING OFFICER (Mr. SULLIVAN). The Senator from Wyoming controls 24 minutes. The Senator from Washington controls 1 minute.

The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I want to say that the field hearings I had have shown me that people not only fear but will be justifiably hurt forever by this sabotage of our exchanges and by the repeal of the Affordable Care Act. Whether it is called a skinny repeal or any other name, it will fundamentally decimate Medicaid, it will put Americans who are in nursing homes out on the streets, and it will mean that people who need treatment for opioids—the consequences to them and many others whom I have seen in Connecticut and around the country will be absolutely devastating.

This shameful and senseless step toward gutting the Affordable Care Act has left millions not only in fear but in potential real jeopardy. We can do better, and the people of Connecticut and around the country know we can do better.

We owe it to our democracy to go through the regular order, as Senator MCCAIN urged us to do, and to make sure that we fulfill our promise, our oath that we will uphold the Constitution and do what is right for the American people.

The PRESIDING OFFICER. The Senator's time has expired.

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

Mr. ENZI. Mr. President, I yield such time as the Senator from Kentucky needs.

The PRESIDING OFFICER. The Senator from Kentucky.

Mr. PAUL. Mr. President, as a physician and an eye surgeon, I have seen ObamaCare up close, and it is not working for Americans.

If you look across the country and say ''Is it working?'' you find that ObamaCare premiums have doubled for those in the individual marketplace in just a few short years. You find that the ObamaCare insurance mandates have caused 4.7 million people to lose the insurance they chose. If you like your doctor, you can keep him or her—that was the promise, and it was a lie. Some 4.7 million people were told that they couldn't choose the insurance they want and couldn't choose their doctor.

It is estimated that there are 800,000 fewer jobs because of ObamaCare. How does that happen? Well, if you work 32 hours a week and your employer has to provide insurance at 30 hours, guess what happens. Some people get moved to 28 hours. You add up all those hours, and millions of people are working fewer hours.

Who are the people who got shafted by ObamaCare? Often, working-class people. In my State, there are 25,000 people who pay a fine because they can't afford ObamaCare. These 25,000 people make less than $25,000 a year. They are our working class.

ObamaCare punishes them and says: You have to pay a fine.

They say: I wish I had insurance, but ObamaCare added all these mandates, things that I can't afford.

Sure, everybody wants to have everything under the Sun covered by their insurance, but when you mandate that, you elevate the price of insurance. So what has happened? Young, healthy people have lost their insurance and don't buy insurance in droves.

ObamaCare says: You can come back any time after you are sick and buy your insurance.

That sounds good, but what it leads to is the death spiral of ObamaCare. ObamaCare premiums have doubled because the young, healthy people are saying it costs too much and the sicker people are the only ones left in insurance.

This is what happens when you let the government get involved in the marketplace. If you allow the marketplace to work—what is the one universal feature of capitalism? You get the lowest amount of cost and the most amount of goods distributed to the most amount of people.

Right now under ObamaCare, 50 percent of America has one choice. What does that mean? A monopoly. Who wants the insurance company to have a monopoly? When the insurance companies have monopolies, the prices get doubled.

There are now some parts of our country that have no choice in the individual market. If you are a plumber or a welder or a carpenter, you have to buy insurance in the individual market. In many places in America, you have no choice. In half of America, if you buy insurance by yourself, if you are not part of a large group, in half of America, there is one choice—a monopoly and monopoly prices.

In my State alone, 50,000 Kentuckians have to pay a tax. They have to pay a fine because they can't afford ObamaCare. They are regular working people, and they do work and they do pay taxes. They pay a fine. We pay $16 million in fines in just my State. Across America, this is happening.

How did it become an American sort of legislation or plan to force people to buy stuff they don't want and then to extract money out of their paycheck if they don't do what you tell them?

Ultimately, Americans should remember that ObamaCare is predicated on force and coercion. ObamaCare dictates what kind of insurance you can get and makes you pay a fine if you don't get what the politicians tell you you must get.

President Obama basically told you that you were too stupid to make your own choices. These people who want to dictate to you are elitists. They think they know better than you what kind of insurance you should get. If you don't buy the insurance they dictate, they will fine you. If you don't pay the fine, they will jail you. How is that consistent with the American ideal of freedom?

This debate is about more than actuarial tables. We get dragged down into this debate, and we think it is all this healthcare wonkiness, this and that. It is about freedom of choice. It is about whether you as an American can make the choice whether you want insurance or don't want insurance, whether you want insurance that is really expensive or not.

They put a special tax in there if you have good insurance. First they tell you what kind of insurance to buy, and then they tell you that your insurance is too good. If you are in a union or you are an executive and you have great insurance, ObamaCare tells you they are going to tax you because your insurance is too good. These busybodies think they know everything about what you want. They are going to dictate what kind of insurance you can get, and then when you buy it, they are going to tell you that you have too much, so you have to pay a tax. That isn't the American way.

Today we will vote on a bill we have voted on many times. The Senate itself voted on this 2 years ago. It is the identical bill. We are going to vote on a bill we voted on 2 years ago. I hope everybody who voted for it before will vote for it again. It is what we call a clean repeal. It is not cluttered with insurance company bailouts. It is not cluttered with this and that, new Federal regulations. It is just trying to peel back ObamaCare.

While it is a clean repeal, it is only a partial repeal. Why? It is only a partial repeal because we have these arcane Senate rules that say we can't repeal the whole thing. Because we are only repealing part of it, ObamaCare will remain. Even if we are successful with this bill, at least half or more of ObamaCare remains. Bad things remain. All of the mandates on what you have to purchase on your insurance will remain. That doesn't mean we shouldn't do this.

The other side does not want to help. The other side has never met a regulation they want to repeal and has never met a tax they want to lower. So if you want to get rid of the taxes, it has to be done today.

People say: Well, this doesn't have the replacement.

Well, sure we should replace ObamaCare. I have been advocating that from the beginning. But we have to figure out what that replacement is. And the only way we are going to be forced into a bipartisan compromise is if we repeal it. If we do not repeal it today, there is no impetus from either side to work on replacing it. If you repeal it, even the other side will say: Oh, my goodness, we have to do something because they repealed these subsidies in this Medicaid expansion. They will say: We will work with you now. But everything else is false.

They will not work on repealing one regulation or one tax. That heavy lift is left to Republicans, and my hope is that Republicans would band together and say: Sure, this isn't everything I wanted. It is not everything I want. It is a partial repeal. It leaves in place a lot of ObamaCare that we should get rid of, and we should continue to try to get rid of these Federal mandates on insurance.

This is a beginning, and it is all we are being offered up as a beginning, but it is a victory for those of us in America who have said: Enough is enough. My government shouldn't be telling me what I can buy and what I cannot buy. My government should not tell me which doctor I can choose and which doctor I have to leave behind. The government should not be involved in my healthcare business. I want to be left alone. The right to privacy, the right to be left alone is a fundamental right of Americans. That is what this is about.

It is about freedom of choice. It is not about actuarial tables. It is not about the Federal Government designing a perfect healthcare system. The Federal Government cannot deliver the mail. They lose a billion dollars a quarter delivering your mail. Do you want them in charge of your doctor? Do you want them in charge of your insurance? This is the one chance we get today. We will have a chance to repeal ObamaCare. We will have a chance to fulfill our promise to the American voters.

There is a partisan divide. Democrats are for keeping it; Republicans are for repealing it. But Republicans made a promise. We made a promise to the American people to repeal it. There may be some Republicans today who say: I am not voting to repeal any longer; things have changed. The problem is that we are not going to get toward a solution if we don't begin to repeal. The other thing about this repeal is that there is a 2-year window in which part of the repeal doesn't take place for 2 years. Over those 2 years, my guess is that we will have impetus from the other side to actually begin to negotiate. Currently, there are 27 million people in America without insurance. From all the talk, you would think that ObamaCare has covered everyone, and somehow Republicans are against that.

Count me as one Republican who wants to figure out how we insure the 27 million who don't have insurance. Of the 27 million people who don't have insurance under ObamaCare, half of them don't buy insurance because it is too expensive. Why is it too expensive? Because ObamaCare dictates about 15 different things that every insurance policy has to have: Vision, hearing, pregnancy—you name it; it is all on there. Everyone wants it. If you put it on every insurance policy, not everyone is going to be able to afford it. You force people out of the market. So 27 million people don't have insurance, and half say they can't get it because it is too expensive.

Where is the problem in insurance? If you are here today visiting in Washington, and you work for Toyota or Ford or General Motors or any big American company—any big corporation in our country—if you work for them, my guess is that you are not worried about your wife getting sick and they fire you from your job or raise your rates. What happens when you have group insurance is, if your family member gets sick, you don't lose your job. Your insurance rates really don't change, and you continue on with your life. You still have the tragedy to deal with of someone in

your family being sick. But if you have group insurance, it seems to work in our country.

What we are talking about is the individual insurance market. We are talking about the plumber, the pest control guy, the carpenter, the welder, the farmer—people who are in a small business. Either they have a few employees or it is just them. That is what we are talking about. It is horribly broken. I don't wish it on any American. I wish no American had to buy any insurance in the individual market. In fact, what I am proposing would so disrupt the individual market that maybe everyone would leave. I am trying to give an exit ramp to everyone in the individual market to get out of the individual market because the individual market is a terrible place to be.

If you are a farmer in America and you buy insurance for you and your wife, and your wife gets breast cancer, you are not only deathly afraid for her health, you are deathly afraid your insurance rates will be doubled, tripled, or you will be dropped. I don't care if you are a Republican, Independent, or a Democrat. People in the individual market do worry. We have had people here worried that people are going to lose their health insurance. The individual market is a terrible place to be.

So what should we do? Should we give hundreds of billions of dollars to the insurance company and say: Please insure these people and make sure their rates aren't too high. I don't like that because I am not for crony capitalism. These companies make billions of dollars a year in profit. I am not for giving them one penny of your money.

Do you know what I want? I want something that doesn't cost anything, that doesn't cost one penny and would completely transform healthcare and insurance in this country. I want to legalize—I want to make it open to every American that you can go out with an association across State lines and buy your insurance as part of a group. What would that mean? In my State, the Farm Bureau has 33,000 people. But when you go to the Farm Bureau to buy your insurance, you get an individual policy. A farmer, his wife, and their family get a policy. It is just them. They are not really protected by the group. They don't get the leverage of price, and they are not protected. If they get sick, their rates are based on them and their family. Why don't we let them join together? There are probably a million farmers in the Farm Bureau throughout the American Farm Bureau. What if the American Farm Bureau had an association and one person negotiated for them? I don't think we can overstate the negotiating value of a group.

In China recently, they negotiated for patented medicines, and they reduced the price by 67 percent. Groups can negotiate prices down. This is a free market reform. This is collective bargaining for consumers. I can't see why either side—I am still hopeful, no matter where this goes, that at some point in time, when partisan fervor dies down, we can go to the other side and say: What's so wrong with collective bargaining? I thought you were for collective bargaining for labor. Why not be for collective bargaining for consumers? Let the consumers band together. AARP has 33 million people. What if one person negotiated the rate for their insurance and their drugs? My guess is that they would have the lowest drug prices in the world, and more people would want to join AARP. What if the credit unions—there are about 20 million people in credit unions, maybe more, across the United States. What if you could join your credit union and became part of a national association to buy your insurance? The leverage of 20 million people would be maybe 40, 50 times bigger than America's biggest corporation.

Right now, if you are General Motors and you are a big corporation, you have leverage to bring prices down. What if you were in a corporation 20 times bigger than General Motors—an association that negotiated your prices? This is freedom, though; this isn't a government plan. This is the Federal Government saying that you are allowed to do what you want. You are allowed to collectively bargain as consumers.

I think there is every chance that we could fix a lot of the market. Would there be anybody left behind? Yes. I mean, we have terrible tragedies. I spent my adult career in medicine. I have seen the terrible tragedies, the terrible disabilities, the terrible neurologic disorders people are born with and have to live their lives with. Those exceptions will be treated and are treated.

Frankly, one of the misunderstandings of this debate is that any Republican is up here talking about trying to take away stuff from those who are disabled, can't work, and do have to have care. That is traditional Medicaid. They will continue to be cared for. Under this, we are talking only about able-bodied people. Should able-bodied people—people who walk around, hop out of their truck—should they be working? Should they be providing for their health insurance? Yes. Can there be a transition zone? Yes. We have transition programs between unemployment back to employment. We shouldn't have people permanently unemployed—people permanently on benefits who don't work or won't work. There should be work requirements. I am not afraid to say that every able-bodied person on Medicaid ought to work. There should be a work requirement. I meet many people on both sides of the aisle who are for that.

I don't say they should work as punishment. I think everyone in America should work as a reward. I think work is a reward. I don't care whether you are from the lowest job on the totem pole to the top, to the chief executive. Work is where you get self-esteem. No one can give you self-esteem. Your self-esteem comes from work. I think we are wrong. In fact, I think what we have done—in some cases, we now have multigenerational dependency on government, and they are so distraught and so lacking in self-esteem that it also compounds the drug problem that we have.

Some say that we need more Medicaid money to fight the drug problem. I worry that more Medicaid trips to the doctor may actually be part of the drug problem—that much of the dependency is coming from OxyContin, which the drug company says was not addictive, but everyone got put on OxyContin because it supposedly wasn't addictive. A lot of our heroin and OxyContin problem came out of going to the doctor.

If we were to get everyone out of the individual market into group insurance, there would be some people left behind. My hope is it would be a small number of people, and we would know after a year or two. Let's see what it is. We already have a safety net. The other side is acting as if there is no safety net. We have had a safety net for decade after decade. The safety net is Medicaid. If your child has a disability, no one is trying to take that away from him.

The thing is, we have to try to fix what we have. We need to understand that what we are looking at—what we are trying to fix isn't just some kind of policy that nobody can understand. Healthcare policy is very technical and detailed. This is about freedom.

Do you think that every American should get to choose whether they have insurance and what kind of insurance they have? This is what it is about. It is freedom of choice. It isn't about whether we want people to be insured. When you hear these hyperbolic statements saying that all these people are going to die—Republicans want people to die—those hyperbolic statements aren't really helpful to the debate.

I do not question the motives of any of the Democrats as far as wanting to provide care. I never questioned President Obama's desire to help people get insurance. To me, it is more of a question of what will work. What distributes goods better: socialism or capitalism? Look at the Soviet Union. We defeated the Soviet Union because capitalism defeated socialism. Socialism doesn't work.

When the government fixes the prices, it doesn't work. Are we going to have some government involvement? Yes. But because Government is so pitiful at anything they do, we should minimize government's involvement in any industry. If we say that government has to be involved to take care of the poor, let's do it at the State level, not the Federal level.

People ask me: Are the people in government inherently stupid? I say no, but it is a debatable question. The reason is this: Government doesn't get the proper incentives, and they are too distant from the people, and we have a printing press.

What is the fundamental deceit of ObamaCare? This is the fundamental problem of all government, but the fundamental deceit of ObamaCare is this: They said that everyone is going to get free healthcare. Everyone is going to have Medicaid, and you don't have to pay for it, and the States don't have to pay for it. We are going to have the Federal Government pay for it. But the problem is the Federal Government can't pay for most of the things we already have. We already had Medicaid we can't pay for—Medicare we were short of money for. We already have Social Security that we are short of money for. What do we do? We borrow the money. Our deficit this year will be $500 billion. Our deficit is projected next year to be $1 trillion. That is the real question. It isn't, do you want to help people? It is, how are you going to pay for it? If this were done at the State level, what would happen? If the State of Kentucky wants to keep the expansion—we have expanded Medicare to 450,000 people. The question should be, should we double the State income tax in Kentucky? If that went to the State legislature, they have to balance competing concerns. If we double the State tax to pay for it—we live right next to Tennessee, which has no State income tax—would we possibly lose existing businesses or existing jobs or would we encourage new businesses not to come to Kentucky? That would be a valid debate. We want to help people, but what are the ramifications of it?

In Washington, it is said that there are no ramifications because everything goes to the debt. Everything just piles up. We have $20 trillion in debt. Whose fault is it? Both parties. Under George Bush, the debt went from $5 trillion to $10 trillion. Under President Obama, it went from $10 trillion to $20 trillion. Both parties are at fault, but the entitlements are consuming us.

How would we possibly move forward with a bill that sets up a new insurance entitlement, as some of the Republican plans wanted to do? We can't pay for the current entitlements. As we look forward today to the solution, what I would say is that there are alternatives. We really shouldn't question the motives of those across the aisle, and they shouldn't question ours.

I want more people to have insurance at a lower cost. We should have a disagreement on how it works. I think capitalism works better than socialism. I think we should minimize government's involvement because government is not very good at distributing anything. Just look at the mail.

I also think there are exciting opportunities for saying how we could insure the 27 million who are not insured currently. Twenty-seven million people under ObamaCare are without insurance. The question shouldn't be about debating over the past. It should be over debating the future. The future should be about trying to figure out how we insure those 27 million. I think there are a lot of opportunities that involve more freedom of choice, more freedom to choose your doctor, more freedom to choose what insurance works for you. My goodness, that is what this debate is about. It is not about healthcare policy. It is about freedom of choice, and I hope every Senator today will vote for freedom of choice.

Thank you.

The PRESIDING OFFICER. The Senator from Wyoming.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER. Is there objection?

Mr. ENZI. I object.

The PRESIDING OFFICER. Objection is heard.

The clerk will continue to call the roll.

The legislative clerk continued with the call of the roll.

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

The PRESIDING OFFICER (Mrs. ERNST). Without objection, it is so ordered.

Mr. ENZI. Madam President, I ask unanimous consent that the actions scheduled to take place at 11:30 this morning occur at 3:30 p.m. today and that all other provisions of the previous unanimous consent agreement remain in place.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The time until 3:30 p.m. is now equally divided.

The Senator from Oregon.

Mr. WYDEN. Madam President, on this matter of repealing the Affordable Care Act, soon the Senate is going to vote on just whether or not to repeal the Affordable Care Act. I think it is important to note that this would walk back months and months of Republican promises to directly link repealing the Affordable Care Act with a replacement—a replacement that would improve coverage, lower premiums, and be better for the American people. In fact, the President of the United States said repeatedly over the last few months that these would be inextricably linked, that repeal and replace would go hand-in-hand. That is not what is on offer right now. What is on offer are specific changes that would actually harm Americans.

For example, no more middle-class tax credits for healthcare—that is something that is critically important to the millions of middle-class folks who are walking on an economic tightrope every month, balancing their food costs against their fuel costs, their fuel costs against their medical costs.

I was struck this morning when I heard that, under this repeal approach, there is not going to be any real pain, that everything is just put off. Make no mistake about it. The pain for our families under this repeal measure is going to start right away. Nobody says they are going to be part of a marketplace if they believe it is not going to exist in a few years. Seventeen million fewer Americans are going to have healthcare 1 year from now. An analysis from the Congressional Budget Office—and this is only a week old—said that half of the country will have zero insurance choices in the private marketplace under this scheme.

I would like to repeat that so people understand that, as to this idea that there is really no pain here and that nothing starts for a long time, the Congressional Budget Office—our nonpartisan, impartial umpire—doesn't agree with that. They said just last week that half of the country will have zero insurance choices in the private marketplace under this scheme. That goes up to 75 percent of Americans with no options in later years.

So my view is that this is just legislative malpractice, first because of the pain and harm it is going to cause so many Americans. The Congressional Budget Office says that kind of misery is going to kick in quickly.

Second—and I don't think this has been discussed on the floor—this walks back months and months of Republican promises. The American people were told again and again that repeal and replace were going to be directly linked. The President said it multiple times. Then he went over the top and told people that they were going to have lower costs and better coverage.

Mr. SANDERS. Madam President, will my friend from Oregon yield for a question?

Mr. WYDEN. I am happy to yield to my friend.

Mr. SANDERS. Madam President, our friend from Oregon is pointing out that this legislation would impact virtually every American because, in one way or another, we all interface with the healthcare system.

I would ask my friend to confirm: This legislation would impact what percentage of the U.S. economy?

Mr. WYDEN. I would say to my colleague, the ranking member of the Budget Committee, that we are talking about one-sixth of the American economy.

Mr. SANDERS. One-sixth of the American economy is over $3 trillion every single year.

Now, when we are dealing with legislation that impacts virtually every American, over $3 trillion every year, would my friend from Oregon please tell me this—and I know that he is the ranking member of the Finance Committee, and I am on the Health, Education, Labor, and Pensions Committee: How many hearings have been held in the Finance Committee to discuss the economic implications of this legislation? Were there five, ten? How many hearings on this enormously

complicated and important issue have there been?

Mr. WYDEN. My colleague is being logical, and heaven forbid that logic should be introduced into this, because we would automatically assume that on a matter like this—we are talking about one-sixth of the American economy—the Senate Finance Committee would have hearings. There have been no hearings.

Mr. SANDERS. No hearings?

Mr. WYDEN. None.

Mr. SANDERS. There have been no hearings on a bill that impacts one-sixth of the American economy and every single American.

Now, let me ask my friend from Oregon this. Obviously, before my Republican colleagues would go forward on radical legislation like this that would throw some 32 million Americans off of the health insurance they have, they have obviously consulted with doctors and hospitals to get their views as to the impact this legislation would have on patients and hospitals all over America.

What kind of testimony did the doctors make on this bill or the hospital administrators make?

Mr. WYDEN. I can tell my colleagues that Senator MURRAY and I, the two of us—the ranking member on the Budget Committee and I—have actually made public the overwhelming opposition from providers on this. So, in effect, providers and patients are standing together in opposition to this.

Mr. SANDERS. Right, so if my understanding is correct—and I am quite sure it is—the American Medical Association, which is not one of the great progressive groups in America but the group that represents the physicians in this country, A, they have not been able to make testimony. But, B, what is their view on this legislation? What do the doctors of America feel about this important legislation?

Mr. WYDEN. They are opposed, as I have indicated. I think it is particularly important to see this provider-patient partnership that this time is saying the patients come first and this bill hurts patients.

Mr. SANDERS. But we have not heard yet from one doctor making public testimony at a hearing.

Mr. WYDEN. That is correct.

Mr. SANDERS. In other words, this bill is not saying to doctors: What will this mean to your patients? What happens if 32 million people are thrown off of medication? How many of them will get sick? How many of them will die?

No testimony.

How about hospitals? What kind of testimony have we heard from hospital administrators, those in rural America, about the impact of this legislation on rural hospitals in Vermont and rural hospitals in Oregon?

Mr. WYDEN. What I can tell my colleagues is that, again, those hospitals have not been in front of the Finance Committee.

One of the things I appreciate about so many colleagues on this side of the aisle is that they said: Well, if we are not going to hear from these providers, like the hospitals, in the committee, we are going to go out to the country and listen to them. I have had townhall meetings throughout rural Oregon, as my colleague Senator MERKLEY has had. The rural hospitals, which are the economic engines of so many rural communities, are opposed to this legislation.

Mr. SANDERS. Let me ask my friend from Oregon: What kind of testimony have we heard as to the impact of this legislation on older working people, in terms of what it might mean in increased premiums? Have we heard much discussion? Has the AARP, which is strongly opposed to this legislation, been able to come forward at a public hearing and express their point of view?

Mr. WYDEN. The AARP has also not been in front of the Senate Finance Committee. I want to say again that Senators have said: If they are not going to be in front of the Senate Finance Committee, where we ought to actually hear testimony in line with the regular order, we are going to go out to the country and listen to AARP members and organizations. They are overwhelmingly opposed to this because people between 55 and 64 would pay five times as much as younger people, and they would get fewer tax credits.

Mr. SANDERS. Madam President, would my colleague please repeat that. I think it is important for older Americans to hear this.

We had a candidate running for President of the United States by the name of Donald Trump, and he ran all over this country and said he was going to stand up for working families and he was going to stand up for the working class of this country.

Please repeat what this legislation would mean if somebody were a 62-year-old worker in Vermont or in Oregon. What kind of premium increases might he or she see?

Mr. WYDEN. It is hundreds and hundreds of dollars and, in a number of instances, more. The reality is that I think they are going to have a lot of trouble getting coverage at all. The reality is, when you pour gasoline on the fires of uncertainty—and this is particularly important right now as plans are thinking about signing up—that makes it more likely you aren't going to have plans at all. The Congressional Budget Office has also found that the Paul legislation makes that worse.

Mr. SANDERS. Now, while the AARP and other senior groups have not been able to testify, would my friend from Oregon tell me what their views are on this particular legislation because of its impact on older workers and seniors in general?

Mr. WYDEN. While the senior groups have not been able to come before the Finance Committee to discuss this issue, I can say—and I have been working with a number of these organizations since my days with the Gray Panthers—that they are overwhelmingly opposed to this. I think, in particular, this idea that we heard from the Congressional Budget Office last week—that half of the country will have zero insurance choices in the private marketplace under this repeal scheme, and that it goes up—will just cause even more seniors to be against it.

Mr. SANDERS. But it is not only older workers because we have as an aging population more and more people in nursing homes. Would my friend from Oregon describe what happens under this legislation if somebody has a mom or a dad in a nursing home, struggling with Alzheimer's or some other terrible illness?

Mr. WYDEN. Under this legislation, you would have a massive rollback of the Medicaid Program. So for all of those older people who scrimped and saved all of their lives—they didn't take that vacation; they tried to make sure they could educate their kids—Medicaid picks up the costs of two out of three nursing home beds in America. This legislation would produce a massive rollback of the Medicaid Program, and I believe so many older people are going to find long-term care unaffordable—millions.

Mr. SANDERS. I think it is important to repeat that because this is not something that I think most Americans are aware of. Medicaid now pays, as I understand it, for two out of three nursing home beds in this country; is that correct?

Mr. WYDEN. That is correct.

Mr. SANDERS. And a massive cut in Medicaid would be devastating to those families who have loved ones in nursing homes?

Mr. WYDEN. That is correct. It would be accompanied with further misery because it would leave the millions suffering from opioid addiction with nowhere to turn for coverage as a result of this massive rollback in Medicaid coverage under this amendment.

Mr. SANDERS. I have asked my colleague from Oregon a little bit about some of the cruel and devastating impacts this legislation would have, but we have to be honest and acknowledge that there are some beneficiaries in this legislation as well.

Would my friend describe the beneficiaries in the House bill, in particular? While millions were thrown off of Medicaid, while 23 million people lost their health insurance, some people actually did gain from this bill, and we have to acknowledge that; is that true?

Mr. WYDEN. Yes, the fortunate few would benefit under the House bill. There is no question about it.

To give my colleagues an idea of how regressive those efforts are, they would actually be retroactive. So this idea that these tax cuts for the well-to-do were in some way going to create jobs is just absurd. They are made retroactive. So they aren't going to be creating jobs going forward.

Mr. SANDERS. Correct me if I am wrong, but my recollection is that in the House bill there were $300 billion in tax breaks going to the top 1 percent at exactly the same time that 23 million Americans were thrown off of their health insurance; is that correct?

Mr. WYDEN. A few hundred families benefit so greatly that it could actually cover Medicaid expansion in several States.

Ms. STABENOW. Will the distinguished Senator from Oregon allow me a question?

This is a very, very important debate. On the point that my colleague just made, isn't it correct that there is nothing in any of these versions that lowers the cost of prescription drugs, which is the No. 1 issue for people in this country, as it relates to healthcare, or for businesses? I hear it all the time. There is nothing in here to lower the cost of prescription drugs, but there are tax cuts in here for the prescription drug companies. Is that correct?

Mr. WYDEN. That is correct. The special interests get very, very substantial tax breaks. Those working-class people lose tax credits, so they actually lose, and, in effect, those dollars can be used for the tax cuts for the fortunate.

Ms. STABENOW. There is nothing to go further to use the buying power with Medicare to negotiate prescription drugs or to allow, with safe FDA approval, for people in Michigan to be able to drive across a bridge to Windsor and be able to get the very same prescription drugs for 40 percent less. There is nothing in there about that, is that correct?

Mr. WYDEN. There is nothing that would give Medicare bargaining power to make sure seniors get a better deal. There is nothing for the kind of effort our colleague from Vermont and Senator KLOBUCHAR have pursued, which would allow, under circumstances where there were safety precautions, for pharmaceuticals to come from other countries. There is nothing to go after pharmaceutical middlemen. So, yes, there is nothing in these bills to hold down the cost of pharmaceuticals.

Mr. SANDERS. If I could, let me ask my colleagues from Oregon or Michigan maybe to speculate here.

If the House bill were to be successful—and we are going to do everything in our ability to make sure it is not successful—and Medicaid were severely cut back, what do my colleagues think will eventually happen in the near future—not eventually, but in the short term, to programs like Medicare and Social Security? Would it be a reasonable assumption that this is the beginning of the effort on the part of the Koch brothers and Republicans in the Congress to begin dismantling virtually every Federal program that helps working people? Is it not true that the House Budget Committee has already passed legislation that would move toward voucherizing Medicare and privatizing it?

Mr. WYDEN. My colleague is right. There is a very regressive effort going forward in the House, the House Budget Committee, and, clearly, this is to try to set up tax cuts for the fortunate few.

I was struck by the fact that the President has talked about a 15-percent corporate rate. You lose $100 billion for every point you lower the corporate rate. The corporate rate is now 35 percent. If you move it to 15, that is $2 trillion that goes out the door.

Yes, I am very troubled that the House effort plus this legislation is really an effort to begin the unraveling of America's social safety net, and the funds that provide for those very vulnerable people would be used for these additional tax breaks.

Ms. STABENOW. I wonder if the Senators are aware that in Michigan—and I share in the deep concerns of the Senator from Vermont about those opportunities that people have paid into, by the way. This is not free. This is not an entitlement. People pay into Medicare, pay into Social Security, which has lifted a generation of seniors out of poverty and allowed seniors and people with disabilities to live longer because of Medicare, and it has created a better quality of life—Medicaid, as well.

There is a great success story in Michigan that I would share on the Medicaid front. Of course, three out of five Michigan seniors in nursing homes with Alzheimer's or other kinds of challenges get their healthcare from Medicaid. In addition to Medicare, Medicaid is there for middle-class seniors, for low-income seniors, and so on.

When our distinguished Senator from Oregon talks about dollars—saving dollars or costing dollars—an interesting thing has happened by setting up Healthy Michigan and expanding Medicaid healthcare to minimum-wage working people. We are actually saving money.

Ninety-seven percent of our children can now see a doctor in Michigan. That is great. They have cut in half the number of people who walk into the emergency room who can't pay. We all pay if somebody walks in and gets the most expensive treatment through the emergency room.

The State of Michigan will save $432 million in taxpayer money next year because they are focusing on children going to a doctor, people getting preventive care, not using the emergency room. It saves money.

Instead of doing these tax-cut provisions for the wealthiest and for the pharmaceutical companies that take dollars away, actually doing the right thing on healthcare in Michigan is a great success story for saving taxpayer dollars.

Mr. WYDEN. I think my colleague is making an important point, as well as my friend from Vermont.

Part of the reason that many Republicans want these tax cuts for the fortunate few is arcane to people, pretty complicated. What they really want to do is get them now, to put them in the budget baseline in order to open up the opportunity when tax reform comes along to have even more tax breaks for the fortunate few. So, yes, Medicare and Medicaid are going to face real challenges.

In fact, as my colleagues know, the Affordable Care Act had a modest additional tax on people who earn over $250,000 a year, and it was to go just to Medicare. You see your paycheck—everyone gets a paycheck—and the Medicare tax is right on it. The only people under these Republican plans who would get the Medicare tax cut would be couples who make over $250,000 a year.

When my colleague from Vermont asks ''What does this mean for Medicare?'' it isn't necessarily about some bill far off in the future. It is about right now. By the way, taking that money away—the money that comes just from the modest additional tax on couples over $250,000—reduces Medicare solvency by several years. It actually reduces Medicare solvency, which breaks yet another Trump promise not to in any way injure Medicare.

Mr. SANDERS. I have a meeting that I have to get to. I want to summarize this. My friends from Oregon and Michigan can correct me if I am wrong.

We are looking at a bill that came from the House and various proposals being introduced in the Senate, which essentially says that we are going to throw over 20 million Americans off of the health insurance they currently have. What I haven't heard much discussion about is what happens to someone who today has health insurance and is struggling with cancer, maybe getting chemotherapy or radiation therapy right now. What happens to someone who is in treatment for diabetes? What happens to someone with a serious heart condition, who had a stroke and is on Medicaid? What happens to those people when their health insurance is simply cut?

Mr. WYDEN. Two points are raised by my colleague—very good points. First, in the immediate, those people will go to the hospital emergency room, which means that, once again, we are turning back the clock toward approaches that don't provide better care at lower costs.

I wish to also mention, when we are listening to folks at home—because they don't get to testify here in the Senate—people appreciate the part of the Affordable Care Act that ensures their lifetime limits on what they can be charged by insurers. Almost all of these Republican bills create an arrangement where a State could waive that protection. Not only would people who are facing cancer and serious illnesses and probably have to go to the hospital emergency room a fair amount be hurt now, but people who have employer-based coverage are going to be hurt in the future. So 160 million people don't even know what is coming out.

Ms. STABENOW. If I might ask one final question, would my colleague agree that rather than this approach, in which we don't even know, moment to moment, what we are voting on here—unlike what we did in the Finance Committee in 2009, where there were 100 hearings in the Finance Committee and the HELP Committee before we even voted on anything on the Affordable Care Act. Rather than that process, we are looking at a situation where everything coming before us will take away healthcare for tens of millions of people and raise costs on everyone. Would my colleague agree that it would be better to stop this process and go back to a bipartisan effort to lower costs and increase healthcare coverage? Would my colleague agree, as well, that we know that there are people paying too much for copays and premiums, and that needs to be addressed?

In the private marketplace, there is not enough competition among insurance companies. In some places, there are none in the individual market. We need to work together to lower costs, starting with prescription drugs, and to also continue to increase the opportunity for people to get healthcare coverage. That is what we ought to be doing together and doing it in a thoughtful way and getting input and actually solving the real problems.

Mr. WYDEN. My colleague has described how the Senate works best when she says: Look, bipartisanship is not about taking each other's lousy ideas. Bipartisanship is about both sides getting together, having hearings, listening to all alternatives and ideas, and often coming up with something no one has thought of.

My colleague knows a lot about bipartisanship in healthcare because my colleague was part of our effort in 2008 when we put together the first bipartisan universal coverage bill in the history of the Senate—seven Democrats, seven Republicans. By the way, a number of those Republicans are still serving in the Senate today. We know that is a better path.

To wrap up this portion of the debate, I wish to say to my colleagues that the best way to proceed is with a kind of two-part effort. The first is to say that we all agree the Affordable Care Act is not perfect. We are going to take steps immediately to stabilize the private insurance market.

We have a number of our colleagues—Senator SHAHEEN, with her effort to make sure people can get some help when they have deductibles and copayments; our colleague from Virginia, Senator KAINE, with reinsurance; Senator MCCASKILL with a fine idea to help areas that are bare in terms of no coverage. We have to move to stabilize the private market quickly because at the end of August, the plans are essentially signing contracts for premiums for 2018.

My colleague is absolutely right. We ought to knock off this partisan our-way-or-the-highway approach, move on a bipartisan basis to take steps to improve the Affordable Care Act now after we have hearings, input, and the opportunity to have people in front of the committees of jurisdiction. After that, we then move to the broader array of issues, starting with the immediate challenge my colleague has led on, which is clamping down on the cost of pharmaceuticals. You take steps to stabilize the market immediately, and then you move again in a bipartisan way on what our constituents are talking about at every community meeting, which is that their Social Security checks, the benefits they get, aren't coming close to keeping up with the rise in the cost of prescriptions.

I thank my colleague for her very helpful questions and our colleague from Vermont, Senator SANDERS.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Madam President, I don't need to tell anyone why we are here. We are here because ObamaCare is fundamentally broken. That is clear. It is evident. Everybody knows that.

A combination of soaring premiums and rapidly decreasing insurer participation has left the law's centerpiece—the healthcare exchanges—literally on the brink of collapse. Insurers are fleeing. Nationwide, 141 insurers have registered to offer plans on the exchanges in 2018, which represents a 38-percent drop from 2017, and that is on top of a nearly 30-percent drop in insurer participation from 2016 to 2017.

If the trend of the past 2 years continues, the final number of insurers offering plans on the exchanges in 2018 is likely to be roughly half the number that offered plans in 2016—a year ago. At least 40 counties around the country are likely to have no ObamaCare insurer in 2018 and another 1,300-plus counties are likely to have just one choice of insurer.

President Obama once said that shopping on the exchanges would be like buying a TV on Amazon. For a lot of people next year, it is going to be like shopping for a TV on Amazon, if Amazon only offered one brand of TV. Of course, for some people it is going to be like shopping for a TV on Amazon only to discover that Amazon has no TVs at all.

Another thing ObamaCare was supposed to do was make health insurance more affordable. That hasn't worked too well. Premiums on the exchanges have soared and soared again. Between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent. How many families in this country can afford to have their health insurance premium more than double in just 5 years—and there is no end in sight.

Here are some of the premium hikes insurers are proposing for 2018:

In Maryland, one insurer has proposed an average premium increase of 52 percent; an Iowa insurer is seeking an average 43.5-percent premium increase; a North Carolina insurer is pursuing an average 22.9-percent hike; a Virginia insurer is looking for an average rate increase of 38 percent; a Delaware insurer is looking for an average rate hike of 33.6 percent; a Maine insurer is seeking an average rate hike of 40 percent; and in New Mexico, one insurer is seeking a rate increase of nearly 80 percent.

Again, those are rate hikes for just 1 year. That is after years of dramatic premium increases on the exchanges. Suffering under ObamaCare isn't limited to high premiums and decreasing choices. There are the Americans who have lost their healthcare plans, and the Americans who have lost access to the doctors they liked, the huge deductibles that left some Americans unable to use their insurance, and the ObamaCare tax hikes that have hurt small businesses and driven up the cost of health insurance.

ObamaCare has failed. Americans are suffering. Doing nothing is not an option. Yesterday we moved forward to debate legislation to provide relief to the millions of Americans who have been hurt by ObamaCare. We are going to have a full debate and give people a chance to help shape the final bill.

I hope that at the end of the week, we will be able to pass a strong bill to start undoing the harm ObamaCare has caused. We owe the American people nothing less. We made a commitment to the American people; that if they elected us, we would do everything we could to give them relief from ObamaCare. It is time to make good on that promise.

Chances to do away with damaging government programs don't come around every day. Once you give the government power, it can be pretty hard to wrest it away. This week, we have the chance to start repealing a really bad government program. We need to take it. If we don't act to help the American people, no one will. Democrats have made it clear that if they were in power, they would be doubling down on ObamaCare's failures.

The head of the Democratic Party in the U.S. Senate openly stated single-payer healthcare is on the table for Democrats. A number of colleagues on the Democratic side have proposed that legislation. An analysis of one of our Democratic colleague's single-payer plan estimated that it would cost $32 trillion over 10 years. Well, that would require a tax hike so staggering the Washington Post pointed out that even the Senator who proposed it—an avowed Socialist—didn't offer anything close to what would be needed to pay for it.

We are the only hope Americans have of getting out from under ObamaCare's burdens. This week, we have a chance to pass legislation to finally provide them with relief. I heard my colleagues get up and talk about the impact the proposed legislation that is before us

would have on people across this country and American workers. I have to say, I talked to a lot of rank-and-file, hard-working South Dakotans and South Dakota families who have been hit so hard by these premium increases. I talked to families—a mom and dad with two kids who are paying more than $2,000 a month in premiums to get insurance in the individual marketplace.

In my State of South Dakota, premiums since 2013—the last 5 years—have gone up 124 percent. They have literally doubled. Do you know what that means in South Dakota? That is almost a $3,600 increase in just the last 5 years. What average family who is trying to raise kids, trying to pay the bills, trying to save for retirement, trying to put something aside for college education, trying to pay the mortgage and the utility bill—how many families can put up with a healthcare bill that has gone up in the last 5 years by almost $3,600? That is a crisis. That is why we are here.

Our colleagues on the other side want to turn a deaf ear and blind eye to what is happening out there. We can't afford to do that because the status quo is unsustainable. There is absolutely no way the American people who are suffering under the harms caused by ObamaCare can continue to abide the status quo.

It is up to us to take the steps that are necessary to move us in a different direction, a better path that brings stability to the marketplace, that gives people more choices, more options, greater competition, and brings down premiums and deductibles and the costs that are driving family budgets through the roof.

What we have seen since ObamaCare has been implemented are higher costs, higher taxes, and fewer options. It is as simple as that. That is what we are up against, and that is why it is time for us to act. I hope when we conclude this process at the end of this week—and we have an opportunity for everybody to offer their amendments—we will move forward with the bill and fulfill our promise to the American people.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Madam President, I appreciate the remarks of my friend.

I would simply note that nothing he has said explains why you would want to strip hundreds of millions of dollars out of Medicaid or why you want to deny coverage to elderly folks who get Medicaid support for their nursing homes, people who are in the throes of addiction getting medical support for opioid treatment, children are often born on Medicaid—why you want to do all that. Nor does it explain why you would want to give big tax breaks to the most well-off people in the country.

Fine, let's fix the markets, if that is the problem, but this isn't really about that. This is stripping money out of Medicaid to give it to very wealthy people who are doing quite well already, in my view.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. DAINES. Madam President, Karen from Missoula County wrote to me about how her daughter can't afford to buy insurance. ObamaCare imposes a tax penalty on Americans who don't buy insurance. In fact, in 2014 and 2015 alone, they collected over $5 billion in fines.

It turns out, this tax has hurt poor and middle-income Americans the worst. That is why I refer to this as ObamaCare's ''poverty'' tax. For Karen from Missoula, paying ObamaCare's poverty tax is cheaper for her so she pays the IRS a fine because she can't afford healthcare insurance.

Take Debbie from Roundup, MT. She lost her own healthcare insurance. She couldn't afford the $1,700 per month premiums so she, too, was subject to ObamaCare's poverty tax and was forced to pay the IRS.

Take Mike from Kalispell, MT. He is concerned for his son who can't afford a health insurance plan either. The poverty tax he is forced to pay to the IRS is expensive. It is hard to come up with money to pay it. There are American families who can't afford health insurance because of ObamaCare, and what does ObamaCare do? It fines them. This is adding insult to injury.

These are just a few of the stories I have received from my constituents back home in Montana, where ObamaCare is doing more harm than good. Yes, it is doing some good, but it is doing more harm than good. In fact, 40 percent of the 34,250 Montanans who paid ObamaCare's poverty tax made less than $25,000 a year; 80 percent made less than $50,000 a year. This is not a tax on the rich. In fact, just 3.4 percent make more than $100,000. This is a tax on the poor.

Instead of helping these vulnerable Montanans to make ends meet, ObamaCare puts a poverty tax on them for being too poor to afford health insurance. In fact, in Montana alone, they paid nearly $7.8 million to the IRS. This individual mandate—this poverty tax—is immoral. It is unfair. It is a tax on freedom. It needs to be repealed immediately, and these poverty taxes must be paid back to the poor who have paid them.

Our friends across the aisle will say we want to get rid of taxes on the rich, but the rich aren't paying this tax. The poor are paying this tax. I think the right thing to do—the handshake agreement we have back in Montana as Montanans, where a man or woman's word is worth something—the right thing to do is, they should be paid back.

That is why I will be offering an amendment on the floor when we debate. We should pay back this poverty tax to the poor who have paid it. The poverty tax is just one of the many problems of ObamaCare, and I look forward to continued debate.

By the way, if you take this to the higher level here nationwide, nearly 8 million Americans have paid this poverty tax. As we looked at every State's numbers, it all is about the same: Somewhere between 40 percent and 50 percent of those Americans make less than $25,000 a year. In Indiana, it is 176,000 Indianans.

We have them for every State. Look at West Virginia. West Virginians, 45,000 have paid the poverty tax; 49 percent make less than $25,000 a year.

Take North Dakota. We share, in Montana, the same fence line with North Dakota. They are our neighbor. Over 20,000 North Dakotans paid the poverty tax. North Dakotans paid $4.6 million, and 40 percent of them make less than $25,000 a year.

Missouri: 143,000 Missourians paid the poverty tax, and nearly 48 percent of those Missourians make less than $25,000 a year.

Wisconsin: 115,000 paid the poverty tax, and 45 percent make less than $25,000.

I have a lot of other States. I would urge my colleagues to take a look at their respective States, and I ask: Can you look in the mirror and say we should be charging this poverty tax on those who make less than $25,000 a year?

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

Ms. CANTWELL. Thank you, Madam President.

I come to the floor—I know my colleague from Indiana, Senator DONNELLY, is going to be down here to talk a little bit about his motion, and I want to support him in that, along with the Senator from Pennsylvania, Mr. CASEY, because we are here to say we need to stop this war on Medicaid.

Throughout this healthcare process, it has been very clear that there are many on the other side of the aisle who just want to cut or gut Medicaid. What we are saying is, if you are serious about protecting Medicaid and stopping the war on Medicaid, then you should support the Donnelly-Cantwell-Casey amendment, which would recommit the bill to the Finance Committee with instructions to strike the language about Medicaid. It would make sure a state can expand Medicaid Program, and it would say: Don't cost-shift to the States.

With this motion, we are saying to our Republican colleagues: We don't want to cut people off of Medicaid. We want the committee to do exactly what the Republican Governors are saying, which is, quit beating up on Medicaid and focus instead on fixing the individual market. The individual market is 7 percent of the overall market for health insurance.

What we have found with the expansion of Medicaid that has been done by both Democratic and Republican Governors is great success.

I hope my Republican colleagues will heed the warnings of our Nation's Republican Governors and Democratic Governors. In June, a letter from seven bipartisan Governors was sent to Senate leaders. This is a letter by the Governors of Ohio, Montana, Nevada, Louisiana, Colorado, Massachusetts, and Pennsylvania. It shows the diversity of both our Nation and political parties. It says:

> We believe that, first and foremost, Congress should focus on improving our nation's private health insurance system.

Then they say:

> Medicaid provisions included in this bill [that has been proposed by the House] are particularly problematic. Instead, we recommend Congress address factors we can all agree need fixing.

So the message was clear from these Governors, including Republican Governors, and I hope my colleagues will listen to them. The Nation's Governors know because they have had to provide and be a partner on Medicaid for their citizens. They know how it affects their economy, and they know what it does when families in their States get access to healthcare. It reduces the bankruptcy rate. It helps people stay employed. It boosts GDP. All of these things are benefits of Medicaid expansion that we have seen in Washington State. It cut the uncompensated care cost in half. It also resulted in the creation of new jobs.

A nonpartisan study found that if the current bill we are debating, the House bill, is passed, state economies will shrink by $93 billion. So pulling the rug out from under Medicaid recipients would hurt jobs and hurt economies in Nevada, Alaska, and West Virginia. West Virginia would lose more than 10,000 jobs, more than $1 billion in gross State product, and more than $1.7 billion in business output. Nevada would lose 3,300 healthcare jobs and Alaska would lose 2,600.

So all of these things are ways for us to say: If you are serious now—before you go home for the August recess—about protecting Medicaid and stopping this ridiculous war on Medicaid, vote for our motion. Stand up and say you understand that we may have challenges in the individual market, but it doesn't mean that we should cut people off of access to healthcare through Medicaid.

I thank the Presiding Officer.

I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). Who yields time?

If no one yields time, time will be charged equally to both sides.

The Senator from Indiana.

Mr. DONNELLY. Mr. President, I rise today to offer a motion that would protect Medicaid, the Medicaid expansion, and the Healthy Indiana Plan—known as HIP 2.0—in my home State of Indiana.

I first want to thank my colleagues for their support of this motion. I am proud to have Senators CASEY, CANTWELL, BLUMENTHAL, LEAHY, BROWN, HARRIS, HASSAN, FRANKEN, FEINSTEIN, UDALL, SHAHEEN, CARPER, COONS, WHITEHOUSE, KAINE, VAN HOLLEN, CORTEZ MASTO, BALDWIN, MENENDEZ, REED, DUCKWORTH, MANCHIN, MARKEY, STABENOW, DURBIN, WYDEN, MURPHY, WARREN, GILLIBRAND, CARDIN, KLOBUCHAR, HEINRICH, HIRONO, BOOKER, PETERS, WARNER, and NELSON as supporters of this effort.

I also want to extend a special thank-you to my friend Senator BOB CASEY of Pennsylvania. Senator CASEY has been a tireless advocate for protecting the Medicaid Program and the critical services it provides, not just to the people of Pennsylvania but to millions of Americans across our beloved country. Senator CASEY has done incredible work to remind all Americans of the important role Medicaid plays in our communities and the millions of children, families, students, and seniors who have coverage through Medicaid.

My motion is simple. It would send this bill back to the Finance Committee to get the consideration it never received, and it would require the committee to strike provisions that reduce or eliminate benefits for those currently eligible for Medicaid, prevent States from expanding Medicaid, or shift costs to States to cover that care.

In my State of Indiana, we have seen the success of a bipartisan approach to expanding the Medicaid Program and helping our fellow citizen access health insurance. I was proud to work with then-Indiana Governor and now-Vice President MIKE PENCE when he used the Affordable Care Act to establish HIP 2.0. More than 400,000 Hoosiers have been able to access coverage through HIP 2.0, many for the first time in their lives. HIP 2.0 has helped reduce the uninsured rate in Indiana by 30 percent. Our Vice President called HIP 2.0—that is the Medicaid expansion in Indiana—a national model.

Then-Governor PENCE is hardly the only Republican Governor to praise the Medicaid expansion as a way to cover more of our citizens. Governor Sandoval of Nevada said just yesterday that he ''will continue to do all I can to protect the thousands of Nevadans whose lives are healthier and happier as a result of the expansion of Medicaid.'' Governor Kasich of Ohio has offered similar sentiments as he has fought to protect the Medicaid coverage for his State.

Nationwide, 31 States and Washington, DC, expanded coverage to more than 14 million Americans, many of whom have health insurance for the first time in their lives. All of that progress is at risk with the current bill.

Many of our States, including Indiana, have been devastated by the opioid abuse and heroin use epidemics. This public health crisis hasn't been confined to simply one neighborhood or one economic bracket; it has been felt in communities across my State and all communities across our country.

Vice President PENCE said in his farewell address as Governor: ''With HIP 2.0, we have also made great strides expanding treatment for those who struggle in the grip of drug addiction.'' I agree with the Vice President. HIP 2.0 and the Medicaid expansion have made treatment and recovery services more accessible for thousands of Americans struggling with addiction as they work to get back on their feet.

I don't think there is a single Member of this entire body—the U.S. Senate—who hasn't heard from the relative of someone who is battling addiction or from someone who has lost a loved one due to this epidemic. Gutting Medicaid and ending programs like HIP 2.0 as we know them would not make life better for Hoosiers or for the other 14 million Americans who have gained coverage through the Medicaid expansion. It would actually do the opposite.

Too often, this debate has been about statistics and not about the people who would be harmed. But healthcare, at the end of the day, is inherently personal. It is about the health and the economic well-being of our loved ones. It is about not having to go to the ER just to visit a doctor. It is about our financial security so our families and our friends aren't one illness away from bankruptcy.

The proposal before us wouldn't just impact Medicaid expansion; it would harm millions of working Americans who count on Medicaid for basic healthcare. It would affect more families than that, including those families who have insurance through their jobs but also use Medicaid to access care for chronic or complex conditions.

In 2015, 63 percent of Medicaid households had at least one full-time worker, and another 14 percent had part-time workers. That is almost 80 percent. For these hard-working Americans, Medicaid provides their families with financial security and stability and the healthcare they need so they can keep working.

Last month I stood on this floor and shared the stories of Hoosiers, including those who have Medicaid for themselves or to ensure that their children have the care they need. I have met with these families and heard their struggles, their fears, and their pain. I have listened as they pleaded with all of us here to protect their ability to access Medicaid. Many of these Hoosiers or their children are struggling with very complex medical needs that made it impossible for them to get coverage in the past. They would be priced out of the market under this current legislation. I cannot support a bill that takes care away from these families or from their children.

My faith teaches me that we are all God's children, and every man, woman, and child should have the chance to live up to their God-given potential. There is nothing we wouldn't do to take care of our kids. These aren't just Indiana values. These are values in every town in every corner of our country.

My faith also teaches me that we all deserve to live, work, and retire with dignity. In Indiana, 62 percent of Hoosier nursing home residents use Medicaid to help pay for their care. According to the Kaiser Family Foundation, Medicaid supports more than 1.4 million Americans in nursing homes across our country. Their care would be threatened by this bill, which is part of why seniors' groups have been so vocal in their opposition to the proposed Medicaid cuts in this bill.

I have also heard from a number of school superintendents all across my State opposing the Medicaid cuts because of the harm it would cause to the thousands of students across the Hoosier State. Schools use Medicaid funding for certain health-related services they provide, including individualized education plans, special transportation for children with disabilities, social workers, physical and occupational therapists, and medical equipment at the schools.

Some school districts use Medicaid to help pay for health professionals or for full-time registered nurses at schools across the country, where they assist students with complex medical needs and treat students with everything from illnesses to asthma attacks.

As school districts and local governments across the country continue to make even more difficult budget choices, cutting off this critically important source of funding creates just one more huge challenge. In addition to trying to make up the lost funding, our communities and States could be impacted in other areas as well, including infrastructure, other education spending, police and fire, and other local priorities.

The plan from my friends across the aisle undermines coverage for millions, but we haven't even had a hearing on their proposal. Committees haven't been able to go through regular order to examine the merits of Medicaid and the Medicaid expansion and how gutting them would harm millions of people—children with really complex medical conditions, those struggling with substance abuse disorders, and seniors in nursing homes trying to live with dignity and peace.

My motion sends this bill back to the Finance Committee to ensure that we are protecting those Americans who are the most vulnerable among our society. It would allow us to move toward strengthening healthcare for our country.

If you believe we should support children and families with complex medical conditions, then you should support this motion. If you want to protect the 1.4 million seniors using Medicaid for nursing home care, then you should vote for this motion. If you want to continue the progress we have made fighting the opioid abuse and heroin use epidemics, then I ask for your vote in this effort.

I firmly believe we can improve healthcare and build upon the gains we have made if we work together—not as Democrats or as Republicans but as Senators and Americans—in a bipartisan manner. This is not a political game. The consequences are as serious as it gets, and the American people are counting on us.

I urge my colleagues to support this motion.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. VAN HOLLEN. I thank the Presiding Officer, and I want to start by thanking my friend and our colleague, Senator JOE DONNELLY, for standing up for Hoosiers and, in standing up for Hoosiers, standing up for all Americans whose healthcare is threatened if we continue to proceed down this very dangerous road in the Senate.

He talked about the opioid epidemic. Just last week I met with a dad by the name of Rick Warner and the brother and sister of a young man by the name of Jamie Warner who had recently graduated from the University of Maryland. He was a Terp.

Jamie died of an opioid overdose. He was part of the opioid epidemic that is sweeping the country. Rick Warner and his family were here in the Senate asking Senators—in fact, pleading with Senators, Republicans and Democrats alike—not to pass this healthcare bill.

He had lost his son Jamie, and he is determined that other moms and dads not lose their children to opioid overdose. This bill—make no mistake—will make those tragedies much more likely by taking away access to care in the way Senator DONNELLY just mentioned.

Yesterday, with the tie-breaking vote of Vice President PENCE, the Senate began down a very dangerous path, but we can get off that path. We can make sure we do not reach the end of that very dangerous journey. It was as if yesterday we lit the fuse and the fire is traveling down that fuse and at the end of the fuse is the plan to totally blow up the Affordable Care Act, which will wreak havoc on our healthcare system. That is why we have to put out the fire on that fuse right here in the Senate. We have the power to do that. We have the power to prevent the chaos and harm that will be created in our healthcare system if we continue down this path.

The reality, we know, is that all the healthcare plans that we have seen emerge to date—whether it was House plan 1 or House plan 2, or Senate plan 1 or Senate plan 2, or the proposal to repeal entirely the Affordable Care Act, which would cause great harm—have the same rotten core. All of them have the same nasty DNA, and that is this: They would deny access to affordable care for tens of millions of our fellow Americans in order to give tax breaks to the very powerful and very rich and to big corporations. In fact, the proposal we are voting on very soon, which is entirely repealing the Affordable Care Act with no replacement, will result, according to the nonpartisan Congressional Budget Office—these are the nonpartisan referees who look at these proposals and tell the American people what the impact will be—in 32 million fewer of our fellow Americans having access to affordable care than today. They also tell us that we will double the health insurance premiums compared to today. And for what? They give a gigantic tax break to the wealthiest Americans.

Warren Buffett, a name most Americans know, said about a month ago: For goodness' sake, I don't need a $670,000 a year tax cut in order to throw tens of millions of Americans off of affordable care. Don't do that. I don't need it.

Make no mistake. This has never been about healthcare. It has been about wealth care. I want people to think about this. If this were really about healthcare, why is it that all of the folks involved in providing healthcare to the American people are against it—the nurses, doctors, and hospitals?

People hear a lot of facts and figures from Senators and from the House. Some people may dismiss those numbers, but why don't we ask the people whose daily business it is to take care of the American people? What the doctors say is that all of these Republican plans violate their Hypocratic oath. What is the Hypocratic oath? It is the oath that every doctor in the country takes and the first principle is to first, do no harm.

Doctors, nurses, and hospitals all want to make people better. They all want to cure us. They all want to improve our health situation, but their No. 1 rule is not to make things worse, and all of these bills make things worse. That is what the numbers show us, and that is what the doctors, hospitals, and nurses show us. I think it is worse to have 32 million fewer Americans have access to affordable care.

What about our colleagues? Don't they think that is worse? I think it is worse when you double health insurance premiums and raise the cost of healthcare to Americans. That sounds like it is worse to me, not better.

It is not just all the folks who provide healthcare. Why don't we ask all of the patient advocacy groups across America about this so-called healthcare bill? What do they say?

The American Cancer Society: Bad bill—don't pass it. It will create harm. It will be a setback in our fight against cancer.

The American Diabetes Association says the same thing: Bad news for patients with diabetes.

The American Heart Association tells us that this will be bad and harmful to people with heart disease.

There is the Alzheimer's association, and we can go down the list. Every single patient advocacy group in America that has taken a position on this bill says it is a bad bill, it is dangerous to our health, and it will do harm.

So I don't know how our Republican colleagues can bring Senate bill 1, Senate bill 2, or Senate bill 3 before this

House and call it a healthcare bill when all the people who provide healthcare to our constituents say it is harmful to their health and when every patient advocacy group that has weighed in says that it is bad for their health. How is that a healthcare bill?

It is good for one group of Americans—those who will get a windfall tax break, but many of them, like Warren Buffett, are saying: Hey, I don't want this.

Now there are some very big corporations that are wanting their tax breaks, and, yes, as corporations, they are going to get this windfall benefit at the expense of everybody else in America and at the expense of our healthcare system.

So let's not go down this path. The way to avoid going down this path is to vote down all of these amendments and make sure that we don't put this bill into the House of Representatives, where they have already passed a bill that is harmful to Americans' health.

In fact, I think people will remember that President Trump had this big celebration in the Rose Garden of the White House after the House passed that bill. They were slapping each other on their backs before the cameras.

Yet, behind closed doors, what did President Trump have to say about the House bill? Behind closed doors, he called it a mean bill, and it is a mean bill. These Senate bills, when it comes to cuts in Medicaid that our colleague Senator DONNELLY was talking about, are even meaner than the House bill, with deeper long-term cuts. This is not according to me. It is according to the nonpartisan Congressional Budget Office.

Those cuts get translated into stories of people like Rick Warner, the dad I talked about at the beginning of my comments who lost his son Jamie. Those numbers get translated into harm to people throughout this country who have been crying out. We heard some of them in the Gallery just yesterday. What did they say? ''Kill the bill. Don't kill us.''

The reality is, when you deny access to affordable care to millions of Americans, you are putting their lives at risk, and when you raise premiums and costs, you are putting people's livelihoods at risk. So let's not go down this path.

The motion by Senator DONNELLY and others will do what Senator JOHN MCCAIN asked us to do yesterday—to go back to regular order, to go back to the committee process, to go back to the way this democratic institution is supposed to work, which is when we hear from our constituents, we hear from the doctors, we hear from the nurses. We do not cover our eyes and ears to the facts and the truth.

That open process is designed to protect the American people. It is designed to protect the American people from bills just like this one for which this Senate took that dangerous first step down the road on proposals that only 11 percent of the American people think is a good idea—11 percent. I cannot even find that 11 percent myself. I have gone all over the State of Maryland, to those parts of our State that voted for Donald Trump for President and to those that did not. I cannot find 11 percent in Maryland who are for this bill. That is why what we call the regular order around here is supposed to protect the public interest—because when you have a committee hearing on a bill like this and the doctors and the nurses and the hospitals all come out and testify against it, they let people know how bad it is. Instead, we have had this process in secret, behind closed doors. In many cases, we do not even know what the next amendments after this one that is coming up are going to be. We do not know what the Republican leader is cooking up behind closed doors.

Let's do what Senator MCCAIN urged us all to do. Let's get back to regular order. Let's get back to a process that is designed to provide transparency because with transparency comes accountability. It lets the American public know exactly what we are doing and how we are going to impact their lives.

Here is what I do know. Everybody across this country who knows about this bill—everyone I have spoken to and from the phone calls we are getting and the emails we are getting and at the rallies and the townhalls—is catching on. Why would we just steamroll over all of that important public sentiment coming from all political views? The American Cancer Society is not a Republican or a Democratic organization. The American Diabetes Association is not partisan. These groups are crying out and saying: Stop.

So let's get off this path, this very dangerous path. Let's get back to regular order. We all know our healthcare system is not perfect. We all know the Affordable Care Act is not perfect. Senator DONNELLY and I and others and many of our Republican colleagues have put forward much more narrow plans that focus on improving our healthcare system, not on blowing it up entirely. That is the path we should take.

I hope all of our Senators will agree not to continue to let that fire burn on the fuse until it gets to the end and blows up our healthcare system. Let's stop now. Let's get together, and let's have a committee process. Let's do something that really improves our healthcare system and not something that destroys it.

Thank you, Mr. President.

The PRESIDING OFFICER. Who yields time?

If no one yields time, time will be divided equally between both sides.

The majority whip.

Mr. CORNYN. Mr. President, I am advised we are not in a quorum call. Is that correct?

The PRESIDING OFFICER. The Senator is correct.

Mr. CORNYN. Mr. President, yesterday we took a giant step toward delivering on our promise to the American people to provide relief from the failures of the Affordable Care Act, otherwise known as ObamaCare.

Over the last 7 years, we have discussed what our solution would look like, and everybody who has been willing to participate in that conversation—sadly, not our Democratic colleagues, who simply refuse to do so, but every Member of our conference—has engaged in discussions and has had input on how best to accomplish the goal of providing people affordable coverage, increased access, market stability, and better care.

We can talk about all of the details, but basically what this boils down to is how to provide people with access to quality, affordable health care. I know some of our friends across the aisle thought the Affordable Care Act was it, but it failed. It started with the promises that were made by President Obama when he sold this to the American people, saying: If you like your policy, you can keep your policy; if you like your doctor, you can keep your doctor. He said that premiums would go down $2,500 for a family of four, none of which have proved to be true—none of which have proved to be true.

Now we find that in many parts of the country, insurance companies are pulling out, limiting if not denying altogether people's access to coverage within the exchanges. We know what has happened to premiums. Since 2013, they have gone up 105 percent nationally—a 105-percent increase in premiums.

People find that their deductibles are so high that they effectively are self-insured. They have been denied the benefit of their own insurance. Nominally, they may have insurance, but the fact is, if you go to the hospital, you are going to be responsible personally for what is not covered by that deductible.

Even our colleagues across the aisle admit that ObamaCare has failed to provide stable access to insurance markets, but their solution has been to pay more money to insurance companies. I would call that an insurance company bailout without any reform, without any changes in the basic structure of ObamaCare, which has caused this failure.

What we have tried to do on this side of the aisle—and we have repeatedly invited our Democratic colleagues to join us because optimally this would be a bipartisan effort, but so far they have refused to participate whatsoever and really are focused solely on trying to blow up the current process.

What we have said we want to accomplish are four things. We want to stabilize the insurance markets. We want to bring premiums down so they are more affordable. We want to protect people with preexisting conditions. We want to put Medicaid—the safety net for low-income Americans—on a sustainable path.

Of course, as you might imagine with something as complex as healthcare, we have had a number of opinions on how best to achieve these goals. Even as approaches and ideas have differed, one thing has remained constant: the belief that the status quo is simply unacceptable. It is unacceptable.

Take, for example, one of my constituents in Texas, who wrote me recently to say that his monthly insurance premium under the Affordable Care Act had nearly tripled, to $690, and his deductible, to my earlier point, went from $1,500 to $6,000.

I don't know many people—unless they happen to be well-to-do—who can afford to absorb those sorts of increases in premiums and deductibles. Because his coverage went from a PPO, a preferred provider organization, to an HMO, a health maintenance organization, some of his doctors are no longer in the network, forcing him to switch healthcare providers entirely.

This story is certainly not unique. It is typical. This is the norm under the Affordable Care Act. I often hear from Texans who would rather drop their coverage and pay the costly fine rather than have to pay for insurance that will cost them more and more each month, which they can't afford.

Here is a telling statistic. More than 400,000 Texans who earn less than $25,000 a year have decided to pay the penalty rather than to be forced to buy the insurance they can't afford, so many of them pay the penalty because of the individual mandate in the Affordable Care Act. They are left with nothing, other than having to pay the penalty as required by the law. That is not a solution. That is why I hope that someday we can get out of this rut and off of the talking points on each side and say: What can we do to try to provide people access to affordable health care? That is the key.

People are going to make their own decisions based on their own economic self-interest. If you are a young person, you might decide: What I would like to do is to buy a policy that will cover me in emergency circumstances if I have to go to the hospital, but I don't want to have to pay for all the bells and whistles that raise the price. You can't do that under the Affordable Care Act and take advantage of the tax subsidies that everybody else can. It is basically a false promise.

I also heard from another small business owner in Donna, TX, who was forced to fire four employees just to comply with the employer mandate or otherwise owe the government more than $100,000 in fines that he said could bankrupt his business. Those are the kinds of decisions that ObamaCare is forcing. Rather than hire enough people—or if you have more than 50—you decide you need to fire people in order to avoid these penalties that come from the employer mandate. That is not good for the economy. That is not good for the job prospects of hard-working Texans.

I shared the story of a constituent in Needville, TX, who, after a 50-percent increase in his monthly premiums, still lost his doctor because the doctor wouldn't accept his ObamaCare plan.

Then there is the emergency room employee in North Texas, who wrote me to say that she has seen a significant increase in the Medicare and Medicaid patients in the emergency room because fewer and fewer doctors would accept these patients.

In my State, only about one-third of doctors will accept a new Medicaid patient because it pays at such a low rate. We have a better idea that will make people up to 350 percent of the Federal poverty level eligible for a tax credit they can use to buy private insurance, which will increase their access to care and make it more affordable. We have coupled that with something called the innovation and stability fund, in which we have taken the authority out of Washington and sent it back to the States to let Governors and State legislators and regulators at the local level design policies that meet the needs of the people in the States.

The basic structural failure of ObamaCare was to assume that you could write a one-size-fits-all plan for 320 million-plus people that would work. It hasn't. We know that. That is not speculation; this is based on experience.

I know my colleagues across the aisle have heard similar stories from their constituents, as well, but apparently they don't seem to care very much about that. Otherwise, they would join with us in trying to improve the status quo, which they have refused so far to do.

One thing about the procedure that we are undertaking here is that any Senator who wants to offer an amendment to improve the bill or even offer a complete substitute to the bill is entitled to do so, and they will get a vote on that. Our colleagues on the Democratic side, despite hearing from their own constituents that they are hurting as a result of the status quo, appear not willing to lift a finger to help them.

Indeed, the only proposal I have heard from the other side—I have heard two. One is an insurance company bailout, which does nothing to effect reforms that would ultimately address the structural problems with ObamaCare or else they say: We want to have a single-payer system, which will bankrupt the country. Those are their solutions.

On Monday, I noted that in an effort to try to unite their deeply divided party after last year's elections, our Democratic colleagues unveiled an economic agenda aimed at, they say, lifting up lower and middle-class Americans. That is an admirable goal.

If Democrats are really serious about helping lower and middle-income Americans, one glaring and immediate action they could take is to join us in alleviating the burdens placed on these very same folks by ObamaCare—the types of people I have been talking about back in Texas, whom I know exist in their States as well.

If the Democratic leader refuses to help get rid of one of the biggest economic burdens on lower and middle-income Americans, then his plan is not worth the paper it is printed on. What they are offering is false hope. Unless you are willing to deal concretely with the problem here and now, that is just another campaign promise—one they will not be able to keep until they address what the failures of the Affordable Care Act have imposed on low- and middle-income Americans.

Simply stated, ObamaCare is a failed experiment. It has failed because Washington has tried to do too much at the expense of individual choices, individual liberties, and family control over what are deeply personal decisions.

With each day that passes, ObamaCare keeps getting worse. The premiums for 2018 will soon be announced by the insurance companies, and we are going to see double-digit increases again, over and above what ObamaCare has seen so far—105-percent increases since 2013 alone—on top of that.

After yesterday's vote, we now have the opportunity to provide relief from this failed law. I know Members have a lot of ideas about how to fix the mess that ObamaCare has left us, but that was precisely why it was so important for us to get on the bill yesterday, so Members on both sides of the aisle can offer amendments and share their ideas.

Do you know how many Democrats voted to get on the bill and begin the debate and offer amendments? Zero, zip, nada. Their protestations that they somehow want to do things on a bipartisan basis really have fallen flat, as demonstrated by their own failure to act.

If they were really interested in working with us to do something on a bipartisan basis, why wouldn't they take advantage of this opportunity to do so?

Last night we began the process of considering amendments, including one from my colleague in Texas, Senator CRUZ, who has a plan to provide people who choose a lower cost premium insurance product the opportunity to do so, as long as the State also requires a comprehensive plan as well. This is something that is ideal for many people who want an insurance safety net but don't necessarily want their health insurance to pay for their regular medical expenses or doctor visits. They can handle those through a health savings account or some other way.

Later today we will continue to work toward bringing relief to millions of Americans suffering from the failure of ObamaCare. Yesterday was a big step toward ending ObamaCare and the first step toward ending the mandates, the

penalties on low- and middle-class Texans who are having to choose between buying unaffordable insurance or paying a penalty that their government is forcing them to pay. We are going to end that.

We are going to end the job-killing employer mandate, which is forcing employers either to lay people off or not hire additional people because they don't want to run into the additional costs required by the employer mandate.

Then there is the single mom, whom I met in Tyler, TX, a few years back. She said: I want to work full time. I want to work at least 40 hours a week, but the restaurant where I work figured out that if they put me on part time, 29 hours a week, then they wouldn't be required to meet the mandates of the Affordable Care Act.

What this single mother, who wanted to work full time, was forced to do because of ObamaCare was to work part time. Do you know what? She can't make it on 29 hours a week, so she has to get two jobs. Effectively, she had to go from 40 hours a week doing a job she enjoyed, which helped her pay the bills, to working two jobs in order to make ends meet.

We can and we should do better, and we invite our colleagues across the aisle to join us, if they will.

People keep talking about a secret process. Well, this is about as open and transparent as it gets. Everybody will have an opportunity to offer an amendment, to discuss what is in the amendment, and to vote on it. To the extent that the Senate's work product differs from what the House of Representatives provides us, we can go to a conference and work out those differences. That is how the legislative process is supposed to work. Sitting on your hands and complaining about something while offering no effort to try to help solve the problem simply boils down to hollow words. Unfortunately, that is all we have been hearing so far.

We hope our colleagues will change their minds and join us. Insurance bailouts with reform are not the answer, a single-payer system is not the answer because it will bankrupt the country, but we are more than happy to entertain any reasonable proposal from our colleagues across the aisle. We will guarantee they get a chance to debate it and to have a vote on their amendment. I don't think they could ask for anything more.

The PRESIDING OFFICER (Mr. COTTON). The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, as we all know, we are continuing to debate what amounts to repealing the Affordable Care Act without any indication of what is going to replace it—what is actually in the Republican leader's bill. I think this is worth repeating because we are talking about changing one-sixth of the U.S. economy, impacting every American family, and yet we still have no idea what the bill actually is.

We do know this. A partisan bill to take away health insurance from tens of millions of Americans, written behind closed doors, opposed by every healthcare stakeholder group and by an overwhelming majority of the American people should not pass the Senate.

As I have repeatedly said, the only constructive way forward is for Democrats and Republicans to come together in a good-faith, bipartisan effort to repair and strengthen the current law. Bipartisanship should not be our last resort, as Senator MCCONNELL has suggested. It should be a starting point. It should be the foundation of what we do in this body. This is how the great majority of the American people want us to conduct the Senate's business. This is what I hear from my constituents in New Hampshire, and this is especially true with healthcare legislation which affects families all across this country.

Make no mistake, every bill proposed by the Republican leadership has been designed as a bullet to the heart of the Affordable Care Act. Republican proposals will collapse the individual marketplaces, make it impossible to provide affordable coverage for people with preexisting conditions, and take healthcare coverage away from up to 32 million Americans, including the most vulnerable.

I hope nobody is fooled by this latest partisan measure to roll back the Affordable Care Act and take healthcare coverage away from tens of millions of Americans. I hope every Senator will, at long last, heed Senator MCCAIN's call for bipartisanship—as we have been hearing at townhalls and in countless messages from our constituents. The American people want us to make commonsense, bipartisan changes to the current law. We need to work together to build on the strengths of the Affordable Care Act, which has dramatically reduced the number of uninsured Americans and has given us valuable tools for fighting the opioid epidemic which is ravaging so many communities in America. This is the best way forward for both the Senate and our country.

Republican leaders have spent the last 7 months pushing deeply unpopular bills to repeal the Affordable Care Act, including their effort to dramatically cut Medicaid—not just the expansion of Medicaid under the Affordable Care Act but the Medicaid Program that has done so much to protect and provide healthcare for children across this country, for pregnant women, for those with disabilities and older Americans, so many of whom are in nursing homes who would lose that care if we dramatically cut the Medicaid Program as the Republican proposals have tried to do.

At the recent National Governors Association meeting, Democratic and Republican Governors alike urged Congress to reject the Republican leaders' healthcare bill—in particular, its harsh and unsustainable cuts to Medicaid. The Republican Governor, John Kasich, was especially forceful in urging Members of Congress to work together to find bipartisan solutions. He urged Congress to give first priority to stabilizing the healthcare marketplaces.

We should listen to the Governors, but most importantly we should listen to our constituents—to the great majority of our constituents who want to preserve what is working in the Affordable Care Act and see us change what is not working. Instead of legislation to take healthcare away from people, it is time now for an inclusive, bipartisan approach to provide quality, affordable healthcare for every American.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The assistant Democratic leader.

Mr. DURBIN. Mr. President, yesterday, on the floor of the Senate, there was a speech which will be remembered for a long time. Our friend and colleague Senator JOHN MCCAIN came to the floor just days after he had been diagnosed with a serious cancer challenge. He made the trip from Arizona to Washington to vote on the floor on this healthcare debate, then asked for 15 minutes of time afterward to speak to the Senate. Of course, he was given that opportunity.

During the time that we learned about his diagnosis and he was home, virtually every one of us sent our personal best wishes to him and his family. Our love and respect for JOHN MCCAIN is deeply felt in the U.S. Senate, and virtually everyone stayed on the floor to hear his speech. Look around the floor now. There aren't many people, right? As good as my speech may be, it is not going to touch the quality of what John delivered yesterday. I wanted to be here for it and so did my colleagues on the Democratic side and on the Republican side.

JOHN said a lot about who we are and what we are in the U.S. Senate. Fewer than 2,000 individuals, in the history of the United States of America, have had the honor to stand here and speak on the floor of the Senate. This is a rare opportunity. For many of us, it is a dream come true and one we couldn't imagine, but what JOHN said yesterday, to summarize part of his statement, is that we ought to understand our responsibilities, as well, as Senators.

We ought to be honest about what we now face in America when it comes to the political discourse, the political debate. What we face now is a divided country, a divided Senate, divided House, and yet a yearning by all Americans for us to step up and do something; make America a better nation; help America's families, the workers, the businesses; step forward and solve a problem. JOHN reminded us yesterday that to do that, we needed to move to what he called the regular order.

It may not mean much to those who are just watching this debate and don't follow the Senate closely, but the regular order is to introduce a bill into

the Senate, send it to a committee, have the committee staff review it, experts take a look at it, call for a committee hearing so the American people can see what is in the bill, debate the back-and-forth at the hearing, then have members offer amendments—changes. Some will win, some will lose. Then the bill can come to the floor of the Senate for a similar process. It is an open, public process. That is what regular order is, and that is what JOHN MCCAIN spoke to.

Let me, at this point, quote what he said verbatim. I like this paragraph a lot so I am going to add it here. Here is what JOHN MCCAIN said yesterday on the floor of the Senate:

> I hope we can again rely on humility, our need to cooperate, on our dependence on each other to learn how to trust each other again and, by so doing, better serve the people who elected us.

I like this part:

> Stop listening to the bombastic loudmouths on the radio and television and the internet.

JOHN MCCAIN said:

> To hell with them. They don't want anything done for the public good. Our incapacity is their livelihood.
>
> Let's trust each other. Let's return to regular order. We have been spinning our wheels on too many important issues because we keep trying to find a way to win without help from across the aisle. That is an approach that has been employed by both sides; mandating legislation from the top down, without any support from the other side, with all the parliamentary maneuvers it requires. We are getting nothing done, my friends. We are getting nothing done.

JOHN said it yesterday and it still applies and he is right. I say that as a Democrat with respect for him as a Republican, but if we are not going to do more than just listen and be warmed by his words and applaud his speech, what should we do at this moment?

What is pending before us on the floor of the U.S. Senate is legislation that will change healthcare for every single American—every one of them. It will change it for us in the Senate, but it will change it for the 12.5 million people I represent in Illinois too. Every one of them will be changed by this bill. What is in this bill that will change it? We honestly can't tell you. The bill has not been written. We aren't able to see it. We are being told before the end of the week we will actually get a copy of the bill. I am not making that up.

We have tried several amendments on the floor, and they failed—one has failed. Several are likely to fail this afternoon, but there is no bill before us. We can't explain to the American people what this is ultimately going to be, except in the most general terms of what is being debated. That is embarrassing. It is embarrassing on the floor of the Senate.

What we should do is take this critical matter that affects every American and every American's healthcare and send it to a committee—the HELP Committee, chaired by Senator LAMAR ALEXANDER, Republican of Tennessee; Ranking Member PATTY MURRAY, who is a Senator from Washington; the Finance Committee, Senator HATCH of Utah, Republican; Senator WYDEN of Oregon, Democrat. They need to sit down and look at these bills carefully.

Let's not make a mistake at the expense of the people who sent us here. Let's stand up for sound, thoughtful judgment. Let's stand up for a Senate that works, as JOHN MCCAIN challenged us. Is that what the American people wish? I think it is at the heart of all of it. I think JOHN MCCAIN really set a standard we ought to live up to. Let's stop this waste of time over a debate over a bill that cannot even be printed. Let's take this to the regular order. Let's do it the right way, to the credit of the Senate and to the credit of our country.

We took an oath, each and every one of us, to swear to uphold the Constitution. That Constitution, that document we revere, spells out exactly what we should do at this moment, which is stop what we are doing on this floor, stop wasting the time of the American people and endangering their healthcare and take this to a debate that is befitting a great Constitution and a great nation and a great Senate.

I yield the floor.

I do it with the hopes that those who speak after me, of both political parties, will first sit down and read what JOHN MCCAIN said yesterday and let their applause for his remarks be reflected in what they do on the floor of the Senate today.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, I thank my colleague for an excellent statement and for appealing to the better angels.

Mr. President, I am rising to speak about the Donnelly amendment, which is very much needed because the President—and now Republicans—are walking back a clear commitment.

The President said in the campaign that he would not cut Medicaid, he wouldn't touch it, but even before the inauguration, the Trump team eagerly signed on to a Republican plan to slash it by more than $700 billion. They stared into television cameras, looked American voters in the eyes, and said that somehow these massive cuts to Medicaid wouldn't in any way harm the seniors. Medicaid picks up 2 out of 3 dollars with respect to seniors in nursing home beds and special needs kids and disabled youngsters.

When we hear that Medicaid picks up the cost of two out of three nursing home beds and compare that to the President's statement that he wouldn't cut Medicaid—wouldn't cut it—when we are now faced with a plan to cut it by more than $700 billion, one, that is walking back the President's solemn pledge in the campaign, and, two, it is going to make it harder for older people in this country to be able to afford long-term care.

The majority has brought the TrumpCare debate and the extreme Medicaid cuts that I just described directly to the floor of this Senate without a single committee hearing to justify this ill-advised policy.

Our colleague from Indiana, Senator DONNELLY, has put forward an important amendment to stop this ideological crusade to unravel the Medicaid safety net. Senator DONNELLY's proposal would send this partisan attack on Medicaid back to the Senate Finance Committee, where it should have been raised and struck down in the first place.

Mr. President, I am the ranking Democrat on the Senate Finance Committee. My focus in public life has always been to try to find common ground with people of common sense. And I wrote with colleagues—many of whom still serve on the Republican side and on the Democratic side—a universal coverage bill that pulled together both sides of the political spectrum.

So unless you provide an opportunity to have a discussion about the Medicaid safety net in the Senate Finance Committee, you are not going to be able to have policies that get to common ground on this vital issue. What you are going to have is what is really on offer now—an anti-Medicaid crusade that is a grave threat to the health and well-being of tens of millions of Americans.

Over the last few months, I have heard Republican colleagues say that Medicaid is a disincentive to work and that there are too many able-bodied adults enrolled. If you look at the facts, that is not what the program is all about. Medicaid is a vital source of coverage for our neighbors and friends who live in poverty. It tells those families that healthcare is covered while they work to climb the economic ladder in the private sector.

In addition to that, for the older people I have mentioned—these are the folks who have done everything right in life. They went to school, they found jobs, they worked hard in their careers, they raised families, and they scrimped and saved all through their lives. Growing old in America is pretty costly. So what happens is that millions of seniors who have done everything right spend down their savings, and that is when Medicaid steps in to help. It covers two out of three seniors living in nursing homes. It is a major source of funding for community-based care, and people generally don't know that. Now they may have heard about nursing homes, but it also picks up the costs for community-based care, where older people are more comfortable, and it often costs less than institutional care.

Seniors who lose those benefits due to TrumpCare Medicaid cuts are going to have to find somewhere else to live. A lot of families want to be able to help elderly parents and grandparents. It is going to be pretty hard because a lot of them are walking on an economic tightrope, and if they go looking

for nursing home care, it is going to cost on average more than $90,000.

So it is seniors, and it is disabled folks who count on Medicaid to have a chance to be productive. With the Medicaid benefits under threat, people with disabilities are going to find it hard to be able to attain the productive role in our society that they so fervently want to have. Our communities are so much better off when folks with disabilities can contribute, and Medicaid makes that possible. It covers services that many private insurers don't. It helps people make it out of bed and provides safe transportation to jobs. It helps them avoid unnecessary illnesses. It is not a disincentive for people with disabilities to work; having the support of Medicaid is what makes it possible for disabled folks to work.

Across the country, there are millions of kids with special needs who rely on Medicaid every day for services—behavioral care services, mental health services. Mom or dad might have good insurance through work, but private plans don't always cover the care those vulnerable kids need.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. WYDEN. Mr. President, I ask unanimous consent for 1 additional minute.

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

Mr. WYDEN. Mr. President, I have commented on the secret process that went on in this discussion, but I will close with this: One version of TrumpCare has already been voted down here in the last day. Nobody knows where this debate will wind up, but what is important now is that Senators support the Donnelly motion. The Donnelly motion is going to ensure that the Finance Committee, where Senator ENZI serves so admirably, and all of our colleagues, Democrats and Republicans, is going to be able to look at this issue in a way that is going to bring the Senate together, not divide it, as we would be without the Donnelly motion.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I appreciate my colleagues across the aisle accommodating me for 3 minutes, and I ask that—

The PRESIDING OFFICER. There is no Democratic time remaining.

The Senator from Wyoming.

Mr. ENZI. Mr. President, Senator BLUMENTHAL, the Senator from Connecticut—I ask for 3 minutes from our time, and we will allot that as long as we preserve the full time for the Senator from Wisconsin.

The PRESIDING OFFICER. The Senator from Connecticut is recognized.

Mr. BLUMENTHAL. Mr. President, we have seen in the course of this debate some very high points and some points that I think in some ways we regretted. One of the high points for me was the return of Senator MCCAIN, and I want to join all of my colleagues in saying how heartfelt our gratitude is for his return and his eloquence here about the need for us to work together.

Yet yesterday we also saw, in my view, a shameful and disgraceful mockery of our democracy when Senators proceeded, in effect, to a slogan, a shell of a bill, not a really substantive measure. Yet that shell itself will undermine the exchanges and insurance coverage for millions and millions of Americans by creating uncertainty, and this process itself will aggravate that fear.

I have now held five field hearings in Connecticut, and at each one I have heard from countless people with tears in their eyes telling me what the Affordable Care Act and Medicaid have meant to them, what repeal of it will mean to them, and how devastating and cataclysmic the damage will be.

Thousands of constituents have written, have called, and have also contacted others of my colleagues, as I have urged them to do, and I want to say how grateful I am to them for their continued activism and advocacy. We need to maintain this fight. I have heard from moms and dads about what would happen to their children. One said to me: We can't thrive as a nation or as individuals if we can't afford to be healthy.

So I ask my colleagues to listen to their constituents, to the people in their States, people like Conner and Mackenzie and Amelie and Evan and Amanda and Michelle and Jennifer and Gay. I described them on the floor in my previous talks. These voices and faces need to be brought here because there have been no hearings, no regular order, no democratic process, as we have an obligation to do.

If at some point my colleagues abandon this effort to repeal and decimate the Affordable Care Act, I stand ready to come across the aisle to work together to drive down the costs of healthcare—particularly pharmaceutical drugs—and to open the exchanges to more competition and create more choices for consumers among insurance companies. There are steps we can take together to improve this process. As Senator MCCAIN urged us so powerfully, we need to go back to regular order, come together, and work across the aisle. There is no panacea. There is no instant solution. But we need to work together.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Mr. JOHNSON. Mr. President, I come to the floor today to speak to three amendments that I have either submitted or plan to submit on the matter before the Senate here today, the repeal and hopefully complete replacement of ObamaCare.

There are two issues that concern me the most and that I have fought for and debated.

In this process, how can we bring down gross premium levels that have skyrocketed under ObamaCare? According to HHS, on a national average, premiums have increased 105 percent. They have more than doubled. And of course it is far worse than that in many places.

Janice Fenniman was a 62-year-old woman when I met her a couple of years ago. Prior to ObamaCare, she was paying $276 per month. In 2016, just 2 years into the implementation of ObamaCare, she was paying $786 per month. Last time I talked to her, she would be paying over $900 a month, but the problem is, she can't afford it, so she is just taking a risk and going uninsured until she reaches the age of 65 and is qualified for Medicare.

The other issue I want to speak about is literally the unsustainable nature of Medicaid. The other thing I fought for is reducing the disparity between States that have expanded Medicaid and those that haven't, like Wisconsin, that have done a great job managing Medicaid. My concern is that Medicaid expansion, which is directed toward able-bodied, working-age, childless adults, is funded by the Federal Government 90 to 100 percent, depending on which year you are looking at, versus traditional Medicaid targeted toward—40 percent of Medicaid spending is targeted toward children, the disabled, and the elderly. Medicaid expansion is putting at risk the sustainability of traditional Medicaid. So my three amendments deal with those issues, and let me first take up the first two amendments dealing with premiums.

I have a few charts. Unfortunately, in Washington, DC, there is not a whole lot of people who understand the problem-solving process. Let me describe it briefly.

It starts with information. It starts with defining the problem, doing a root cause analysis, having the courage to recognize and acknowledge the truth in reality. Based on that reality, you try to set achievable goals. From my standpoint, the achievable goals should be to bring down gross premium levels back to a reasonable level where they were prior to the implementation of this completely faulty architecture of ObamaCare and preserving and sustaining traditional Medicaid.

This chart, I realize, is a little busy, but let me walk you through it. This shows the trend line of ObamaCare, in terms of what we have experienced from 2010 to 2017, plus the estimates of the Congressional Budget Office as it relates to the Senate bill we voted on yesterday.

Let's take a look at this. Back in 2010 to 2013, you see the trend line here. In 2013, on the national average, an individual is paying about $232 per month for healthcare. Now had that trend line just continued, had we not passed this faulty architecture of ObamaCare, we could reasonably expect that in about 10 years, premiums for an individual being about $303 per month.

What has happened—again, according to HHS—those premiums have gone

from $232 per month to this year $476 per month on a nationwide average. That is a 105-percent increase.

One of the problems with CBO scoring is it is difficult to interpret. What I tried to do for my colleagues is put in chart form exactly what CBO is saying. In their scoring of the Senate bill, they said next year premiums would be 20 percent above the current baseline. Of course, they don't give you the baseline, and they don't really give you the premiums so I had to try to cobble those together. This is pretty accurate. That would put premiums next year at about $546 versus $232 about 4 years ago. The following year it would be 10 percent above the baseline. So it would start decreasing with the Senate bill, and the third year would be 30 percent below baseline. You would see a dramatic drop. You would be at $441 per month. Then the trend over the next 7 or 8 years would be 20 percent below the baseline, $574.

Take a look at this. Had we never passed ObamaCare, premiums should be in the $300-a-month level versus $574. This is the damage done by ObamaCare, and this, I am very sad to report, is not what we are adequately addressing because we do not have the courage to do the root cause analysis and be honest with the American public about what is happening.

Let me read you a dictation from the family I just heard from yesterday. Sheri and Vern Kolby, whom we heard about from one of our State legislators who contacted one of my regional directors. He sent me an email telling me their story.

I called Sheri last night. She didn't have time. She was just off her shift. Her husband is working way more than 40 hours a week—basically, that is 60 hours a week. The people whom President Clinton was talking about, people busting it, working 60 hours a week, their premiums have doubled and their coverage has been cut in half. So my staff reached out, and we basically dictated her story, her and her husband Vern's story.

This is not her letter to me but her voice based on what was told to me by my staff. This is Sheri Kolby from River Falls, WI.

My husband and I have preexisting conditions. We need affordable healthcare through ObamaCare or whatever works. Vern is a milkman now, driving a tank to farms to pick up milk, and there are only seven employees at his company which doesn't provide coverage. I am a florist. Now, I am the only full-time employee so they don't have health coverage at my work either. We signed up for ObamaCare in 2014 for the entire 12-month period.

We went on healthcare.gov, but the site crashed, so we had to call a phone number which was jammed. Finally, I got hold of someone and got through an hour and a half of questionnaires. Then you get information in the mail about what your premium will be and your subsidy, and you make your monthly payment.

We were getting monthly letters telling us we had to fax in our pay stubs to make sure we were still qualifying for the subsidized premiums. We did that every month, but then next March, when we filed our taxes, that is when my tax preparer said, ''You better sit down. Not only did you pay your premium, but they want your subsidy back.'' That was about $15,000.

We were earning too much to qualify for the subsidies, even though we held blue-collar jobs. If we stayed on ObamaCare, we would have to pay the entire premium unsubsidized. In 2015, we made $59,000 and ended paying almost $30,000 for premiums and deductibles. That was 51 percent of our income.

In covering our deductibles and our out-of-pocket costs, we used up almost all of our 401(k)s. It just multiplied and multiplied. When a huge amount of money was due the IRS, we decided we had to sell our house.

Sheri and Vern Kolby had to sell their house so it wouldn't be taken away in foreclosure because of Obama's skyrocketing premiums.

Now we can only get a 3-month plan. That is all that is available. Private catastrophic plans are few and far between.

And I will add, parenthetically, also way overpriced because of the faulty architecture of ObamaCare.

There aren't a lot of companies that offer plans in Pierce County. We are kind of in a funnel and that funnel keeps narrowing. In May, I went back to healthcare.gov, but coverage would have cost $1,200 per month, about $14,400 per year in premiums for a policy with a $14,000 deductible. If you made $200,000, you could pay that, but we are not even close to that. We usually fluctuate between $50,000 and $60,000. We are blue collar. We pay our bills on time, we respect people, and we want to live a good life, and we have just been dumped on. It has got to stop.

It may come to a point where we might not have insurance, but we will just end up owing the hospital if something else happens. My husband works 60 to 70 hours a week, and I work 30. We drive a '98 Wrangler. We are not running around in a Ferrari. We don't spend money beyond our means. We don't take trips to Tahiti, and we are not trying to swindle the system, but it has been a very stressful experience.

We have been married 28 years, and we have stayed together through so much, but we are not old enough to even think about retirement for a long time so I don't know what we will do.

These are the forgotten men and women of this healthcare debate—the people who are busting it, who don't get subsidized, who can't afford insurance coverage because of the faulty architecture of ObamaCare, and we are not courageous or honest enough to really address it.

We did get from HHS a study that they commissioned and they had the results in May.

I would like to put up my next chart here.

Basically, what they did is they studied the cause, and I have the study right here. Basically this is the question they are asking: What portion of the increase in premiums is attributable to the effects of guaranteed issue and community rating?

Now I realize those are very popular elements of ObamaCare. The problem is, they cause premiums to skyrocket. That last graph—way above what they would have been without that architecture—pricing people out of the market, forcing American taxpayers to pay far more in subsidies than we otherwise would have to do or would be necessary had we never passed ObamaCare.

Well, here is the result of their study. They studied four States: Georgia, Ohio, Tennessee, and I can't remember the last one, but I am going to focus on Tennessee.

What this graph shows—I realize it is kind of hard to see—but in Tennessee, between 2013 and 2017, premiums increased $327 per month, from $104 per month to $431 a month for a 41-year-old male. That is a threefold increase, 314 percent. What caused it, 73 to 76 percent was increased risk. Again, increased risk is basically defined as the guaranteed issue covering preexisting conditions and community rating—things that are popular but again that cause premiums to double and in Janice Fenniman's case, more than tripled.

One thing I want to point out about that, when you hear that talking point, premiums that double and triple, look at the inverse of that. If we could roll back the clock, go back 4 years, premiums would be one-half to one-third of what they are today. People would be able to afford coverage, and the American taxpayer would be supporting those whom we want to support with a whole lot less dollars.

Now, the good news, if we were honest, if we were courageous, and if we actually addressed the root cause analysis, which has been done, which we have largely ignored, the good news is, you can actually cover people with high costs and preexisting conditions without collapsing insurance markets. They are called high-risk pools or, in the case of Maine, invisible high-risk pools. The people in it don't even realize they are in it, but it has worked phenomenally well.

Maine passed guaranteed issues, and just like they did under ObamaCare, guaranteed issues caused premiums to skyrocket. You can see the premium rate from their old Anthem HealthChoice plan back in 2011. Once they supplanted—they didn't even repeal the guaranteed issue, but they just supplanted this with an invisible high-risk pool—their premiums were cut in half. This is doable. It is possible, but it is only possible if we take a look at best practice, if we are willing to have the courage to admit exactly what is causing the problem.

I have two amendments designed to address the increase in premiums. First—and I realize this will probably not even be voted on—would be a simple one-sentence amendment that would repeal all of ObamaCare, not partial repeal, not just two-thirds repeal but repeal that would concentrate on removing all of those market reforms. I would call them market distortions that cause premiums to skyrocket, that cause people like Sheri and Vern Kolby to lose their house. That is my first amendment.

The second amendment really relates to exactly what ObamaCare was originally designed to do, which was put Members of Congress in the exact same position of people like Sheri and Vern Kolby.

Back in July of 2009, November 18, as this was being debated in the HELP and the Finance Committee, Senators Coburn and GRASSLEY introduced language to those bills that would make Members of Congress have to purchase their health insurance plans on any kind of program or the State-based exchanges, whatever was passed under the Democrats' healthcare plan.

On December 24, 2009, the Senate passed the Patient Protection and Affordable Care Act, an Orwellian-named bill that did neither, that had Senator Coburn's basic language from the HELP Committee that was going to require Members of Congress to purchase their coverage through the exchanges. What was interesting is, it did not include an employer contribution. Those were barred.

On March 24, after the House had passed their version of the Patient Protection and Affordable Care Act and the Healthcare Education Reconciliation Act, Senator GRASSLEY again offered an amendment to allow an employer contribution to Members of Congress and their staffs' healthcare plans. That amendment was defeated with 56 Democratic Senators defeating it. Three Democratic Senators voted for it, and every Republican Senator voted for it, allowing the Federal contribution. So Congress specifically said in the Patient Protection and Affordable Care Act, Members of Congress and their staffs must purchase their healthcare through the State exchanges, and they cannot obtain an employer contribution for those plans.

Let's fast forward to October 2, 2013. Members of Congress and their staff panicked. They went running to the Obama White House and said: You have to fix this. We know what we passed. We know what the law says, but we have to weasel our way around this—and they did. So the Office of Personnel Management issued a rule, first of all, that Congress was a small business that could purchase their insurance on a shop exchange which required a small business, which is defined in the law as less than 100 employees—I just want you to know that Congress has about 11,000 employees. There is no way this Congress is a small employer, but that was the technique that they were able to work their way around this law. So right now Members of Congress and staffs are the only Americans who get the special treatment of being able to purchase insurance on ObamaCare exchanges and get an employer contribution.

Millions of Americans did lose their insurance because of ObamaCare. They had to purchase the overpriced insurance policies out of the exchanges, but they have no access to employer contributions. So my second amendment would put only Members of Congress—I don't think we should penalize our staff—but I want to put Members of Congress in the exact same position as Sheri and Vern and thousands and maybe tens of thousands, maybe hundreds of thousands, maybe millions of Americans who are making too much, busting it, working 60 hours a week. Their premiums have doubled, sometimes tripled. Coverage is cut in half, and they can't afford it. They are taking a risk. Congress is still advantaged because we are making more than $59,000. We are making $174,000.

The reason I am offering this amendment—I know it will not be popular—is that the only way Congress will have the courage to act is if they are affected every bit as much as the American public. I urge all of my colleagues to be honest, to be courageous, and to make sure they do not exempt themselves from the pain, from the harm, from the damage of ObamaCare, so that they will commit themselves to actually fixing this problem.

Those are my first two amendments that have to do with premiums. I urge my colleagues to support them. I think that they are good amendments and are worthy of support.

Mr. President, how much time do I have remaining?

The PRESIDING OFFICER. There are 30 minutes remaining.

Mr. JOHNSON. Mr. President, let me move on to my second point.

Again, I come from a State whose Governor showed real courage in recognizing that traditional Medicaid was unsustainable and was in trouble. The last thing we really should be doing to an unsustainable entitlement program is to throw more promises on top of that and make it even more unsustainable. I think it is extremely important that we recognize that Medicaid expansion is directed toward able-bodied, childless, working-age adults. That is, again, funded at a much higher level by the Federal Government, at 90 to 100 percent, versus traditional Medicaid, which is really targeted to those we want to help—children. Forty percent of traditional Medicaid goes toward children, the disabled, and the elderly.

My next amendment is designed to try and make traditional Medicaid more sustainable, not by pulling the rug out from anyone but simply by limiting further enrollment and allowing Medicaid expansion to phase out based on attrition. Let me show you a couple of facts, because we hear an awful lot of demagoguery. We hear an awful lot of scaremongering. I hear it in Wisconsin, as people who are on traditional Medicaid and who are largely unaffected by this bill other than in the out years are scared that their traditional Medicaid is going to be taken away from them.

Here are the facts. Back in 2008, the Federal Government spent about $200 billion on traditional Medicaid. With the implementation of ObamaCare, we began increasing that pretty dramatically with Medicaid expansion. Over the next decade or so, we will spend close to $90 billion per year, on average, on Medicaid expansion—again, targeted toward able-bodied, working-age, childless adults. This was the former trend line, and this is the current trend line for traditional Medicaid.

Now, you hear about all of this slashing of Medicaid. Here is the current baseline. This is what the Senate bill would have done to traditional Medicaid and to Medicaid expansion. Yes, you can see some relatively significant cuts to Medicaid expansion, but to traditional Medicaid, you see, really, not all that much—about $164 billion over 10 years.

My amendment would say, without pulling the rug out from anyone: Let's end further enrollment in Medicaid expansion, and as that program phases out through attrition, let's devote the money that we save to traditional Medicaid—supporting and sustaining the elderly, children, and the disabled.

This is what happens to traditional Medicaid under my amendment. First of all, this is what happens under the Senate bill. You do not see any year in which Medicaid is actually cut. It is always rising. We boost it a little bit further and do not increase the deficit by any more, under the Senate bill, by doing that.

My last point is this, and then I will move on and yield the floor. This is what I am talking about in terms of dollars. Under current law, traditional Medicaid will spend $4 trillion over the next decade and Medicaid expansion almost $1 trillion, for a total of $5 trillion spending. Under the Senate bill that was originally proposed, original Medicaid would have been cut by about $164 billion, which is still close to $4 trillion, and Medicaid expansion, obviously, would have been reduced by a fair amount.

Under what I call my sustainability amendment, traditional Medicaid would actually increase in spending slightly and not harm anybody—not children, not the disabled, not the elderly. Obviously, with Medicaid expansion, just by allowing it to phase out through attrition—not pulling the rug out from anyone—in the end, you would be spending the same amount on the Senate bill. From my standpoint, I think that we preserve and sustain Medicaid.

Again, I urge my colleagues to support all three of my amendments. I hope to get a vote. If not a vote, I hope that they are considered if this thing goes to a House-Senate conference.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I thank my colleague from Wisconsin, my fellow accountant, for doing a good job of accounting there and providing some charts that very explicitly show what he has been working on, what he has been encouraging people to do, and

some solutions. That is what we keep looking for within the criticism that we are getting from the other side of the aisle—some solutions.

Earlier this year, Congress took an important first step in fulfilling the promise of repealing ObamaCare by passing a budget resolution that paved the way for this debate that we are having right now and paved the way for some real healthcare reforms that we are currently debating. These reforms are focused on rescuing the millions of hardworking families who are trapped by ObamaCare's taxes and mandates.

You heard one example from the Senator from Wisconsin of a family who is paying excruciatingly high prices for their healthcare only to find out that they have $16,000 in deductibles, which makes it very difficult to utilize it at all. Is that insurance, if you have to pay $16,000 before the rest kicks in?

What we are doing here is working to stabilize collapsing insurance markets that have left millions of Americans with no options. We improve the affordability of health insurance. We preserve access to care for Americans who have preexisting conditions while we safeguard Medicaid for those who need it the most by giving States more flexibility. We ensure that those who rely on this program will not have the rug pulled out from under them. Most importantly, we liberate the American people from the onerous ObamaCare mandates of purchasing insurance they do not want and/or cannot afford.

Additionally, these bills can reduce the Federal deficit, the amount the Federal Government overspends each year, by billions of dollars. They can also end up saving taxpayers billions more by improving and reforming the way Medicaid operates. These aspects of the bill are enormously important. This will be the first time in a generation that we will have even attempted to rein in any of these programs and put them on a sustainable path—the ones that are threatening to bankrupt our country—without pulling the rug out from under people, as you saw from the charts by the Senator from Wisconsin.

By reducing spending, lowering the tax burden on hard-working families, and curbing our national debt, which now stands at almost $20 trillion and is on its way rapidly to $29 trillion, we will be ensuring a brighter and stable fiscal future for our children and our grandchildren. Actually, with that kind of debt, we are almost ensuring a brighter and stable future for ourselves. We are in trouble.

While my colleagues complain about using the reconciliation process to untangle the country from this unworkable, unpopular, and unaffordable law, they should remember that they actually employed the exact same procedure to secure the passage of ObamaCare, without having any input or assistance from Republicans, and rushed it through both Houses of Congress in less than a week. Senate Republicans are responsibly utilizing this reconciliation process to address the healthcare crisis that has been thrust upon America by former President Obama and congressional Democrats.

There is also the common misconception that some of my friends across the aisle have promoted—the idea that ObamaCare is a runaway success and that repeal will be tearing down a functioning program. This is, simply, not true. My Democratic colleagues know it is not true. Former President Obama knows that it is not true, and the American people, certainly, know it is not true.

Here is the reality. ObamaCare has put our health insurance markets on the brink of collapse in many parts of the country. As I pointed out in an earlier speech, that began in October of last year, which was before the elections. It has nothing to do with what has transpired since the elections. ObamaCare put our health insurance markets on the brink of collapse in many parts of the country, and what the Republicans are tackling now is what President Obama and congressional Democrats simply could not bring themselves to do when they had control, which was to fix the problems they had created. This may be because ObamaCare has enshrined their idea that bigger government is better and that any changes, unless done by Executive action under the President, were out of the question.

In their zeal to protect this flawed program, they may have missed it when President Obama himself admitted last year that the law had real problems.

He said:

> There are going to be people who are hurt by premium increases or lack of competition and choice.

He went on to say that these problems are simply called ''growing pains.''

Now, these growing pains have forced millions of Americans across the country to grapple with impossibly high health insurance premiums for plans they do not want, out-of-reach deductibles to help with common prescriptions, and disappearing insurance providers to even be allowed to shop for better coverage.

As I noted earlier, for more and more Americans, there is only a single insurer from which they can select health plans, and they may soon not have a single ObamaCare insurer, as 50 counties already do not have one, and others are threatened. Thousands only have one choice. In fact, on the Federal exchanges, one in five consumers will only be able to select plans from a single insurer. Many residents across the country will have only one choice of health insurer. This includes my home State of Wyoming, as well as the entire State of Alaska.

What does this lack of competition mean? Premiums are surging for hard-working families, who now have to choose between unreasonable insurance rates or an unreasonable fine. If my colleagues wanted yet further evidence that competition lowers prices, they need look no further than their constituent mail.

In Wyoming, some families will be forced to pay more than 30 percent of their total income on premiums in order to obtain healthcare coverage, which often includes deductibles of over $1,000. One family faced premiums of more than $1,600 a month. As an alternative, their tax penalty for not carrying coverage was only $1,700 for the year. That is a $1,600-a-month premium charge or a $1,700 penalty for not covering it for the whole year.

So guess what they did? They paid the fine because they could not afford the insurance premium, let alone the deductible. I think $5.3 million in fines were collected in Wyoming from the people who could not afford the insurance. They took the lesser alternative of paying a tax penalty, which gave them nothing.

For those who are lucky enough to be able to afford insurance, particularly in the individual market, under the new health law, premiums are expected to increase faster in 2017 than in previous years. Some States will see insurance premiums rise by as much as 53 percent. That is in 1 year. We are talking about a 4-year doubling of cost. This will be a 50-percent cost increase in 1 year. That is truly a healthcare emergency. Not doing anything and accepting the status quo is simply unacceptable to millions of Americans suffering under this law.

Now that we have discussed why we are doing this, it is important to also ask how we hope to help these suffering Americans. It is vital that we stabilize collapsing insurance markets that have left millions of Americans with no options, while reestablishing the affordability of health insurance.

Our bill will also preserve access to care for Americans with preexisting conditions, and it will safeguard Medicaid for those who need it most by giving States more flexibility, yet ensuring that those who rely on this program will not have the rug pulled out from under them—contrary to the scare tactics being put forth by ObamaCare's defenders.

Most importantly, Congress is working to free the American people from the onerous mandates to purchase insurance they don't want or can't afford.

Congressional Republicans and our President are focused on securing the future of Americans' healthcare system and truly understand the importance of restoring the trust of hard-working taxpayers.

What we are doing here under reconciliation, which is a budget process, will not solve all the problems. There will be an opportunity for bipartisan investigation, support, and changes if the other side is willing to do that. There are some things that need to be

done immediately to protect the American taxpayers and the people who want to have healthcare.

So I ask everyone to focus on securing the future of America's healthcare system and to try to understand the importance of restoring the trust of hard-working taxpayers.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER (Mr. TOOMEY). The Senator from Alabama.

Mr. STRANGE. Mr. President, I ask unanimous consent to speak for up to 5 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. STRANGE. Mr. President, I rise today in defense of those who cannot defend themselves. After 8 years of policies that have undermined the sanctity of life, we have an opportunity today to extend the protections of the Hyde amendment wider than ever before.

After 8 years of a failed social experiment that subverted the will of a majority of Americans and denied rights of conscience and religious freedom, we have an opportunity to ensure that taxpayer dollars will not contribute to the scourge of abortion under any circumstance.

As we consider options to fix our nation's failing healthcare system, partisan lines cut deeper on abortion than on any other issue. However, we should all be able to agree that taxpayer funds have no place in funding abortions.

I also hope we can agree that our society cannot be truly prosperous until it respects the rights of the most vulnerable among us. If we fail to stand for those who cannot stand for themselves, then the words of our founding documents, the words inscribed in the halls of this building, and the truths we each hold in our hearts mean nothing.

To that end, I will be offering a motion to waive the point of order on Hyde amendment protections as we work to solve our healthcare crisis. Today, and every day, I stand for life. I am joined by colleagues who understand what is at stake, and I thank Senator ENZI for his leadership.

I yield the floor.

Mrs. MURRAY. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

VOTE ON AMENDMENT NO. 271

The question is on agreeing to the amendment.

Mr. CORNYN. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 45, nays 55, as follows:

[Rollcall Vote No. 169 Leg.]

YEAS—45

Barrasso	Flake	Perdue
Blunt	Gardner	Risch
Boozman	Graham	Roberts
Burr	Grassley	Rounds
Cassidy	Hatch	Rubio
Cochran	Hoeven	Sasse
Corker	Inhofe	Scott
Cornyn	Isakson	Shelby
Cotton	Johnson	Strange
Crapo	Kennedy	Sullivan
Cruz	Lankford	Thune
Daines	Lee	Tillis
Enzi	McConnell	Toomey
Ernst	Moran	Wicker
Fischer	Paul	Young

NAYS—55

Alexander	Gillibrand	Murray
Baldwin	Harris	Nelson
Bennet	Hassan	Peters
Blumenthal	Heinrich	Portman
Booker	Heitkamp	Reed
Brown	Heller	Sanders
Cantwell	Hirono	Schatz
Capito	Kaine	Schumer
Cardin	King	Shaheen
Carper	Klobuchar	Stabenow
Casey	Leahy	Tester
Collins	Manchin	Udall
Coons	Markey	Van Hollen
Cortez Masto	McCain	Warner
Donnelly	McCaskill	Warren
Duckworth	Menendez	Whitehouse
Durbin	Merkley	Wyden
Feinstein	Murkowski	
Franken	Murphy	

The amendment (No. 271) was rejected.

VOTE ON MOTION TO COMMIT

The PRESIDING OFFICER (Mr. GARDNER). The question is on agreeing to the Donnelly motion to commit.

Mr. ENZI. I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a second sufficient?

There appears to be a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 48, nays 52, as follows:

[Rollcall Vote No. 170 Leg.]

YEAS—48

Baldwin	Gillibrand	Murray
Bennet	Harris	Nelson
Blumenthal	Hassan	Peters
Booker	Heinrich	Reed
Brown	Heitkamp	Sanders
Cantwell	Hirono	Schatz
Cardin	Kaine	Schumer
Carper	King	Shaheen
Casey	Klobuchar	Stabenow
Coons	Leahy	Tester
Cortez Masto	Manchin	Udall
Donnelly	Markey	Van Hollen
Duckworth	McCaskill	Warner
Durbin	Menendez	Warren
Feinstein	Merkley	Whitehouse
Franken	Murphy	Wyden

NAYS—52

Alexander	Crapo	Hoeven
Barrasso	Cruz	Inhofe
Blunt	Daines	Isakson
Boozman	Enzi	Johnson
Burr	Ernst	Kennedy
Capito	Fischer	Lankford
Cassidy	Flake	Lee
Cochran	Gardner	McCain
Collins	Graham	McConnell
Corker	Grassley	Moran
Cornyn	Hatch	Murkowski
Cotton	Heller	Paul
Perdue	Sasse	Tillis
Portman	Scott	Toomey
Risch	Shelby	Wicker
Roberts	Strange	Young
Rounds	Sullivan	
Rubio	Thune	

The motion was rejected.

The PRESIDING OFFICER. The Senator from Pennsylvania.

MOTION TO COMMIT

Mr. CASEY. Mr. President, I have a motion to commit at the desk.

The PRESIDING OFFICER. The clerk will report the motion.

The legislative clerk read as follows:

The Senator from Pennsylvania

Mr. CASEY moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the American Health Care Act of 2017 that would harm individuals with disabilities as defined in the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) by reducing their access to affordable health care or limiting coverage or benefits under Medicaid or in the private health insurance market.

Mr. CASEY. Mr. President, first, I thank my friend from Indiana, Senator DONNELLY, for his remarks this afternoon and also for his efforts to help to protect and preserve Medicaid so that hundreds of thousands of people in our States and across the country can continue to live in the community.

I want to point out that today is the 27th anniversary of the signing of the Americans with Disabilities Act. This legislation, known as the Americans with Disabilities Act, is 27 years old. It is a piece of legislation that both recognizes and guarantees the rights of people with disabilities. It is, at its heart, a civil rights bill, one that promotes and promises liberty and freedom for people with disabilities—the liberty and freedom that all Americans are promised, that our founding documents guarantee, and that we in the Senate are charged with protecting for all citizens.

We should be celebrating the liberty and freedom of people with disabilities, but instead of having a celebration of the Americans with Disabilities Act on this anniversary day, the Senate Republican bill—which, I guess, is basically the House bill that we are on right now—threatens that freedom and threatens that liberty that was accorded in the Americans with Disabilities Act with regard to those with disabilities.

Now, I have heard a lot of speeches on this floor by my Republican colleagues about freedom and liberty in the context of healthcare—lots of speeches about both of those words. I would argue that, if you consider this legislation and the Senate versions of it that came after the House bill, all of these Republican healthcare bills were really, simply, about decimating Medicaid, limiting community-based care, and cutting long-term services and support, which will rob people with disabilities of their rights that the Americans with Disabilities Act advanced.

I think everyone here knows the disabilities story. I will just do a quick summary.

For centuries, people with disabilities have been placed against their will in institutions like this one. This is a building in Pennsylvania. When it was open and operating, it was known as Pennhurst. There were lots of places like this across the country, not just in one or two States. These institutions were, in fact, over time, warehouses, in which people had few, if any, rights. They were told what time to wake up, what time to go to bed, and when to eat. They were told they could never leave. That was the basic set of rules they lived by when they lived in institutions like that. These were places where choice was unknown and where freedom, liberty, and self-determination were also unknown.

Over the past 50 years, we have made some improvements—slow improvements—with the voices of people with disabilities leading the way. Throughout those 50 years, individuals and families have fought for their freedom and have worked to create laws that protect their freedom.

For example, the 1973 Rehabilitation Act Amendments and the Americans with Disabilities Act affirmed and protected the rights of people with disabilities to have access to all of society. The 1999 Olmstead Supreme Court decision reaffirmed the right of people with disabilities to live where they want to live and to be free of the confines of an institution.

Let's take it from the institution down to the individual—to individuals like Jensen, who is pictured right here. People like Jensen, who were once forced to live in nursing homes, now live where they want to live and pursue their dreams. Yet we know that rights alone do not equal freedom and liberty for people with disabilities.

Medicaid provides the supports that are necessary to live in the community and to have that full measure of freedom and that full measure of choice. Medicaid protects the hard-won rights of people with disabilities to have real choices. Medicaid home-based and community-based supports mean that people with disabilities can live in their own apartments, hold jobs, and contribute to their communities. Medicaid makes it possible to use the talents, skills, and knowledge of people with disabilities. Medicaid makes their rights a reality.

Do not take my word for it. Just ask the people who were here today in the Gallery, the people who are outside this Chamber and are walking the halls of the Senate, walking throughout the buildings, marching, demonstrating, and greeting people on the streets, with some of them staying overnight at one place to make their voices heard. Ask the members of ADAPT. Ask the members of the National Council on Independent Living. Ask The Arc's 700 affiliates around the country. Ask the folks from Easterseals, the Association of University Centers on Disabilities, the Autistic Self Advocacy Network, and on and on and on—groups across the country that are telling us with one voice: Do not move forward with cuts to Medicaid as have been proposed in each of these bills.

These Americans will tell you that their rights are not real without community supports. This bill will drive people back into those institutions that I just showed you a picture of.

In the midst of voting on my amendment—which would basically say: Let's go back to the committee of jurisdiction—in this case, the Finance Committee—and spend some time to have some hearings, have some regular order, which some have called for here, and really consider this issue seriously—I know there will be talk that some will reject my amendment and will introduce and maybe have a vote on a sense of the Senate.

There is a time and a place for that kind of measure when the Senate speaks with one voice on a matter. This is not one of those times. This is a time when we have to do more than just have a sense of the Senate. We have to be serious about a particular matter of public policy—in this case, of making sure that we protect people with disabilities so that they have all of the rights and all of the promises fulfilled in the Americans with Disabilities Act and other legislation.

So we are hearing that there might be a sense of the Senate offered as a side-by-side to the amendment that I will offer. This is totally inadequate in terms of the serious issue that we are here to talk about—in this case, protecting people with disabilities. It is a totally inadequate response to that. The people with disabilities who are in the Gallery, who are in the reception area, or who are back at home in congressional districts and States—those folks in each and every community around the country—want to ensure that the promise that we made to them in the ADA and in other measures will be kept—that we will keep our promise. If Medicaid community-based services are slashed, statements by the Senate will not help very much.

What will we likely have in front of us in the next couple of hours or between today and tomorrow?

I know it has been described in a lot of ways, if the Republicans want to get there. Here is the way I describe it. It is a congressional Republican scheme that they are working on to get to repeal—not repeal and replace. In this case, it would be repeal and decimate—decimating Medicaid, repealing the entire Patient Protection and Affordable Care Act.

Some here will argue that they can support this because this next version—this scheme—will not include Medicaid and will likely not even include tax cuts for the very wealthy. Cuts to Medicaid have been the core part of every House version of healthcare and every Senate bill that we have seen so far. They will get to those cuts one way or another, and they will also get to the tax cuts for the superrich.

The bill that we are debating, H.R. 1628, as you know, creates block grants in the context of Medicaid. Block-granting, in a sense, may be sending to the States a limited amount of money and saying: Good luck when you have to balance your budget and pay for Medicaid services. It will have per capita caps, which would, again, limit what States can do in terms of the dollars they have, or it would just continue to have cuts to Medicaid, as every bill has had, the likes of which we have never seen—sometimes over $800 billion, sometimes over $700 billion, but it is in that neighborhood of hundreds and hundreds of billions of dollars of cuts to Medicaid. This next version of the Senate bill will do the same.

When you consider the cuts to Medicaid juxtaposed with the tax breaks given to the superrich—really giveaways—there is no other word that I can come up with other than ''obscene.'' There are probably other words, but that is, I think, a good description of what that is. That is one of the reasons that these measures have been so unpopular across the board with every income group. Those folks who would get those big giveaways—I think most of them would not want them if they knew the price of that tax giveaway to someone with a lot of money would be to decimate Medicaid.

So passing this version of the bill—passing a scaled-down scheme—means that Republicans have not abandoned their Medicaid cuts. They are going to get to that as soon as they can. This is simply what we are going to see over the next couple of hours—a back door to cutting and capping Medicaid—and anyone who believes otherwise is probably deceiving themselves.

What we need are serious policies crafted to ensure long-term supports and services that provide and guarantee community-based services that promote choice and freedom for people with disabilities. This bill doesn't promise freedom or liberty. It doesn't promise the choice to live in a community and to be part of a family, like this family, where one member of that family has a disability and gets to live in a house with other members of the family. That is not possible for many Americans without Medicaid.

For people with disabilities, this bill is anything but a bill that would enhance freedom or enhance choice. This bill would, in fact, be an anti-freedom bill when it comes to people with disabilities. It is not a key to liberty. It is really just a pathway to institutional care, where we were years ago and where we have come from, from whence we have made progress. It is a return to limited choices, a lack of rights, and a place where freedom is not possible.

In conclusion, let me thank the Members of the Senate who have supported

this motion: Senators STABENOW, DUCKWORTH, HASSAN, VAN HOLLEN, MURRAY, BROWN, BLUMENTHAL, CARPER, DURBIN, KAINE, BALDWIN, WYDEN, MARKEY, MURPHY, HARRIS, CARDIN, WARREN, HIRONO, REED, NELSON, KLOBUCHAR, WARNER, SHAHEEN, COONS, BENNET, KING, MENENDEZ, WHITEHOUSE, LEAHY, and BOOKER. I want to thank them for joining me in this effort.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

The Senator from Louisiana.

Mr. CASSIDY. Mr. President, we are struggling right now to find a replacement for the Affordable Care Act. The American people have voted in four successive elections for such a replacement, culminating in the election of Donald Trump to be President of the United States.

Now, one can ask oneself, if the Affordable Care Act is so great, why would the American people continue to want to have a different program? I think the wisdom of the American people is that they do not want the government so intrusive in their lives, and secondly, there is a sense that somehow the Affordable Care Act is not entirely fair, that perhaps there are some who do better under the Affordable Care Act than others. Our country is about equity.

By the way, I am a physician, and for 25 years I have worked in the public hospital system of Louisiana trying to get healthcare for those who otherwise did not have it. I am all about those who do not have insurance or those who are fully insured getting better care. Ultimately, to have better care, there has to be adequate financing for that care. So we begin to look at the numbers that underlie how the Affordable Care Act—ObamaCare, if you will—finances healthcare across the Nation. It is very interesting.

If you look at the numbers from Health and Human Services, three States—Massachusetts, California, and New York—get 37 percent of the money that ObamaCare spends on Medicaid expansion and health insurance access. Three States get 37 percent. And although I don't have an accurate depiction of what the demography is, I estimate their population to be roughly 18 percent, if that much, of our Nation's total population. So they get twice as much, if you will, on a per-beneficiary basis than the rest of the Nation put together. That is not fair. And if we are going to provide access for patients—our fellow Americans—to healthcare, ultimately we have to have adequate financial resources to do so.

My colleague Senator GRAHAM will speak in more detail about the inequities between the States, but let me just say as a guideline, how do we create equity? How do we create fairness so it is not just three States that benefit, but wherever you live, if the Federal taxpayers are contributing to your access to insurance, you get about the same amount whether you are in Louisiana, Colorado, South Carolina, Mississippi, or in California, Massachusetts, or New York? That is about equity.

What we attempt to do—and we are going to submit this as part of the Graham-Cassidy amendment—is we attempt to establish fairness for all Americans in terms of the support they receive from the Federal taxpayer. What we will do, beginning in 2020, is begin to equalize the payments between those States receiving very little, those States receiving a lot more, and those States that are kind of right where they should be. We do this by beginning with a formula that acknowledges that the poorer the people, the more support they need; the older the person, the higher their medical expenses. So between poverty and age, it is a good starting point about how to divide those dollars. Between 2020 and 2026, we will actually gradually move those high-cost States down, those lower cost States up, and keep those just-about-right States just about right, until at the end, wherever that American lives, she or he is getting about the same amount as every other patient receiving support across the country.

When we say this—I am a physician. I know that if you have more disease burden in one State, that is a costlier population. If your average age is greater in one State, that is another aspect of a costlier population. We can go through those sorts of factors. So we do put wiggle room at the end, so that if a State is higher cost because they have more disease, they would get a little bit more money. But on the whole, if you net it out, wherever that American lives, she or he would get about the same amount of money.

Senator GRAHAM will go over this in more detail, but it turns out that the average American receiving benefits under the Affordable Care Act—if you combine Medicaid expansion and the tax credits people receive, the average credit is somewhere in the mid-$6,000 range; call it $6,400, $6,500. But if you look at what some States receive, in Massachusetts, it is about $18,000 per person. Now, that is a lot of money. So if the average is $6,600 and in one State it is $18,000, that is not fair.

Now, I would submit that if we equalize that treatment; if we just treat people fairly; if no matter where you live, the amount you get is not dependent upon the State in which you live but upon your need, then we can actually provide access. We can fulfill President Trump's campaign pledges of continuing coverage, caring for those with preexisting conditions, lowering premiums—lowering premiums—and eliminating mandates.

By the way, it isn't just Republican-represented States that would benefit. We can look at West Virginia. These are some preliminary numbers. West Virginia would receive in 2020 about 43 percent more than they would based upon current trajectories. Indiana would receive about 48 percent more. Let's look at Montana. Montana would receive about—my gosh—Montana would receive over 100 percent more than they are currently scheduled to receive.

This takes the money that has already been allocated, and instead of focusing it on three States—there are a few more; call it seven, but those are the States that really bring it home—if, instead of all of this Federal largess going to three States, we distribute it fairly, all Americans can do better. All Americans can do better.

Ultimately, we should be about fairness in this Chamber, not about partisan politics.

I thank the Chair for the privilege of addressing this issue, and I now defer to my colleague from South Carolina.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. GRAHAM. Mr. President, let me just tell my colleagues where I am coming from.

Under the current system—ObamaCare as we know it—the money to help people buy insurance and the money for Medicaid expansion, those two pools of money—here is what happens under ObamaCare: California is 21.39 percent of all the money, and they are 12.15 percent of the population. Maryland gets 2.35 percent of the money, and they are 1.86 percent of the population. Massachusetts gets 6.67 percent of all the money, and they are 2.11 percent. New York gets 8.62 percent, and they are 6.11 percent. That is a lot of math for a guy who didn't do well in math. So 39 percent of all the money goes to four States that represent 22 percent of the population. I like these people. They are all good Americans. I just don't like them that much. The bottom line is, the rest of us—46 States—get 60 percent to divide up among ourselves. How can that be?

Senator CASSIDY explained that the current system is weighted to the benefit of four States at the expense of the rest of us. I would like to fix that, and if you don't live in one of those States, you will want to fix it too.

What I want to do is take the money that we are spending under ObamaCare and block grant it back to the States so that we can level out the disparity in funding but go even further and allow people in each State to develop healthcare systems that meet the needs of that State.

If you are for single-payer healthcare, you will hate this idea because that will be the end of single-payer healthcare because the money and the power will leave Washington and it will go back to people where they live. It will be healthcare closest to the patient. So if you believe that

government is better—closer to the voter, closer to the people—if the idea of government close to the people is a good idea, I would argue that healthcare closer to the patient is a good idea.

I regret we didn't think of this sooner.

What Senator CASSIDY said is that our goal is to make sure that no matter in what State you live, you are going to get X amount of dollars, and it is going to be fairly equal no matter where you live. If you live in a State with a unique disease problem or an aged State, you will get a little bit more because you will need a little bit more.

The model we have today is really disproportionate. It doesn't work. It is driving up healthcare costs all over the country. People are dropping coverage because the ObamaCare mandates are too expensive.

So what we are doing is we are leaving the taxes on the wealthy in place. To my conservative friends, I am sorry, but that is what we are going to have to do to make this work. We eliminate the medical device tax because that hurts innovation. We eliminate the individual employer mandate because that stifles the whole idea of having creativity at the State level. We leave the taxes on the wealthier Americans in place. We are able to take that money, plus money we would give to insurance companies to stabilize the national market, and block grant it back to the States with a formula that is fairer.

Let me tell my colleagues what that would look like. Let me drill down to what two States do, by the way. California and Massachusetts by themselves are 28 percent of all ObamaCare money and 14 percent of the population.

Let's look at Alabama. Beginning in 2020, you are going to get 200 percent more. How can that be? It is where you start from. The people in Alabama are going to get a lot more money because when you look at the money coming through the ObamaCare system to the good people of Alabama and how we spend per patient, you are way behind. You are going to get a lot of money to catch up with what should be the national average.

Our friends in California are going to get a 38-percent reduction, but we are going to give you time to adjust for that. There is going to be a wind-down period. It is not going to happen overnight. There will be a fund that can help you if you can prove you have a unique population of people who are sicker and older.

To my good friend from Colorado, you get 42 percent more. How can that be? Under ObamaCare, the money that was going to these four States gets a little higher percentage if you block grant. Not only will you get 42 percent more money than ObamaCare would give the good people of Colorado, you actually get a chance to spend the money unique to the needs of Colorado.

Let's go to Oklahoma, since we have a guy from Oklahoma here whom we like a lot. You get 200 percent. Congratulations. Why do you get 200 percent? You are starting way behind everybody else. The bottom line is, we want to catch you up beginning in 2020. We are going to have to take away from some other people because they are hoggish.

New York, California, we want to help you transition, but the rest of us are not going to sit on the sidelines anymore and watch you take most of the money. We are going to begin to level this out.

Where is South Carolina? I have a unique interest in that State. How did we do? We get 123 percent. That shows you where we start from.

In about 6 years, we are all going to meet. It is going to take 6 or 7 years to level this all out, and we are going to get more. Other States are going to get a little bit less. The ones that are about where they need to be will get about the same.

The big benefit for all of us is, the people in your backyard get to make decisions about healthcare rather than a Washington bureaucrat whom you will never meet. The big thing about this to me is, you have a voice now as a consumer.

Right now, if you don't like your healthcare under ObamaCare, whom do you complain to? Do you complain to your Congressman? I guess your Senator. At the end of the day, most of ObamaCare is administered by the Federal Government through a bureaucracy. We don't manage healthcare in the Senate.

Under this construct, the same amount of money is going to go back to your backyard, and you will get a better deal if you are starting on the tail end of this now. If you don't like what is going on in your State, you can actually complain to somebody whom you vote for in the statehouse. You can go to your State capital and complain to your Governor.

The likelihood that the person you are complaining to goes to the same hospital as you and your family goes up. Wouldn't it be nice to be able to complain to somebody who is in the same boat you are who goes to the same healthcare network because they live in your neighborhood?

To me, the most innovative thing we could do in healthcare in America is allow people in their own backyard to design healthcare systems that meet the unique needs of that State and give consumers a voice that really can be heard because, under this model, your statehouse and your Governor are going to have a lot of flexibility. They can't spend it on roads and bridges. They have to spend it on healthcare.

If they get really efficient, the savings they will accrue stays in that State to even do more for healthcare so you will have a race for efficiency rather than just a race to write bigger and bigger checks.

The big benefit to me is, if you are a healthcare consumer, you will finally have somebody you know you can talk to about what works and what doesn't.

We are about to talk about how we end this debate. I hope this idea will be looked at by not just Republicans but Democrats. If you are from West Virginia—our good friend JOE MANCHIN—West Virginia gets 43 percent more dollars under the block grant than they would ObamaCare. West Virginia gets to determine how to spend that money more under the block grant than they would under ObamaCare. You can't spend it on roads and bridges, but you have to spend it on healthcare.

There are three things we are trying to achieve. We are not going to let four States take most of the money, a disproportionate share of the money. Over time, we are going to create a system—no matter where you live—you are going to get roughly the same amount of money from the Federal Government, but the money comes in a bock grant so the people in that State can use it without being dictated to by a Washington bureaucrat as long as it is on healthcare. The biggest thing we give you is a chance to have a voice about your healthcare because the people in charge of your healthcare will be in your own backyard, not in Washington, somebody who doesn't know you, you will never get to meet, and quite frankly doesn't understand your world.

I hope we can rally around this. These are not 100 percent done numbers. Generally speaking, this is pretty accurate. It came from the Labor-HHS people. It may change a little bit, but when you start the debate with four States getting 40 percent of the money, clearly most of us are going to get more. When you see these big numbers like our friends in Oklahoma and Montana, the reason you are getting so much more now is that the current system leaves you behind in an unfair way.

My goal is, if you live in Oklahoma, New York, and California, the Federal Government is going to provide healthcare resources as equal as possible, but those resources will be managed by people in the State, not bureaucrats in Washington.

I hope over the coming day and a half that maybe we can rally around an idea that we should have started with to begin with. I don't mind being generous when it comes to putting money on the table to make sure people can afford healthcare. The tradeoff is as follows. We leave most of the ObamaCare taxes in place because we need a funding stream to level out the inequities. We are going to have a tax cut bill later. I want a flatter tax, a smaller corporate tax, and lower individual taxes, but this revenue stream coming from wealthy Americans is going to be used in a different fashion. It is going to provide resources to States that they can manage, unlike ObamaCare where one-size-fits-all.

To me, this is a tradeoff. To the people in West Virginia, I am not asking you to take less and have a tax cut for rich people. We are going to keep the wealthy taxes in place. I am asking the people of West Virginia to take 43 percent more money. It is not a trick. Use it wisely.

Thank you all. I hope over the next day we can inform you about how your State benefits. To those States who are going to have to ramp down, the only reason you are ramping down is you are taking so much more from the rest of us. Quite frankly, that is not fair. We want to be fair to you and give you a chance to adjust, but the rest of us should stand up and say it is not fair that an American in California or New York or Massachusetts—all fine States—gets 40 percent of the money. That is not right.

It is not right to have a one-size-fits-all healthcare system because you will not get the best product. The best product will come from innovation. Your strongest voice will come from having a say to people who live in your same community, talking to a politician who sends their kids to the same hospital you do. That is what this is all about.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. LEE). Time will be equally charged to both sides.

The Senator from Oklahoma.

Mr. INHOFE. Mr. President, I ask unanimous consent that I be recognized in morning business for as much time as I shall consume.

The PRESIDING OFFICER. Is there objection?

Mr. INHOFE. Mr. President, there seems to be some confusion. I will take whatever time you designate is left. I wanted to talk longer.

The things the Senator from South Carolina was talking about are pretty amazing. I look at my State of Oklahoma. Did you know our premiums in the State of Oklahoma under ObamaCare have tripled? They have gone up 201 percent.

When you look and you see the options that are out there, what really disturbs me—I understand one big difference between Democrats and Republicans is Democrats are disciplined, Republicans aren't, so they are all voting against any kind of a change. I guess they all love ObamaCare.

I can assure you, though, if you look at the charts the Senator from South Carolina was showing, you would wonder why in the world they would all be gathering around when they would dramatically benefit by taking one of the alternatives to ObamaCare.

I didn't come down to talk about that, but I have to say, from a State where our premiums have gone up—tripled—you stop and you ask: What is this going to look like when we get the new bill done?

We don't know exactly what it is going to look like. It is going to have the individual mandates done away with. It is going to have the taxes reduced. It is going to have block grants going to the States.

Look at my State of Oklahoma. That will increase the amount of money that will be coming in, with less taxes, by 200 percent. I dare say, there are a lot of Democrats who would find that in the same situation.

One last note about that, as I go back and I work around the State, I find there are a lot of people who are saying: I don't like this alternative.

I would only say, not just in Oklahoma but anywhere in the Nation, if you oppose what is going to be the alternative, what you are saying is, you would rather have ObamaCare.

COMMENDING ATTORNEY GENERAL SESSIONS

Mr. President, actually, I came to the floor for a different reason. It is probably the most awkward situation I have been in before. Since they cut me down to 8½ minutes, I will have to come back to the floor and embellish a little bit more. I am in an awkward situation. First of all, I believe that we have a President in President Trump who is doing a great job.

I look around and I see what is happening to us. We are now a leader in the free world again. All kinds of things have happened that are very good. Yet I have to say the Attorney General, Jeff Sessions, if I could single out three people in the U.S. Senate whom I respect more, he would be among those.

I am fortunate enough to have known him since the middle eighties, back during the Reagan administration. I knew him very well when he was elected the first time in 1996. Here is a guy who is an outstanding guy, who does things, gets things done. Look at his accomplishments as Attorney General. In that short period of time, what he has done is, he has been working to crack down on immigration. He has performed some real miracles there, and he has worked on protecting law enforcement. In fact, a law enforcement group came out and singled him out as the most prominent and most popular Attorney General we have had.

Look what he has done in his time, what he has introduced. Child abuse—he did the Child Abuse Act. He did it himself. Nobody else helped him. His quote was: ''There is no higher duty than protecting our Nation's children.'' The Prison Rape Elimination Act, the first Federal law dealing with sexual assault on prisoners. A lot of those are young prisoners. We all know the stories. He is the guy who passed that, and nobody else was in on that deal—just him. Forensic sciences, he has been able to be a champion there.

I would have to say that the major thing he did during the time in his early years was that he was the one who was standing up against segregation. He was the one who singlehandedly put himself in a situation where he was taking on the bad guys, and he was desegregating the schools in Alabama. He was key to the prosecution of the Klansmen for abducting and killing a Black teenager. We all remember that. Who was that? Who did that? That was Jeff Sessions. So he gets things done. He was the one who was responsible for bankrupting the Klan in his State of Alabama. Here is a guy who has the sensitivity. I have never known a person I could respect more. That is what bothers me.

I think we have a President who is doing a good job, and the only area where I disagree with him—he has this fight going with Jeff Sessions.

Let me just say this: There is no one I hold in higher regard. He is about the most knowledgeable person, compassionate person, and honorable person we could have in that job.

When there is more time on the schedule, I will come back and elaborate a little bit more on my hero Jeff Sessions and how he ought to remain in that office and do a great job for the United States.

With that, I will comply with the request and yield my time.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that Senator ENZI or his designee be recognized to offer the Heller amendment No. 288 and that the time until 6:10 p.m. be equally divided in the usual form on the Casey motion to commit and the Heller amendment. I further ask that at 6:10 p.m., the Senate vote in relation to the Casey motion, followed by a vote in relation to the Heller amendment, with 2 minutes of debate equally divided in the usual form between the votes.

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

The Senator from Delaware.

Mr. ENZI addressed the Chair.

Mr. CARPER. I am happy to yield.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 288 TO AMENDMENT NO. 267

Mr. ENZI. Mr. President, I call up the Heller amendment No. 288.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. HELLER, proposes an amendment numbered 288 to amendment No. 267.

Mr. ENZI. Mr. President, I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: To express the sense of the Senate that Medicaid expansion is a priority and that Obamacare must be improved)

At the appropriate place, insert the following:

SEC. _____. SENSE OF THE SENATE.

It is the Sense of the Senate that—

(1) the committee of jurisdiction of the Senate—

(A) should review the issue of Medicaid expansion and coverage for low-income Americans, and the incentives such expansion provides States for certain services;

(B) should consider legislation that provides incentives for States to prioritize Medicaid services for individuals who have the greatest medical need, including individuals with disabilities;

(C) should not consider legislation that reduces or eliminates benefits or coverage for individuals who are currently eligible for Medicaid;

(D) should not consider legislation that prevents or discourages a State from expanding its Medicaid program to include groups or individuals or types of services that are operational under current law; and

(E) should not consider legislation that shifts costs to States to cover such care;

(2) Obamacare should be repealed because it increases health care costs, limits patient choice of health plans and doctors, forces Americans to buy insurance that they do not want, cannot afford, or may not be able to access, and increases taxes on middle class families, which is evidenced by the facts that—

(A) premiums for health plans offered on the Federal Exchange have doubled on average over the last 4 years, and those increases are projected to continue;

(B) 70 percent of counties have only a few options for Obamacare insurance in 2017, and at least 40 counties are expected to have zero insurers planning on their Exchange for 2018;

(C) 2,300,000 Americans on the Exchange are projected to have only one insurer to choose from for plan year 2018; and

(D) the Joint Committee on Taxation has identified significant and widespread tax increases on individuals earning less than $200,000; and

(3) Obamacare should be replaced with patient-centered legislation that—

(A) provides access to quality, affordable private health care coverage for Americans and their families by increasing competition, State flexibility, and individual choice; and

(B) strengthens Medicaid and empowers States through increased flexibility to best meet the needs of each State's population.

Mr. ENZI. I thank the Senator for yielding.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. CARPER. I was happy to yield. Good to see you.

Mr. President, I want to say a few words about ObamaCare. If you ask most people in this country ''What is ObamaCare?'' my guess is, they probably wouldn't know. Those who do might think it has something to do with the exchanges that would allow people to have coverage who don't have coverage on their own. They are not in a large group plan and they are not insured by their employer. They are not covered by Medicaid. They are not covered by Medicare. Maybe they are not a veteran. And 5 or 6 or 7 percent of the people today get their coverage from something called the exchanges.

We have large purchasing pools in each State that are insured by private health insurance. That was not invented by Barack Obama. People call it ObamaCare, but its roots go back well before he was a U.S. Senator, much less before he was President of the United States. The idea of these large purchasing pools in each State—called exchanges—goes back to, as far as I can tell, 1993, when the new First Lady, Hillary Clinton, was offering to begin work to find a way to do what I think every President since Harry Truman has tried to do, and that is three things: provide better coverage for people in this country, do so at less cost, and cover everybody. I believe that has been the goal of every President since Harry Truman.

When Lyndon Johnson was President, some notable progress was made with the introduction of Medicare and Medicaid. But there were still a lot of people who, in 1993—in fact, in 2003 and 2008 and 2009—who didn't have healthcare coverage in this country, tens of millions of people.

In 1993, when Hillary Clinton worked on what was called—in some cases derisively—HillaryCare, she and others said to Republicans: Well, where is your idea? What is your idea? At least we have an idea. The Republicans apparently turned to the Heritage Foundation and said: Help us come up with an alternative. And Heritage did. The alternative they came up with was a market-based approach to providing coverage for people. The idea was that in every State across the country, something called an exchange or marketplace would be created, which is really a large purchasing pool for people who don't have coverage.

So the idea of the exchanges originally suggested by Hillary were introduced in the U.S. Senate by a Republican Senator from Rhode Island named John Chafee, who was a very good man, a marine veteran, a former Governor, and a greatly admired U.S. Senator. He offered legislation to do five things. As far as I can tell, all ideas were suggested by the Heritage Foundation.

No. 1, create purchasing pools in every State. People who didn't have coverage could buy their coverage as a member of a much larger purchasing pool, and by doing that, bring down the cost of coverage.

The second thing in the Chafee legislation in 1993 was to allow folks who bought their coverage through the exchanges to be eligible for a slight tax credit—the lower their income, the bigger the tax credit. When their income reached a certain level, the tax credit would go away.

The third component of the Chafee proposal—again, going back to Heritage—was the idea of individual mandates. You can't make people get coverage, but in the case of the Chafee legislation, provide for a monetary fine for people who failed to get coverage. Over time, the amount of that fine would go up. The idea was to make sure that younger, healthier people would get healthcare coverage, and they would sign up for coverage in the exchanges. That way, the insurance companies would have a healthy mix of people to insure. Otherwise, people would wait until they were really sick—they need to go see a doctor, go to the hospital, or have an operation—to get their coverage, and then the health insurance companies would be left with a tough mix of people to insure. Financially, that would be very challenging for health insurance companies. They said: We need something to ensure that young, healthy people get their coverage through the exchanges.

The fourth piece of the 1993 legislation offered by Senator Chafee said that employers of a certain size, with a certain number of employees, have to cover their employees. You don't have to cover them 100 percent for their insurance and their family's insurance, but they have to be covered with insurance and have access to health insurance through their employer.

The fifth and last piece of ObamaCare, which is really the Heritage Foundation's idea, was a prohibition against health insurance companies saying to people who have a preexisting condition—they had to cover people with preexisting conditions in these exchanges.

That is what people think of and call ObamaCare.

Barack Obama is a bright guy. I knew him before he was a U.S. Senator. I knew him when he was a State senator. He didn't invent it. It was not made up in his head. The source of those ideas was originally the Heritage Foundation. I actually think they are good ideas. I thought they were good ideas then, and I think they are good ideas now.

Somewhere between 1993 and 2009, when we debated on this floor the Affordable Care Act—including exchanges, tax credits, the individual mandate, the employer mandate, a prohibition against insurance companies not covering people with preexisting conditions—somewhere between 1993 and the debate here in 2009 on the Affordable Care Act, a Governor of Massachusetts said: Why don't we try to be the first State to provide healthcare coverage for everybody? And they took that Chafee legislation—the Heritage Foundation idea—dusted it off, and turned it into RomneyCare. It actually worked pretty well. They sure covered a whole lot of people in that State who hadn't been covered before. They covered a lot of people who were not eligible for Medicaid, not eligible for Medicare, maybe not a veteran. They were not receiving coverage from a large group plan, so they now had an option to get coverage in the exchanges.

For those who chose not to in Massachusetts, they had to pay a fine. As it turns out, it was not a very big fine, and it went up over time but not quickly and not very high. So did some people who were young and healthy get coverage in the exchanges in Massachusetts? Yes. If you asked some of the people who were involved with Governor Romney at that time, they would say that if they had to do it over again, the fine would have started a little bigger and gone up a little faster in order to make sure healthier, insurable people got into the exchanges for their coverage.

Well, in 2009, we were here on this floor and debating what some people

still call ObamaCare, but it is something else. It is really RomneyCare. It is really ChafeeCare. It is really HeritageCare. But it ain't ObamaCare. It is a market-based idea to get coverage for people. I think it happens to be a good idea.

Right now, this administration has done their dead level best to destabilize the exchanges. They made it a question of whether the individual mandates will be enforced. If young, healthy people decline to sign up for coverage, will there be a fine they would have to pay? Will it go up over time? This administration has thrown big doubt on that. As a result, a lot of young people haven't signed up. They are not sure they really need to.

We had something in place for a couple of years called CRAs, cost-sharing arrangements. Think, if you will, about people who are buying their healthcare coverage on the exchanges. Their income is under 250 percent of poverty. For several years now, they have been able to get help paying down their copays and their deductibles when they get their coverage on the exchanges.

What this administration has sought to do is throw doubt on whether those cost-sharing arrangements will continue. What has happened as a result is the health insurance companies, which lost their shirts in 2014, raised premiums, deductibles, and copays. They lost money again in 2015, but less. They raised premiums, deductibles, and copays, and lost money in 2016, but less. Some of them even actually made some money. They were not in a death spiral. According to Standard and Poor's, they were actually coming to a stronger financial position.

Enter into that this administration throwing doubt on whether the exchange are going to be around, the individual mandate is going to be enforced, these cost-sharing reductions are going to continue to be offered. That is why a lot of the health insurance companies in this country decided they are going to get out in different States. They are not going to offer coverage in a number of States, a number of counties. That is why. Businesses need certainty and they need predictability, and that includes health insurance costs. Frankly, they didn't have that certainty and predictability.

If we are smart about it, we will hit the ''pause'' button and maybe, before we do anything else, provide the certainty and the stability in the exchanges that are needed. And for the health insurance companies, make sure they will offer coverage without having to fear that they will be back in 2014 and lose their shirts again. That is not why they are in business.

There are three things that need to be done in order to stabilize the exchanges.

The first thing that needs to be done is the individual mandate, which we have by law. It says: If you don't have healthcare coverage, get your coverage on the exchange. If you choose not to, you have to pay a fine. Over time, that fine goes up.

We need to preserve something that works like the individual mandate—maybe, ideally, the individual mandate as it is, and if we can't get the votes for that, then something that works at least as well as the individual mandate in making sure people—healthy people too—get their coverage on the exchanges if they are eligible.

The second thing we ought to do is reinsurance. Senator KAINE, myself, and others, including some recovering Governors who serve here in the Senate, have cosponsored legislation that we have described as reinsurance. I am told it has been around forever in the insurance business, and it is one of the reasons the Medicare Part D drug program is successful and works.

The way it works, quite simply, is this: Say an individual who has serious medical problems gets their coverage in the exchanges. They first start in 2018. In 2018, 2019, and 2020, for a person who has significant health challenges and is expensive to insure, the first $50,000 of their cost to the insurer in a year would be borne by the insurer. Between $50,000 and $500,000 for one individual for one year, the Federal Government would pay 80 percent of that. It is reinsurance.

For anything over that in those 3 years, 2018 through 2020, the first 3 years, anything between $50 and $500,000, the Federal Government would pay 80 percent.

Starting in 2021 and beyond, the reinsurance program would continue, but it would be a little bit different. In 2021 and beyond, the first $100,000 of costs incurred by an individual covered by a policy in the exchange—the first $100,000 would be on the insurance company. They would have the liability. Anything between $100,000 and $500,000 in one year for that individual, 80 percent of that cost would be borne by the Federal Government. Anything above $500,000 from 2021 and beyond would be borne, again, by the insurance company. It is called reinsurance.

The last piece of the three is to make it clear that these cost-sharing reductions are reduced and make sure that the copays and the deductibles will continue to be subsidized by the Federal Government. It will reduce the out-of-pocket costs for people whose income is below 250 percent of poverty.

If we do those three things, the insurance companies tell us we will stabilize the exchanges. They will have a healthy group of people to insure. More insurance companies will come in to provide coverage in States and in counties. More insurance companies providing policies and coverage leads to competition. The competition leads to better quality coverage, and the competition leads to lower prices—lower prices for individuals who are getting their coverage in the exchanges and lower prices, we are told, for Uncle Sam. The Federal Government, the costs to the Treasury, will be reduced, as well, if we do these three things.

Again, we are told by the health insurance companies that have been reluctant to stay in the exchanges, if we do those three things, we would reduce the cost of premiums in the exchanges by 25 to 35 percent. That helps individuals get their coverage, and it helps the government, too, in reducing our exposure. I think that makes a lot of sense.

Unfortunately, what our colleagues here on the floor are talking about doing—and the rumors we hear about some kind of skinny repeal—certainly, it doesn't stabilize the exchanges. It does more to destabilize the exchanges. That isn't where we need to go.

We need to hit the pause button and say: Let's stabilize the exchanges, and then let's revert to regular order. People have ideas on health insurance. Let's introduce bills. Let's have hearings with witnesses who come in and say what is good or what is bad. The witnesses could include Governors, health insurance folks, providers, normal people.

Let's have a debate. Let Members offer amendments in committee, have votes, report the bills out, and eventually bring them here and go through the same thing. We call that regular order. JOHN MCCAIN, in his return speech yesterday—thank God he is back—called again and again for return to regular order. We need to do that, and if we do, we will end up not with a Democratic victory or a Republican victory or a Trump victory, we might win a victory for democracy and actually doing what is right and what needs to be done. That, most of all, is what we need to do.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Hampshire.

Ms. HASSAN. Mr. President, I rise today in support of Senator CASEY's motion to strike provisions from TrumpCare that would harm individuals with disabilities by reducing their access to affordable healthcare or limiting coverage or benefits under Medicaid or in the private health insurance market.

Today, as Senator CASEY noted, we celebrate the 27th anniversary of the Americans with Disabilities Act, recognizing the enormous contributions that Americans who experience disabilities have made in communities in New Hampshire and across our Nation.

Unfortunately, Senate Republicans are proposing massive cuts to traditional Medicaid, which threaten the support that individuals who experience disabilities need to thrive in their homes, their schools, and their communities.

A few weeks ago, I visited an organization called Granite State Independent Living in Concord, NH. It is a nonprofit that helps individuals with disabilities of all ages to try to have an independent life for themselves. What struck me the most was the consistent theme that I heard over and over from

different people who experience different disabilities. They said that because of services like personal care attendants, transportation help, and other medical supports, they were able to work and live more independent lives.

Many shared their biggest fears about what would happen if they didn't receive the support—a real possibility if plans to decimate Medicaid go into effect. Their biggest fear is that independence would go away. There were fears of becoming a burden for their families or having family members have to give up their jobs or having to be put in a nursing home because that would be the only way they could survive.

Person after person talked about how much they wanted to contribute to American life—to their communities, to their States, and to our economy. I kept thinking that all of these people were expressing such an American value with their desires to roll up their sleeves, do everything they could to make a difference, to be self-sufficient, to be independent.

The ability for Americans who experience disabilities to reach their full potential is truly put at risk with some of these TrumpCare proposals, and just a little while ago on the floor, I heard a discussion that perhaps there might be a proposal put forward on the floor—maybe this evening—that would record a sense of the Senate that the Senate wants to make sure that whatever action it takes will not hurt people with disabilities. It will support people with disabilities.

There is no doubt that a kind word can go a long way on a difficult day, but as someone who has raised a child who has experienced severe disabilities, as someone who has spent a lot of time talking to people with disabilities and their families, I can tell you that sympathy and empathy only go so far.

The people I know who experience disabilities want to do everything they can to support themselves, to be independent, to be able to reach their full potential. There is a difference between charity and justice, and while none of us would ever reject the kindness that so many people demonstrate to people with disabilities, what we really should be working toward is making sure people with disabilities have the same access to healthcare, to education, to the workforce that will allow them to have what every American wants, which is an independent life where they are free to chart their own course, support themselves, move forward.

We celebrate the 27th anniversary of the Americans with Disabilities Act today—one of our great moments in this country, as we have reminded ourselves of our Founders' vision. Our Founders said that every single person counts, and while they didn't honor that principle perfectly at our founding, while they did not count everyone at first, they have had the confidence that every generation of Americans would move forward, bringing in more and more people from the margins into the heart and soul of our democracy, our communities, our economy, and, in doing that, we would unleash the talent and energy of more and more Americans. It is that talent and energy that has been the secret of our country's success. It is our vision that continues to drive us forward.

On this day of all days, when we celebrate the progress we have made to honor the freedom, strength, and productivity of Americans who experience disabilities, the last thing we should do is pull the rug out from under those very people by decimating the Medicaid Program that provides them the kind of support that actually allows them to be free, to work hard, to be with their families, to make a difference, to be treated like every other American, to have the rights of every other American, and to feel like every other American.

We can't afford to go back to the days when we marginalized or didn't assist some of our most vulnerable people—people who want to participate and contribute to their communities and to the country they love. So I urge my colleagues to vote in favor of Senator CASEY's motion and make clear that individuals with disabilities deserve the right to receive the support they need at home, at school, and in their communities, so they can be free and thrive.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Mr. President, I have listened very carefully to the majority leader and his requests that we come forward and bring amendments to the floor—all of our ideas about how we can improve our healthcare system so that this would be an opportunity through budget reconciliation for us to deal with those issues.

I asked my staff to prepare amendments in order to protect the Medicaid system from cuts. I asked my staff to prepare amendments to protect the essential health benefits that are in the Affordable Care Act because it is important that we preserve those benefits, whether it is mental health and addiction services or one that is particularly important to Maryland; that is, pediatric dental. In Maryland, we all recall the loss of a 12-year-old not too many years ago because he couldn't get dental care—Deamonte Driver.

I asked my staff to take a look at preparing amendments to protect minority health and health disparities because the Affordable Care Act made tremendous advancements in trying to close that gap on the disparities in minority health and health disparities. I asked my staff to take a look at the tax provisions because we want to make sure that we are not giving tax cuts to wealthy people at the expense of cutting the Medicaid system. I asked them to look at this in a lot of different ways.

Listening to the majority leader, I also have introduced legislation that I will talk about that could build on the Affordable Care Act, and I was wondering what bill I should amend? What is the bill that we are considering? It is not the bill that Senator MCCONNELL brought forward because that bill was defeated. It is not the repeal—and we are starting with a blank slate—because that was defeated. I don't believe it is the House bill because that has been discredited, called a mean bill by the President, as well as by Members of this body, who said it has no chance of passing. So my dilemma is that I don't know what I should be amending.

I expect we will get to see another bill somewhere along the process with virtually no notice and no opportunity to read and no opportunity to amend, but the majority leader says I am going to have that opportunity. Yet we don't know what the bill is that I am supposed to be addressing my amendments to.

We know that all the bills we have seen today—every single one from the Republicans—have been scored by the Congressional Budget Office as to tens of millions of Americans losing their insurance coverage—tens of millions. I understand it is about 33 million if we just repeal the Affordable Care Act, 22 million if we use the type of replacement that the majority leader was suggesting. All of those move in the wrong direction.

We also know that in every one of these proposals to date, insurance premiums are going to go up, not down.

That is one thing I have heard from my constituents. They would like to see us bring down the growth rate of health insurance costs and healthcare, not increase it. So, yes, I would like to be able to offer amendments, but I don't know what to offer amendments to.

I also am concerned when I see that every one of the bills that have been suggested by the Republicans would reverse the protections that we put in law against the wrong practices—the discriminatory practices—of insurance companies. I have talked to many of my constituents who tell me that if we reimpose caps, either yearly or lifetime—they have the circumstance where their child was born with a disability and that cap would have been expended within a matter of months—they would be left without insurance coverage. They tell me about how preexisting conditions could be jeopardized. All of us have some form of preexisting condition, and, on a lot of these plans that are being suggested where you could choose the type of coverage you want, insurance companies are not going to offer the benefits you need. People who have challenges are going to be most discriminated against. So I don't quite understand how I can offer amendments and we could have a vote on the floor when we don't know what we are trying to amend.

I must state that there is a common theme here, and we know it. We know that there is now talk that the majority leader might bring up, sometime during this process, what has been called in the press a ''skinny'' bill. I call it a slow death of the Affordable Care Act, and, in fact, I am afraid it might be a fast death of the Affordable Care Act because, if the reports are accurate, one of the provisions that the majority leader is looking to bring in as the final bill that we would vote on would eliminate the requirement that companies have to provide insurance coverage to their employees and individuals must have coverage.

Now that seems innocent enough, except for the tens of millions who are going to lose their insurance coverage—people who are working for companies that decide to terminate their policies, healthy people who decide not to buy insurance policies. I believe you are going to find that there still will be tens of millions of people losing their insurance coverage, and that is unacceptable. But it goes beyond that. That proposal will also increase premium costs by a very large percent. Why?

Think about this for a moment. If you don't have to buy insurance and you are young and healthy, are you going to buy insurance or not? Many will say no until they need the insurance, and then they will buy the insurance. Actuaries tell us that without the requirement to have insurance, the insurance pools will contain a very high percentage of adverse risks—people at higher risk—and when that happens, the purpose of insurance to spread the risk is no longer done. It means premiums will go up dramatically. That doesn't help the people who are going to need it.

What you also find when you eliminate this requirement is that people get what we call job locked. They may have a company that provides health benefits, but now they may have to leave that company. But if they want to leave that company and start a job or go to another job that doesn't have insurance, they are locked into where they work. All of that adds to anxiety, adds to lack of coverage, adds to people who don't have health insurance, adds to people not getting adequate healthcare, adds to bankruptcies, adds to the problems that we addressed with the Affordable Care Act.

But there is another explanation here. Maybe this is just a shell bill that is going to go back—hopefully, as the Republicans believe, but I hope it does not happen—to the House, and then we will put in the Medicaid cuts and the tax relief and all the other things that are not in the bill. This is just a shell to get us back to one of the bills that couldn't get the votes here on the floor, where tens of millions of people will lose their insurance coverage, premiums will go up, and insurance company arbitrary and discriminatory practices will return.

Every one of these proposals—every single one—moves us in the wrong direction in healthcare. We recognize that we can improve our healthcare system. I am for improving our healthcare system. I think we can work together—Democrats and Republicans—to improve our healthcare system.

So here is my request: Vote for the Casey motion. Why? For two reasons. One, I would hope that on this anniversary of the ADA, or the Americans with Disabilities Act, we would want to do no harm to those with disabilities in our healthcare system and they would have adequate coverage. I was in a celebration over the weekend in Baltimore City with the disabilities community. We celebrated one of the great victories in America, the Americans with Disabilities Act—a bipartisan bill, with Democrats and Republicans coming together in a proud moment, in the best traditions of the Senate, to say that people with disabilities will be treated fairly in America. On this day we should adopt the Casey motion on the issue of protecting people with disabilities.

But there is a second issue here.

The PRESIDING OFFICER. The Senator's time has expired.

Mr. CARDIN. Mr. President, I ask unanimous consent to speak for 2 additional minutes.

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

Mr. CARDIN. I will try to conclude my remarks. On this day that we are celebrating the anniversary of the Americans with Disabilities Act, let's do right by that. There is a second part to the Casey motion that sends it back to committee so we can use the regular process, as Senator MCCAIN talked about yesterday. Let's have the committee hearings, as Senator ALEXANDER talked about. Let's have the committee markups and work together. I introduced legislation that would bring down the cost of healthcare and lower the rate of increase of individual premiums. I do that by suggesting more competition in the individual marketplace, by having a public option, by providing stronger subsidies to lower income families, by making sure that cost-sharing is in fact paid for so we don't have that uncertainty, with the reinsurance that Senator CARPER was talking about to deal with the overall cost of healthcare, by dealing with prescription drug costs, and by dealing with coordinated care so that we can deal with the whole patient rather than their individual disease.

All of those issues would improve the Affordable Care Act, but before we get there, we have to get off of this train. We have to stop this disastrous course. I am going to do everything in my power to make sure that, as to the bill we have, whenever it comes forward, we stop it right here, and then work together, Democrats and Republicans, to improve our healthcare system, not to take away insurance coverage and increase costs for so many Americans.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Ms. DUCKWORTH. Mr. President, I rise in support of Senator CASEY's motion protecting people with disabilities.

The PRESIDING OFFICER. I am sorry. There is no Democratic time remaining.

The Senator from Nevada.

Mr. HELLER. Mr. President, I rise today to talk about my amendment, Heller amendment No. 288.

My amendment reinforces the important role Medicaid has played in my home State and in the States of many of my colleagues here today.

Let me explain the impact Medicaid has had on the State of Nevada. As many of you know, the State of Nevada was the first to expand Medicaid. Before Nevada made that decision, the State's uninsured rate was at 23 percent, and it was one of the highest in the country. So think about that for a minute. One in four Nevadans did not have healthcare coverage. Under expanded Medicaid today, Nevadans' uninsured rate is between 11 percent and 12 percent. I have also seen the number of uninsured people living in Nevada's rural communities cut in half, and I have seen major gains with the number of children in our State with healthcare coverage.

In fact, Nevada has seen one of the most significant decreases in uninsured children in the country. In 2013, our State had the highest rate of uninsured children in the country. We were ranked 50th in the nation. Now I can proudly say that Nevada is the most improved State when it comes to addressing our rates of uninsured children. Our State has made significant progress since the State's decision to expand Medicaid, and that has made a big impression on me.

Over the past few months, I have had the privilege of meeting with Nevadans here in Washington, DC, as well as back home, to discuss healthcare. The resounding message I continue to hear is that, because of Medicaid expansion, more than 200,000 Nevadans have health insurance today who otherwise wouldn't. The other resounding message I hear is that drastic cuts to the Medicaid Program threaten the critical services that Nevadans rely on.

Let me read you a letter I received from a woman in Las Vegas. She said:

> My oldest child has Down Syndrome and has depended on Medicaid since the day she was born, and was denied healthcare because of preexisting conditions that she was born with. My husband and I are hardworking Americans. We started our own business 5 years ago and have seen that business grow more and more each year. We do not rely on the government for assistance, other than Medicaid coverage. Without it, we would be unable to afford the numerous appointments with specialists and surgeries that keep our daughter happy, healthy, and progressing in life.

This is one example of the real stories behind the numbers, and I want to do everything I can to make sure they are protected and their coverage is not threatened. I want to make sure their daughter has healthcare coverage today and tomorrow.

Medicaid also plays a crucial role in Nevada when it comes to covering the elderly and people with disabilities. More than 30,000 of Nevada's seniors receive healthcare through Medicaid, including nursing home care and services that help them live at home. In fact, more than half of Nevada's nursing home residents are covered by Medicaid. Nearly 50,000 people with disabilities in Nevada now have access to care that helps them live independently, thanks to Medicaid.

Karen from Henderson recently contacted me and said that her adult son has MS and depends on Medicaid to help cover the cost of his medication, which costs $300 per month. Without Medicaid, he can't afford it.

One Nevadan traveled all the way from Las Vegas to talk with me about her two sons with cystic fibrosis. She is worried about any legislation that would jeopardize access to care for people with serious, chronic illnesses, such as the ones her sons are struggling with.

In total, over 631,000 people in Nevada are covered by the Medicaid Program. That is low-income children, pregnant women, seniors, and people with disabilities. It is why I have said since the beginning of the healthcare debate, that I will only support a solution that protects Nevada's most vulnerable. The House bill didn't go far enough to do that, and neither did the Senate's bill, and that is why I voted against it last night.

Nevada faces unique challenges when it comes to healthcare. I have spent the past few months trying to find ways to protect Nevadans who depend on Medicaid and provide coverage for those with preexisting conditions, all the while bringing down costs and improving quality and access to care. I have also been having discussions with Nevadans in Washington and back home to hear from them how potential changes could impact their care.

Whether it is a mom in Reno who has a son with a heart condition and is terrified about the future of his treatments or the nurses from Las Vegas who came all the way to DC because they are worried that their patients could lose coverage, I have been listening and I do understand.

Make no mistake, ObamaCare needs fixing. It has led to higher costs and fewer choices in my State. For the past 7 years, I have said that we need more competition to drive down costs and increase competition for Nevadans. My discussions with Nevadans in Washington and back home have also allowed me the opportunity to hear from them how potential changes could impact their care. I believe we can achieve these goals while recognizing the role that Medicaid plays in our States and ensuring that those who have coverage today are protected.

My role as a Senator is doing the very best I can for my State, and that means standing up for Nevadans who depend on Medicaid. We are having this debate because I do believe there are commonsense solutions that can improve our healthcare system, and I voted to give us the opportunity to have that discussion and to fight for them. But, as I have said all along, healthcare reform cannot be balanced on the backs of Nevada's low-income families and sickest individuals. That is something I cannot and I will not stand for.

We can work to find a way to lower costs, increase choices, and improve the quality of care for Nevadans everywhere, but we can do it in a way that also protects our most vulnerable. That is why for the past few months I have been working with my colleagues in the Senate who also understand the unique challenges expansion States face, and we have been fighting for solutions that will protect those who currently rely on the Medicaid Program. It hasn't been easy, but that is the way it is supposed to be, and that is OK.

I am here to roll up my sleeves, get to work, and fight for policies that will be in the best interests of all Nevadans. So I encourage my colleagues to support this amendment, Heller No. 288, today to reiterate the value of Medicaid in our States. We have much work ahead of us to do to improve the healthcare system for Nevadans and Americans across this country.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Ms. DUCKWORTH. Mr. President, I speak in support of Senator CASEY's motion protecting people with disabilities.

It is appalling that the Republican Party is working to strip healthcare from the disability community on the very anniversary of the day when we passed monumental legislation that improved the lives of Americans with disabilities.

It was 27 years ago that the Americans with Disabilities Act—one of the most important pieces of legislation of our time—was signed into law, and it is a shame that as we celebrate our great achievement for equality, we are moving backward rather than building on the progress our community has worked so hard on to make it so Americans with disabilities can live healthy, productive, independent lives. We cannot afford to move backward, and I will not sit quietly by and let that happen and neither will my constituents.

I have heard from thousands of Illinoisans who are struggling to understand why lawmakers are considering ripping away the care that is keeping them alive and allowing them to be independent and productive members of our community. I want to share just one of their stories with you.

It is about a woman by the name of Jessica Baker, from Mascoutah, IL. Nearly 10 years ago, when she was a healthy and young 19-year-old, her entire life changed. Jessica was driving on the highway on a foggy morning. Because of the lack of visibility on the road, a truckdriver ahead of her ran through two cars. Jessica, just feet behind the truck, never saw the brake light go off. She struck that semitruck and became part of a 20-car pileup. This young, healthy woman's life completely changed in an instant.

Jessica is now 29 years old and is a quadriplegic. She depends on Medicaid for her healthcare needs. She is living an independent life and has done well under the ACA. Now she fears she will lose her care that the law has helped her to receive. Jessica was a healthy, vital person whose life changed in an instant.

I understand how that feels. I went from being a soldier—one of the most physically fit people among my peers—to becoming wheelchair bound. So many of our brave men and women take that risk every single day, and we must be completely honest with ourselves as any American's life can change in the blink of an eye. The healthy can become sick, and the able-bodied can become disabled in a single moment. Any one of us can end up at the mercy of our healthcare system.

After her accident, Jessica had to fight for her life and relearn how to live as a thriving young person. Now Senate Republicans and President Trump are threatening her life by eliminating her access to care. As proud as I am to be a part of the Senate Chamber, which passed the monumental ADA, I am also appalled by what the Republicans in this body are doing today.

Yesterday's vote to proceed on a debate on a bill that would rob tens of millions of their health insurance is utterly shameful. It would jeopardize a program that 1 in 10 veterans, 2 out of 3 nursing home residents, and children with autism, Down syndrome, and special needs depend on. That is simply unacceptable. Senate Republicans have done everything they can to hide their legislation from the American people, crafting it in secret, behind closed doors. However, one thing remains clear; that the fight to protect healthcare is not over.

This is the time for the American people to keep speaking up, to make their voices heard, and Senate Republicans must listen. They must listen to their constituents and to the most vulnerable among us, like the members of the disability community who have been here day after day, literally, fighting for their lives. Day after day, I see people who come into my office who say: Save me. Save my child. Save our lives.

That is why I am working every single day to not only push back against these Republican efforts to strip away care from those who need it the most

but also to bring people together on commonsense improvements to our current healthcare system. We cannot be a nation that says: If you are sick or ill, we are going to leave you behind. That is simply not who we are. We are the greatest democracy on the face of the Earth, and we do not leave our most vulnerable behind.

Thank you.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from Pennsylvania.

Mr. CASEY. Mr. President, I know the Chair said I may speak for a few minutes before the vote. I spoke earlier so I will not reiterate every argument.

Really, what we are doing with this particular amendment is sending this legislation to the Finance Committee so as to focus it as the motion itself says: When this bill would be recommitted to the Finance Committee, the Finance Committee could examine it from the perspective, in this case, of people with disabilities and to focus on changes that could be made in order to prevent harm to individuals with disabilities as defined in the Americans with Disabilities Act of 1990.

The reason we mention that particularly is that is the seminal piece of legislation to protect people with disabilities who would be harmed by this legislation because you cannot just have rights that are guaranteed without the support for those rights. Medicaid provides that support so folks, if they want to live at home or if they want to live in a community-based setting, can do that, but they can only do that with the help of Medicaid. It is a pretty simple amendment to make sure there is some adequate review of the impact on Americans with disabilities.

We have, in Pennsylvania, for example, over 720,000 people who have a disability and depend upon Medicaid. I want to make sure every one of those Pennsylvanians has all of the protections we say we are guaranteeing with disability legislation—with laws like the Americans with Disabilities Act and with the protections Medicaid provides.

This is critically important. At a time when we are talking about freedom and liberty in the context of healthcare, I would hope we would take steps to guarantee that freedom and liberty apply to those with disabilities so that as the Americans with Disabilities Act has enshrined in our law, they may be able to choose the kind of places they want to live and choose the settings within which they want to live their lives, to be able to have the freedom to choose that by way of the support they can get from Medicaid. I hope that is something that is reasonable enough so as to get support from both sides of the aisle.

I know my friend from Nevada is offering a sense of the Senate in the next vote. I just do not think that a sense of the Senate, in any way, is commensurate with the gravity of this problem. There is a time and a place for a sense of the Senate—when we are expressing a sentiment that is bipartisan—but we need more than sentimentality here. We need more than good wishes. We need to make sure we get this policy right as it relates to people with disabilities.

Mr. President, I yield the floor.

The PRESIDING OFFICER. All time has expired.

VOTE ON MOTION TO COMMIT

The question occurs on agreeing to the Casey motion to commit.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Wisconsin (Mr. JOHNSON).

The PRESIDING OFFICER. Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 48, nays 51, as follows:

[Rollcall Vote No. 171 Leg.]

YEAS—48

Baldwin	Gillibrand	Murray
Bennet	Harris	Nelson
Blumenthal	Hassan	Peters
Booker	Heinrich	Reed
Brown	Heitkamp	Sanders
Cantwell	Hirono	Schatz
Cardin	Kaine	Schumer
Carper	King	Shaheen
Casey	Klobuchar	Stabenow
Coons	Leahy	Tester
Cortez Masto	Manchin	Udall
Donnelly	Markey	Van Hollen
Duckworth	McCaskill	Warner
Durbin	Menendez	Warren
Feinstein	Merkley	Whitehouse
Franken	Murphy	Wyden

NAYS—51

Alexander	Fischer	Paul
Barrasso	Flake	Perdue
Blunt	Gardner	Portman
Boozman	Graham	Risch
Burr	Grassley	Roberts
Capito	Hatch	Rounds
Cassidy	Heller	Rubio
Cochran	Hoeven	Sasse
Collins	Inhofe	Scott
Corker	Isakson	Shelby
Cornyn	Kennedy	Strange
Cotton	Lankford	Sullivan
Crapo	Lee	Thune
Cruz	McCain	Tillis
Daines	McConnell	Toomey
Enzi	Moran	Wicker
Ernst	Murkowski	Young

NOT VOTING—1

Johnson

The motion was rejected.

AMENDMENT NO. 288

The PRESIDING OFFICER. There is now 2 minutes equally divided before the vote on the Heller amendment.

The Senator from Nevada.

Mr. HELLER. Mr. President, I have an amendment at the desk that would express the importance of Medicaid in our individual States. I would like to read from it two provisions that I think are important to this whole body; that is, the Senate prioritizes ''Medicaid services for individuals who have the greatest medical need, including individuals with disabilities;'' also, that we ''should not consider legislation that reduces or eliminates benefits or coverage for individuals who are currently eligible for Medicaid.''

That is the amendment. I want everyone to express for their own States how important the Medicaid Program is for their States, and I would urge a ''yes'' vote from my colleagues.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I raise a point of order that the pending amendment violates section 313(b)1(A) of the Congressional Budget Act of 1974.

I am glad that the Senator from Nevada is concerned about Medicaid, but I would remind the Senate that yesterday the vast majority of Republicans voted to throw 15 million people off of Medicaid on their way to end health insurance for 22 million Americans.

Our job as a nation is to guarantee healthcare to every man, woman, and child and join the rest of the industrialized world, not throw disabled children off of the healthcare they currently have.

I urge a ''no'' vote.

Mr. President, I raise a point of order that the pending amendment violates section 313(b)1(A) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. HELLER. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of that act and applicable budget resolutions for purposes of amendment No. 288 and, if adopted, for the provisions of the adopted amendment included in any subsequent amendment to H.R. 1628 and any amendment between Houses or conference report thereon, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

The yeas and nays resulted—yeas 10, nays 90, as follows:

[Rollcall Vote No. 172 Leg.]

YEAS—10

Capito	Gardner	Portman
Cassidy	Heller	Sullivan
Collins	McCain	
Enzi	Murkowski	

NAYS—90

Alexander	Cantwell	Crapo
Baldwin	Cardin	Cruz
Barrasso	Carper	Daines
Bennet	Casey	Donnelly
Blumenthal	Cochran	Duckworth
Blunt	Coons	Durbin
Booker	Corker	Ernst
Boozman	Cornyn	Feinstein
Brown	Cortez Masto	Fischer
Burr	Cotton	Flake

Franken	Lee	Sasse
Gillibrand	Manchin	Schatz
Graham	Markey	Schumer
Grassley	McCaskill	Scott
Harris	McConnell	Shaheen
Hassan	Menendez	Shelby
Hatch	Merkley	Stabenow
Heinrich	Moran	Strange
Heitkamp	Murphy	Tester
Hirono	Murray	Thune
Hoeven	Nelson	Tillis
Inhofe	Paul	Toomey
Isakson	Perdue	Udall
Johnson	Peters	Van Hollen
Kaine	Reed	Warner
Kennedy	Risch	Warren
King	Roberts	Whitehouse
Klobuchar	Rounds	Wicker
Lankford	Rubio	Wyden
Leahy	Sanders	Young

The PRESIDING OFFICER (Mrs. ERNST). On this vote, the yeas are 10, the nays are 90.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 340, AS MODIFIED, TO AMENDMENT NO. 267

Mr. MCCONNELL. Madam President, I call up amendment No. 340, as modified.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL], for Mr. DAINES, proposes an amendment numbered 340, as modified, to amendment No. 267.

Mr. MCCONNELL. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment, as modified, is as follows:

(Purpose: To provide for comprehensive health insurance coverage for all United States residents, improved health care delivery, and for other purposes)

Strike all after the first word and, insert the following:

SHORT TITLE; TABLE OF CONTENTS.

(a) SHORT TITLE.—This Act may be cited as the ''Expanded & Improved Medicare For All Act''.

(b) TABLE OF CONTENTS.—The table of contents of this Act is as follows:

SEC. 2. DEFINITIONS AND TERMS.

In this Act:

(1) MEDICARE FOR ALL PROGRAM; PROGRAM.—The terms ''Medicare For All Program'' and ''Program'' mean the program of benefits provided under this Act and, unless the context otherwise requires, the Secretary with respect to functions relating to carrying out such program.

(2) NATIONAL BOARD OF UNIVERSAL QUALITY AND ACCESS.—The term ''National Board of Universal Quality and Access'' means such Board established under section 305.

(3) REGIONAL OFFICE.—The term ''regional office'' means a regional office established under section 303.

(4) SECRETARY.—The term ''Secretary'' means the Secretary of Health and Human Services.

(5) DIRECTOR.—The term ''Director'' means, in relation to the Program, the Director appointed under section 301.

TITLE I—ELIGIBILITY AND BENEFITS

SEC. 101. ELIGIBILITY AND REGISTRATION.

(a) IN GENERAL.—All individuals residing in the United States (including any territory of the United States) are covered under the Medicare For All Program entitling them to a universal, best quality standard of care. Each such individual shall receive a card with a unique number in the mail. An individual's Social Security number shall not be used for purposes of registration under this section.

(b) REGISTRATION.—Individuals and families shall receive a Medicare For All Program Card in the mail, after filling out a Medicare For All Program application form at a health care provider. Such application form shall be no more than 2 pages long.

(c) PRESUMPTION.—Individuals who present themselves for covered services from a participating provider shall be presumed to be eligible for benefits under this Act, but shall complete an application for benefits in order to receive a Medicare For All Program Card and have payment made for such benefits.

(d) RESIDENCY CRITERIA.—The Secretary shall promulgate a rule that provides criteria for determining residency for eligibility purposes under the Medicare For All Program.

(e) COVERAGE FOR VISITORS.—The Secretary shall promulgate a rule regarding visitors from other countries who seek premeditated non-emergency surgical procedures. Such a rule should facilitate the establishment of country-to-country reimbursement arrangements or self pay arrangements between the visitor and the provider of care.

SEC. 102. BENEFITS AND PORTABILITY.

(a) IN GENERAL.—The health care benefits under this Act cover all medically necessary services, including at least the following:

(1) Primary care and prevention.

(2) Approved dietary and nutritional therapies.

(3) Inpatient care.

(4) Outpatient care.

(5) Emergency care.

(6) Prescription drugs.

(7) Durable medical equipment.

(8) Long-term care.

(9) Palliative care.

(10) Mental health services.

(11) The full scope of dental services, services, including periodontics, oral surgery, and endodontics, but not including cosmetic dentistry.

(12) Substance abuse treatment services.

(13) Chiropractic services, not including electrical stimulation.

(14) Basic vision care and vision correction (other than laser vision correction for cosmetic purposes).

(15) Hearing services, including coverage of hearing aids.

(16) Podiatric care.

(b) PORTABILITY.—Such benefits are available through any licensed health care clinician anywhere in the United States that is legally qualified to provide the benefits.

(c) NO COST-SHARING.—No deductibles, copayments, coinsurance, or other cost-sharing shall be imposed with respect to covered benefits.

SEC. 103. QUALIFICATION OF PARTICIPATING PROVIDERS.

(a) REQUIREMENT TO BE PUBLIC OR NON-PROFIT.—

(1) IN GENERAL.—No institution may be a participating provider unless it is a public or not-for-profit institution. Private physicians, private clinics, and private health care providers shall continue to operate as private entities, but are prohibited from being investor owned.

(2) CONVERSION OF INVESTOR-OWNED PROVIDERS.—For-profit providers of care opting to participate shall be required to convert to not-for-profit status.

(3) PRIVATE DELIVERY OF CARE REQUIREMENT.—For-profit providers of care that convert to non-profit status shall remain privately owned and operated entities.

(4) COMPENSATION FOR CONVERSION.—The owners of such for-profit providers shall be compensated for reasonable financial losses incurred as a result of the conversion from for-profit to non-profit status.

(5) FUNDING.—There are authorized to be appropriated from the Treasury such sums as are necessary to compensate investor-owned providers as provided for under paragraph (3).

(6) REQUIREMENTS.—The payments to owners of converting for-profit providers shall occur during a 15-year period, through the sale of U.S. Treasury Bonds. Payment for conversions under paragraph (3) shall not be made for loss of business profits.

(7) MECHANISM FOR CONVERSION PROCESS.—The Secretary shall promulgate a rule to provide a mechanism to further the timely, efficient, and feasible conversion of for-profit providers of care.

(b) QUALITY STANDARDS.—

(1) IN GENERAL.—Health care delivery facilities must meet State quality and licensing guidelines as a condition of participation under such program, including guidelines regarding safe staffing and quality of care.

(2) LICENSURE REQUIREMENTS.—Participating clinicians must be licensed in their State of practice and meet the quality standards for their area of care. No clinician whose license is under suspension or who is

under disciplinary action in any State may be a participating provider.

(c) PARTICIPATION OF HEALTH MAINTENANCE ORGANIZATIONS.—

(1) IN GENERAL.—Non-profit health maintenance organizations that deliver care in their own facilities and employ clinicians on a salaried basis may participate in the program and receive global budgets or capitation payments as specified in section 202.

(2) EXCLUSION OF CERTAIN HEALTH MAINTENANCE ORGANIZATIONS.—Other health maintenance organizations which principally contract to pay for services delivered by non-employees shall be classified as insurance plans. Such organizations shall not be participating providers, and are subject to the regulations promulgated by reason of section 104(a) (relating to prohibition against duplicating coverage).

(d) FREEDOM OF CHOICE.—Patients shall have free choice of participating physicians and other clinicians, hospitals, and inpatient care facilities.

SEC. 104. PROHIBITION AGAINST DUPLICATING COVERAGE.

(a) IN GENERAL.—It is unlawful for a private health insurer to sell health insurance coverage that duplicates the benefits provided under this Act.

(b) CONSTRUCTION.—Nothing in this Act shall be construed as prohibiting the sale of health insurance coverage for any additional benefits not covered by this Act, such as for cosmetic surgery or other services and items that are not medically necessary.

TITLE II—FINANCES

Subtitle A—Budgeting and Payments

SEC. 201. BUDGETING PROCESS.

(a) ESTABLISHMENT OF OPERATING BUDGET AND CAPITAL EXPENDITURES BUDGET.—

(1) IN GENERAL.—To carry out this Act there are established on an annual basis consistent with this title—

(A) an operating budget, including amounts for optimal physician, nurse, and other health care professional staffing;

(B) a capital expenditures budget;

(C) reimbursement levels for providers consistent with subtitle B; and

(D) a health professional education budget, including amounts for the continued funding of resident physician training programs.

(2) REGIONAL ALLOCATION.—After Congress appropriates amounts for the annual budget for the Medicare For All Program, the Director shall provide the regional offices with an annual funding allotment to cover the costs of each region's expenditures. Such allotment shall cover global budgets, reimbursements to clinicians, health professional education, and capital expenditures. Regional offices may receive additional funds from the national program at the discretion of the Director.

(b) OPERATING BUDGET.—The operating budget shall be used for—

(1) payment for services rendered by physicians and other clinicians;

(2) global budgets for institutional providers;

(3) capitation payments for capitated groups; and

(4) administration of the Program.

(c) CAPITAL EXPENDITURES BUDGET.—The capital expenditures budget shall be used for funds needed for—

(1) the construction or renovation of health facilities; and

(2) for major equipment purchases.

(d) PROHIBITION AGAINST CO-MINGLING OPERATIONS AND CAPITAL IMPROVEMENT FUNDS.—It is prohibited to use funds under this Act that are earmarked—

(1) for operations for capital expenditures; or

(2) for capital expenditures for operations.

SEC. 202. PAYMENT OF PROVIDERS AND HEALTH CARE CLINICIANS.

(a) ESTABLISHING GLOBAL BUDGETS; MONTHLY LUMP SUM.—

(1) IN GENERAL.—The Medicare For All Program, through its regional offices, shall pay each institutional provider of care, including hospitals, nursing homes, community or migrant health centers, home care agencies, or other institutional providers or pre-paid group practices, a monthly lump sum to cover all operating expenses under a global budget.

(2) ESTABLISHMENT OF GLOBAL BUDGETS.—The global budget of a provider shall be set through negotiations between providers, State directors, and regional directors, but are subject to the approval of the Director. The budget shall be negotiated annually, based on past expenditures, projected changes in levels of services, wages and input, costs, a provider's maximum capacity to provide care, and proposed new and innovative programs.

(b) THREE PAYMENT OPTIONS FOR PHYSICIANS AND CERTAIN OTHER HEALTH PROFESSIONALS.—

(1) IN GENERAL.—The Program shall pay physicians, dentists, doctors of osteopathy, pharmacists, psychologists, chiropractors, doctors of optometry, nurse practitioners, nurse midwives, physicians' assistants, and other advanced practice clinicians as licensed and regulated by the States by the following payment methods:

(A) Fee for service payment under paragraph (2).

(B) Salaried positions in institutions receiving global budgets under paragraph (3).

(C) Salaried positions within group practices or non-profit health maintenance organizations receiving capitation payments under paragraph (4).

(2) FEE FOR SERVICE.—

(A) IN GENERAL.—The Program shall negotiate a simplified fee schedule that is fair and optimal with representatives of physicians and other clinicians, after close consultation with the National Board of Universal Quality and Access and regional and State directors. Initially, the current prevailing fees or reimbursement would be the basis for the fee negotiation for all professional services covered under this Act.

(B) CONSIDERATIONS.—In establishing such schedule, the Director shall take into consideration the following:

(i) The need for a uniform national standard.

(ii) The goal of ensuring that physicians, clinicians, pharmacists, and other medical professionals be compensated at a rate which reflects their expertise and the value of their services, regardless of geographic region and past fee schedules.

(C) STATE PHYSICIAN PRACTICE REVIEW BOARDS.—The State director for each State, in consultation with representatives of the physician community of that State, shall establish and appoint a physician practice review board to assure quality, cost effectiveness, and fair reimbursements for physician delivered services.

(D) FINAL GUIDELINES.—The Director shall be responsible for promulgating final guidelines to all providers.

(E) BILLING.—Under this Act physicians shall submit bills to the regional director on a simple form, or via computer. Interest shall be paid to providers who are not reimbursed within 30 days of submission.

(F) NO BALANCE BILLING.—Licensed health care clinicians who accept any payment from the Medicare For All Program may not bill any patient for any covered service.

(G) UNIFORM COMPUTER ELECTRONIC BILLING SYSTEM.—The Director shall create a uniform computerized electronic billing system, including those areas of the United States where electronic billing is not yet established.

(3) SALARIES WITHIN INSTITUTIONS RECEIVING GLOBAL BUDGETS.—

(A) IN GENERAL.—In the case of an institution, such as a hospital, health center, group practice, community and migrant health center, or a home care agency that elects to be paid a monthly global budget for the delivery of health care as well as for education and prevention programs, physicians and other clinicians employed by such institutions shall be reimbursed through a salary included as part of such a budget.

(B) SALARY RANGES.—Salary ranges for health care providers shall be determined in the same way as fee schedules under paragraph (2).

(4) SALARIES WITHIN CAPITATED GROUPS.—

(A) IN GENERAL.—Health maintenance organizations, group practices, and other institutions may elect to be paid capitation payments to cover all outpatient, physician, and medical home care provided to individuals enrolled to receive benefits through the organization or entity.

(B) SCOPE.—Such capitation may include the costs of services of licensed physicians and other licensed, independent practitioners provided to inpatients. Other costs of inpatient and institutional care shall be excluded from capitation payments, and shall be covered under institutions' global budgets.

(C) PROHIBITION OF SELECTIVE ENROLLMENT.—Patients shall be permitted to enroll or disenroll from such organizations or entities without discrimination and with appropriate notice.

(D) HEALTH MAINTENANCE ORGANIZATIONS.—Under this Act—

(i) health maintenance organizations shall be required to reimburse physicians based on a salary; and

(ii) financial incentives between such organizations and physicians based on utilization are prohibited.

SEC. 203. PAYMENT FOR LONG-TERM CARE.

(a) ALLOTMENT FOR REGIONS.—The Program shall provide for each region a single budgetary allotment to cover a full array of long-term care services under this Act.

(b) REGIONAL BUDGETS.—Each region shall provide a global budget to local long-term care providers for the full range of needed services, including in-home, nursing home, and community based care.

(c) BASIS FOR BUDGETS.—Budgets for long-term care services under this section shall be based on past expenditures, financial and clinical performance, utilization, and projected changes in service, wages, and other related factors.

(d) FAVORING NON-INSTITUTIONAL CARE.—All efforts shall be made under this Act to provide long-term care in a home- or community-based setting, as opposed to institutional care.

SEC. 204. MENTAL HEALTH SERVICES.

(a) IN GENERAL.—The Program shall provide coverage for all medically necessary mental health care on the same basis as the coverage for other conditions. Licensed mental health clinicians shall be paid in the same manner as specified for other health professionals, as provided for in section 202(b).

(b) FAVORING COMMUNITY-BASED CARE.—The Medicare For All Program shall cover supportive residences, occupational therapy, and ongoing mental health and counseling services outside the hospital for patients with serious mental illness. In all cases the highest quality and most effective care shall be delivered, and, for some individuals, this may mean institutional care.

SEC. 205. PAYMENT FOR PRESCRIPTION MEDICATIONS, MEDICAL SUPPLIES, AND MEDICALLY NECESSARY ASSISTIVE EQUIPMENT.

(a) NEGOTIATED PRICES.—The prices to be paid each year under this Act for covered pharmaceuticals, medical supplies, and medically necessary assistive equipment shall be negotiated annually by the Program.

(b) PRESCRIPTION DRUG FORMULARY.—

(1) IN GENERAL.—The Program shall establish a prescription drug formulary system, which shall encourage best-practices in prescribing and discourage the use of ineffective, dangerous, or excessively costly medications when better alternatives are available.

(2) PROMOTION OF USE OF GENERICS.—The formulary shall promote the use of generic medications but allow the use of brand-name and off-formulary medications.

(3) FORMULARY UPDATES AND PETITION RIGHTS.—The formulary shall be updated frequently and clinicians and patients may petition their region or the Director to add new pharmaceuticals or to remove ineffective or dangerous medications from the formulary.

SEC. 206. CONSULTATION IN ESTABLISHING REIMBURSEMENT LEVELS.

Reimbursement levels under this subtitle shall be set after close consultation with regional and State Directors and after the annual meeting of National Board of Universal Quality and Access.

Subtitle B—Funding

SEC. 211. OVERVIEW: FUNDING THE MEDICARE FOR ALL PROGRAM.

(a) IN GENERAL.—The Medicare For All Program is to be funded as provided in subsection (c)(1).

(b) MEDICARE FOR ALL TRUST FUND.—There shall be established a Medicare For All Trust Fund in which funds provided under this section are deposited and from which expenditures under this Act are made.

(c) FUNDING.—

(1) IN GENERAL.—There are appropriated to the Medicare For All Trust Fund amounts sufficient to carry out this Act from the following sources:

(A) Existing sources of Federal Government revenues for health care.

(B) Increasing personal income taxes on the top 5 percent income earners.

(C) Instituting a modest and progressive excise tax on payroll and self-employment income.

(D) Instituting a modest tax on unearned income.

(E) Instituting a small tax on stock and bond transactions.

(2) SYSTEM SAVINGS AS A SOURCE OF FINANCING.—Funding otherwise required for the Program is reduced as a result of—

(A) vastly reducing paperwork;

(B) requiring a rational bulk procurement of medications under section 205(a); and

(C) improved access to preventive health care.

(3) ADDITIONAL ANNUAL APPROPRIATIONS TO MEDICARE FOR ALL PROGRAM.—Additional sums are authorized to be appropriated annually as needed to maintain maximum quality, efficiency, and access under the Program.

SEC. 212. APPROPRIATIONS FOR EXISTING PROGRAMS.

Notwithstanding any other provision of law, there are hereby transferred and appropriated to carry out this Act, amounts from the Treasury equivalent to the amounts the Secretary estimates would have been appropriated and expended for Federal public health care programs, including funds that would have been appropriated under the Medicare program under title XVIII of the Social Security Act, under the Medicaid program under title XIX of such Act, and under the Children's Health Insurance Program under title XXI of such Act.

TITLE III—ADMINISTRATION

SEC. 301. PUBLIC ADMINISTRATION; APPOINTMENT OF DIRECTOR.

(a) IN GENERAL.—Except as otherwise specifically provided, this Act shall be administered by the Secretary through a Director appointed by the Secretary.

(b) LONG-TERM CARE.—The Director shall appoint a director for long-term care who shall be responsible for administration of this Act and ensuring the availability and accessibility of high quality long-term care services.

(c) MENTAL HEALTH.—The Director shall appoint a director for mental health who shall be responsible for administration of this Act and ensuring the availability and accessibility of high quality mental health services.

SEC. 302. OFFICE OF QUALITY CONTROL.

The Director shall appoint a director for an Office of Quality Control. Such director shall, after consultation with State and regional directors, provide annual recommendations to Congress, the President, the Secretary, and other Program officials on how to ensure the highest quality health care service delivery. The director of the Office of Quality Control shall conduct an annual review on the adequacy of medically necessary services, and shall make recommendations of any proposed changes to the Congress, the President, the Secretary, and other Medicare For All Program officials.

SEC. 303. REGIONAL AND STATE ADMINISTRATION; EMPLOYMENT OF DISPLACED CLERICAL WORKERS.

(a) ESTABLISHMENT OF MEDICARE FOR ALL PROGRAM REGIONAL OFFICES.—The Secretary shall establish and maintain Medicare For All regional offices for the purpose of distributing funds to providers of care. Whenever possible, the Secretary should incorporate pre-existing Medicare infrastructure for this purpose.

(b) APPOINTMENT OF REGIONAL AND STATE DIRECTORS.—In each such regional office there shall be—

(1) one regional director appointed by the Director; and

(2) for each State in the region, a deputy director (in this Act referred to as a ''State Director'') appointed by the governor of that State.

(c) REGIONAL OFFICE DUTIES.—Regional offices of the Program shall be responsible for—

(1) coordinating funding to health care providers and physicians; and

(2) coordinating billing and reimbursements with physicians and health care providers through a State-based reimbursement system.

(d) STATE DIRECTOR'S DUTIES.—Each State Director shall be responsible for the following duties:

(1) Providing an annual State health care needs assessment report to the National Board of Universal Quality and Access, and the regional board, after a thorough examination of health needs, in consultation with public health officials, clinicians, patients, and patient advocates.

(2) Health planning, including oversight of the placement of new hospitals, clinics, and other health care delivery facilities.

(3) Health planning, including oversight of the purchase and placement of new health equipment to ensure timely access to care and to avoid duplication.

(4) Submitting global budgets to the regional director.

(5) Recommending changes in provider reimbursement or payment for delivery of health services in the State.

(6) Establishing a quality assurance mechanism in the State in order to minimize both under utilization and over utilization and to assure that all providers meet high quality standards.

(7) Reviewing program disbursements on a quarterly basis and recommending needed adjustments in fee schedules needed to achieve budgetary targets and assure adequate access to needed care.

(e) FIRST PRIORITY IN RETRAINING AND JOB PLACEMENT; 2 YEARS OF SALARY PARITY BENEFITS.—The Program shall provide that clerical, administrative, and billing personnel in insurance companies, doctors offices, hospitals, nursing facilities, and other facilities whose jobs are eliminated due to reduced administration—

(1) should have first priority in retraining and job placement in the new system; and

(2) shall be eligible to receive two years of Medicare For All employment transition benefits with each year's benefit equal to salary earned during the last 12 months of employment, but shall not exceed $100,000 per year.

(f) ESTABLISHMENT OF MEDICARE FOR ALL EMPLOYMENT TRANSITION FUND.—The Secretary shall establish a trust fund from which expenditures shall be made to recipients of the benefits allocated in subsection (e).

(g) ANNUAL APPROPRIATIONS TO MEDICARE FOR ALL EMPLOYMENT TRANSITION FUND.—Sums are authorized to be appropriated annually as needed to fund the Medicare For All Employment Transition Benefits.

(h) RETENTION OF RIGHT TO UNEMPLOYMENT BENEFITS.—Nothing in this section shall be interpreted as a waiver of Medicare For All Employment Transition benefit recipients' right to receive Federal and State unemployment benefits.

SEC. 304. CONFIDENTIAL ELECTRONIC PATIENT RECORD SYSTEM.

(a) IN GENERAL.—The Secretary shall create a standardized, confidential electronic patient record system in accordance with laws and regulations to maintain accurate patient records and to simplify the billing process, thereby reducing medical errors and bureaucracy.

(b) PATIENT OPTION.—Notwithstanding that all billing shall be preformed electronically, patients shall have the option of keeping any portion of their medical records separate from their electronic medical record.

SEC. 305. NATIONAL BOARD OF UNIVERSAL QUALITY AND ACCESS.

(a) ESTABLISHMENT.—

(1) IN GENERAL.—There is established a National Board of Universal Quality and Access (in this section referred to as the ''Board'') consisting of 15 members appointed by the President, by and with the advice and consent of the Senate.

(2) QUALIFICATIONS.—The appointed members of the Board shall include at least one of each of the following:

(A) Health care professionals.

(B) Representatives of institutional providers of health care.

(C) Representatives of health care advocacy groups.

(D) Representatives of labor unions.

(E) Citizen patient advocates.

(3) TERMS.—Each member shall be appointed for a term of 6 years, except that the President shall stagger the terms of members initially appointed so that the term of no more than 3 members expires in any year.

(4) PROHIBITION ON CONFLICTS OF INTEREST.—No member of the Board shall have a financial conflict of interest with the duties before the Board.

(b) DUTIES.—

(1) IN GENERAL.—The Board shall meet at least twice per year and shall advise the Secretary and the Director on a regular basis to ensure quality, access, and affordability.

(2) SPECIFIC ISSUES.—The Board shall specifically address the following issues:

(A) Access to care.

(B) Quality improvement.

(C) Efficiency of administration.

(D) Adequacy of budget and funding.

(E) Appropriateness of reimbursement levels of physicians and other providers.

(F) Capital expenditure needs.

(G) Long-term care.

(H) Mental health and substance abuse services.

(I) Staffing levels and working conditions in health care delivery facilities.

(3) ESTABLISHMENT OF UNIVERSAL, BEST QUALITY STANDARD OF CARE.—The Board shall specifically establish a universal, best quality of standard of care with respect to—

(A) appropriate staffing levels;

(B) appropriate medical technology;

(C) design and scope of work in the health workplace;

(D) best practices; and

(E) salary level and working conditions of physicians, clinicians, nurses, other medical professionals, and appropriate support staff.

(4) TWICE-A-YEAR REPORT.—The Board shall report its recommendations twice each year to the Secretary, the Director, Congress, and the President.

(c) COMPENSATION, ETC.—The following provisions of section 1805 of the Social Security Act shall apply to the Board in the same manner as they apply to the Medicare Payment Assessment Commission (except that any reference to the Commission or the Comptroller General shall be treated as references to the Board and the Secretary, respectively):

(1) Subsection (c)(4) (relating to compensation of Board members).

(2) Subsection (c)(5) (relating to chairman and vice chairman).

(3) Subsection (c)(6) (relating to meetings).

(4) Subsection (d) (relating to director and staff; experts and consultants).

(5) Subsection (e) (relating to powers).

TITLE IV—ADDITIONAL PROVISIONS

SEC. 401. TREATMENT OF VA AND IHS HEALTH PROGRAMS.

(a) VA HEALTH PROGRAMS.—This Act provides for health programs of the Department of Veterans' Affairs to initially remain independent for the 10-year period that begins on the date of the establishment of the Medicare For All Program. After such 10-year period, the Congress shall reevaluate whether such programs shall remain independent or be integrated into the Medicare For All Program.

(b) INDIAN HEALTH SERVICE PROGRAMS.—This Act provides for health programs of the Indian Health Service to initially remain independent for the 5-year period that begins on the date of the establishment of the Medicare For All Program, after which such programs shall be integrated into the Medicare For All Program.

SEC. 402. PUBLIC HEALTH AND PREVENTION.

It is the intent of this Act that the Program at all times stress the importance of good public health through the prevention of diseases.

SEC. 403. REDUCTION IN HEALTH DISPARITIES.

It is the intent of this Act to reduce health disparities by race, ethnicity, income and geographic region, and to provide high quality, cost-effective, culturally appropriate care to all individuals regardless of race, ethnicity, sexual orientation, or language.

TITLE V—EFFECTIVE DATE

SEC. 501. EFFECTIVE DATE.

Except as otherwise specifically provided, this Act shall take effect on the first day of the first year that begins more than 1 year after the date of the enactment of this Act, and shall apply to items and services furnished on or after such date.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Madam President, I rise this evening to announce the Democrats will offer no further amendments to the pending legislation until the Republican leader shows us what the final legislation will be.

Clearly, the Senate bill—repeal and replace—has failed. Senator PAUL's bill—repeal without replace—has also failed. We know the Republicans are not going to take a final vote on the underlying House bill, which is still the pending legislation.

Now the Republican leadership team has been telling the press about a yet-to-be-disclosed final bill. If the reports are true, the Republicans will offer a skinny repeal plan.

We just heard from the nonpartisan Congressional Budget Office that under such a plan as reported in the press, 16 million Americans would lose their health insurance and millions more would pay a 20-percent—20-percent—increase in their premiums—at least 20 percent.

I thank Senator MURRAY and Senator WYDEN for working with CBO so that we could figure out what exactly is going on, if this skinny bill is the bill that is brought to the floor.

My Republican friends come to the floor every day to assail the problem of high premiums. If the reporting is accurate and skinny repeal is their plan, it makes premiums far higher than they are today. We don't know if skinny repeal is going to be their final bill, but if it is, the CBO says that it would cause costs to go up and millions to lose insurance.

In the meantime, Democrats are not going to continue to try and amend the House plan that is already dead. Certainly, we are not going to do that while there is some secret legislation—skinny repeal it is reported—waiting to emerge from the leader's office.

The Republican leader has said that this is a robust amendment process. No, it isn't—far from it. We don't even know what bill to direct our amendments to. Certainly, a process that bypassed the committees and public hearings was never an open and transparent process. There was never a robust amendment process to this bill, but now it has gotten even worse. Since the beginning of this debate, we have just been taking votes on amendments to a piece of dead legislation.

What kind of process is this? Anyone who listened, as we all did, so intently to Senator MCCAIN's wonderful speech yesterday and applauded the sentiment that he mentioned—getting back to regular order and proper procedure—anyone who listened to that speech would blush at this sham of an amendment process thus far. We don't even have a final bill to amend. The idea that this is a robust amendment process, I would say to my dear friend the leader, defies credulity. No one believes it. I bet not a single person on either side of the aisle believes it. So Democrats are not going to participate in this one-sided and broken process.

Once the majority leader shows his hand, reveals what his bill will actually be, Democrats will use the opportunity to try to amend the bill. But we have to see it first, and we ought to see it soon in broad daylight, not at the eleventh hour.

Until we see the real bill, Democrats will offer no further amendments.

Thank you, and I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. REED. Madam President, let me join the Democratic leader in expressing my dismay in what has been going on on the Senate floor with respect to healthcare.

For over 7 years, my colleagues on the other side of the aisle have been talking about how they intended to repeal the Affordable Care Act in order to replace it with something better and improve our healthcare system. President Trump has said time and again that he would provide better healthcare at a lower cost. He said that everyone would be covered. Yet we have seen no solutions from the other side that would accomplish these goals. We have been trying to work with Republicans, not just this year but for the last several years to improve our healthcare system. In fact, we worked with them to craft the Affordable Care Act in the first place, holding public hearings and meetings with both Democrats and Republicans around the table. The Affordable Care Act included well over 150 Republican amendments. Yet they refused to work with us on our final passage of the law and refused to work with us on the current law and healthcare ever since.

However, today we have seen a couple of glimpses of bipartisanship. First, the Senate voted last night, both Democrats and Republicans, to reject the TrumpCare bill that would have provided tax breaks to special interests while decimating Medicaid. I am glad the Senate has spoken on that issue and said that we do not support this effort. This afternoon, Democrats and Republicans voted to reject a bill that would have repealed the Affordable Care Act with no replacement. A majority of Senators voted to say that effort was unacceptable.

Now that we have taken those votes, Senators have had their say on what they think is the best path forward, and to me, these votes show that most Senators want to work in a bipartisan fashion to improve our healthcare system. I have heard many of my colleagues on the other side of the aisle say just that, as Senator MCCAIN said so eloquently yesterday.

I think, if my colleagues are willing to sit down and negotiate in good faith

on legislation to improve our healthcare system and bring down costs, we could come up with a bill that would get the support of the majority of this body. My colleague Senator SHAHEEN, for example, introduced legislation to help stabilize the individual market, something I think most of us would agree is an important step forward in improving the Affordable Care Act. However, we are now hurdling toward a vote with absolutely no plan to improve the healthcare system. My Republican colleagues are scrambling to get enough votes just to pass anything at all.

Right now we are debating the bill, but what does that mean when we have not yet seen the bill we are eventually going to vote on? This is not a meaningful exercise with opportunities to amend and improve legislation. We are simply killing time so that the Republican leadership can unveil a new bill, if they are able to come up with one, that they can convince enough of their Members to support. Hours or minutes before final passage this could be sprung upon us, and we would then be forced to take a vote. That is not the way the legislative process should work.

What kind of message does this send to our constituents? This is an example of legislating at its worst.

This is why many Americans don't trust Washington to have their backs. We don't know what Republicans intend to pass at the end of this debate, but we do know that they intend to pass something that is harmful. The CBO score, which the Democratic leader suggested, based upon the reports of what is pending, suggests significant losses in coverage across the country and significant increases in the cost of healthcare insurance for Americans. Based on what we have seen so far, each proposal would send the healthcare market into a death spiral, impacting all of our constituents—not just the Medicaid recipients, not just those who are in the exchanges—and even private employers who provide insurance coverage for their workers would see increases.

As I mentioned earlier, the bill we voted on this afternoon would repeal the Affordable Care Act with no replacement. In that case, the nonpartisan Congressional Budget Office said this would cause 32 million Americans to lose health insurance over the next decade, including 17 million next year alone, and health insurance markets would collapse.

As I indicated, fortunately, that failed, with both Democrats and Republicans voting against it, but it looks like Senate Republican leadership is still trying to cobble together yet another version, taking some of the worst elements of the repeal act. What is worse, there will be no opportunity to review the bill, no chance for CBO to analyze the bill and provide feedback, no opportunities for stakeholders, patients, and States to weigh in.

It is telling that the only path forward they have for their repeal effort is to pass a bill no one has literally read. The only chance they have to get support for their effort is to hide, essentially, the impact of the bill because on the merits it appears devastating to our constituents.

Nevertheless, as much as they try to hide this bill, the American people will find out. They will find out when they get the bill for their health insurance. They will find out when they go to their doctor and discover the treatment they had last year that was covered under the Affordable Care Act is no longer covered. They will find out when the only insurance company in their State decides to leave. They will find out when their employer says: We are no longer providing healthcare to our employees. They will find out when they start a family and discover that maternity care is no longer covered and, if the child needs medical care early in life, the insurance company can say: No, thank you; we don't have to cover the child. There is a preexisting condition.

Just last night I got a call from a woman in Charlestown, RI—Amy. She urged me to continue fighting to preserve the Affordable Care Act. She is a hairdresser and her husband is a commercial fisherman. Because they are both self-employed, they are not able to get coverage through work. They have been able to access care through our State's health insurance marketplace, HealthSource RI. As Amy said, she and her husband are hard-working, middle-income taxpayers, but they never have been able to afford coverage without the help of the Affordable Care Act. They would not have been able to do that. Amy recently got sick and had to be hospitalized. She has coverage because of ObamaCare. She was able to get the treatment she needed. Without coverage, she would have been left to pay a bill of $78,000. Amy told me that she and her husband would have had to sell their house to afford that, and, probably even with that, they would have been left impoverished.

Is that really what my colleagues want for their constituents?

My constituents know what is at stake. I have heard from thousands and thousands of them throughout the year, urging me to keep fighting for healthcare, asking me to put an end to this repeal effort. However, Democrats cannot do this alone. We need more Republicans like some of my colleagues, Senator COLLINS and Senator MURKOWSKI, to come forward and say: Enough is enough. Even if you have problems with the current system, let's try to work together to solve the problems. We might not always agree, but we will try our best to come to a consensus. There is no harm in trying to come up with a bipartisan solution. It is not too late to reverse course and return to regular order, to start again, to start right, and to do it, as my colleague on the Armed Services Committee, Chairman MCCAIN, said, the good old fashioned way, with Senator ALEXANDER and Senator MURRAY on the HELP Committee and my colleagues on the Finance Committee working their way through, carefully and deliberately, listening, amending, moving forward legislation so that we can come to this body not with a few minutes' notice but fully prepared to vote on something that is critical to every family in the country.

With that, Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Thank you, Madam President.

Madam President, I rise this evening to speak in opposition to the Republican plan to dismantle our healthcare system. Their effort to repeal the Affordable Care Act and gut Medicaid would put the health, as well as the financial security of millions of Americans, at risk.

Let me tell you how this would affect Minnesotans such as Annie and her 5-year-old son Carter. Carter has autism spectrum disorder and relies on Medicaid to help cover necessary therapy services. When Carter was 2, he did not talk, make eye contact, or interact with anyone. But now, because of the treatment he receives under Medicaid, Carter speaks full sentences and is entering kindergarten. Annie explains how none of that would be possible without Medicaid. If Republicans succeed in imposing drastic cuts to Medicaid, which is what they want to do, and States are forced to cut back services, Annie and her family would not be able to afford the therapy that Carter needs to thrive.

Think about that. Think about what that does to one life. Think about the other millions that would be affected in such a negative, tragic way.

There is also Mari and Chrysann, both from Moorhead, MN. Moorhead is in northwestern Minnesota, right across the river from Fargo. Mari took care of her aging mother in her home as long as she could, but when Chrysann's health began to decline, Mari helped her mom move to a nursing home where she could access the higher level of care she needed.

Mari and her husband work full time and still have children at home. I visited the nursing home where Mari spoke, and she got emotional when she told me that if it were not for Medicaid, her family would not have any other way to pay for her mother's care. She does not know how she would care for her mom or what would happen to her.

Chrysann, Mari's mom, is worried too. She spoke at this roundtable at the nursing home. She is worried about how the Republican plan will affect her own future and those of others who are in similar situations in nursing homes. Sixty-four percent of Americans in nursing homes have their care paid for by Medicaid. Chrysann told me this

plan is not about taking care of people but simply about ''survival of the fittest.''

Is that really the healthcare system we support in the United States of America—the survival of the fittest?

How about Chuck? Chuck is the CEO of Perham Health. It is a rural hospital that is doing really innovative work in Northwest Minnesota. It is kind of central, north. It is in rural Minnesota, not unlike the rural areas in the Presiding Officer's State.

Chuck told me: ''Cutting Medicaid as drastically as they are proposing will force us to cut staff in areas that are actually saving the system money today.''

These cuts would affect nurses who run the hospital's medical homes, community paramedics, and other staff who are helping to keep people out of the Emergency Department, reduce readmissions, and keep people healthy overall. This is part of the innovation they are doing there. This is part of the innovation that Minnesota leads the Nation in.

Perham Health is one of the largest employers in town so taking away jobs does not just impact the patients and the hospital, it affects the community and rural economy. Cutting jobs and getting rid of successful reforms just does not make sense, and this would be repeated over and over and over again in rural America.

Again, the question is, Why are Republicans pursuing such a reckless and irresponsible strategy?

All of the bills they have proposed thus far will increase patient costs, including premiums and out-of-pocket costs, will increase the number of uninsured Americans, and will rip apart our healthcare safety net. These are not the changes Americans want. In fact, this is the opposite of what Americans want and are asking for.

Now, over the last day, we have heard a lot more about another path Republicans may pursue—a scaled-back plan that eliminates a handful of the ACA provisions, including the employer mandate and individual mandate. While these two changes may be politically expedient, they would, according to the Congressional Budget Office, drive up premiums and cause millions of Americans to become uninsured.

What is more, as the New York Times points out, this plan does nothing to address the criticisms Leader MCCONNELL, President Trump, and their allies continue to lodge against the Affordable Care Act. For example, this approach does nothing to improve competition and choice in the individual market and, in fact, injects far more uncertainty into individual health insurance markets, which are already rattled by the administration's deliberate efforts to sabotage them.

Should this plan pass the Senate, it will surely get much worse when the differences between the plan and the House bill are reconciled in the conference committee. According to news reports, a number of my Republican colleagues are arguing that passing this scaled-back version of repeal is really just a means to get to conference, where Members can further negotiate the House and Senate repeal and replace bills. In fact, some are even suggesting that the provisions in the House-passed bill would be a guidepost for negotiations.

I think all of us remember how awful, far-reaching, and—according to President Trump—mean the House-passed bill is. What is more, we can see the worst provisions of the Better Care Reconciliation Act resurface in the conference committee, which is the Senate repeal and replace bill that was defeated on a bipartisan basis.

Overall, pursuing this path is dangerous, given the tremendous number of unknowns. Not only would this half-baked—that is being generous—quarter-baked, scaled-back version of the ACA repeal destabilize health insurance markets, but it would also serve as a vehicle for Republicans to take up the most controversial measures included in the defeated BCRA and the House-passed bill.

Why on Earth would we support that?

Frankly, it is also delusional to believe that a small group of House and Senate leaders can craft a workable solution in a matter of days or weeks. They have had 7 years to come up with an alternative. They do not have one so how can we expect them to, all of a sudden, come up with a viable plan that affects one-sixth of our economy?

Look, this whole process has been and continues to be irresponsible. In fact, this is one of the most irresponsible policymaking processes I have seen in my time in the U.S. Senate. What we should do is just what Senator MCCAIN called for in his speech yesterday, which is to pursue regular order, work together—Republicans and Democrats—and seek out compromise. If we reject this wrongheaded effort, then I and many of my colleagues are ready and committed to work in a bipartisan way on reforms that will expand coverage, lower costs, and improve care.

Let's have bipartisan hearings on the individual market, on drug prices, and more. Let's call in nonpartisan expert witnesses. Let's have meaningful committee and floor debates. Let's fix what needs fixing in the Affordable Care Act. Annie, Carter, Mari, Chrysann, Chuck, and millions of other Americans need us to do just that.

To my colleagues on the other side of the aisle, please, stand up to the bullying, stand up to the lies, and work with us to improve people's lives, not make them worse. Paul Wellstone said that politics is not about winning, that it is not about power, that it is not about money. Politics is about working to improve people's lives, and that is what we should be doing. You owe it to your constituents. You owe it to yourselves.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

CLIMATE CHANGE

Mr. WHITEHOUSE. Madam President, something else happened this afternoon in Washington that I wish to relate today on the floor, which is that the American Enterprise Institute hosted the launch of Senator SCHATZ's and my American Opportunity Carbon Fee Act. I am delighted the American Enterprise Institute did that. Their conservative credentials are rock solid, but they do not fear debate, and they were extraordinarily helpful and open-minded in allowing us to make the announcement and in hosting a discussion on the bill that followed.

Virtually every person on the Republican side who has thought the climate change problem through to a solution has come to the same place—a revenue-neutral, border-adjustable price on carbon. That means that all of the revenues are returned to the American people.

Former Treasury Secretaries Baker, Shultz, and Paulson—all Republicans—former EPA Administrators Ruckelshaus, Thomas, Reilly, and Whitman—all Republicans—and leading economists and former Presidential economic advisers Arthur Laffer, Gregory Mankiw, and Douglas Holtz-Eakin—all Republicans—along with many others, support a revenue-neutral, border-adjustable carbon fee. Well, that is what we do.

You all know the phrase ''offering an olive branch.'' Former Republican Congressman Bob Inglis described our proposal as an olive limb, not a branch, when pairing a carbon tax with corporate tax reduction. He said it provides what he called ''an opportunity for conservatives to show how free enterprise can solve climate change.''

When I first came to the Senate in 2007, this place was humming with bipartisan action on climate change for years—but, in 2010, a dead stop. The Republican Party disappeared from the field after the fossil fuel industry secured from five Justices on the Supreme Court the infamous Citizens United decision. The fossil fuel industry, as if it saw the decision coming, immediately launched a veritable Soviet May Day parade of political artillery and rocketry. No special interest had that kind of political muscle before Citizens United. The combination of this industry political weaponry, plus the proliferation of dark money, plus the shady science simulacrum of climate denial has been formidable.

Despite this, there is room for optimism. There are Republicans who are willing to work with us. They just need some prospect of safe passage through the political kill zone that the fossil fuel industry has created.

Over 1,000 American companies have voiced their support for the Paris climate agreement, including corporate powerhouses like Walmart, Goldman Sachs, PepsiCo, and Google. If American companies were to mobilize in

Congress just like they did for the Paris Agreement, that would be a game-changer.

But notwithstanding all of that corporate support, the big business trade associations and lobbying groups have lined up against action on climate change. The so-called U.S. Chamber of Commerce—probably more accurately described as the U.S. chamber of carbon—is one of climate action's most implacable enemies, despite the good climate policies of so many of its member companies. How is it representing its members? It is incredible.

The American Petroleum Institute represents Shell, BP, Total, and Exxon—companies that claim to support the Paris Agreement and the Climate Leadership Council's carbon fee proposal—but API opposes anything getting done.

We all know here that corporate America commands extraordinary attention in our political system. If American corporations aligned their political engagement on climate change with their actual position on climate change, which should not be asking too much of them, we could get going.

So, in a spirit of hopefulness, Senator SCHATZ and I reintroduced at the American Enterprise Institute our American Opportunity Carbon Fee Act, a framework that I hope both Republicans and Democrats can embrace. The bill would establish an economy-wide carbon fee on carbon dioxide and other greenhouse gas emissions. The fee would be assessed where it is easiest to administer, minimizing the compliance burden. Other greenhouse gases would be tied to their carbon dioxide equivalency with a bumper for fluorocarbons to account for their high greenhouse gas potency. Sequestering, utilizing, or encapsulating carbon dioxide emissions would earn you a credit. The market would begin to work in this space.

Our bill sets the 2018 fee per ton of carbon emitted at $49—the central range of the social cost of carbon last estimated by the Office of Management and Budget. That fee would increase each year at a real 2 percent until emissions fall 80 percent below 2005 levels, and then it would follow inflation.

Border adjustments for energy-intensive goods traded with countries that have weaker or no carbon pricing will make sure that we protect our industries at home. We took care to design the border adjustments in harmony with World Trade Organization rules.

This carbon fee would produce meaningful reductions in carbon emissions. The nonpartisan Resources for the Future projects a 36-percent drop by 2025, compared to the benchmark year of 2005, exceeding the U.S.-Paris Agreement commitment significantly.

In addition to the environmental value, of course, a carbon fee also generates revenue—in this case, nearly $2.1 trillion in revenue over 10 years. Our plan would return every dime of that to the American people. Here is how.

First, the bill lowers the top corporate income tax rate from 35 percent to 29 percent—a longstanding goal of Republicans. This would cut American corporate taxes by almost $600 billion over the first decade.

Second, it provides workers with a $550 refundable tax credit—$1,100 for a couple—against payroll taxes. The tax credits, which would grow with inflation, would return almost $900 billion to the pocketbooks of American households over the first 10 years.

Third, it would provide a matching benefit to Social Security beneficiaries, veterans program beneficiaries, and certain other retirees. These benefits would total nearly $500 billion over 10 years.

Finally, the bill would establish a block grant program, delivering the remaining funds to our States—over $100 billion to help workers in coal country, for instance, or provide coastal protection for seaside States facing terrible threats of sea level rise, at the discretion of the State, to meet local needs and concerns.

I understand the suffering in coal country. Coal country will continue to decline as natural gas drives coal out of the energy market. There is now no mechanism to remedy that inevitability.

Remember Huey Long's old slogan, ''Every Man a King''? With a carbon fee, we could make every miner a king—a solid pension, retirement at any time, full health benefits for life, a cash bonus based on years worked, a voucher for a new vehicle, a college plan for their kids. These things become doable with carbon fee revenues.

It is not the miners' fault that the coal industry has collapsed. They worked hard. They did dangerous work. It is a rigorous occupation to be a coal miner, and they are entitled to respect. Give them their dignity. Make them kings. With a small fraction of the revenue from a carbon fee, we could assure every single coal miner a lifetime of comfort, security, and financial stability.

Senator SCHATZ and I extend an open hand, an olive branch. Give Senator SCHATZ and me a Republican to negotiate with. That shouldn't be too much to ask. Then let's talk about the economics. Let's talk about where the revenue should go. And because I know it is a part of the Baker-Schultz-Paulson proposal, let's talk about where we can get fact-based, scientifically rigorous analytics of which regulations might become unnecessary or duplicative of a carbon fee's emission reductions.

Let's restart the bipartisan conversation we had going until 2010.

Let me close with an appeal to our patriotic sense. America holds herself out as an exemplary nation, a ''City on a Hill.'' The tactics of climate denial and political menace the fossil fuel industry has deployed around here have degraded our city.

There is a remorseless functioning of the laws of physics, of chemistry, and of biology. Deny them all you want, but time will tell. And even now, everyone, from our Secretary of Defense to every single Senator's home State, State university, understands that climate change is real and urgent, is teaching the science of climate change in those universities, and is warning of the dire consequences.

When the Presiding Officer left the Environment and Public Works Committee the other day, I was talking about the Leopold Center at Iowa State University and the powerful language in which they describe the present effects on agriculture of climate change and the danger of disruption to the fundamental systems of the planet. That is the home State universities telling us what the facts are.

So one day there will be a reckoning, and the longer our American democracy lies incapacitated at the hands of the fossil fuel industry, the worse the outcome will be, and the worse the outcome, the greater the harm to the country we love that holds its example up to the world.

We are all extremely fond of JOHN MCCAIN. JOHN MCCAIN returned to the Senate yesterday and called our country ''the strong, inspiring, inspirational beacon of liberty and defender of dignity of all human beings.'' Some beacon, if we continue to get this wrong because of what one industry did to our politics, using political menace, dark money, and fake science.

America deserves better than what we are doing in this Chamber on this issue.

I thank the Presiding Officer.

I yield the floor.

Mr. TESTER. Madam President, I intend to offer the following motion to H.R. 1628 and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators KING, HEINRICH, BALDWIN, BENNET, BROWN, CANTWELL, CARPER, COONS, DONNELLY, FEINSTEIN, FRANKEN, HARRIS, HEITKAMP, KLOBUCHAR, LEAHY, MANCHIN, MCCASKILL, SHAHEEN, STABENOW, UDALL, VAN HOLLEN, and WARREN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Tester moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would force the closure of rural hospitals or otherwise reduce access to affordable health care in rural areas.

Ms. KLOBUCHAR. Madam President, I ask unanimous consent that the text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Klobuchar moves to commit the bill H.R. 1628 to the Committee on Finance of the

Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) provide a tax credit equal to 25 percent of the premiums for health insurance paid during the taxable year for individuals who—

(A) do not qualify for the credit under section 36B of the Internal Revenue Code of 1986;

(B) are not enrolled in or eligible for Medicaid coverage; and

(C) in the case of individuals residing in a State that has not expanded Medicaid as provided under the Patient Protection and Affordable Care Act, would not be eligible for Medicaid coverage even if the State did so expand Medicaid.

Mr. KING. Madam President, I intend to move, with the support of Senator BLUMENTHAL, that H.R. 1628 be committed to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days with changes that will direct the Secretary of Health and Human Services to establish 10 pilot projects in 10 States that have experienced high rates of opioid substance use disorder and neonatal abstinence syndrome to further research the efficacy of early intervention and case management model of care for mothers and babies. Success to be evaluated by determining the rate of child protective services intervention, foster care for minor children and successful long term recovery. At least five projects are required to be granted for projects focused primarily on rural populations.

I ask unanimous consent that the text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. King moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) direct the Secretary of Health and Human Services to establish 10 pilot projects in 10 States that have experienced high rates of opioid substance use disorder and neonatal abstinence syndrome (including 5 such projects focused primarily on rural populations) to further research the efficacy of early intervention and case management model of care for mothers and babies, and provide that the success of such projects shall be evaluated by determining the rate of foster care for minor children and successful long term recovery.

Ms. DUCKWORTH. Madam President, I ask unanimous consent that the text of my motions to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would eliminate any provision that would result in a reduction in funding for the Ryan White HIV/AIDS Program of the Health Resources and Services Administration.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would eliminate any provision that would result in a decrease in health care for patients who receive employer-sponsored health insurance coverage.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike provisions in the bill that would result in a decrease in care for any veteran who depends on orthotics, prosthetics, and complex rehabilitation technology.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike provisions in the bill that would result in a decrease in care for any individual who depends on orthotics, prosthetics, and complex rehabilitation technology.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would eliminate any provision that would result in increased epinephrine prices for patients.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would eliminate any provision that would result in increased insulin prices for patients.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would eliminate any provision that would result in an increase in the price of naloxone, a medication designed to rapidly reverse opioid overdose.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no veteran or former service member of the United States Armed forces will lose access to mental health care services currently funded in any part through Medicaid.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) revise the bill in a manner that prevents any veteran or former member of the Armed Forces from losing access to nursing home care funded through Medicaid.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) revise the bill in a manner that prevents any veteran or former member of the Armed Forces from losing access to spinal cord injury services, prosthetics or sensory aid services, or other specialty services due to changes in Medicaid or other programs.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) maintain all lactation standards that were established under the Patient Protection and Affordable Care Act (Public Law 111–148).

Mr. DONNELLY. Madam President, I intend to offer the following motion to H.R. 1628 and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators CASEY, CANTWELL, BLUMENTHAL, LEAHY, BROWN, HARRIS, HASSAN, FRANKEN, FEINSTEIN, UDALL, SHAHEEN, CARPER, COONS, WHITEHOUSE, KAINE, VAN HOLLEN, CORTEZ MASTO, BALDWIN, MENENDEZ, REED, DUCKWORTH, MANCHIN, MARKEY, STABENOW, DURBIN, WYDEN, MURPHY, WARREN, GILLIBRAND, CARDIN, KLOBUCHAR, HEINRICH, HIRONO, BOOKER, PETERS, and NELSON.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Donnelly moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike provisions that will—

(A) reduce or eliminate benefits or coverage for individuals who are currently eligible for Medicaid;

(B) prevent or discourage a State from expanding its Medicaid program to include groups of individuals or types of services that are optional under current law; or

(C) shift costs to States to cover this care.

Mr. WARNER. Madam President, I intend to offer the following motion to H.R. 1628 and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators STABENOW, BALDWIN, KAINE, COONS, KING, CARPER, NELSON, and PETERS.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Warner moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) eliminates the harm that would be caused by the termination of the Medicaid expansion; and

(3) ensures that every State that expands Medicaid coverage can receive the full enhanced Federal medical assistance percentage available as if they expanded in 2014, regardless of when they expand Medicaid.

Mr. WARNER. Madam President, I intend to offer the following motions to H.R. 1628 and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Warner moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) eliminates the harm that would be caused by the Medicaid per capita caps; and

(3) ensure that any changes to Medicaid made in the bill do not adversely impact the ability of school districts to comply with the Individuals with Disabilities Education Act, the Rehabilitation Act of 1973, or the Americans with Disabilities Act.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Warner moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that nothing in the bill impacts the ability of local educational agencies with an urban-centric district locale code of 32, 33, 41, 42, or 43 to meet the health care needs of their students and staff.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Warner moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that individuals with employer-sponsored health insurance coverage will not lose comprehensive coverage on account of the amendments to the waiver program under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052).

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Warner moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) strike subsection (c)(1) of section 102 (relating to affordability of employer-sponsored coverage); and

(3) offsets any increased spending that results from such changes.

Mr. NELSON. Madam President, I intend to offer the following motion to commit on older Americans to H.R. 1628 and I ask that it be printed in the RECORD. The motion is supported by Senators CASEY, LEAHY, BROWN, HARRIS, FEINSTEIN, HIRONO, BLUMENTHAL, WHITEHOUSE, BALDWIN, FRANKEN, CARPER, VAN HOLLEN, MENENDEZ, COONS, UDALL, REED, MANCHIN, WARREN, STABENOW, DURBIN, CARDIN, KING, KLOBUCHAR, and WARNER.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Nelson moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that harm older Americans by increasing their premiums, cutting Federal Medicaid funding that supports those in nursing homes, or weakening Medicare.

Mr. UDALL. Madam President, I intend to offer the following motions to H.R. 1628 and I ask unanimous consent that they be printed in the RECORD.

I ask that the RECORD reflect the support of Senator HEINRICH.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes to ensure that the bill does not limit the ability of State Medicaid programs to continue to make medical assistance available to low-income adults under the eligibility options under clause (i)(VIII) or clause (ii)(XX) of section 1902(a)(10)(A) of the Social Security Act, and does not reduce Federal payments to States for providing such assistance.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no provision of the bill reduces access to substance abuse and mental health services.

Mr. UDALL. Madam President, I intend to offer the following motions to H.R. 1628 and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes to exempt any State with an unemployment rate of 4 percent or higher from any provision that would reduce or limit Federal payments to the State for spending on the State Medicaid program, including any provision that would impose a per capita cap on such payments.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, after having held a hearing to assess the impact of the bill on Medicaid, as the Congressional Budget Office has not prepared a statement of the costs which would be incurred in carrying out the bill and the effect on revenue of the bill.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that States that have a 4 percent or higher unemployment rate cannot implement work requirements to determine Medicaid eligibility.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes to ensure that qualified health plans offered through the Consumer Operated and Oriented Plan (CO–OP) program are treated in the same manner as other qualified health plans under the State waiver program under section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052).

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no provision adversely impacts Medicaid coverage or services for children age 18 or younger.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) would ensure that no provision eliminates or reduces funding for public health programs.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no provision of the bill eliminates or reduces access to pediatric dental coverage.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that medically underserved areas with limited providers are not subject to any reductions in Federal Medicaid funding.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no State may use funds described in section 1332(a)(3) of the Patient Protection and Affordable Care Act for purposes unrelated to the public health.

Mr. CASEY. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators STABENOW, DUCKWORTH, HASSAN, VAN HOLLEN, MURRAY, BROWN, BLUMENTHAL, CARPER, DURBIN, KAINE, BALDWIN, WYDEN, MARKEY, MURPHY, HARRIS, CARDIN, WARREN, HIRONO, REED, and NELSON.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Casey moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the American Health Care Act of 2017 that would harm individuals with disabilities as defined in the Americans with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.) by reducing their access to affordable health care or limiting coverage or benefits under Medicaid or in the private health insurance market.

Ms. Duckworth. Madam President, I ask unanimous consent that the text of this motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Duckworth moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike any provision in the bill that results in a decrease in maternal care for new mothers, including pre-natal care, delivery, and post-natal care.

Ms. WARREN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators MARKEY, CARPER, DURBIN, STABENOW, HIRANO, VAN HOLLEN, and BROWN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no provision of the bill would increase costs for community health centers, including by increasing the number of uninsured individuals or by reducing Federal funding of the Medicaid program that helps provide coverage for many patients receiving care at community health centers.

Mr. KING. Madam President, I intend to move, with the support of Senator BLUMENTHAL, that H.R. 1628 be committed to the Committee on Finance with instructions to report the same back to the Senate in 3 days with changes that will require tax rebates to individuals who, through no fault of their own, received lump-sum Social Security disability insurance settlements which resulted in loss of advance premium tax credits for that year and not include as income retirement and savings drawdowns used to pay medical bills.

I ask unanimous consent that this statement be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. King moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require—

(A) tax rebates to individuals who, through no fault of their own, received lump sum social security disability insurance settlements which were calculated in the year they were received and disqualified the individuals from receiving advanced premium tax credits in that year; and

(B) that income drawn from retirement and savings accounts utilized to pay medical bills not be counted as income for purposes of the premium tax credit.

Mr. WHITEHOUSE. Madam President, I intend to file the following motion to H.R. 1628 and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BROWN, FRANKEN, VAN HOLLEN, CARDIN, and FEINSTEIN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Whitehouse moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) establish a public health insurance option.

Ms. WARREN. Madam President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that will lead to an increased likelihood of bankruptcies for American families, including provisions that would allow insurers to impose annual or lifetime limits on insurance benefits or that would eliminate insurance coverage.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that reduce funding for special education programs, including provisions that break President Trump's promise not to cut Medicaid.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that harm individuals with Alzheimer's disease by increasing their premiums or cutting Federal Medicaid funding that supports those in nursing homes.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that harm babies born prematurely by cutting Federal Medicaid funding that supports medications, special equipment, and therapies to help these babies thrive and protect their family from bankruptcy.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that reduce coverage for prescription drug benefits, lead to increased out-of-pocket prescription drug costs, or allow States to apply for waivers to drop prescription drug coverage from the list of essential health benefits.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that make it harder for a person with breast cancer to access health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that make it harder for a person with cervical cancer to access health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that make it harder for a victim of human trafficking to access health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that make it harder for a pregnant woman to access health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that make it harder for a victim of sexual violence to access health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for children with a rare disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for foster children.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with a disability.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people living in a nursing home.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving home and community based services.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving long term services and supports.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people seeking treatment for opioid addiction.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with any substance use disorder.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people seeking mental health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with brain cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving chemotherapy or radiation treatment.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people living in a rural area.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people over the age of 50.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with ALS.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days,

not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with multiple sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving Social Security benefits, including SSI and SSDI.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with heart disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with prostate cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for children with a rare disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for foster children.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with a disability.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people living in a nursing home.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving home and community based services.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving long term services and supports.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people seeking treatment for opioid addiction.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with any substance use disorder.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people seeking mental health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with brain cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving chemotherapy or radiation treatment.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people living in a rural area.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people over the age of 50.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with ALS.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with multiple sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the

Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people receiving Social Security benefits, including SSI and SSDI.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with heart disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Warren moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health insurance unaffordable for people with prostate cancer.

Mr. HEINRICH. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Heinrich moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that would ensure that the bill would not result in a decrease in the number of children enrolled in Medicaid, or the Children's Health Insurance Program.

Mr. HEINRICH. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Heinrich moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that would ensure that the bill would not result in an increase in the rate of uninsured individuals in rural areas, a decrease in Medicaid enrollment or a reduction in the scope of Medicaid benefits offered in rural areas, reduced wages or a shortage of employment opportunities in the health care profession for prospective employees and previously insured individuals living in rural areas, or a decrease in revenue or Federal funds available to rural health care providers, including hospitals, clinics, and community health centers.

Mr. CARDIN. Madam President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to report the bill back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes eliminating provisions that would weaken access to essential health benefits, reduce access to affordable preventive services, and undermine the prohibition of annual and lifetime limits and caps on out-of-pocket expenditures for health insurance plans.

I am offering this motion because the reconciliation bill affects tens of millions of Americans who gained health coverage under the Patient Protection and Affordable Care Act, ACA. The reconciliation bill allows insurers to eliminate coverage of essential health benefits. Insurance companies could exclude essential benefits like maternity care, substance use disorder treatment, mental healthcare, prescription drugs, and hospitalization—the very services people buy insurance to obtain. Before the ACA, one-third of individual market health plans did not cover substance use disorder services, nearly one-fifth of those plans did not cover mental health, and only nine States required all insurers on the individual market to cover maternity care.

Allowing States to waive essential health benefits would also allow insurance companies to reinstate annual and lifetime caps. This means that a premature baby could exceed its lifetime limit within its first few months of life or that a cancer patient could hit an annual cap just a couple of months into treatment.

Before the ACA, too many people and families were hurt physically and financially because they could not afford access to healthcare. They didn't get the tests they needed. Perhaps they did not catch a preventable disease early enough—so the treatment costs skyrocketed. We saw too many families go through bankruptcy because they could not afford the healthcare that they needed. We saw too many people literally cutting their prescription pills in half, hoping to stretch out their medicine because they could not afford more, even though they knew they were compromising their health. We cannot go back to this cruel, dreadful situation.

The following Senators support my motion to commit: Senators CARPER, BROWN, BLUMENTHAL, WARREN, NELSON, VAN HOLLEN, DUCKWORTH, and STABENOW. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Cardin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions in the bill that would weaken access to essential health benefits, reduce access to affordable preventive services, and undermine the prohibition of annual and lifetime limits and caps on out-of-pocket expenditures for health insurance plans.

Mr. CARDIN. Madam President, I intend to offer a motion to commit the reconciliation bill to the Senate Health, Education, Labor & Pensions, HELP, Committee with instructions to report the bill back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would eliminate provisions in the bill that would increase health disparities among certain populations, including disparities on the basis of race and ethnicity, socioeconomic status, gender, religion, disability status, geographic location, and sexual identity and orientation.

I am offering this motion because communities of color and disenfranchised communities have faced significant barriers to accessing affordable health coverage, and these barriers have contributed to health disparities, which are evident in higher rates of diabetes, heart disease, hepatitis B, HIV/AIDS and infant mortality, among other conditions. The Patient Protection and Affordable Care Act's vital coverage reforms, which include Medicaid expansion, cost sharing reductions, eliminating annual and lifetime limits, and creating coverage options for individuals with preexisting conditions, has led to sharp declines in the uninsured rates for minorities and low-income populations. With the implementation of the major ACA coverage provisions in 2014, the uninsured rate dropped dramatically and continued to fall in 2015. In 2015, the nonelderly uninsured rate was 10.5 percent, the lowest rate in decades, with the most dramatic changes seen among low-income Latino Americans, African Americans, and Asian Americans.

Minorities now make up more than 35 percent of the American population, and that number is expected to rise in the future. Every community across this great Nation deserves optimal health. A person's ethnic or racial background should never determine the length or quality of his or her life. We must work to bridge health equity across communities, ensure that all Americans have access to affordable, high-quality healthcare, and continue our efforts to eliminate health disparities.

The following Senators support my motion to commit: Senators BOOKER, HIRONO, BROWN, CARPER, STABENOW, MARKEY, BLUMENTHAL, VAN HOLLEN, and NELSON. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Cardin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminates provisions of the bill that would increase health disparities among certain populations, including disparities on the basis of race and ethnicity, socioeconomic status, gender, religion, disability status, geographic location, and sexual identity and orientation.

Ms. BALDWIN. Madam President, I intend to offer the following motion to commit H.R. 1628 with instructions, on behalf of myself and Senator HIRONO, to the Committee on Health, Education, Labor, and Pensions to eliminate provisions that threaten to make healthcare unaffordable for those with preexisting conditions. I ask unanimous consent that it be printed in the RECORD.

The motion is supported by Senators BLUMENTHAL, DURBIN, STABENOW, FEINSTEIN, LEAHY, BROWN, HARRIS, FRANKEN, CARPER, COONS, UDALL, SHAHEEN, VAN HOLLEN, MENENDEZ, REED, MANCHIN, CARDIN, MURPHY, DUCKWORTH, WARREN, WYDEN, WHITEHOUSE, HEINRICH, WARNER, KLOBUCHAR, NELSON, BENNET, MARKEY, BOOKER, and KING.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Baldwin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make health care unaffordable for those with pre-existing conditions.

Mrs. MCCASKILL. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator DONNELLY.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. McCaskill moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with—

(1) changes that are within the jurisdiction of such committee and are comparable to the amendment described in paragraph (2); or

(2) the following amendment: At the appropriate place, insert the following:

SEC. ___. ACCESS TO COVERAGE FOR INDIVIDUALS IN AREAS WITHOUT ANY AVAILABLE EXCHANGE PLANS.

Part 2 of subtitle D of title I of the Patient Protection and Affordable Care Act (42 U.S.C. 18031 et seq.) is amended by adding at the end the following:

''SEC. 1314. ACCESS TO COVERAGE FOR INDIVIDUALS IN AREAS WITHOUT ANY AVAILABLE EXCHANGE PLANS.

''(a) IN GENERAL.—

''(1) COVERAGE THROUGH DC SHOP EXCHANGE.—Not later than 3 months after the date of enactment of this section, the Secretary, in consultation with the Secretary of the Treasury and the Director of the Office of Personnel Management, shall establish a mechanism to ensure that, for any plan year beginning on or after the date described in subsection (c), any individual described in paragraph (2) may enroll in health insurance coverage in the small group market through the Exchange operating in the District of Columbia, including the health insurance coverage that is available to Members of Congress and congressional staff (as defined in section 1312(d)(3)(D)).

''(2) INDIVIDUAL DESCRIBED.—An individual described in this paragraph is any individual who—

''(A) is eligible to purchase health insurance coverage through the Exchange operating in the State of residence of the individual; and

''(B) resides in a rating area or county in which the Secretary certifies that no qualified health plan is offered through an Exchange established under this title.

''(b) PREMIUM ASSISTANCE TAX CREDITS AND COST-SHARING.—Any individual described in subsection (a)(2) who enrolls in health insurance coverage through the Exchange operating in the District of Columbia pursuant to subsection (a)(1) shall be eligible for any premium tax credit under section 36B of the Internal Revenue Code of 1986, or reduced cost-sharing under section 1402, that the individual would otherwise be eligible for if enrolling in health insurance coverage in the individual market through the Exchange operating in the State of the individual.

''(c) DATE DESCRIBED.—The date described in this subsection is the date on which the Secretary establishes the mechanism under subsection (a)(1).''.

Mr. NELSON. Madam President, I intend to offer the following motion to commit about children with a Zika-related condition to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Nelson moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) ensure that no children who are born with or develop a Zika-related condition will lose their existing health insurance coverage whether obtained through an Exchange or Medicaid.

Mr. CARDIN. Madam President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to report the bill back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would eliminate provisions that hand out tax breaks to large corporations and the most affluent Americans while the bill makes cuts to Medicaid, which serves millions of our most needy Americans, including the elderly poor and poor children.

I am offering this motion because the Finance Committee should review the implications of depriving millions of Americans, including children, veterans, individuals with disabilities, and older people, of their health insurance while at the same time providing large tax breaks to the richest Americans and biggest corporations. H.R. 1628 offsets those tax breaks by voraciously cutting the Medicaid Program. Republicans are using the Medicaid Program as a pay-for for these large tax breaks. As a result, the Republican bill harms far more people than it will help. Former President John F. Kennedy said, ''To govern is to choose.'' The Republicans have made a cruel choice, and I object to it.

The following Senators support my motion to commit: Senators HARRIS, VAN HOLLEN, CASEY, UDALL, COONS, MARKEY, BOOKER, and LEAHY. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Cardin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that hand out tax breaks to large corporations and high-income taxpayers in connection with a bill that makes cuts to Medicaid.

Mr. KING. Madam President, I intend to move, with the support of Mr. BLUMENTHAL and Mrs. SHAHEEN, that H.R. 1628 be committed to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that preserve, maintain, sustain, and expand the Prevention and Public Health Fund established under section 4002 of the Patient Protection and Affordable Care Act, 42 USC 300u–11.

I request unanimous consent that this motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. King moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) preserve, maintain, sustain, and expand the Prevention and Public Health Fund established under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11).

Mr. KING. Madam President, I intend to move, with the support of Mr. BLUMENTHAL and Mrs. SHAHEEN, that H.R. 1628 be committed to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3

days, not counting any day on which the Senate is not in session, with changes that will support the preservation, maintenance, sustenance. and expansion of the National Health Service Corps and public health nursing programs by preserving such programs and their funding.

I request unanimous consent that this motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. King moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) support the preservation, maintenance, sustenance, and expansion of the National Health Service Corps programs and public health nursing programs by preserving such programs and their funding.

Mr. KING. Madam President, I intend to move, with the support of Mr. BLUMENTHAL and Mrs. SHAHEEN, that H.R. 1628 be committed to the Committee on Health, Education, Labor and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that will protect, preserve, maintain, sustain, and expand all programs related to addressing, identifying the causes of, and reducing infant mortality.

I request unanimous consent that this motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. King moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) will protect, preserve, maintain, sustain, and expand all programs related to addressing, identifying causes of, and reducing infant mortality.

Mr. KING. Madam President, I intend to move, with the support of Mr. BLUMENTHAL, Mr. CASEY, Mrs. SHAHEEN, and Mr. COONS, that H.R. 1628 be committed to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that will support the promotion of maternal and child health, including the reduction of infant, child, and maternal mortality, through the use of home-visiting services by extending funding for maternal, infant, and early childhood home-visiting programs under section 511 of the Social Security Act, 42 USC 711, through the 10-year budget window.

I request unanimous consent that this motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. King moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) supports the promotion of maternal and child health, including the reduction of infant, child, and maternal mortality, through the use of home visiting services by extending funding for maternal, infant, and early childhood home visiting programs under section 511 of the Social Security Act (42 U.S.C. 711) through the 10-year budget window.

Mr. MERKLEY. Madam President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people wih diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for pregnant women.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for parents of children ages 3-10.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for parents of infants.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for Korean War veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for Vietnam War veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for veterans of the wars in Afghanistan.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for veterans of the War in Iraq.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for World War II veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for Social Security recipients.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for Medicare beneficiaries.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for individuals with pre-existing conditions.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are

within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for children with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with brain cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with leukemia.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with cervical cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with colorectal cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with lymphoma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with lung cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with melanoma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with ovarian cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with pancreatic cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with prostate cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with breast cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with asthma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with autism.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with Alzheimer's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with cerebral palsy.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with cystic fibrosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with crohn's disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with ulcerative colitis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with lupus.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with rheumatoid arthritis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with AIDs.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with HIV.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with multiple sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the

effect of increasing health insurance premiums for people with muscular dystrophy.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with Parkinson's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with Lou Gehrig's disease (ALS).

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing health insurance premiums for people with autism.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for pregnant women.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for children ages 3 to 10 years old.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for parents of infants.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for Korean War veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for Vietnam War veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for veterans of the Wars in Afghanistan.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for veterans of the War in Iraq.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for World War II veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for Social Security recipients.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for Medicare beneficiaries.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for individuals with pre-existing conditions.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for children with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with brain cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with leukemia.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with cervical cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with colorectal cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with lymphoma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with lung cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with melanoma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with ovarian cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with pancreatic cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with prostate cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with breast cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with asthma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with Alzheimer's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with cerebral palsy.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with cystic fibrosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with Crohn's disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with ulcerative colitis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with lupus.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with rheumatoid arthritis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with AIDs.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with HIV.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with multiple sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with muscular dystrophy.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with Parkinson's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with Lou Gehrig's disease (ALS).

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of increasing out of pocket health care costs for people with autism.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for pregnant women.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for children ages 3-10 years olf.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for parents of infants.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for Korean War veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for Vietnam veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for veterans of the Wars in Afghanistan.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for veterans of the War in Iraq.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for World War II veterans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for Social Security recipients.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for Medicare beneficiaries.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for individuals with pre-existing conditions.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for children with cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with brain cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with leukemia.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with cervical cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with colorectal cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with lymphoma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with lung cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with melanoma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with Ovarian cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with pancreatic cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with prostate cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with breast cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with asthma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with asthma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with Alzheimer's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with cerebral palsy.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with cystic fibrosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with Crohn's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with ulcerative colitis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with lupus.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with rheumatoid arthritis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with AIDs.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with HIV.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with multiple sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with muscular dystrophy.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with Parkinson's Disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days with changes that are within the jurisdiction of such Committee to strike provisions in the Better Care Reconciliation Act of 2017 that could have the effect of eliminating Medicaid coverage for people with Lou Gehrig's Disease (ALS).

Mr. VAN HOLLEN. Madam President, I ask unanimous consent that the text of my motions to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with childhood cancer more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with metastatic cancer more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with Amyotrophic lateral sclerosis (ALS) more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with asthma more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with autism more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with blast injuries more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with congenital heart defects more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with a mental health illness.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with Alzheimer's disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with any rare disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with lupus.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with Down syndrome.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with breast cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with blast injuries.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with autism.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with opioid addiction more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with a mental health illness more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with Alzheimer's disease more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with any rare disease more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with Down syndrome more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with any lupus more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with metastatic cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with Down syndrome.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with childhood cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would ensure that no individual with income of more than $750,000,000 annually would benefit from any of the TrumpCare tax cuts.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with congenital heart defects.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with opioid addiction.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would threaten to make prescription drugs unaffordable for individuals with asthma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with Amyotrophic Lateral Sclerosis (ALS).

Mr. VAN HOLLEN. Mr. President, I intend to file a motion to commit the reconciliation bill to the Finance Committee with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in Session, with changes that would eliminate provisions that threaten to make prescription drugs unaffordable for those with childhood cancer. I am offering this motion because the Finance Committee should review the implications of depriving millions of Americans of health insurance while at the same time providing tax breaks to the wealthiest Americans. I ask unanimous consent that the full text of my motion to commit be printed in the RECORD following my remarks.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with Multiple Sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with Parkinson's disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with diabetes more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would ensure that no individual with income of more than $1,000,000 annually would benefit from any of the TrumpCare tax cuts.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would ensure that billionaires would not benefit from any of the TrumpCare tax cuts.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that would ensure that no individual with income of more than $500,000,000 annually would benefit from any of the TrumpCare tax cuts.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with blast injuries.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with autism.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with asthma.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with Amyotrophic Lateral Sclerosis (ALS).

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with metastatic cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with childhood cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with Multiple Sclerosis.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with Parkinson's disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would weaken coverage provided by Medicaid to individuals with breast cancer.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with congenital heart defects.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with diabetes.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with opioid addiction.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with a mental health illness.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with Alzheimer's disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with any rare disease.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to make prescription drugs unaffordable for individuals with lupus.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would reduce financial assistance, such as tax credits, for low- and moderate-income Americans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with breast cancer more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with Parkinson's disease more for preventative health care.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Van Hollen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate

in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that threaten to charge individuals with Multiple Sclerosis more for preventative health care.

Ms. HEITKAMP. Madam President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD. Both motions are supported by Senators FRANKEN and UDALL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Heitkamp moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that all Native children with family incomes that do not exceed 133 percent of the Federal poverty line (as determined under section 1902(e)(14) of the Social Security Act (42 U.S.C. 1396a(e)(14))) continue to receive the same level of Medicaid benefits and protections that they are eligible for under current law, such as early and periodic screening, diagnostic, and treatment services, and cost-sharing protections.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Heitkamp moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would limit access to health care for Native American youth, including members of Indian tribes and Native Hawaiians, with respect to services related to—

(A) mental and behavioral health care;

(B) trauma-informed and trauma-specific interventions; and

(C) suicide prevention.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators SHAHEEN and BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that are within the jurisdiction of the Committee and that strike provisions that would unravel the rural health safety net by further reducing revenue to rural providers, put health care and other community jobs at risk, or otherwise force rural providers to cut back on services.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that are within the jurisdiction of the Committee and that strike provisions that would increase premiums and other health care costs for farmers or other individuals and families living in rural areas.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator UDALL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no provision of the bill would—

(A) exacerbate the state of emergency regarding opioids in Indian country;

(B) reduce funding for the Indian Health Service or Medicaid such that Indians or Alaskan Natives would experience a decrease in access or services; or

(C) cause any cost or shift to the Indian Health Service for services that are currently paid for by Medicaid.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that are within the jurisdiction of the Committee and that strike provisions that would further limit the amount of revenues that States could collect through provider tax arrangements to fund the State share of Medicaid spending.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BALDWIN, CASEY, COONS, and BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that are within the jurisdiction of the Committee and that strike provisions that threaten the affordability of health plans offered by employers to their employees, or otherwise fail to address plan affordability for employees and their dependents.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BALDWIN, DUCKWORTH, REED, CARPER, BLUMENTHAL, BROWN, WARREN, STABENOW, BOOKER, UDALL, FEINSTEIN, SHAHEEN, COONS, NELSON, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that are within the jurisdiction of the Committee and that strike provisions that result in increased prescription drug costs for patients and families.

Mr. FRANKEN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators CANTWELL and KLOBUCHAR.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Franken moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that are within the jurisdiction of the Committee and that strike provisions that would jeopardize funding for State basic health programs, or otherwise force States to pay more for providing health coverage under a State basic health program.

Mrs. MCCASKILL. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators DONNELLY and STABENOW.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. MCCASKILL moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with—

(1) changes that are within the jurisdiction of such committee and are comparable to the amendment described in paragraph (2); or

(2) the following amendment: At the appropriate place, insert the following:

SEC. ____. ACCESS TO COVERAGE FOR INDIVIDUALS IN AREAS WITHOUT ANY AVAILABLE EXCHANGE PLANS.

Part 2 of subtitle D of title I of the Patient Protection and Affordable Care Act (42 U.S.C. 18031 et seq.) is amended by adding at the end the following:

"SEC. 1314. ACCESS TO COVERAGE FOR INDIVIDUALS IN AREAS WITHOUT ANY AVAILABLE EXCHANGE PLANS.

''(a) IN GENERAL.—

''(1) COVERAGE THROUGH DC SHOP EXCHANGE.—Not later than 3 months after the date of enactment of this section, the Secretary, in consultation with the Secretary of

the Treasury and the Director of the Office of Personnel Management, shall establish a mechanism to ensure that, for any plan year beginning on or after the date described in subsection (c), any individual described in paragraph (2) may enroll in health insurance coverage in the small group market through the Exchange operating in the District of Columbia, including the health insurance coverage that is available to Members of Congress and congressional staff (as defined in section 1312(d)(3)(D)).

''(2) INDIVIDUAL DESCRIBED.—An individual described in this paragraph is any individual who—

''(A) is eligible to purchase health insurance coverage through the Exchange operating in the State of residence of the individual; and

''(B) resides in a rating area or county in which the Secretary certifies that no qualified health plan is offered through an Exchange established under this title.

''(b) PREMIUM ASSISTANCE TAX CREDITS AND COST-SHARING.—Any individual described in subsection (a)(2) who enrolls in health insurance coverage through the Exchange operating in the District of Columbia pursuant to subsection (a)(1) shall be eligible for any premium tax credit under section 36B of the Internal Revenue Code of 1986, or reduced cost-sharing under section 1402, that the individual would otherwise be eligible for if enrolling in health insurance coverage in the individual market through the Exchange operating in the State of the individual.

''(c) DATE DESCRIBED.—The date described in this subsection is the date on which the Secretary establishes the mechanism under subsection (a)(1).''.

Mr. MURPHY. Madam President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate all tax cuts in the bill for the pharmaceutical industry.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate all tax cuts in the bill for—

(A) the health insurance and pharmaceutical industries; and

(B) the wealthiest 1 percent of Americans.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate all tax cuts in the bill for the health insurance industry.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate all tax cuts in the bill for insurance companies for the purposes of executive compensation.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate all tax cuts in the bill for the tanning bed industry.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would reduce access to mental health treatment.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would reduce access to health care for cancer patients.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would reduce access to health care for Medicaid beneficiaries receiving home and community-based services.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Murphy moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate all tax cuts in the bill that would negatively impact the solvency of the Medicare Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i).

Mrs. SHAHEEN. Madam President, I intend to offer the following five motions to commit to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

The first motion would send the reconciliation bill to the Health, Education, Labor and Pensions Committee with instructions to strike repeal of cost sharing reductions, CSRs, and advanced premium tax credits and replace this section with my legislation, the Marketplace Certainty Act, which would make CSRs permanent and extend them to those making up to 400 percent of the Federal poverty line. I want to reiterate what I previously said for the RECORD, that the Affordable Care Act, ACA, already prescribes that such payments are to be made from such a permanent appropriation pursuant to 31 U.S.C. 1324.

The first motion is supported by Senators CARPER, REED, MURPHY, BALDWIN, HIRONO, KLOBUCHAR, BLUMENTHAL, HEINRICH, COONS, HEITKAMP, STABENOW, CARDIN, MARKEY, WARNER, and VAN HOLLEN.

The second motion would send the reconciliation bill to the Finance Committee with instructions to strike repeal of cost sharing reductions, CSRs, and advanced premium tax credits and replace this section with my legislation, the Marketplace Certainty Act, which would make CSRs permanent and extend them to those making up to 400 percent of the Federal poverty line. Similar to the first motion, I want to reiterate what I previously said for the RECORD, that the ACA already prescribes that such payments are to be made from such a permanent appropriation pursuant to 31 U.S.C. 1324.

The second motion is supported by Senators CARPER, REED, MURPHY, BALDWIN, HIRONO, KLOBUCHAR, BLUMENTHAL, HEINRICH, COONS, HEITKAMP, STABENOW, CARDIN, MARKEY, WARNER, and VAN HOLLEN.

The third motion would send the reconciliation bill to the Finance Committee with instructions to strike provisions that would weaken or eliminate the small employer health insurance credit, prohibit the ability of entrepreneurs to purchase affordable health coverage through the individual marketplace, or allow discriminatory rating rules that prohibit small businesses from providing affordable, comprehensive benefits to their employees.

The third motion is supported by Senators BLUMENTHAL, CARPER, UDALL, BALDWIN, BROWN, PETERS, and STABENOW.

The fourth motion would send the reconciliation bill to the Health, Education, Labor and Pensions Committee with instructions to strike provisions that would allow insurers to establish diabetes as a preexisting condition or reduce funding for diabetes research, treatment, prevention and education.

The fourth motion is supported by Senators HIRONO, KLOBUCHAR, BLUMENTHAL, MENENDEZ, and VAN HOLLEN.

The fifth motion would send the reconciliation bill to the Finance Committee with instructions to strike language that would remove mental healthcare services from the list of essential health benefits or prohibit States from providing Medicaid coverage for more than 30 consecutive days of inpatient psychiatric services.

The fifth motion is supported by Senators HIRONO and BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. Shaheen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that nothing in the bill would—

(A) establish diabetes as a pre-existing condition such that insurers could charge higher premiums for diabetes patients; or

(B) reduce funding allocated to diabetes research, treatment, prevention, and education.

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. Shaheen moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike any language that would repeal advanced premium tax credits under the Patient Protection and Affordable Care Act to insurance companies.

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. Shaheen moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions of the Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) strike any language that would repeal or prevent the Federal government from paying cost sharing reductions under the Patient Protection and Affordable Care Act to insurance companies; and

(3) increase cost sharing reductions under such Act such that the plan's share of the allowed cost of benefits provided under a plan is 95 percent, 90 percent, and 85 percent respectively, rather than 94 percent, 87 percent, and 73 percent as under current law.

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. Shaheen moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that—

(A) mental health care services are not removed from the list of essential health benefits; and

(B) States are permitted to provide Medicaid coverage for more than 30 consecutive days of inpatient psychiatric services.

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. Shaheen move to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) strike any language that—

(A) weakens or eliminates the tax credit to help small businesses purchase health insurance under section 45R of the Internal Revenue Code of 1986;

(B) inhibits the ability of entrepreneurs to purchase affordable health coverage through the individual marketplace; or

(C) employs discriminatory rating rules that prohibit small businesses from providing affordable, comprehensive benefits to their employees;

(3) expand the tax credit for employee health insurance expenses of small employers to include employers with a greater number of employees, to extend the credit period, and to raise the level of other limitations under the credit; and

(4) offset such amendments with modifications to the rules relating to inverted corporations.

Mr. UDALL. Madam President, I intend to offer a motion to commit H.R. 1628 to the Finance Committee to review the impacts of this bill on the Indian Health Service, Tribal Health Programs, Urban Indian Health Programs, or Indian Tribes or other Tribal organizations, or with respect to services provided to individuals who are American Indian or Alaska Native.

I ask unanimous consent that it be printed in the RECORD, and it is supported by Senators CANTWELL, CORTEZ MASTO, HEINRICH, HEITKAMP, FRANKEN, MURRAY, MERKLEY, SCHATZ, STABENOW, and TESTER.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Udall moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) provide that any reduction or limitation of Federal payments to help cover the cost of private health insurance not apply with respect to private health insurance purchased by American Indians or Alaska Natives; and

(3) provide that any reduction or limitation of Federal payments for spending under the Medicaid program shall not apply with respect to services provided by the Indian Health Service, an Indian Health Program, an Urban Indian Organization, or Indian tribes or other tribal organizations, or with respect to services provided to individuals who are American Indians or Alaska Natives.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committe on Health, Education, Labor and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that prohibit eliminating or reducing funding to States unless the Congressional Budget Office certifies that such changes will not increase the number of uninsured Americans, decrease Medicaid enrollment in Medicaid expansion States, reduce the likelihood non-expansion States will expand, or increase the State share of Medicaid spending.

I am offering this motion to ensure individuals who gained coverage due to the Affordable Care Act's Medicaid expansion do not lose their coverage and States that expanded Medicaid are not penalized by this bill.

The following Senators support my motion to commit: DURBIN, HEINRICH, UDALL, BOOKER, SHAHEEN, and BLUMENTHAL.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) prohibit eliminating or reducing funding available to States to provide comprehensive, affordable health care to low-income Americans by eliminating or reducing the availability of Federal financial assistance to States available under section 1905(y)(1) or 1905(z)(2) of the Social Security Act (42 U.S.C. 1396d(y)(1), 1396d(z)(2)) or other means, unless the Director of the Congressional Budget Office certifies any such changes will not—

(A) increase the number of uninsured Americans;

(B) decrease Medicaid enrollment in States that have opted to expand eligibility for medical assistance under that program for low-income, non-elderly individuals under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII));

(C) reduce the likelihood that any State that has not opted to expand Medicaid under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII)) would opt to use that eligibility option to expand eligibility for medical assistance under that program for low-income, non-elderly individuals; or

(D) increase the State share of Medicaid spending under that eligibility option.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Health, Education, Labor and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that the bill shall not take effect until the Secretary of Health and Human Services certifies under oath, with standing given to each State attorney general for any charges of perjury, that no individual with a preexisting condition will be unable to receive the necessary medications to sustain their life, limbs, eyesight, or other necessary healthcare and medications for the preexisting condition due to a State cutting essential health benefits, minimum services, or necessary medication from the insurance plans offered through their exchanges. I am offering this motion because individuals with preexisting condition must not lose access to the medications they need to manage their conditions and live full, productive lives.

The following Senators support my motion to commit: SHAHEEN and BLUMENTHAL.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill shall not take effect until the Secretary of Health and Human Services certifies under oath, with standing given to each State Attorney General for any charges of perjury, that no individual with a preexisting condition will be unable to receive the necessary medications to sustain their life, limbs, eyesight, or other necessary healthcare and medications for the preexisting condition due to a State cutting essential health benefits, minimum services, or necessary medication from the insurance plans offered through their Exchanges.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with Instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, add automatic sunset to the bill and reinstate the Affordable Care Act if the uninsured rate increases 10 percent as compared to the rate at the beginning of fiscal year 2017. I am offering this motion because any bill that increases the uninsured rate is a giant step backward.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) add an automatic sunset to the bill and reinstate the Affordable Care Act if the uninsured rate increases 10 percent as compared to the rate at the beginning of fiscal year 2017.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, add an automatic sunset to the bill and reinstate the Affordable Care Act if the uninsured rate increases 20 percent as compared to the rate at the beginning of fiscal year 2017. I am offering this motion because any bill that increases the uninsured rate is a giant step backward.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) add an automatic sunset to the bill and reinstate the Affordable Care Act if the uninsured rate increases 20 percent as compared to the rate at the beginning of fiscal year 2017.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that the bill shall not take effect until the Secretary of Health and Human Services certifies under oath, with standing given to each State attorney general for any charges of perjury, that no domestic violence victim will have less coverage for any condition arising from the abuse than they have under current law. I am offering this motion because survivors of domestic or sexual abuse must receive the care they need to deal with their past trauma.

The following Senator supports my motion to commit: BLUMENTHAL.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill shall not take effect until the Secretary of Health and Human Services certifies under oath, with standing given to each State Attorney General for any charges of perjury, that no domestic or sexual violence victim will have less coverage for any condition arising from the abuse than they have under current law.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, add an automatic sunset to the bill and reinstate the Affordable Care Act if, (A), premiums increase by more than 10 percent for the average senior aged 50 to 64 within any 365-day period in the next 10 years; or, B, out-of-pocket costs increase by more than 10 percent for the average senior aged 50 to 64 within any 365-day period in the next 10 years. I am offering this motion to provide relief for older Americans who will be harmed by harmful provisions in this bill.

The following Senator supports my motion to commit: SHAHEEN.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) add an automatic sunset to the bill and reinstate the Affordable Care Act if—

(A) premiums increase by more than 10 percent for the average senior aged 50 to 64 within any 365 day period in the next 10 years; or

(B) out-of-pocket costs increase by more than 10 percent for the average senior aged 50 to 64 within any 365 day period in the next 10 years.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that the procedure for distribution of funds from the State Stability and Innovation Program also factor in the number of uninsured in the State when reviewing the cost of premiums in the State as compared to the national average and prioritize States with a larger number of uninsured.

I am offering this motion to ensure States with higher populations receive their fair share of the funds.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the procedure for distribution of funds from the State Stability and Innovation Program also factor in the number of uninsured in the State when reviewing the cost of premiums in the State as compared to the national average and prioritize States with a larger number of uninsured.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the

same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that no State can deny a woman who becomes pregnant Medicaid coverage regardless of income. I am offering this motion because all women deserve access to maternity care and we know a healthy pregnancy will help ensure a healthy baby.

The following Senators support my motion to commit: SHAHEEN and BLUMENTHAL.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no State can deny a woman who becomes pregnant Medicaid coverage regardless of income.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that there is not a disproportionate impact on women and minorities from reductions in Medicaid funding.

I am offering this motion because these healthcare repeal bills have one thing in common: the changes proposed will disproportionately harm women and minorities.

The following Senators support my motion to commit: SHAHEEN and BLUMENTHAL.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that there is not a disproportionate impact on women and minorities from reductions in Medicaid funding.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; No. 2, strike section provision amending Section 2701(a)(1)(a)(iii) of the Public Health Service Act; and No. 3, preserve the existing permissible age variation in health insurance premium rates under the Affordable Care Act. I am offering this motion this change in permissible age variation will harm older Americans.

The following Senator supports my motion to commit: SHAHEEN.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) strike the provision that amends section 2701(a)(1)(A)(iii) of the Public Health Service Act (42 U.S.C. 300gg(a)(1)(A)(iii)); and

(3) preserve the existing permissible age variation in health insurance premium rates under such section 2701(a)(1)(A)(iii), as added by the Patient Protection and Affordable Care Act.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that the bill will not take effect until the Secretary of Health and Human Services certifies under oath—with standing given to each State attorney general to bring perjury charges—that no individual with autism or any caretaker of an individual with autism will have higher out-of-pocket costs as compared to average costs for similarly situated individuals in fiscal year 2017. I am offering this motion because individuals with autism and their caretakers face high costs of medical care and any legislation increasing those costs will prove burdensome for American families.

The following Senator supports my motion to commit: BOOKER.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill will not take effect until the Secretary of Health and Human Services certifies under oath (with standing given to each State Attorney General to bring perjury charges) that no individual with autism or any caretaker of an individual with autism will have higher out of pocket costs as compared to average costs for similarly situated individuals in fiscal year 2017.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, eliminate provision that would harm children by reducing their access to affordable healthcare or limiting coverage or benefits under Medicaid.

The following Senators support my motion to commit: BOOKER, BALDWIN, BLUMENTHAL, WHITEHOUSE, LEAHY, BROWN, PETERS, VAN HOLLEN, HARRIS, FRANKEN, FEINSTEIN, UDALL, COONS, CARPER, REED, DUCKWORTH, DURBIN, GILLIBRAND, STABENOW, WYDEN, HIRONO, CARDIN, CASEY, BENNET, WARREN, HEINRICH, NELSON, and SHAHEEN.

I am offering the motion to protect American children from being harmed by the upheaval that will result in insurance markets from this bill becoming law.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that would harm children by reducing their access to affordable health care or limiting coverage or benefits under Medicaid or in the private insurance market.

Mr. MENENDEZ. Madam President, I intend to offer a motion to commit the reconciliation bill to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that No. 1, are within the jurisdiction of such committee; and No. 2, ensure that States cannot waive essential health benefits for individuals with autism.

I am offering this motion because individuals with autism should not lose access to these critical health insurance benefits.

The following Senator supports my motion to commit: BOOKER.

I ask unanimous consent that the full text of my motion to commit be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Menendez moves to commit the bill H.R. 1628 to the Committee on Finance with

instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that States cannot waive essential health benefits for individuals with autism.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that ensure that no tax cuts in the bill go to individuals making over $200,000 per year and married people filing joint tax returns making over $250,000 per year at the expense of funding for Medicaid.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion, Conner's amendment, to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that States would not be able to submit waivers asking for the imposition of lifetime or annual out-of-pocket limits on insurance coverage, or the removal of any essential health benefits.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator SHAHEEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that there will be no Medicaid cuts in services provided to veterans.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion, Sean and Frank's amendment, to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no individual who is enrolled in Medicaid and has or is recovering from a substance use disorder will lose coverage or services.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion, Justice's amendment, to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that mental health and substance use disorder treatments and services are guaranteed as an essential health benefit.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion, Gay's amendment, to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill will not increase the percentage of individuals in our Nation who do not have health insurance.

Mr. BLUMENTHAL. Madam President, I intend off the following motion, Amelie, Amanda, and Evan's amendment, to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator SHAHEEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no Medicaid beneficiary will lose coverage or health services due to provisions or cuts in this bill.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion, Michelle's amendment, to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthall moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no State may ask for a waiver allowing for the imposition of pre-existing condition coverage limitations.

Mr. BLUMENTHAL. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators CARPER, BROWN, REED, KING, COONS, WARREN, STABENOW, FEINSTEIN, KLOBUCHAR, MARKEY, DURBIN, CASEY, FRANKEN, SHAHEEN, CARDIN, UDALL, VAN HOLLEN, HIRONO, and MURRAY.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Blumenthal moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that there will be no funding reductions for disease prevention efforts of public health, including funding for the Prevention and Public Health Fund established under section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11).

Mr. BOOKER. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL, DUCKWORTH, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Booker moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that consumers' deductibles in the private health insurance market will not increase as a result of the enactment of the bill.

Mr. BOOKER. Mr. President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL, CASEY, MENENDEZ, SHAHEEN, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Booker moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would ensure that the bill does not disrupt access to long term services and supports.

Mr. BOOKER. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Booker moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that individuals with household income between 350 percent and 400 percent of the poverty line do not lose Federal financial assistance with the cost of health care.

Mr. BOOKER. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL, DUCKWORTH, MARKEY, SHAHEEN, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Booker moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that there would be no reduction in access to the essential health benefits required under the Patient Protection and Affordable Care Act, including for people with employer-sponsored health plans, as a result of the enactment of the bill.

Mr. BOOKER. Madam President, I intend to offer the following motion to H.R. 1628, and I ask that it be printed in the RECORD. The motion is supported by Senators STABENOW, BLUMENTHAL, MENENDEZ, SHAHEEN, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Booker moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that our Nation's maternal morbidity and mortality rates do not increase, and that disparities in maternal morbidity and mortality do not increase, as a result of the enactment of the bill.

Mr. BOOKER. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Booker moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminates provisions of the bill that would increase health disparities among certain populations, including disparities on the basis of race and ethnicity, socioeconomic status, gender, religion, disability status, geographic location, and sexual identity and orientation.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL, COONS, and CARPER.

For years, Republicans painted a drastic, dire picture of the Affordable Care Act. Just this week, President Trump talked about the so-called forgotten victims of the ACA.

The ACA isn't perfect—no law is—but to say it hasn't been a landmark achievement for our Nation and for my State would be absolutely wrong.

Our country's uninsured rate is at the lowest level in our Nation's history. In Illinois, our uninsured rate has been cut in half. These insurance gains are thanks to the Affordable Care Act.

Insurance companies can no longer deny someone coverage or charge them sky-high premiums because of a preexisting condition, benefitting roughly 5 million Illinoisans.

Insurance companies can no longer charge women more than men, drop someone from coverage when they get sick, charge seniors exorbitantly more than younger people for insurance, or refuse to cover important and essential health benefits.

I think these consumer protections represent a step forward in healthcare for people nationwide, and I don't believe we should get rid of them.

So my motion would instruct the Finance Committee to report out a bill—within 3 days—that would let any State keep the ACA if they want.

These Republican repeal proposals are cruel and dangerous. States ought to be able to keep the ACA if they want, including all the record coverage gains, consumer protections and benefits, and Federal funding for the Medicaid expansion and tax credits.

If Senator CRUZ wants to rip away health insurance ''root and branch'' from his constituents, that is fine.

But this motion protects any State who thinks we have made too much progress to turn back.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) permit a State to continue to implement the provisions of the Patient Protection and Affordable Care Act (Public Law 111-148), as in effect on the date of enactment of this Act, if the Governor of that State elects to continue such implementation, including provisions relating to health insurance coverage gains, consumer protections and benefits (including protections related to coverage of pre-existing conditions, essential health benefits, and the premium levels that older enrollees may be charged relative to younger enrollees), and Federal funding provided under that Act (including levels of Medicaid funding for the Medicaid expansion population, Federal funding for tax credits, and cost sharing reduction subsidies).

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL and CARPER.

Some of the strongest opponents to the secretive and devastating Republican repeal effort are our hospitals, especially our rural hospitals, critical access hospitals, and safety net hospitals in underserved urban communities.

In particular, they warn us that the devastating cuts in Medicaid will dramatically increase uncompensated care costs.

The Illinois Hospital Association tells us that slashing Medicaid like these Republican repeal bills do will cost Illinois between 60,000 and 95,000 healthcare jobs.

You see, not only are our rural hospitals critical lifelines for healthcare in their communities, they are often the best jobs in town; yet these drastic Medicaid cuts will increase uncompensated care costs by billions, forcing cutbacks in services, staff, and expansion.

So my motion would instruct the Finance Committee to report out a bill—within 3 days—that would protect funding for these hospitals and prohibit increases in uncompensated care costs for these critical facilities.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) would prohibit increases in uncompensated costs or reductions in funding for rural hospitals, hospitals in underserved areas, or critical access hospitals.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL and CARPER.

Medicaid covers one in two births in Illinois. It helps pay for two out of every three seniors in nursing homes, and it is the largest payor of opioid and substance abuse treatment.

But guess what else Medicaid does? It helps 45 percent of school districts provide medical and therapy services for

lower-income kids and those with special needs.

That is right, Illinois schools currently receive about $144 million in Medicaid funding each year.

They use this money to provide dental screenings, therapy services for kids with disabilities, to purchase handicap equipment, and employing trained staff.

What would happen to kids nationwide if the $4 billion in Medicaid funding for schools went away?

My motion would to commit would instruct the Finance Committee to report out a bill—within 3 days—that would protect funding for schools and students and says, if you want to slash Medicaid, it won't be on the backs of our kids.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. DURBIN moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensures no reduction in Medicaid funding for items or services provided in, or under arrangements with, any kindergarten through grade 12 elementary school in the Nation.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL and CARPER.

When thinking about Medicaid, we often talk about low-income children or pregnant women. But do you know the most expensive part of Medicaid?

It is providing long-term care for your grandmother, your grandfather—at home or in the nursing home.

When Social Security and Medicare aren't enough, Medicaid steps in to care for millions of seniors over age 65.

Medicaid helps pay for two out of three seniors currently in nursing homes.

These Republican proposals to slash Medicaid are so devastating that the American Association of Retired Persons, AARP, has come out in loud opposition to all the repeal bills.

My motion to commit would instruct the Finance Committee to report out a bill—within 3 days—that protects the millions of seniors who rely on Medicaid for their care and says, if you want to slash Medicaid, it will not be on the backs of our vulnerable seniors.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensures no seniors on Medicaid lose benefits, have reduced provider payments for services furnished to them, or have any increase in out-of-pocket costs.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

Over the past few months, I have met with many heroes in the disability community, including a woman in Illinois who has a 23-year-old son with autism. She told me that Medicaid allows her son to be at home and function independently.

She told me that, without Medicaid, her son would have to be in a facility she couldn't afford.

You know what else all of these advocates and fighters tell me? They tell me that the Republican healthcare repeal proposals—all of which decimate the Medicaid Program in order to give tax breaks to the wealthy—would be devastating for people with disabilities.

Medicaid is a lifeline for 11 million people with disabilities. It is the core of our commitment to care for them, and it helps us meet our basic obligations as a society.

That is why my motion to commit would instruct the Finance Committee to report out a bill—within 3 days—that protects children and adults on Medicaid with disabilities from increased costs and fewer benefits.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensures no individuals with disabilities on Medicaid lose benefits, have reduced provider payments for services furnished to them, or have any increase in out-of-pocket costs.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

Under the ACA, our Nation has seen the largest decline in the child uninsured rate, and in Illinois, we have seen a 40 percent drop. Today more than 95 percent of kids in our country are insured.

Half of all children born in Illinois are covered by Medicaid.

That means they are guaranteed quality, comprehensive health coverage, from vaccinations and vision checks, to dental health, mental health, and lead poisoning screenings.

Medicaid serves low-income children in schools, and I have visited many school-based health clinics that provide critical access and services for our kids.

But every single Republican healthcare repeal proposal would slash Medicaid for our most vulnerable kids, jeopardizing the services they receive and their ability to access care.

That is why my motion to commit would instruct the Finance Committee to report out a bill—within 3 days—that protects our kids and tells Republicans they will not be a bargaining chip in this cruel repeal effort.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensures no children on Medicaid lose benefits, have reduced provider payments for services furnished to them, or have any increase in out-of-pocket costs.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BLUMENTHAL and CARPER.

Thanks to the Affordable Care Act, Medicare is now financially stable for an additional 11 years.

Because of the healthcare reforms that improve the delivery of healthcare, seniors are now paying $700 less annually in premiums and cost-sharing.

The ACA is also closing the dreaded Medicare ''donut hole''—the gap where seniors were faced with high costs for their drugs—saving 11 million seniors an average for $2,127 each year on their medications.

But Republicans want to jeopardize this progress.

Instead of strengthening Medicare for the long run, many of the Republican repeal bills would give a huge tax giveaway to wealthy Americans—cutting years off Medicare's solvency.

That is why my motion to commit would instruct the Finance Committee to report out a bill—within 3 days—that does not shorten Medicare's solvency.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill will not shorten the solvency of the Federal Hospital Insurance Trust Fund under section 1817 of the Social Security Act (42 U.S.C. 1395i).

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed the RECORD.

When Republicans talk about the challenges facing Obamacare, they

tend to be a bit misleading. Let's set the record straight.

What they are really talking about is within the individual market, where 6 percent of Americans get their coverage and more than 70 percent of those people get subsidies to help cover their costs.

One problem Republicans like to cite is lack of competition, that private, for-profit insurers are pulling out, leaving few choices.

We call these ''bare counties,'' and they are more common in rural areas and in States that did not expand Medicaid.

I agree that we need more competition in the individual market.

As a solution, my motion to commit instructs the Finance Committee—within 3 days—to report out a bill that requires insurers offering Medicare Advantage plans in a particular county, to also offer an individual market plan in that county.

Medicare Advantage insurance plans make huge profits off the Federal Government, yet many of those same insurers are refusing to participate in the individual exchange.

To address bare counties, my motion says that, if you have a provider network and you are making money off the Federal Government, then you should also help improve choice by offering a plan in the exchange.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require each insurer who offers a Medicare Advantage plan under part C of the Medicare program in a specific county to also offer health insurance coverage through the individual market in that county.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

All of these Republican repeal bills shift costs onto consumers, patients, hospitals, and State budgets.

None of them do anything to actually address what is driving the increase in healthcare costs. And one of those biggest drivers? Pharmaceutical costs—Blue Cross of Illinois tells me they spend more on prescription drugs than inpatient hospital care.

So what can we do to address prescription drugs? Listen to the American Medical Association, which called for a ban on direct-to-consumer pharmaceutical advertising.

According to the AMA, these ads are, ''driving demand for expensive treatments despite the clinical effectiveness of less costly alternatives.'' In short, pharma advertises their drugs because they know you will tell your doctor you need it—driving up the cost—regardless of whether it's right for you. That is why they spend billions on it.

But the moment of truth on when patients find out about the cost is when they are checking out at the pharmacy. That is wrong.

So my motion to commit would instruct the Finance Committee—within 3 days—to report out a bill that helps lower the cost of healthcare by tackling the driving cost of prescription drugs, requiring pharmaceutical companies to disclose the price of their drug in their ads.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) would require pharmaceutical companies to disclose the price of their drug to doctors as part of their educational outreach, or to patients through direct-to-consumer advertising.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

All of these Republican repeal bills shift costs onto consumers, patients, hospitals, and state budgets.

None of them do anything to actually address what is driving the increase in healthcare costs. And one of those biggest drivers? Pharmaceutical costs—Blue Cross of Illinois tells me they spend more on prescription drugs than inpatient hospital care.

So what can we do to address prescription drugs? Have Medicare negotiate drug prices on behalf of seniors. Even the President says he supports this policy.

Medicaid can negotiate drug costs, the Veterans Administration can negotiate drug costs, why shouldn't Medicare be able to leverage its 50 million beneficiaries to get a better deal?

This motion is simple; it is something the President has talked about, something the American people support.

This motion to commit would instruct the Finance Committee—within 3 days—to report out a bill that would require the Secretary of Health and Human Services to begin negotiating drug prices on behalf of seniors in Medicare.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) require the Secretary of Health and Human Services to, beginning not later than one year after the date of enactment of this Act, negotiate the price of drugs covered by the Medicare program on behalf of Medicare beneficiaries.

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator DUCKWORTH.

The process Republicans have undertaken to repeal our healthcare law has been secretive, wrong, and undemocratic.

At first, it was 13 chosen apostles—all men—meeting in secret to craft their repeal measure.

At this moment, I don't know who is hiding in the shadows writing their repeal measure.

But what I do know is that there have been no hearings, no opportunity for public input, and no opportunity for myself and Senator DUCKWORTH—as representatives of Illinois—to offer input.

If myself and Senator DUCKWORTH have been locked out of the process from the beginning, why then should our constituents have to pay the price for this partisan Republican effort?

So our motion is simple. It says that this Republican repeal bill cannot unfairly impose hardships on our Illinois constituents. It cannot increase costs on my constituents, cut services or benefits or eligibility for my constituents, eliminate essential health benefits for my constituents, or impose lifetime limits or discriminate against my constituents with preexisting conditions.

If Senator CRUZ who has been allowed to have input on this repeal bill—wants to rip away health insurance ''root and branch''from his constituents, that is fine.

But this motion protects my constituents in Illinois.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee;

(2) prohibit increases in health insurance premiums or out-of-pocket health care costs for residents of Illinois;

(3) prohibit reductions in eligibility or services, or any increases in cost-sharing (including premiums and co-payments) related to the eligibility of residents of Illinois to participate in the Medicaid program;

(4) prohibit health insurance issuers from imposing annual or lifetime limits on residents of Illinois;

(5) prohibit health insurance issuers from charging residents of Illinois who have preexisting conditions more than the amount charged to healthy residents; or

(6) prohibit health insurance issuers from stopping coverage of any essential health

benefits provided under section 1302 of the Patient Protection and Affordable Care Act (42 U.S.C. 18022).

Mr. DURBIN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD.

The Commonwealth of Kentucky has benefitted immensely from the Affordable Care Act.

Its uninsured rate has fallen 61 percent, one of the sharpest declines of any State.

Kentucky chose to expand Medicaid, allowing 150,000 people to gain coverage.

More than 1.4 million Kentuckians are no longer subjected to lifetime or annual caps on their benefits.

Kentucky, sadly, has been one of the States hardest hit by the opioid epidemic. Thanks to the ACA, substance abuse treatment has increased 740 percent among Kentucky residents on Medicaid.

Today, 881,000 Kentuckians—33 percent of adults—have a preexisting condition that, before Obamacare, could have left them uninsurable.

So to ensure the health cand well-being of the residents of my neighboring State, Kentucky, this amendment says you cannot increase costs; cut services, benefits, or eligibility; eliminate essential health benefits; or impose lifetime limits or discriminate against Kentuckians with preexisting conditions.

If the Senators representing the Commonwealth want to rip away health insurance from their constituents, undermine protections for Kentuckians with preexisting conditions, and raise costs on older Kentuckians, well, count this neighboring Senator in to fight on their behalf.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Durbin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee;

(2) prohibit increases in health insurance premiums or out-of-pocket health care costs for residents of Kentucky;

(3) prohibit reductions in eligibility or services, or any increases in cost-sharing (including premiums and co-payments) related to the eligibility of residents of Kentucky to participate in the Medicaid program;

(4) prohibit health insurance issuers from imposing annual or lifetime limits on residents of Kentucky;

(5) prohibit health insurance issuers from charging residents of Kentucky who have pre-existing conditions more than the amount charged to healthy residents; or

(6) prohibit health insurance issuers from stopping coverage of any essential health benefits provided under section 1302 of the Patient Protection and Affordable Care Act (42 U.S.C. 18022).

Ms. STABENOW. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators CARDIN, MURPHY, DURBIN, BALDWIN, BLUMENTHAL, BROWN, COONS, DUCKWORTH, FEINSTEIN, FRANKEN, HEINRICH, KLOBUCHAR, MARKEY, MENENDEZ, NELSON, PETERS, SHAHEEN, VAN HOLLEN, and WARREN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no American will face reduced access to mental health care and services, and that the bill will not reduce the number of individuals with mental illness enrolled in health insurance coverage.

Ms. STABENOW. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators BOOKER, BALDWIN, BLUMENTHAL, BROWN, CARPER, CASEY, COONS, FEINSTEIN, GILLIBRAND, HASSAN, HIRONO, MARKEY, MENENDEZ, PETERS, SHAHEEN, VAN HOLLEN, and WARREN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill would not reduce the percentage or number of health plans that cover pregnancy, maternity, and newborn care, and would not increase out-of-pocket costs for such care.

Ms. STABENOW. Madam President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) lower the cost of prescription drugs, including costs for families with private health insurance coverage and seniors enrolled in the Medicare program under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.).

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) establishes a refundable tax credit for out-of-pocket health care costs for which a deduction is otherwise allowed under current law.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) reinstates, increases, and simplifies the small employer health insurance tax credit.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) increase competition in the individual health insurance market in order to reduce premium costs and out-of-pocket expenses.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Stabenow moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no American loses coverage of the essential health benefits under section 1302(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(b)), including ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services, laboratory services, preventive and wellness services and chronic disease management, and pediatric services.

Ms. HASSAN. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators CASEY, BALDWIN, BROWN, BOOKER, FRANKEN, KAINE, STABENOW, DUCKWORTH, LEAHY, COONS, BLUMENTHAL, DURBIN, WARREN, WYDEN, PETERS, WARNER, KING, MARKEY, CARDIN, MENENDEZ, NELSON, REED, UDALL, CARPER, BENNET, HIRONO, CANTWELL, HEINRICH, and VAN HOLLEN.

I would like to take a moment to thank my colleagues for their support.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Hassan moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no provision in the bill would reduce or eliminate the amount, duration, or scope of Medicaid services available in schools under current law.

Mr. MARKEY. Madam President, I intend to offer the following motion to

H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators WARNER, BROWN, CARPER, REED, BLUMENTHAL, WARREN, KING, KLOBUCHAR, MENENDEZ, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Markey moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that nothing in the bill would increase costs or decrease benefits for any individual with Alzheimer's disease or another dementia, including provisions that would reduce long term care coverage under the Medicaid program for Americans with Alzheimer's disease.

Mr. MARKEY. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators MANCHIN, WHITEHOUSE, BROWN, BLUMENTHAL, WARREN, KING, NELSON, WARNER, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Markey moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that nothing in the bill would increase out-of-pocket costs or reduce access to treatment, including medication-assisted treatment for Americans suffering from substance use disorders, including those with an opioid use disorder.

Mr. MARKEY. Madam President, I intend to offer the following motion to H.R. 1628, and I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators CARPER, WARREN, CASEY, BROWN, HIRONO, STABENOW, MENENDEZ, and VAN HOLLEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Markey moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that nothing in the bill would increase the amount of uncompensated care provided by hospitals.

Mr. BENNET. Madam President, I intend to offer the following motions to H.R. 1628, and I ask unanimous consent that they be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the health insurance coverage made available to Members of Congress shall not be more generous than the coverage available to Medicaid enrollees who are subject to the per capita cap under section 1903A of the Social Security Act, as added by the bill.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) strike the repeal of the tax on excessive remuneration of health insurers, and direct the savings from not repealing such tax to funding for treatment of opioid addiction.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would ensure that, if the annual number of deaths due to opioid overdoses increases in any one of the 50 States or the District of Columbia in any year after the date of enactment, sections 126 (relating to the repeal of the Medicaid expansion) and 133 (relating to the per capita caps on Federal Medicaid spending) shall be repealed and the provisions of title XIX of the Social Security Act affected by such sections shall be restored as if such sections had not been enacted.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) would reinstate funding for risk corridors in order to increase health plan choices and affordability and to prevent the further collapse of cooperatives.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that the bill will not result in increased uncompensated care payments to hospitals under the Medicare program in order to protect the solvency of such program.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) provide that if the Secretary of Health and Human Services determines that uncompensated care at rural hospitals (defined as low-volume or critical access hospitals) has increased as a result of the implementation of this Act, then this Act shall be repealed and those provisions of law that were amended or repealed by this Act (including provisions of the Patient Protection and Affordable Care Act (Public Law 111-148), the Internal Revenue Code of 1986, and the Social Security Act) shall be restored or revived as if this Act had not been enacted.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pension with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) provide that if the United States Census Bureau determines in its 2018 Health Insurance Coverage in the United States report that at least 2,000,000 individuals have lost their health insurance coverage, as compared to the 2016 Health Insurance Coverage in the United States report, as a result of the implementation of this Act, then this Act shall be repealed and those provisions of law that were amended or repealed by this Act (including provisions of the Patient Protection and Affordable Care Act (Public Law 111-148), the Internal Revenue Code of 1986, and the Social Security Act) shall be restored or revived as if this Act had not been enacted.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would protect all children who are currently eligible for Medicaid.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) would exempt any group of individuals that is eligible for Medicaid under current law, including children, adults with disabilities, pregnant women, seniors, those who need access to opioid addiction treatment, adults in school, and caretakers, from the Medicaid per capita caps; and

(3) would establish under title XIX of the Social Security Act a $10,000,000 fund to eliminate waste, fraud, and abuse in State Medicaid programs.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) would strike section 207 of the bill and prohibit States from waiving essential health benefits.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Bennet moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days,

not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such Committee; and

(2) would strike section 205 of the bill and prohibit States from changing the medical loss ratio.

Mr. MANCHIN. Madam Pesident, I intend to offer the following motion to commit that would send H.R. 1628 to the Finance Committee with instructions to eliminate any provision that would hurt the clinics serving miners with Black Lung by increasing the number of uninsured individuals. I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators MANCHIN, BROWN, WARNER, KAINE, and COONS.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Manchin moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would eliminate any provision that would weaken the financial viability of the Black Lung Clinics serving coal miners with pneumoconiosis, including any provision that would cause an increase in the rate of uninsured individuals in the communities served by those clinics.

Mr. MANCHIN. Madam President, I intend to offer the following motion to commit that would send H.R. 1628 to the Finance Committee to include provisions of S. 523, as introduced in the Senate on March 2, 2017, the Budgeting for Opioid Addiction Treatment Act, commonly referred to as the LifeBOAT Act. This amendment would increase funding for substance use disorder treatment by establishing a 1-cent fee on every milligram of an opioid medication. It would exempt medication assisted treatment and include a rebate for cancer and hospice patients. I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senators MANCHIN, MURPHY, WHITEHOUSE, KING, KLOBUCHAR, NELSON, HEITKAMP, SHAHEEN, BALDWIN, and BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Manchin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee;

(2) include the provisions of S. 523, as introduced in the Senate on March 2, 2017, the Budgeting for Opioid Addiction Treatment Act (commonly referred to as the ''LifeBOAT Act''); and

(3) offsets any increased spending that results from such changes.

Mr. MANCHIN. Madam President, I intend to offer the following motion to commit that would send H.R. 1628 to the Finance Committee with instructions to include provisions that would improve health literacy and access to wellness programs and provisions to encourage State and local governments to educate their constituents about healthy choices. I ask unanimous consent that it be printed in the RECORD. The motion is supported by Senator BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Manchin moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) would—

(A) improve health literacy and access to wellness programs, including through Medicaid managed care and health insurance plans that offer education and wellness incentives; and

(B) encourage State and local health officials to expand health literacy and wellness programs, particularly among the newly insured.

Mr. REED. Madam President, I intend to offer the following motion to H.R. 1628 and ask unanimous consent that it be printed in the RECORD.

I move to commit the bill, H.R. 1628, to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that, No. 1, are within the jurisdiction of such committee; and No. 2, ensure that no senior will lose access to long-term care service including nursing home care and home and community-based care under the Medicaid Program. Medicaid is the largest payer of nursing home care, with 900,000 individuals across the country and 4,756 individuals in Rhode Island who reside in nursing homes having their care paid for by Medicaid. This bill would decimate Medicaid, harming seniors and their families. This motion is supported by Senators BLUMENTHAL and SHAHEEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Reed moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that no senior will lose access to long term care services (including nursing home care and home and community-based care) under the Medicaid program.

Mr. REED. Madam President, I have a motion to commit the bill, H.R. 1628, to the Committee on Finance with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that, No. 1, are within the jurisdiction of such committee; and No. 2, ensure that any cuts to Medicaid shall cease to apply in States with fewer than 26 weeks of unemployment insurance under State law and shall be reversed in States with increased unemployment in a quarter and include a study on available job opportunities for those most likely to lose health insurance coverage in the next 10 years as a result of the bill. Like most of the country, Rhode Island was hit hard by the recession, and Medicaid provided a critical safety net. Medicaid can adapt to cover those who have lost their jobs or are facing other economic hardships, saving families from having to choose whether to take their kids to the doctor or put food on the table. Under this bill, States will be unable to expand coverage during a recession to those in need and will likely be forced to make devastating across the board cuts.

I ask unanimous consent that the motion be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Reed moves to commit the bill H.R. 1628 to the Committee on Finance of the Senate with instructions to report the same back to the Senate in 3 days, not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) ensure that any cuts to Medicaid shall cease to apply in States with fewer than 26 weeks of unemployment insurance under State law and shall be reversed in States with increased unemployment in a quarter, and include a study on available job opportunities for those most likely to lose health insurance coverage in the next ten years as a result of the bill.

Mrs. MURRAY. Madam President, with the support of Senators GILLIBRAND, BLUMENTHAL, SHAHEEN, STABENOW, HIRONO, BALDWIN, CORTEZ MASTO, HASSAN, VAN HOLLEN, LEAHY, WHITEHOUSE, BROWN, HARRIS, FRANKEN, FEINSTEIN, UDALL, KAINE, COONS, CANTWELL, MENENDEZ, REED, DUCKWORTH, DURBIN, WARREN, BOOKER, BALDWIN, CARPER, NELSON, HEINRICH, and KLOBUCHAR, I intend to make a motion to commit H.R. 1628, the American Health Care Act, to the Senate Committee on Health, Education, Labor, and Pensions for further consideration to ensure that it does not endanger the health of women. This closed-door, fast-track process is no way to make decisions that affect the health of every single woman in this country. It is imperative that we fix this legislation in an open, regular-order committee process.

I ask unanimous consent that the motion be printed in the RECORD.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mrs. Murray moves to commit the bill H.R. 1628 to the Committee on Health, Education, Labor, and Pensions with instructions to report the same back to the Senate in 3 days,

not counting any day on which the Senate is not in session, with changes that—

(1) are within the jurisdiction of such committee; and

(2) eliminate provisions that make it harder for women to access health care, by—

(A) preventing women from accessing care through trusted health care providers;

(B) allowing or requiring insurance companies to offer plans that do not fully cover women's health care needs;

(C) charging women more for coverage; or

(D) ripping away women's access to the coverage they receive today.

The PRESIDING OFFICER. The Senator from Wyoming.

MORNING BUSINESS

Mr. ENZI. Madam 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.

BUDGETARY REVISIONS

Mr. ENZI. Madam President, section 3001 of S. Con. Res. 3, the concurrent resolution on the budget for fiscal year 2017, allows the chairman of the Senate Budget Committee to revise the allocations, aggregates and levels in the budget resolution for legislation related to healthcare reform. The authority to adjust is contingent on the legislation not increasing the deficit over the period of the total of fiscal years 2017 to 2026.

I find that amendment No. 271 fulfills the conditions of deficit neutrality found in sec. 3001 of S. Con. Res. 3. Accordingly, I am revising the allocations to the Committee on Finance, the Committee on Health, Education, Labor, and Pensions, HELP and the budgetary aggregates to account for the budget effects of the amendment. I am also adjusting the unassigned to committee savings levels in the budget resolution to reflect that while there are savings in the amendment attributable to both the HELP and Finance committees, the Congressional Budget Office and Joint Committee on Taxation are unable to produce unique estimates for each provision due to interactions and other effects that are estimated simultaneously.

This adjustment supersedes the adjustment I previously made for the processing of S. Amdt. 267. This adjustment applies while this amendment is under consideration. Should the amendment be withdrawn, fail, or lose its pending status, this adjustment will be null and void and the adjustment for amendment No. 267 shall remain active.

I ask unanimous consent that the accompanying tables, which provide details about the adjustment, be printed in the RECORD.

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

BUDGET AGGREGATES BUDGET AUTHORITY AND OUTLAYS

(Pursuant to Section 311 of the Congressional Budget Act of 1974 and Section 3001 of S. Con. Res. 3, the Concurrent Resolution on the Budget for Fiscal Year 2017)

$ in millions	2017
Current Aggregates:	
Spending:	
Budget Authority	3,329,289
Outlays	3,268,171
Adjustments:	
Spending:	
Budget Authority	−4,100
Outlays	−4,500
Revised Aggregates:	
Spending:	
Budget Authority	3,325,189
Outlays	3,263,671

BUDGET AGGREGATE REVENUES

(Pursuant to Section 311 of the Congressional Budget Act of 1974 and Section 3001 of S. Con. Res. 3, the Concurrent Resolution on the Budget for Fiscal Year 2017)

$ in millions	2017	2017–2021	2017–2026
Current Aggregates:			
Revenue	2,682,088	14,498,573	32,351,660
Adjustments:			
Revenue	−6,200	−305,300	−891,500
Revised Aggregates:			
Revenue	2,675,888	14,193,273	31,460,160

REVISION TO ALLOCATION TO THE COMMITTEE ON FINANCE

(Pursuant to Section 302 of the Congressional Budget Act of 1974 and Section 3001 of S. Con. Res. 3, the Concurrent Resolution on the Budget for Fiscal Year 2017)

$ in millions	2017	2017–2021	2017–2026
Current Allocation:			
Budget Authority	2,277,203	13,101,022	31,274,627
Outlays	2,262,047	13,073,093	31,233,186
Adjustments:			
Budget Authority	−200	−1,000	13,600
Outlays	−200	−1,000	13,600
Revised Allocation:			
Budget Authority	2,277,003	13,100,022	31,288,227
Outlays	2,261,847	13,072,093	31,246,786

REVISION TO ALLOCATION TO THE COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS

(Pursuant to Section 302 of the Congressional Budget Act of 1974 and Section 3001 of S. Con. Res. 3, the Concurrent Resolution on the Budget for Fiscal Year 2017)

$ in millions	2017	2017–2021	2017–2026
Current Allocation:			
Budget Authority	17,204	90,282	176,893
Outlays	15,841	89,820	183,421
Adjustments:			
Budget Authority	400	−1,000	−9,200
Outlays	0	500	−6,000
Revised Allocation:			
Budget Authority	17,604	89,282	167,693
Outlays	15,841	90,320	177,421

REVISION TO ALLOCATION TO THE UNASSIGNED COMMITTEE

(Pursuant to Section 302 of the Congressional Budget Act of 1974 and Section 3001 of S. Con. Res. 3, the Concurrent Resolution on the Budget for Fiscal Year 2017)

$ in millions	2017	2017–2021	2017–2026
Current Allocation:			
Budget Authority	−844,671	−4,649,869	−10,724,965
Outlays	−835,437	−4,608,689	−10,648,885
Adjustments:			
Budget Authority	−4,300	−364,900	−1,432,100
Outlays	−4,300	−364,900	−1,432,100
Revised Allocation:			
Budget Authority	−848,971	−5,014,769	−12,157,065
Outlays	−839,737	−4,973,589	−12,080,985