

There being no objection, the Senate proceeded to consider the bill.

Mr. FLAKE. Madam President, I ask unanimous consent that the Flake amendment at the desk be considered and agreed to; that the bill, as amended, be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The amendment (No. 409) in the nature of a substitute was agreed to, as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

SECTION 1. SHORT TITLE.

This Act may be cited as the “Wounded Officers Recovery Act of 2017”.

SEC. 2. PAYMENTS FROM UNITED STATES CAPITOL POLICE MEMORIAL FUND FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.

(a) AUTHORIZING PAYMENTS FROM FUND.—Section 2 of Public Law 105-223 (2 U.S.C. 1952) is amended—

(1) in the section heading, by inserting “AND CERTAIN OTHER UNITED STATES CAPITOL POLICE EMPLOYEES” before the period at the end;

(2) by striking “Subject to the regulations” and inserting “(a) IN GENERAL.—Except to the extent used or reserved for use under subsection (b) and subject to the regulations”; and

(3) by adding at the end the following new subsection:

“(b) PAYMENTS FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.—In addition to the amounts paid under subsection (a), and in accordance with the regulations issued under section 4(b), amounts in the Fund may be paid to—

“(1) families of employees of the United States Capitol Police who were killed in the line of duty; or

“(2) employees of the United States Capitol Police who have sustained serious line-of-duty injuries.”.

(b) REGULATIONS OF CAPITOL POLICE BOARD.—Section 4 of Public Law 105-223 (2 U.S.C. 1954) is amended—

(1) by striking “The Capitol Police Board” and inserting “(a) IN GENERAL.—The Capitol Police Board”; and

(2) by adding at the end the following new subsection:

“(b) REGULATIONS GOVERNING PAYMENTS FOR EMPLOYEES KILLED IN THE LINE OF DUTY OR SUSTAINING SERIOUS LINE-OF-DUTY INJURIES.—In carrying out subsection (a), the Capitol Police Board shall issue specific regulations governing the use of the Fund for making payments to families of employees of the United States Capitol Police who were killed in the line of duty and employees of the United States Capitol Police who have sustained serious line-of-duty injuries (as authorized under section 2(b)), including regulations—

“(1) establishing the conditions under which the family of an employee or an employee is eligible to receive such a payment;

“(2) providing for the amount, timing, and manner of such payments; and

“(3) ensuring that any such payment is in addition to, and does not otherwise affect, any other form of compensation payable to the family of an employee or the employee, including benefits for workers’ compensation

under chapter 81 of title 5, United States Code.”.

(c) TREATMENT OF AMOUNTS RECEIVED IN RESPONSE TO INCIDENT OF JUNE 14, 2017.—The second sentence of section 1 of Public Law 105-223 (2 U.S.C. 1951) is amended by striking “deposit into the Fund” and inserting “deposit into the Fund, including amounts received in response to the shooting incident at the practice for the Congressional Baseball Game for Charity on June 14, 2017.”.

The amendment was ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

The bill (H.R. 3298), as amended, was passed.

AMERICAN HEALTH CARE ACT OF 2017—Continued

The PRESIDING OFFICER. The Senator from Washington.

Mrs. MURRAY. Madam President, I want all my colleagues and everyone listening right now to be very clear about what Republican leadership is planning for today. Faced with defeat after defeat on their plans to rip apart our healthcare system—“no” on a bill that would spike families’ premiums, gut Medicaid, and deny 22 million people healthcare; “no” on a bill that would cause chaos and healthcare costs to skyrocket and deny 32 million people healthcare—it appears the Republican leader has a last-ditch plan waiting in the wings.

As soon as they have an official score from the CBO—which could be hours from now—in the dead of night, Senator MCCONNELL will bring forward legislation that Democrats, patients, families, and even many Senate Republicans have not seen, and try to pass it before anyone can so much as blink.

Now, we have heard rumors about what could be in this bill, and based on what we know, Democrats took it upon ourselves to do the best we could to figure out what its impact will be. The CBO scored our best guess at what Republicans are talking about doing, and here is what they found: Sixteen million people will lose their healthcare coverage in the next 10 years under this bill; premiums will increase by 20 percent every single year for the next 10 years; your premiums will increase 20 percent every single year in the next 10 years, all while special interests in the healthcare industry are going to get a massive tax break.

Republicans could still play games with the language as they negotiate in secret somewhere to try to get a bit “better” than this, but no matter what they do here, if they jam it through, they will be held accountable for the millions of people who lose care and the millions and millions more who will see their premiums go up.

I hope, when my Senate Republican colleagues began their process, they were not planning to pass a bill in the dark of night to deny millions of people healthcare and hand special interests billions in tax breaks, but, right now, that is the path they are careening

down—even as more and more people are speaking up about what the impact of this legislation would have.

In fact, just yesterday, a bipartisan group of 10 Governors wrote a letter urging Senate Republicans to reject this secret bill, saying it would—I am quoting 10 bipartisan Governors—“accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage.”

I hope every single Senate Republican read that letter.

I also hope they understand that if they pass this bill tonight, it will only get worse from here. If this secret bill—the lowest common denominator—goes through and a conference starts with the House, then every Senate Republican who voted for it has just bought TrumpCare a trip to the White House. The Senate Republicans who so loudly made clear they hated the TrumpCare bill when it passed the House could now very well find themselves being held responsible for sending that same bill straight to President Trump’s desk because, let’s be honest, extreme conservatives aren’t going to rest until they have a bill on the way to the White House that would spike premiums and out-of-pocket costs, gut protections for preexisting conditions, end Medicaid as we know it, defund Planned Parenthood, and kick tens of millions of people off their coverage—a bill that would, in other words, shatter the promises of more responsible Republicans who I know are deeply concerned about ways these outcomes would impact the people they serve.

So, to put it simply, a bill in conference is no excuse to kick people off coverage, spike premiums by 20 percent for everyone, and give a massive tax break to the wealthy, especially because it will simply be an opportunity to hand the keys over to the House Freedom Caucus.

I want to remind any Senate Republican who doesn’t want to have TrumpCare on their hands—who truly does want to make our healthcare system work better for patients and families—there is a better path. As Senator MCCAIN said so powerfully earlier this week, we shouldn’t let the “bombastic loudmouths” drive our work. We should get back to regular order, and we still can.

I am saying to every Senate Republican every chance I get: Drop this partisan, sham floor process. Drop it. Start over with an open, transparent process in which both sides, patients, and families across the country have a voice.

I hope that as big as our differences are, many of my Republican colleagues would prefer that bipartisan voice and route. They have said as much. Their votes to reject the partisan TrumpCare and full repeal bills this week made it even clearer.

So let’s have hearings like Chairman ALEXANDER has proposed to do in our HELP Committee. Let’s have a public

debate. Let's focus on policies that lower costs, that expand coverage, and improve quality.

Democrats are ready. We are at the table. I hope Senate Republicans who are ready to work on real solutions will join us, but, first, for that to happen, Senate Republicans need to step away from this sham process we are on today. Say no. Vote no. Return us to a process we are all involved in.

I yield the floor.

The PRESIDING OFFICER. The Senator from Nebraska.

SEPARATION OF POWERS

Mr. SASSE. Madam President, in the fall of 2015, when I first spoke on the Senate floor, I gave Nebraskans and every Member of this body my word that I would speak up when a Republican President exceeded his or her powers. At that moment, the Democratic President had taken to himself powers the Constitution had not given him. My opposition was not that President Obama was a Democrat but rather that our brilliant Constitution intentionally separates executive and legislative powers.

I gave my promise then because, despite the lazy, partisan rhetoric of this city, not everything is actually a blood feud between Republicans and Democrats. That is because American politics at its best is acutely aware of the difference between justice and strength. That is because when our body is working well in the Senate, we take seriously our history, our duties, and our unique place in the Constitution's architecture of separate powers, both vertically and horizontally.

In 2014, the U.S. Supreme Court ruled that the Obama administration had made unconstitutional appointments when it declared this body to be in recess when the U.S. Senate was not, in fact, in recess, and it functionally claimed power—that is, the administration functionally claimed power—that belonged to the Senate under our Constitution.

So today I have come to the floor to keep my promise and to offer a word of humble advice to the President. If you are thinking of making a recess appointment to push out the Attorney General, forget about it. The Presidency isn't a bull and this country isn't a china shop. Mr. President, you are a public servant, in a system of limited government, with a duty to uphold and to defend and to teach to our kids the Constitution's system of checks and balances. This—this is the world's greatest experiment in self-government. It works only if all of us—Presidents, Senators, Republicans, Democrats, Independents, and judges—if we all keep our faith to the American institutions and to the rule of law.

Our oath is not to popularity, it is not to polls, and it is not to political parties. Our oath is to the Constitution and to the rule of law. Our duty is to the American people—the men and women who elected us, the men and women who came before us, and espe-

cially the men and women who will come after us in this greatest of experiments in self-government.

Madam President, with respect to the healthcare debate that we are having in this body, while I obviously look forward to taking seriously and considering any and all amendments offered by my colleagues, both Republicans and Democrats, the basic trajectory of where we are in healthcare has not changed. We should all be disappointed by where we are.

Here is what I mean. It is very likely that in the coming decade, basic math is going to force Americans and those who will serve them in this and other institutions of government—they are going to be forced to choose between two paths. This isn't that hard to see. We are ultimately going to choose between single-payer, socialized medicine—something I think is terrible policy, but it is intellectually coherent—or we are going to actively build the innovative, disruptive system of consumer-based health insurance that actually goes with consumers and patients and Americans and taxpayers across job and geographic change. We are ultimately going to make a choice.

Sadly, this has been a missed opportunity. We are not making the big choice now. We are making a choice between a couple of small options. We have forks in front of us that are, I think, dissatisfying to everyone. I have one constituent at home, who also happens to be my wife, who when she checks in on the processes of Washington, she regularly says: Both of your political parties are so gross. She is dissatisfied, like so many of the constituents who call us and come to our offices, with the fact that we are not debating the real stuff around here. We are making a choice between two small, pretty crappy options, when really the big choice that is in front of us—when we have health entitlements which dwarf everything else on the Federal budget—the two choices before us aren't really that hard to see. We are ultimately going to migrate toward a European-style single-payer system, where government will be more effective at controlling costs, but it will do it by crowding out lots and lots of the private sector. We are either going to have single-payer healthcare or eventually we will create a system where you have portable, affordable insurance.

We have none of those things today. We have no portability today. You can't take your insurance policy with you across job and geographic change. When I change jobs, I don't lose my life insurance. I don't have to cancel my car insurance because I changed jobs. But we are still living on a system that launders our insurance, which is really mostly the collectivized prepayment of mostly predictable medical expenses. We launder it through a tax accident from the 1940s. So you have to do that through your large employer group. You can't do it in the small market or

as an individual. So we don't have portability, and we all know we need portability.

We did this 30 years ago in pensions. We used to also launder through a tax accident where, when people were presumed to work at one firm through their whole career, they had a defined benefit pension plan. It worked when you worked at the same place from high school graduation to retirement. It doesn't work when the average duration at a job for Americans is now under 4 years. So we did the hard work of reforming a pension system from a defined benefit to a defined contribution, tax-protected, portable 401(k) plan.

Obviously, we all know that if we are not going to end up in socialized medicine, we should have portability in our health insurance benefits. We should have farmers and ranchers in the Presiding Officer's State or in my State able to keep their insurance that they usually have to buy through the individual market, or we need the gig economy mobile workers who are going to change jobs even faster than every 4 years to not become uninsured for 4 to 6 months every fourth year when they change jobs. That is actually the No. 1 driver of uninsurance in America today.

To listen to pundits screaming on TV, you would think that somehow there are so many sicker or so many poorer Americans and that is why we have had arcing uninsurance since 1990. But that is not true. We don't have more poor people and we don't have more sick people. Uninsurance went up from 1990 to 2009 because people change jobs more rapidly, and every 4 years when they change jobs, if they have a 4- to 6-month period of uninsurance, that is when they get the breast cancer diagnosis, or probabilistically that might be when they get in the car accident, and now they become the pre-existing condition population of 5 and 10 and 15 years from today.

This isn't rocket science. Uninsurance has grown in America over the last 25 years because we change jobs more and we have a stupid, clunky system from 60 years ago that we still launder through a tax accident. We should have portability. We should have affordability. We should have a real debate in this body about why so many—and by the way, I have been critical of my party for not having a good plan for replace. But I will say to those on the other side of the aisle, the "Affordable Care Act" is an absurdly Orwellian name for a piece of legislation that those who were in this body and voted for 7 years ago told the American people—you all did a press conference at the White House, and you said premiums would fall \$2,500 per family of four. They have risen \$3,200 on average per family of four. So your plus or minus sign was off to the tune of \$5,700 per American family.

In my State and in the Presiding Officer's State, we now have a lot of

farming families in counties where there is only one insurer, where premiums are now north of \$20,000 a year for the insurance market.

Stop pretending this is in any way affordable.

What we have is a system where the assumption is that because the system is so broken, the only way anybody could ever get health financing—and supposedly, health financing is the means to getting access to the health delivery system—is that everybody needs to be on welfare. That doesn't work.

We should have a robust social welfare safety net for the poorest and sickest among us, and we all in this body should be accountable for passing a piece of legislation that delivers a system where lower middle-class and middle-class and upper middle-class Americans can afford their own health insurance. Not everybody in America needs to be on welfare, and not everybody in America wants to be on welfare.

So our system is not affordable, it is not portable, and fundamentally it is not really insurance.

We have a system that is mostly about the collectivized prepayment of all medical expenses. We don't do this in any other sector of the economy. Think how absurd it would be for us to pass a law in this body mandating that Allstate and State Farm have to buy all your gas and schedule all your Jiffy Lube appointments. That is what we are trying to do in healthcare. Guess what. We can guess what it would look like. Jiffy Lube would be open at the wrong hours; it would be at the wrong locations; we wouldn't know what services they deliver; there wouldn't be quality metrics on any of it; and it would probably grow at 2 to 2½ times inflationary or GDP growth—just like healthcare.

We are trying to hyper-regulate and micromanage all of the largest sector of the U.S. economy from here by pretending we are talking about insurance, when we are not. What this body and what the Congress and what Washington, DC, have wanted to do for years is run every decision in healthcare but not tell the American people the truth—that it turns out it is really expensive.

Nobody comes to the floor and advocates—maybe BERNIE does. Maybe Senator SANDERS comes to the floor and actually honestly advocates for raising taxes to the level of all the micro-management of the health sector that people in this body want to do. But what most people want to do—and it isn't just your side of the aisle; it turns out it might be a lot of people on my side of the aisle as well—they would like to have so much control over the healthcare sector but not admit how expensive it is, that we will do it by regulations on the financing model so you can hide it under the word "insurance." Most of what is happening in American healthcare isn't insurance. Insurance is insulating people from

catastrophic loss from non-behaviorally-driven, unpredictable events.

Everybody in this body wants every American to have health insurance, and everybody in this body should also want a health delivery system where the average American family living on middle-class wages could afford to buy their healthcare without potentially going broke or needing to become a ward of the State in the form of welfare. We should be having that debate. We should have a debate about portable insurance, about affordable insurance, versus socialized medicine. I am against socialized medicine, but people who want to advocate for it have an intellectually coherent position. That is the debate we should be having. Instead, we are going to kick the can down the road and have another small-ball debate. This is a lost opportunity for the American people, and it kind of makes a sham of the joke that this is the greatest deliberative body on the face of the Earth.

I live in a little farm town in Nebraska. There are 10 not-for-profit boards in my town that deliberate a heck of a lot better than we deliberate in this body. We can and should do better.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. MERKLEY. Madam President, the first three words of our Constitution are "We the People." Indeed, our entire system was set up to be a government which produces results of, by, and for the people, but certainly right now, that is not what we are getting.

We are getting a secret plan which has not yet been put on this floor, with a promise that there will be a debate in the middle of the night—no chance for committee hearings on it, no chance to consult with experts, no chance for us to go home and talk to our constituents. This is about as far away from a deliberative democratic republic as you can possibly get.

It makes us think of 1787, when Ben Franklin came out of the Constitutional Convention and was stopped by someone in the crowd and asked: What do we have—a monarchy or a republic?

He answered: A republic, if you can keep it.

Well, we are not keeping it right now through this secret, middle-of-the-night, non-consultative process. We are disgracing the notion that our Founders fought for the "we the people" Republic.

This is something which touches so many Americans. We are not talking about the weight limit on a highway. We are not talking about what kinds of signs to post. We are talking about fundamental access to healthcare.

If the rumors are right, my colleagues plan to bring forward a bill that will blow up insurance on the exchange for millions of Americans.

An insurance pool is a little bit like a swimming pool. You tear a hole in the side of a swimming pool, the water drains out and there are only a few

inches left, and the only people who would bother to go into that depleted swimming pool would be those who really, really want to swim. It is the same with the healthcare pool. The bill coming out tonight, we are told, will rip a big hole in the side of the insurance pool, and it will do so in a fashion that only those who have preexisting conditions, only those who are sick, only those who are old, will truly try to get that insurance. This means the price will be driven up, and many of them can't afford it, so they will drop out. So it means the pool will have even more people who are sick and older. This is the death spiral.

My colleagues today are planning to put forward a bill tonight, we are told, that creates a death spiral insurance. Who pays the price? Who pays the price? Our Nation pays the price with an estimated 16 million people who would lose insurance. We are talking about those who have every desire to have the peace of mind that if their loved one gets sick, they will get the care they need. We are talking about Americans who have every desire to know that if their loved one gets injured, they won't end up bankrupt. But all of that is at risk tonight.

A few moments ago, my colleague from Nebraska came to the floor, and he started out by saying we need to ensure that the President doesn't overstep his powers. Let's talk, too, about this Senate not destroying its procedures designed to ensure a "we the people" republic, which means we should all vote to send whatever bill comes out tonight to committee, where it can be duly considered in a bipartisan fashion, with experts, with consultation. In fact, my colleague from Arizona, who came back and gave a dramatic and beautiful speech just 2 days ago, said it should be considered by committee.

Let's work together to take whatever plan comes out tonight and put it where it needs to be—in committee for due deliberation. This issue touches too many lives. It is too core to the quality of life of our fellow Americans. Let's not allow any bill to pass out of this Chamber that would do so much destruction.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. SASSÉ). The Senator from New Mexico.

Mr. UDALL. Mr. President, the Senate is now in its third day of voting on major healthcare legislation, and we still have no idea exactly what the Republican leadership wants or what bill they are going to put on the floor. The Republican leadership tosses out options, bills that would affect the lives of millions of Americans and one-sixth of our economy. Not even Republicans know what proposal is coming next, and the American public certainly doesn't know what is coming, and they are very interested because they have healthcare and they want to know if it is going to be taken away from them.

It is as if the Republicans are playing healthcare roulette. The leader spins

the roulette wheel, the ball lands arbitrarily on some version of the ACA repeal, and the leader quickly calls a quick vote on that random version of ACA repeal.

Soon we are going to vote on a cynical amendment from the Republicans offering Medicare for all. My understanding is the Senator offering this isn't even going to support his own amendment. If you were in a State legislature, you would be prohibited from offering an amendment like that. They oppose this Medicare-for-all amendment. They oppose Medicare for all. So why are they seeking a vote? To distract from their own dangerous bills and reckless process. It is a desperate ploy, and everyone sees through it. I support healthcare for all. It should be a right in this Nation. But this is a phony and insincere amendment.

All the while, the President stands to the side, not caring one whit what the bill looks like or how many people will be hurt in the rush to get a bill out the Senate door.

On Tuesday, we voted on the leadership's Better Care Reconciliation Act 2.0. That would cut 22 million Americans off healthcare. It also has been rejected overwhelmingly by Americans.

Yesterday, we voted on straight ACA repeal, not replacement. That bill would throw 32 million Americans off of healthcare. That idea is no more popular than the other bills.

Today, maybe we will vote on a last-ditch version which would repeal parts of ObamaCare, the so-called skinny repeal option. That bill is no better. It would mean 16 million Americans get thrown off healthcare, and the other very important part of this is that it would raise premiums 20 percent. We have heard our friend from Nebraska come down here on the floor and talk about their concern about healthcare and concern about the cost of premiums. They ought to know that this proposal is going to raise premiums 20 percent.

This bill is the Republicans' last hope. It takes away the individual mandate to get health insurance and the employer mandate to provide health insurance to employees. Like the other schemes the Republicans have tried, it would hike premiums for the elderly and for the sick.

Blue Cross Blue Shield is opposed to this proposal. They say "strong incentives for people to obtain health insurance and keep it year round"—that is what they are looking for, that is what is in current law, and we have the Republicans wanting to take it out.

There must be Affordable Care Act cost-sharing provisions for consumers. Otherwise, there will be—and this is Blue Cross Blue Shield again—"steep premium increases and diminished choices that would make coverage unaffordable and inaccessible."

Like the other schemes, this won't ensure that more Americans will have healthcare; it means many fewer will. It doesn't decrease healthcare costs; it

increases healthcare costs. Even worse, there have been no committee hearings, no public input on this or any of the other versions of ACA repeal the Republican roulette ball has landed on.

To give you a sample of the public feeling on this issue—I am seeing it across New Mexico—my office has received 14,500 calls, emails, and letters rejecting the Republican plans. It is an unprecedented number from the small State of New Mexico.

I agree with Senator McCAIN. We must go back to regular order. We must stop this gamesmanship. We need to work together on a solution to improve the Affordable Care Act by bringing down costs, making it easier for small businesses to provide healthcare, and especially making prescription drugs more affordable—but not by denying New Mexico families and millions more access to quality healthcare.

The Republicans are playing with people's lives. Making sure severely disabled children have healthcare through Medicaid is not a game; neither is kicking elderly grandparents out of their Medicaid-funded nursing homes or enabling women to get breast and cervical cancer screenings from Planned Parenthood.

It is hard to keep up with the Republican versions 2.0, 3.0, 4.5, 5.0 of the Affordable Care Act repeal. Every bill is consistent in cutting care for millions of Americans.

The Republicans keep proposing so-called healthcare bills that are not actual healthcare bills. The real healthcare bill would protect gains made, cover more people, and make health insurance more affordable. The Republican bills do none of these things. Their bills reverse the gains, cover millions fewer people, and make health insurance less affordable, especially for those most vulnerable.

The American people want everyone to have affordable healthcare. That must be our goal. Republicans and Democrats should be working hard right now to get us to that national goal.

I have shared the stories of New Mexicans who have lives that have been changed, and even saved, because of the Affordable Care Act—New Mexicans like Mike, from Placitas. Mike had an aggressive cancer but was diagnosed early, thanks to the Affordable Care Act, and doctors saved his life. Alexis, from Albuquerque, had a stroke and brain surgeries when she was 28. She had affordable health insurance under the ACA, and those subsidies helped her keep health insurance and get healthcare coverage. Elena was able to afford a lifesaving mastectomy because of Medicaid expansion. These are real people who are now jeopardized by the Republican bills and Republican proposals.

There are thousands more across New Mexico and millions across the country who are crying out for the Republican majority to change this reckless and dangerous scheme.

I yield the floor.

My colleague from New Mexico, Senator HEINRICH, is here. He has been a real champion in terms of fighting for working families and for their healthcare.

THE PRESIDING OFFICER. The Senator from New Mexico.

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

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

MR. HEINRICH. Mr. President, for over 7 years, Republicans in Washington have cheered shortcomings in our healthcare system and blamed the Affordable Care Act for every problem under the premise that they would do so much better if just put in charge.

Repealing the law made for great bumper stickers and great campaign promises, but the trouble is that their opposition to the ACA has always been more about politics than it ever was about actual policy or, for that matter, plans to do better for the American people.

The shockingly rushed and secretive effort on display this week in the Senate is only further evidence that President Trump and Republicans in Congress don't have any real solutions to improve our Nation's healthcare system. After months of negotiations behind closed doors, when Senate Republicans released their secret TrumpCare bill, its contents proved too harmful for passage, even among themselves. Stuck without a path forward, their latest idea is to pass a small backroom deal before sundown today—which no one has seen yet—and then go to conference with the tea party and the Freedom Caucus in the House of Representatives.

While we still don't know what we will be voting on, we know that the so-called skinny repeal bill would mean higher premiums and millions of Americans losing their healthcare coverage, not to mention deep cuts that would dismantle the Medicaid Program as it currently exists and throw millions of Americans off their healthcare coverage and put our entire healthcare system into chaos—all to give a massive tax break to the wealthiest among us. That is awful policy any way you look at it.

Since January, I have heard from literally thousands of New Mexicans who have told me how important their healthcare coverage is to them and their families. What answers do President Trump and Republicans in Congress have for the grandmother in Santa Fe who wonders where she will go when her nursing home closes because of Medicaid cuts or the woman in Albuquerque who wrote to me about how scared she is about losing access to mental healthcare for her depression and anxiety? What are they going to tell the single mother in Rio Rancho who relies on Medicaid to cover her children's medical costs or the young man in Espanola who needs treatment

to get clean from opioid addiction? These New Mexicans and millions of other Americans will be harmed if this bill becomes law.

I am not outraged about all of this because I am a Democrat or because of what I think of President Trump. I am outraged about this bill because of what it will do to my constituents in New Mexico. I will do everything I can to oppose this appalling legislation and this appalling process and fight to keep quality healthcare accessible and affordable for New Mexicans.

If we can halt this mad rush, we can all work—Republicans and Democrats—to get to the things that we agree need fixing in our system. There is much work to be done there, no doubt about it.

As Senator MCCAIN told us all Tuesday: “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.”

There is a better way forward. We can come together and work on the things that we know need to be fixed in the ACA. People’s lives hang in the balance. There are real bipartisan solutions if we can get back to regular order.

I want to thank my colleague from New Mexico for his incredible leadership in this debate and say how hard we are going to work to make sure that we keep fighting for our constituents in New Mexico on this healthcare legislation.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Mr. President, I am aware that the time is at an end. I ask unanimous consent for 7 additional minutes.

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

Mr. BENNET. Mr. President, I thank my colleagues from New Mexico, my neighbors, for being here.

I thank the Presiding Officer for his statement. As usual, he is pointing the Senate in a direction that we should be headed.

Whether people in my State support the Affordable Care Act or whether they don’t, they are dissatisfied with the way our healthcare system works. The Affordable Care Act—or ObamaCare or whatever you want to call it—is just part of our healthcare system. We have Medicare. We have Medicaid. We have hospitals. We have doctors. We have nurses. It all adds up, in America in the 21st century, to a system that is really hard on people and makes it very hard for them to predict their future. It creates situations where they have to make choices that no other people in the industrialized world have to make, about raising their family, about staying in a job—as the Presiding Officer was talking about—that they might not want to stay in for fear they would lose their health insurance.

I thought the Presiding Officer made an excellent point when he said that

you don’t lose your car insurance when you leave your place of business for another job. Why should you lose your health insurance? Why should you? Why should you have to put up with things in this country that nobody else in the industrialized world has to put up with?

It may be that the debate we are going to have is as binary as the Presiding Officer was saying. Maybe it is a debate about single payer versus what he described as more consumer based. Maybe there is something in between. America has a way of trying to figure those kinds of things out—or at least we have historically.

My colleague from Oregon earlier quoted the famous line, which somebody yelled out to Ben Franklin: What kind of government are you creating, a monarchy or republic? That was the question.

His answer was, as the Senator of Oregon said: “A republic, if you can keep it”—if you can keep it.

The Founders had extraordinary vision, and they were creating something that had never existed before in the history of humankind—never existed. You could make an argument about a couple of small principalities or places in Switzerland, and there would be some argument about ancient Rome, but, really, this exercise in self-government had sprung from their imagination and their desire as human beings to govern themselves, to slough off the monarchy that ruled them and ruled others in Europe.

What Ben Franklin said was so important and so wise because he didn’t say: “A republic.” He said: “A republic, if you can keep it.”

When they wrote the Constitution, they were creating a mechanism for the American people to resolve their disputes. They were not creating a republic where they believed that everyone would agree with each other. They had vast disagreements. They had disagreements far greater than the ones we have. They had geographic disagreements. They had disagreements about big States and little States. They had disagreements about slavery.

They were able to come together and create a mechanism to resolve our differences. They didn’t believe, as some people seem to on talk radio every day, that if you don’t agree with the other person that you must be a Communist or you must be some rightwinger. That is not what they believed.

They believed there was a public purpose, that there was public virtue that underlay the work they were trying to do and that we would be able to persist in this Republic only if we kept it—if we kept it.

That is how self-government works. It is not a king telling you what to do. It is not the generation of the Founders telling you what to do. It is doing what you need to do, as the Presiding Officer said, for the sake of people who did their jobs before us but, more importantly, as he said, for the people

who are coming after us. Seeing from this perspective, this process is a disgrace. This is why we have a 9-percent approval rating in the U.S. Senate—what has been referred to in past generations as the greatest deliberative body in the world. Those words are spoken mockingly today.

The people I represent, and the people the Presiding Officer represents, are paying a price for this. It has been a long time since I have been in the majority—I am sad to say, but it is true—but there was a time when I would preside, as the Presiding Officer is doing today. A reporter asked me once: What do you think about when you are up there? As JOHN MCCAIN said the other day: We aren’t doing anything here. He is right. We are not.

So the reporter said: What are you thinking about?

Do you know what I told him? I said: What I think about is, What is China doing right now, while Democrats and Republicans here had their fight that has nothing to do with the people whom we represent?

We know what China is doing right now. While we don’t even have the decency to maintain the assets and infrastructure, the roads and bridges that our parents and grandparents had the decency to build for us—starting on this floor—they are building trains, not just in China but all over Asia, to bind them together in an economic union to come after the United States. What is China doing?

What I deeply regret about this debate is that the end product, whether we pass this bill or if we don’t, is not going to improve healthcare for the people I represent. Again, my starting point is that there are people who like the Affordable Care Act and there are people who don’t like the Affordable Care Act, but everybody is deeply dissatisfied, as they should be, with the way our healthcare system works. What we should do is abandon this process and, instead, go to committee. Chairman ALEXANDER—he is a Republican—is perfectly capable of running a bipartisan process that could lead us to a place where we actually are making things better for people who live on the Eastern Plains of Colorado, on the Front Range of Colorado, or on the Western Slope of Colorado, who may be Republicans and Democrats, but for whom healthcare is not political. It is about their family and about their future. That is what we should be keeping in mind, instead of just the next election around here. Everybody has lamented that.

I am running out of time, but I remember when the majority leader was not the majority leader. He is a smart person. He came here and said: ‘Major legislation is now routinely drafted, not in committee, but in the Majority Leader’s conference room and then dropped on the floor with little or no opportunity for members to participate in the amendment process, virtually guaranteeing a fight.’

That is what he said. I am telling those of you with whom I was in town-hall meetings 7 years ago, when people were saying: Read the bill, read the bill. The tea party was at the height, bringing pocket Constitutions to my meetings, telling me to be faithful to that process. I say that we should be saying that right now: Be faithful to that constitutional process.

He knew the process wasn't working as it should. What he said was this:

When Democrats couldn't convince any of us—

That is, Republicans—

that [the Affordable Care Act] was worth supporting as written, they decided to do it on their own and pass it on a party line vote.

He continued:

It may very well have been the case that on ObamaCare, the will of the country was not to pass the bill at all. That's what I would have concluded if Republicans couldn't get a single Democrat vote for legislation of this magnitude, I'd have thought, maybe this isn't a great idea.

So I say to the Republicans and Democrats who are here today, maybe it isn't a great idea because they can't even get the Republican votes. They haven't gotten one Democratic vote. They haven't gotten the Republican votes to repeal and replace, even though they have run on this for 8 years. They had to bring the Vice President here to cast the deciding vote because we were tied. What a shame for the Senate not to do its work and to rely on the executive branch to come here and supply that vote.

Every single person in this body knows the President of the United States has no idea or interest in what is in this legislation. Every single person here knows that. So why are we doing it? We are doing it, I guess, to fulfill a campaign promise to repeal ObamaCare. I can understand why there is pressure for people to do that, because they said that over and over, even though I disagree with their characterization of the bill.

I disagree with the facts they presented. I understand that impulse, but I don't understand the impulse of writing a bill in secret—listen to this folks—not having a single committee hearing—not one committee hearing in the Senate. Talk about "read the bill." How about having a bill that is written down on paper so we can read it? Where are my brethren in the tea party who wanted to read the other bill? There was a bill then. There had been a bill for a year and a half.

There is no bill. There is no bill because what they are trying to do is to figure out what they can eke out across the line here. They are calling it a skinny repeal. I don't even know how that satisfies the laugh test, when it comes to the campaign promises that were made around here, but that is not my issue. But we should just stop. We are at 9 percent. This bill, I think, the last time I checked, had a 15-percent approval rating or a 20-percent ap-

proval rating. Don't pass that. We have wasted 6 months—not of our time but of the American people's time. I have people all over the State of Colorado who would love to come here and testify at a committee hearing about how healthcare is intersecting with their lives and making their lives difficult or how they are benefiting from certain things. I would love for them to have a chance to come here and testify, but we haven't set up that process. We should. We should stop this.

The American people would be relieved if we would stop this partisanship to get together and work on the committee as we should do and pass something on the floor. What we have forgotten about the Affordable Care Act—even though it didn't have Republican votes, and it should have—is that it had almost 200 Republican amendments adopted as part of the process. I agree with what the majority leader said then. If the process is lousy, the outcome of the bill is likely to be lousy. An important point he made is that it is unlikely to reflect the will of the American people, and when it doesn't, what it is going to mean is that we are just going to continue to seesaw from one election to the next election and we are not going to get a result.

I am willing to settle for 80 percent of what I want, or 70 percent of what I want—I am. I don't think that is an unvirtuous position to have. All these people here are talking all the time about the principle they are standing on. When you scratch at that and look for the content of the idea underneath that principle, there is very seldom anything there. They are often repeating something they heard last night on FOX or MSNBC, but it wouldn't be recognizable to the Founders as a principle. For them, a fundamental principle was that you had to unleash the imagination of people with different sets of experiences and different sets of opinions and from different geographic places in order to do the right thing for this country. That is what we should do today.

I realize the indulgence of the Presiding Officer. I thank him for his kindness.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Alaska.

Mr. SULLIVAN. Mr. President, I wanted to weigh in on a debate that took place on the floor a couple of hours ago—actually, when I was presiding in the chair—between the majority leader and the minority leader on what we are going to be doing here in the next couple of days on the Senate floor.

So right now we are having a healthcare debate. We are finally having a healthcare debate. Many Members on both sides of the aisle—I say to the Presiding Officer, I saw your speech a few hours ago—are talking about the importance of healthcare for our country, the importance of, from our per-

spective, repealing, replacing, repairing a healthcare system that is not working. It is certainly not working the way in which it was promised to Americans. I will not repeat all the promises made by the former President and many Senators, but we know those haven't come to pass.

As a matter of fact, a number of us—I certainly believe in my State, the State of Alaska, the so-called Affordable Care Act has done a lot more damage than good. Here are just a few statistics in Alaska: Premiums in the individual market went up over 200 percent since the enactment of the Affordable Care Act—200 percent. Alaskans in that market—individual Alaskans, for one health insurance plan for one individual, pay almost \$1,100 a month in premiums for healthcare. That is not affordable.

So we are debating it. It is important. There is an open amendment process. We are probably going to be debating all night, and that is what we should be doing—the world's greatest deliberative body debating a very important topic, but healthcare is not the only issue the Senate is focused on.

NDAA

As a matter of fact, a number of us on the Armed Services Committee, over the last several weeks, have been working on and debating and bringing amendments to the National Defense Authorization Act, the yearly act that authorizes funding and training and equipment and policy for our military and young men and women who serve in our military. It is one of the most important things we do in the Senate, by far. So we have been doing that as well as healthcare, which is also extremely important.

Three weeks ago, after a lot of debate in committee, after a lot of hard work, debate between Republicans and Democrats, the draft NDAA of 2017, the National Defense Authorization Act—focused on our national security, focused on our troops—passed out of the Armed Services Committee 27 to 0, a very bipartisan bill, a very important bill, and a very important bill for the country to move on after the healthcare debate.

So the majority leader and the chairman of the Armed Services Committee had a very simple request of the minority leader this morning when I was in the chair presiding, and the request was: Once we are done for now—because it is going to continue with the healthcare debate, we will not be done for a long time—once we complete the business we are undertaking for the next several hours on the healthcare debate, that we move forward to debate and pass the NDAA of 2017. It is a pretty simple request, a very reasonable request.

This bill, like healthcare, is extremely important for the Nation, for our troops, for national security. On a personal note, it is particularly important for one of our Members, the chairman of the Senate Armed Services Committee, Senator McCAIN of Arizona. We all know him. Americans

know him. He has been a mentor to many of us, a leader, certainly an American hero who has sacrificed immeasurably for our country. In another of a series of heroic acts by the Senator from Arizona, he returned to the Senate this week after announcing that he is fighting brain cancer. Now, Senator MCCAIN is a fighter. He is going to win this fight, but he is going back to Arizona very soon for treatment.

So many of us—but especially the chairman of the Senate Armed Services Committee who did more than anyone to move that bill forward in such a bipartisan way—want to take up the NDAA after the healthcare debate. It is pretty simple, pretty reasonable, and really good for the country: finish the healthcare debate for now with this open amendment process that we are beginning already on the floor, then turn to the NDAA after and debate that. It is good for our troops, good for our national security, and it would show a lot of respect to the chairman of the committee who has done more for his country and more to advance this important bill than anyone else.

I hope all of my colleagues—this shouldn't be a partisan issue—can agree to this, but unfortunately we are hearing rumors that the other side is saying: Unless we vote against any healthcare bill to continue to move forward, unless we vote against it to move forward, then they are not going to take up the NDAA. Now, does that make any sense? We are going to debate healthcare. That is really important, but now we are hearing the other side saying: If they don't get their way in the debate, then forget about it. We are not going to take up the bill that authorizes the training and equipping and the policies of the U.S. military. Does that make any sense?

The answer to everybody—everybody in the Senate Chamber, anyone watching on TV—it makes no sense. These are not connected. These are not connected issues.

Is playing politics with our troops, tying it to another bill, any way to advance the national security and the welfare of the men and women serving in our military? The answer is no.

Unfortunately, we have seen this movie before. Some might remember last summer, right around this time, we were working hard on appropriations bills. The Appropriations Committee voted different appropriations bills out of committee, as they are supposed to do, and they voted the Defense appropriations bill out of committee with an overwhelming bipartisan vote.

So what did we do? We brought it to the floor to debate it and try to pass it—funding for the troops. That bill was filibustered six times by my colleagues on the other side of the aisle, six times. Go home and explain that vote, why you filibustered spending for our troops—when they are in combat, by the way—six different times. I came down to this floor numerous times asking somebody, anybody on the other

side to come down to the floor and explain why they were filibustering spending for our troops on a bill that passed out of the Appropriations Committee with overwhelming bipartisan support.

I am going to ask the same question. The NDAA came out of the Armed Services Committee 27 to 0. If the minority leader is going to filibuster that, he should come down and explain it. If he is really saying we will only take up the NDAA if we get our way on the healthcare debate we are having right now, he should come down and explain that because it makes no sense. It makes no sense, particularly because we all know that right now we are seeing very significant national security threats to our country. Pick up the paper—Iran, Russia, China, and in particular North Korea.

There was a report in the paper just the other day—yesterday, front page of the Washington Post—saying it is now estimated that North Korea is going to have an intercontinental ballistic nuclear missile likely by next year that could range not only my great State of Alaska but the rest of the continental United States. These are serious national security threats. One of the provisions in the NDAA that had bipartisan support was to significantly enhance our country's missile defense. Is that important? Given the North Korean threats that are at our doorstep, do you think the American people care about that? It is important. It is important, as are the hundreds of other bipartisan provisions in the NDAA that will enhance our national security, authorize funding for our military forces, increase the numbers in our military end strength—and again very bipartisan.

Mr. President, you and I have the honor of serving on the Armed Services Committee. It is a great committee. It is very bipartisan. We get a lot of work done, led again by a great U.S. Senator, JOHN MCCAIN. It is an honor to serve there.

I believe right now the Senate is trying to reach a unanimous consent agreement that as soon as we are done with healthcare, we will then take up this critically important bill. As the chairman wants, as he has requested, and as our military needs, we should do that. This is not a hard decision by Democrats or Republicans. I hope we can do that.

I encourage all my colleagues on both sides of the aisle, whatever your plans are in the next couple of days, we will get through this healthcare debate—very important for the country—and then let's get through the NDAA debate and pass that bill as well. What we shouldn't be doing is playing politics with our military or somehow tying moving forward on an important piece of legislation for them to another issue that has nothing whatsoever to do with it. We shouldn't be doing that, and if we are, shame on those who are.

So let's move forward, let's have this healthcare debate, and when it is com-

pleted, let's immediately move to the NDAA and pass that. It is a bipartisan bill. It is going to help our Nation, help our troops, enhance our national security in dangerous times. There is no reason anyone should block moving forward on that important piece of legislation as well.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from Montana.

AMENDMENT NO. 340, AS MODIFIED

Mr. DAINES. Mr. President, I have listened to some of my colleagues from across the aisle decry our desire to repeal and replace ObamaCare. Yes, I do want to repeal and replace ObamaCare.

Why? Why are we doing this?

Repealing and replacing ObamaCare is a means to an end. This is what I have heard from so many Montanans. Here is the end, and I will sum it up into three items: No. 1, to lower costs; No. 2, to ensure that we save Medicaid—protect Medicaid—for the most vulnerable in our society; and, No. 3, to ensure that we protect those with pre-existing conditions.

Some of my friends across the aisle want to see more government control of families' healthcare decisions—in fact, a complete government takeover. I believe that we need less government control, not more government control. Their gold standard for healthcare reform is really socialized medicine. It is called various things. Some call it government-run healthcare. Some call it single-payer healthcare. Some call it Medicare for all. But, in essence, it is socialized medicine.

The amendment that I am putting forward today is cut-and-pasted text. It is the exact, precise language. It is a carbon copy—down to every last comma and period—of Representative JOHN CONYERS' bill, who is the Representative from Michigan, which has 115 Democratic cosponsors as I speak. It is an impressive 60 percent of the Democratic caucus in the U.S. House that supports and, in fact, has cosponsored this very bill—this very amendment—that I am putting on the floor here today.

In addition to the 115 House Members, who on the Senate side supports this bill? Well, moveon.org has circulated a petition in support of the Conyers' bill, and the bill has been endorsed by hundreds and hundreds of labor groups, medical groups, political groups, and civic organizations.

Let me be clear. I believe that socialized medicine would be a disaster for the American people. Last November, the American people voted to make America great again, not to make America like England again. Yet I believe that Montanans and the American people deserve to see us debate different ideas right here on the Senate floor. This is referred to as the greatest deliberative body in the world. Well, let's deliberate, including the leading idea coming from the other side of the aisle, which is why I have offered this amendment.

Mr. ROBERTS. Will the Senator yield for a question?

Mr. DAINES. Yes, Mr. Chairman.

Mr. ROBERTS. Mr. President, I am sorry that I did not catch all of the Senator's remarks, but I think he said that this is a vote on a bill that was introduced in the House.

How many cosponsors are on this bill? Is this a legitimate effort here?

Mr. DAINES. For those who are watching and observing, it is H.R. 676. There are 115 Democratic cosponsors on that bill as we speak.

Mr. ROBERTS. So this is a legitimate bill that is up. Well, it is not up for consideration now in the House.

Is this the Conyers' bill?

Mr. DAINES. It is the Conyers' bill. I did not write this amendment—this bill—that I am offering. We cut and pasted the precise text and are bringing it over here and offering it today.

Mr. ROBERTS. Is there at least a preamble to this bill or just an opening of a couple of paragraphs or something? Would the Senator describe it?

Mr. DAINES. Mr. Chairman, in preparing this and in reading this bill, for those who want to see the heart and soul—the vision—of the Democrats, they can be found in this first paragraph of the bill. In fact, I will read it. "The bill establishes the Medicare-for-all program to provide all individuals residing in the United States free healthcare."

It goes on to say a couple of paragraphs later: "Health insurers may not sell health insurance that duplicates the benefits provided under this bill."

If that is not a complete takeover of the healthcare system from the government, then you tell me what is.

Mr. ROBERTS. And that is in the bill?

Mr. DAINES. It is in the opening paragraphs of the bill, the preamble part.

Mr. ROBERTS. Well, I think we have a very honest choice. There has been a lot of talk about single payer. There was a lot of talk about it early on in the debate about ObamaCare. I recall in observations made by President Obama that this was the first step toward single payer. I understand that—well, I know that the former Secretary of Health and Human Services, Kathleen Sebelius, had the same plan, that ObamaCare was the first step toward single payer. All you are doing is just saying, OK, if that is the goal, bring it to a vote.

Mr. DAINES. Thank you, Mr. Chairman. I agree with you. That is what I am planning to do today.

I ask unanimous consent for an additional 6 minutes of debate equally divided between the managers or their designees.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. DAINES. As the chairman, the Senator from Kansas, just mentioned, I believe that Montanans and the American people deserve to see us debate

different ideas. That is why I brought this amendment to the floor today.

Earlier today, a couple of hours ago, my colleague from Vermont, Senator BERNIE SANDERS, was on the Senate floor suggesting that my amendment is intended to embarrass Democrats.

Senator SANDERS, my amendment shouldn't embarrass anyone. I am trying to show the American people—bring it out here in full light—who is supportive of socialized medicine and who is not. If you are supportive of that, why be embarrassed?

The Senator from Vermont announced that he wouldn't support the amendment unless I voted for the amendment myself. But let me be clear. I don't support socialized medicine. Senator SANDERS does. It is time to fish or to cut bait. Why are Senators on the other side of the aisle running for the hills when they now have the chance to vote on the gold standard bill their party supports?

Senator SANDERS and the Democrats who support Representative CONYERS' bill shouldn't be dependent on my support. Senator SANDERS said he would vote for it if I voted for it. Guess what. Tell the American people what you think. I think we should vote no on this. What say you?

The PRESIDING OFFICER. Who yields time?

If no one yields time, the time will be equally divided.

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

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

Mr. SANDERS. Mr. President, this is an exciting day. After years and years, some of my Republican colleagues have begun to understand that we cannot continue a dysfunctional healthcare system which allows 28 million Americans to have no health insurance, which forces us to pay the highest prices in the world, by far, for healthcare and even higher prices—outrageously high prices—for prescription drugs.

I understand that Senator DAINES has offered a Medicare-for-all, single-payer system, and I congratulate him. It sounds to me as though the Republicans are beginning to catch on about the need to transform our healthcare system and join the rest of the industrialized world.

So I say to Senator DAINES, if he is prepared to vote for this legislation and if he can get maybe five, six more Republicans to vote for this legislation, I think we can win it, and I think the United States can join the rest of the industrialized world and finally guarantee healthcare to all people.

So if Senator DAINES and five or six other Republicans vote for this, count

me in. And we are going to work together, finally, to provide healthcare to all people. But if Senator DAINES is just playing a political trick—I ask unanimous consent for 30 more seconds.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. SANDERS. Mr. President, if Senator DAINES is just playing a political trick and does not intend to vote for this legislation or have any other Republican vote for it, I would suggest that every Member in the Senate vote present on this bill.

The PRESIDING OFFICER. The question is on agreeing to amendment No. 340, as modified.

Mr. THUNE. 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 senior assistant legislative clerk called the roll.

Ms. BALDWIN (when her name was called). Present.

Mr. BENNET (when his name was called). Present.

Mr. BLUMENTHAL (when his name was called). Present.

Mr. BOOKER (when his name was called). Present.

Mr. BROWN (when his name was called). Present.

Ms. CANTWELL (when her name was called). Present.

Mr. CARDIN (when his name was called). Present.

Mr. CARPER (when his name was called). Present.

Mr. CASEY (when his name was called). Present.

Mr. COONS (when his name was called). Present.

Ms. CORTEZ MASTO (when her name was called). Present.

Ms. DUCKWORTH (when her name was called). Present.

Mr. DURBIN (when his name was called). Present.

Mrs. FEINSTEIN (when her name was called). Present.

Mr. FRANKEN (when his name was called). Present.

Mrs. GILLIBRAND (when her name was called). Present.

Ms. HARRIS (when her name was called). Present.

Ms. HASSAN (when her name was called). Present.

Mr. HEINRICH (when his name was called). Present.

Ms. HIRONO (when her name was called). Present.

Mr. Kaine (when his name was called). Present.

Ms. KLOBUCHAR (when her name was called). Present.

Mr. LEAHY (when his name was called). Present.

Mr. MARKEY (when his name was called). Present.

Mrs. McCASKILL (when her name was called). Present.

Mr. MENENDEZ (when his name was called). Present.

Mr. MERKLEY (when his name was called). Present.

Mr. MURPHY (when his name was called). Present.

Mrs. MURRAY (when her name was called). Present.

Mr. NELSON (when his name was called). Present.

Mr. PETERS (when his name was called). Present.

Mr. REED (when his name was called). Present.

Mr. SANDERS (when his name was called). Present.

Mr. SCHATZ (when his name was called). Present.

Mr. SCHUMER (when his name was called). Present.

Mrs. SHAHEEN (when her name was called). Present.

Ms. STABENOW (when her name was called). Present.

Mr. UDALL (when his name was called). Present.

Mr. VAN HOLLEN (when his name was called). Present.

Mr. WARNER (when his name was called). Present.

Ms. WARREN (when her name was called). Present.

Mr. WHITEHOUSE (when his name was called). Present.

Mr. WYDEN (when his name was called). Present.

The PRESIDING OFFICER (Mr. CASSIDY). Are there any other Senators in the Chamber desiring to vote?

The result was announced—yeas 0, nays 57, as follows:

[Rollcall Vote No. 173 Leg.]

NAYS—57

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

ANSWERED “PRESENT”—43

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

The amendment (No. 340), as modified, was rejected.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 389 TO AMENDMENT NO. 267
(Purpose: To provide for premium assistance for low-income individuals.)

Mr. ENZI. Mr. President, I call up amendment No. 389.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. STRANGE, proposes an amendment numbered 389 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 printed in the RECORD of July 26, 2017, under “Text of Amendments.”)

The PRESIDING OFFICER. Who yields time?

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

The majority whip.

Mr. CORNYN. Mr. President, this week we are about the business of keeping our promises. For 7 years, we have promised to help the millions of Americans who have been let down, not to mention deceived, by the promises of ObamaCare. It is absolutely critical that we fulfill our commitments.

This is not just about moving past the failures of ObamaCare but laying the groundwork for providing Americans access to better care. We said all along that we have four principles:

One is to help stabilize the insurance markets so people living in Iowa, for example, would make sure they have a place where they can actually buy health insurance.

It is about getting premiums lower by eliminating the mandates and making it possible for people to choose alternatives that happen to suit their needs at a price they can afford.

Third, we said we are going to continue to do everything in our power to protect people with preexisting conditions so they are not afraid about changing jobs and being excluded from their new employer’s insurance coverage because of something we have done here. We protect people against the preexisting conditions exclusion.

Fourth, what we said we want to do is to take Medicaid, an essential safety net healthcare program, and make sure we put it on a sustainable path. I know there are some in Washington, DC, who think we can just continue to spend borrowed money endlessly. Well, we can’t. It really jeopardizes the very viability of some of our most essential safety net programs like Social Security, Medicare, and, yes, Medicaid in this instance.

What we have done, and what we intend to do, working with our colleagues in the House, is to put Medicaid on a sustainable path while we grow the expenditures to Medicaid each year, over a 10-year period, by \$71 billion.

So those who say we are somehow gutting Medicaid or we are cutting

Medicaid, I think, they simply have to deal with those facts. I haven’t heard a satisfactory explanation for how you can conclude that somehow we are gutting Medicaid or cutting it when we are actually making it sustainable in the long run.

Throughout this process, what I have learned is, Senators have a lot of different ideas. Everybody has come to the table to try to help make this better. I would say, unfortunately, our Democratic colleagues have chosen not to participate in the process. This would be a lot easier—and the product we come up with would be a lot more durable over the long haul—if, in fact, Democrats would work with us.

The fact is, in this amendment process we are engaged in, and will be engaged in this evening, any Senator, Democrat or Republican, majority, minority party Member, can offer an amendment and get a vote on it. So I don’t really understand why our Democratic colleagues are sitting on their hands and will not participate in the process.

I fear what they want is to change nothing about the structure of ObamaCare, notwithstanding the failed experiment of the last 7 years. Then what they want to do is come back and throw money at the insurance companies under these cost-sharing risk pools. We are willing to do what we need to do to stabilize the insurance market, but I am not going to vote for an insurance company bailout without reform.

Leader McCONNELL reiterated yesterday that our constituents are counting on us. I can tell you, the 28 million Texans I have the great privilege of representing are counting on me and Senator CRUZ to do our part to come up with a solution. The Texan whose premiums have tripled and lost his doctor is counting on us. The ER employee who witnessed the emergency room busting at the seams with Medicaid patients—people who ostensibly have coverage under Medicaid but who can’t find a doctor who will accept a new Medicaid patient so they end up going to the emergency room—is counting on us. The small business owner who was forced to fire employees to avoid a \$100,000 fine, that person is counting on us too. The young woman coming out of nursing school who was forced to change her plan three times, only to end up with a plan with coverage options she didn’t want, at a price she could barely afford, she is counting on us too.

My constituents in Texas and Americans across the country are counting on us. They are sick and tired of the bickering and the lack of productivity here in Washington, DC, and I don’t blame them one bit. They are counting on us to free them from some of ObamaCare’s mandates that force them to make very tough economic decisions, like the 28 million people under ObamaCare who either pay a fine—about 6.5 million of them—or, the rest,

who claim hardship exemptions so they don't have to buy insurance. But in Texas alone, there are more than 400,000 Texans who earn less than \$25,000 a year who can't afford to buy the insurance. So they pay the fine to the government. So their government fines them for not buying a product they can't afford.

So now is the time to deliver some relief to our constituents. They are counting on us to keep the deeply personal choice of healthcare plans and doctors in their hands and not the Federal Government's. So it is time to deliver, and my goal is to make sure we find a solution and get it to the President's desk.

One of the most offensive parts of the Affordable Care Act—or we should have called it the un-Affordable Care Act, since premiums have gone up 105 percent since 2013 alone—is that people who were told a family of four would see a reduction of \$2,500 a year in their premiums have seen their premiums go up by more than \$3,000. There are a lot of stories—I am sure even here in this room, in this Chamber—where people simply have seen their premiums go up, up, and up along with their deductibles, basically denying them the benefit of their insurance. But the individual mandate is a prime example of government getting in the way of individual freedom and the right to choose.

The so-called individual mandate—we really should call this the penalty that government imposes on its citizens for failing to purchase a product they don't want and, in some cases, don't even need—forces them to do so at a cost that was crippling and continues to be crippling for many individuals and families.

Here is a shocking statistic. An estimated 8 million Americans pay the fine associated with this mandate each year. Eight million Americans are penalized by their own government, forced to pay a fine that could be used on coverage that might actually suit their needs. If ObamaCare would make it possible that the market could prosper and insurance companies offered a variety of products at different prices that people could choose from, maybe some of these folks could take the money they are paying their own government as a penalty and actually buy insurance coverage.

Then there is the employer mandate. This is one of the most pernicious of the mandates. I remember sitting with a friend of mine, who happens to own a small architectural firm in San Antonio, back when ObamaCare passed, and I explained to him: If you have more than 50 employees, then you are going to have to buy or provide ObamaCare-compliant healthcare for your employees.

He said: Well, I may have to lay off some people because we have 54 employees. So I am going to have to fire at least four of them to get below that 50-person threshold so I can avoid the

fine and the insurance that I can't afford to provide for my employees.

So this has literally been a job-kill ing employer mandate. This is not some benign or innocuous requirement. This has been one of the reasons why the economy has been so anemic even since the great recession of 2008, and this is the reason why so many people feel like the economy has not really recovered, because it hasn't provided them job opportunities and larger wages. So this mandate has stifled business growth, to be sure, especially among small businesses, which are the primary job engine of our economy. Oftentimes jobs were cut in order to avoid bankrupting the business through ObamaCare fines.

So Americans have been forced by their own government, no less—government is supposed to serve the people, not the other way around—to live under mandates, taxes, broken promises, and collapsing markets for too long. So this week is about keeping our promises, demonstrating that we can govern, even, unfortunately, without the assistance of our Democratic colleagues, and paving the way to tackle other important issues, like tax reform, infrastructure construction—things we need to do to keep the economy growing and moving forward.

So we will be hearing more about a possible solution and a way forward, something I call “the freedom to choose” plan, where we free the American people from the destructive impact of this so-called individual mandate, where we free small employers from the employer mandate, letting them hire the employees they need and not having to choose between that and bankruptcy.

And, yes, we are going to push more power out of Washington, DC, and back to the States. I know, based on the public opinion polling I have seen, that people sure trust their States a lot more than they trust Washington, DC, when it comes to healthcare. So we are going to provide the flexibility and tools that the States, the Governors, and the legislators need, as well as the insurance commissioners, to come up with a viable market using resources we are going to provide to them.

It would be better if we could all come together to find a solution to engage in debate—Republicans and Democrats alike—and pass a final product and get it to the President's desk. That is, actually, how the legislature is supposed to function. But unfortunately we are in unusual times, when almost half of the Senate refuses to participate. Actually, they will be actively trying to undermine our efforts to come to the rescue of the people that are hurting as a result of the deception and the failures of ObamaCare. I don't know how you explain that. You certainly can't explain it to constituents like I have. I bet you a dollar that every single one of the Senators here who is trying to blow up this process and undermine the progress we are

making has constituents back home who are suffering the same way my constituents are, but they are turning a deaf ear to them and saying: You know what, politics and party and ideology are more important to me than actually addressing the needs of my constituents. That is what their actions are effectively saying, and it is a shame.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. KENNEDY. Mr. President, I wish I could stand here today and tell you that the Affordable Care Act, or so-called ObamaCare, had worked. I wish I could sit here and tell you today that the American people were better off as a result of the Affordable Care Act, but I can't do that, and it gives me no joy in having to make that statement.

Now, as you know, Mr. President, not a single Republican voted for the Affordable Care Act. The Affordable Care Act was passed at President Obama's suggestion by the Democratic Members of the House and the Senate. They had a majority, and in this body the majority rules. I don't want to ascribe to the President or to our Democratic friends any ill motives whatsoever. They wanted what was best for the American people. It wasn't a question of bad motives. It was just a bad idea. It didn't work.

Let me say this another way. I believe that President Obama and our colleagues on the Democratic side of the aisle in the Senate and in the House of Representatives passed ObamaCare with the best of intentions. But, you know what, Mr. President—I know you also happen to be a physician—150 years ago, doctors used to bleed their patients with the best of intentions, and they stopped doing that. They did it. They didn't have any bad motives in doing it. They did it because they thought it would help the patient. It killed many of them. So they stopped doing it.

You know we were told when the Affordable Care Act, so-called ObamaCare—I don't mean any disrespect in calling it ObamaCare. President Obama himself refers to it as ObamaCare. When the Democrats in the Congress passed ObamaCare, I remember well what we were told because I wanted to believe it. The President said: If you like your insurance plan, you can keep your insurance plan. I think he meant that at the time. It wasn't true. It turned out not to be true.

The President said: If you like your doctor, you can keep your doctor. I think that is what he wanted, but you couldn't.

He said the Affordable Care Act would “cover every American and cut the cost of a typical family's premium by up to \$2,500 a year.” It is not even close.

President Obama said ObamaCare would “bend the cost curve for healthcare” without adding “one dime

to the deficit.” None of that was true. I think the President meant it at the time. I think he wanted it at the time. I know I did. I know you did, Mr. President. But it just turned out not to be true.

Now, the simple fact of the matter is—and I think every reasonable person has to conclude—that the Affordable Care Act has not worked for the American people.

Let’s talk about the exchanges. As you know, Mr. President, there are two parts of the Affordable Care Act. There are the exchanges through which people go and buy insurance directly from an insurance company, and then there is the Medicaid expansion. I want to talk about the exchanges for a moment.

In 2016, under ObamaCare, we started out with 281 insurance companies offering insurance to the American people. That is a good start. The problem is that now we have 141, and they are dropping like flies. In my State of Louisiana we are down to three. A third of all of the counties in America have only one choice—one insurance company that will still write insurance—and many of our counties have zero, none, nada, zilch. They can’t get insurance at all. They have been given a bus ticket, but there is no bus.

As for Louisiana, let me talk just for a moment about my State—our State—Mr. President. In Louisiana, premiums have gone up 123 percent on the exchanges since 2013. That is an average of a \$3,600 increase per plan. Nationwide, the average ObamaCare plan now costs 105 percent more than when it started. That is \$3,000 per person. What is particularly incredible to me, Mr. President—you know these statistics better than I do—in Louisiana we have 136,000 people who, rather than buying insurance off the exchanges, have chosen to pay the fine. Let me say that again: 136,000 people in my State have looked at the insurance offered to them, with the subsidies, and have said: We would rather pay the fine. Of that 136,000 who said they would pick the fine instead of the insurance, 84 percent of them make \$50,000 or less, 48 percent of them, or half, make \$25,000 or less. Now, do you know what that tells me? That tells me that 136,000 people in my State, most of whom are too poor to be sick, looked at the Affordable Care Act plan and said: We can’t afford it. We would rather pay the fine. We are better off paying the fine. So they are out of pocket the money for the fine, and they still don’t have insurance. No reasonable person would call that a success.

Let me give a couple more examples because we talk around here in concepts, and we all know what we are talking about, but average Americans who get up every day and go to work, who obey the law and pay their taxes, who try to do the right things for their kids and try to save money for retirement do not have time to deal in concepts. They are too busy earning a liv-

ing. They just want to know: What kind of health insurance do I have, and what is it going to cost? So let me give some examples right now from Louisiana. This is brought to you by the Affordable Care Act.

Let’s suppose that I am a 60-year-old, nonsmoking male who is living in Baton Rouge, LA. I am making \$50,000 a year. According to healthcare.gov—I did not make this up—the cheapest and most basic plan available to me would cost me \$689.14 a month, with a \$4,500 deductible, for a grand total of \$9,000 a year—deductibles, my out-of-pocket, plus my premiums. Now, I am 60 years old. I am living in Baton Rouge, LA, where the cost of living is not that high, and I am making \$50,000. The Federal Government has said: We have a great deal for you. Give us \$9,000, and then we might be able to give you some healthcare.

For that \$9,000, what do I get?

Suppose I say: OK. Here is my \$9,000. I don’t know where I am going to find it, as I am only making \$50,000 a year, and, of course, the government is taking some of that for taxes, but I find \$9,000 a year. Do you know what I get? I get four doctor visits, I get two lab tests, and I get nine prescription drugs and additional medical costs for a grand total of \$100. That is not insurance; that is giving somebody a bus ticket without a bus.

All right. Let’s suppose that I am a 50-year-old female. I don’t smoke. I am living in Lafayette, LA, which is to the west of Baton Rouge. I am making \$50,000 over in Lafayette. The most basic plan in Lafayette—once again, I am 50 years old. So I am not 60 now; I am 50 years old, a female, and I don’t smoke. The most basic plan, the cheapest plan I could get would cost me \$450 a month in premiums, with a \$4,800 deductible, for a grand total of \$6,550. So I have to go into my pocket for \$6,550 before I can get any kind of health insurance. That is not health insurance.

I would remind the Presiding Officer, as he is a physician who has been on the frontlines in caring for people in our charity hospital system in Louisiana—and God bless him for that—that the options I describe are the cheap ones. They are the most affordable ones. That is the best-case scenario.

Nobody wanted this. I know President Obama did not want it to turn out this way. I know our friends on the Democratic side did not. They wanted what was best for America. It was not a bad motive; it was just a bad idea.

What do we need? Everybody has his own opinion of that. That is what we are going to try to convince each other of over the next few days as we vote. I will tell you what I think we need. I think that in the healthcare delivery system, we do not need more government.

I know that some of my friends on the Democratic side think they have the solution, and I respect them for all of the time and care they have put into

this. Some of my friends on the Democratic side say they have the solution. Government has failed, they will admit. They do not say it very loudly, but they will privately say: We realize the government has failed with ObamaCare. Our prescription to fix it is more government, so let’s go to a single-payer system. Let’s have the Federal Government be in charge of everybody’s healthcare, and let’s let the Federal Government regulate our doctors and our nurses and our hospitals and our health insurance companies and our patients and our lab techs like they were utilities.

I have lived under a system like that. England has a system like that. You can not name me a single G20 country—not one—that has a single-payer system that is working. It is not the answer.

Quickly, because I am running out of time, here is what we need.

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

Mr. KENNEDY. I will conclude then, Mr. President. I thank him for his time and attention.

America needs a healthcare delivery system and deserves it like somebody designed the dagdum thing on purpose.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, there has been a lot of talk here on the Senate floor about this so-called skinny health package, and if you believe the reports, the skinny health package was going to be written today at the Senate Republican lunch. On the day that the Senate is supposed to vote, the future of American healthcare may have gotten an overhaul between the salad course and the entree.

I would like to talk a little about where things are and really contrast these reports about the skinny health package with the process that brought together the Affordable Care Act.

Our colleague, the Presiding Officer, now serves on the Finance Committee. There were dozens of hearings in the Finance Committee about the Affordable Care Act, and there were dozens of hearings in the HELP Committee. Both committees had markups that lasted longer than a week and incorporated ideas from both sides. I was a pretty junior member of the Finance Committee at that time, and I remember a flock of Republican amendments being added, in the Finance Committee, to the Affordable Care Act. When the bill came to the floor, the Senate debated it for 25 legislative days. It was the second-longest consecutive debate in history.

We are not seeing anything that resembles that today. You have a rush job. So I am going to try to spend a few minutes talking about what comes out when you have a rush job and about some of the red flags that I think my colleagues might want to think about, particularly some on the other side of the aisle who are thinking about voting for this skinny package.

Any Senator who believes that Medicaid makes it out of the skinny package without taking a hit ought to take a look again. Senator MURRAY and I spent a long time in working with the Congressional Budget Office to, in effect, get them to do some analysis of some of the ideas that are part of a CBO package. What the Congressional Budget Office said—and it is the impartial, nonpartisan umpire—is that under this skinny package that is not supposed to do any harm to Medicaid—and it is on the first page of the CBO report—Medicaid gets hit with a \$220 billion reduction for over a decade under this so-called skinny proposal.

So if you are one of our colleagues on the other side of the aisle who say they really feel strongly about Medicaid and about seniors—Medicaid, we all know, picks up the cost of two out of three nursing home beds, and it covers a wide variety of community-based services.

I have loved to watch the development of those community-based services. We started them in Oregon back in the days when I was the director of the Gray Panthers.

In this so-called skinny budget, according to the Congressional Budget Office, Medicaid would get hit with a \$220 billion reduction. I think my colleagues on the other side of the aisle who are saying “Hey, the skinny package isn’t going to have any implications for Medicaid” would want to take a look at it because I think the Congressional Budget Office is saying there really are implications for vulnerable seniors, for kids with special needs, for the disabled, and for all of those Americans who are walking on an economic tightrope every single month in balancing their food costs against their fuel costs and their fuel costs against their health bills.

The numbers on skinny repeal show that 16 million Americans will lose coverage and that premiums are going to jump by 20 percent immediately if it becomes law. Industry experts are saying there is not any way this can work. It just causes too much bedlam and uncertainty. It is like pouring still more gasoline onto the fires of uncertainty in the marketplace. Republican and Democratic Governors have come out against the skinny bill.

By the way, as the ranking Democrat on the Senate Finance Committee—I guess we have 100 percent of the Senators who are here who serve on the Finance Committee. I do not even see Republican Senators making much of an attempt to defend the skinny bill on its merits. In fact, in the halls, many of them seem to be telling folks, including some folks, I believe, in the press, that they are kind of worried about its becoming law.

There are a few directions for this process to take. It is possible that, if you pass it, the House could just take up the skinny repeal and then they could pass it. My guess is that when people around here think about what that means and what those CBO num-

bers mean, the premium hikes and the implications for Medicaid, they will look at those CBO numbers and probably get a little heartburn—my Republican colleagues in this Chamber who are thinking about being for this.

The other possibility is that passing the skinny repeal bill leads to a conference. I am telling you that if it heads to conference, a skinny repeal is sort of a gateway drug to TrumpCare. The fact that a conference is going to fix every problem and solve every disagreement is just fantasy. If this gets to conference and if suddenly there is a new Republican replacement plan that everybody likes—that is about as likely to happen as my joining the NBA for the upcoming season.

Let’s take an honest look at how the debate has unfolded.

Republicans have had 7 years to come up with a replacement to the Affordable Care Act that they can all agree to. Obviously, that has not worked out. In the Senate, the process flatlined until the majority leader began the shell game that has culminated in today’s vote. There were not 50 votes for TrumpCare here in the Senate. There were not 50 votes for repeal. That is why a skinny repeal is the only proposal left on the table. As I indicated, who knows what was done at the Republican lunch today at noon between the salad course and the entree?

Yet let’s be clear about what is likely to happen when the House gets involved. The guarantees that Members of this body will get to protect their constituents are out the window—kids with disabilities and older people—say, a baby boomer. My colleague in the chair, who is a skilled physician, understands this. You have a baby boomer who has had a stroke, who is in his late fifties, early sixties, and he is in a nursing home. He is going to really face some challenges in terms of how to be able to afford that care with the kinds of cuts that, on page 1 of the report to Senator MURRAY and me, the CBO has said it believes will take place in Medicaid.

We know these rural hospitals are the economic engine of communities. I have made eight stops on a rural healthcare listening tour in my home State, and what we see is, without rural healthcare, you aren’t going to have rural life. It is going to be particularly important because other efforts could conceivably result in seniors between 55 and 64 paying five times as much as younger people and getting fewer tax credits. Nobody can honestly say that the millions of Americans with preexisting conditions will be shielded from discrimination, and what a step backward that would be.

Before the Presiding Officer was here in this body, 14 Senators—7 Democrats and 7 Republicans—joined me in the 2008, 2009 period. Many of them are still here on both sides of the aisle. Republicans were a part of the effort and Democrats were a part of the effort. We

wrote a bipartisan bill that had airtight, loophole-free protection for those who have preexisting conditions. We got it in the Affordable Care Act. All of the Senators who joined on that bill ought to feel pretty good about taking a big step to move America away from healthcare that is just for the healthy and wealthy. Now we are talking about the prospect of policies that will walk that back.

It is my view that the clear choice for my colleagues who don’t like the risks in skinny repeal and don’t like TrumpCare is to reject the process. It seems to me the surest way to prevent a bill you don’t like from becoming law is to vote against it. Quaint idea: Just vote against it.

I want to turn, as well, to another bit of breaking news, which comes from our Parliamentarians who do so much good work, and they have an extraordinarily stressful job. Another key part of the Republican plan has been deemed ineligible in the last few hours to move forward via the partisan approach—reconciliation. The decision pertains to a proposal that lets States undo the consumer protections built into insurance marketplaces under the Affordable Care Act. That proposal will not get fast-track privileges or a 50-vote threshold under reconciliation here on the Senate floor.

Here is what that section of the bill was all about. I wrote a provision—and, again, our group of 14 bipartisan Senators, seven Democrats and seven Republicans, can take credit for this as well—about an issue that the Presiding Officer and I have talked about a number of times: letting the States be the laboratories of democracy, taking the lead on creative health solutions.

So out of our bipartisan bill—14 Senators—we said that we are going to give the States the chance to do better. The States would have the chance to do better. When we did it, we got some flak from all over the political spectrum. But we pushed very hard, and we got it in to the final legislation. It was about providing flexibility to States because so many on both sides of the aisle—my guess is our friend from Pennsylvania, and anyone who is on the Finance Committee, has heard again and again that State officials, business leaders, and others have said: If you just give us the freedom, we can do better. They don’t say: Give us the freedom to let us do worse. They say: Give us the freedom to let us do better.

That is what section 1332 was all about. It said that States could chart their own course on healthcare as long as they were going to do better—better for coverage, better for affordability. They made it clear that if you feel you can do better—if the Louisiana Legislature says: We have ideas for what works for Louisiana, which may not necessarily work for Oregon; give us the freedom to go do our thing—that is in the Affordable Care Act, the freedom to do better.

I would be the last person to tell my friend from Louisiana, a skilled physician who has a great interest in health policy—I would be the last person to say: Hey, I am going to dictate to Louisiana what an approach involving a waiver should be all about. It is quite the opposite. I am prepared to say to Louisiana, to Pennsylvania, to all of our colleagues, if you have ideas that are going to do better by people—better coverage, more affordable—God bless you and your constituents. That is what 1332 is all about.

We said that all we are going to say is we have to have some basic consumer protection here. You can't just get a waiver and go off and do nothing or just spend the money on some pork kind of project; you have to do better by people—better coverage, more affordable coverage, having basic consumer protections. The Senate TrumpCare bill tried to basically throw those consumer protections out the window. States would be able to get waivers to opt out of basic consumer protections—basic, plain, vanilla consumer protection for coverage and affordability. My view was that kind of stuff is a backdoor way to set up junk insurance—junk insurance that wouldn't cover much more than gauze bandages and aromatherapy.

Some people may wonder why this is important today, since the Senate resoundingly voted down the Better Care Reconciliation Act earlier this week.

The answer is that my colleagues on the other side still seem to be trying to shoehorn this scheme for worse coverage—not better coverage—under a waiver into the skinny repeal proposal the Senate is going to vote on in a matter of hours. But the decision has come down. The decision has come down from the Parliamentarian that regulatory changes that gut consumer protection, that was right at the heart of that waiver in the Affordable Care Act, isn't going to fly. And, frankly, I think it calls into question what the Parliamentarian said—it calls into question whether any of these big anti-consumer schemes are going to get 50 votes.

So this is yet more uncertainty ahead if Senate Republicans pass this skinny repeal bill and the debate drags on.

Now, at the risk of boring our wonderful pages and the staff who have heard me on the floor saying this before, there is a bipartisan approach. I think I have shown my bona fides over the years with respect to bipartisanship. I mentioned our universal coverage bill—the first time Republicans, Democrats came together and said that this is something where there is common ground because it is common sense. I have worked with colleagues who are perhaps some of the most conservative Members of the Congress on initiatives to move healthcare forward. That is what I have wanted to dedicate my entire professional service to—bipartisanship in health. Ever since

those days with the Oregon Gray Panthers, that is what I always thought was the most important thing because if Senator TOOMEY, the Presiding Officer, all of our colleagues—all the people here—if you don't have your health, then pretty much everything else is uphill. So healthcare has always been the most important issue—an important issue we have to deal with in a bipartisan way.

I have said—which is why I wanted to alert the pages and the professional staff about the prospect of true boredom and just nodding off through the afternoon—that there is an alternative. If Republicans drop the reconciliation, the our-way-or-the-highway approach, colleagues on this side have said that they want to work on a bipartisan basis. It doesn't take rocket science to figure out what that needs to be.

The first thing that Democrats and Republicans would do is stabilize the private insurance market—the first thing. Everyone over here has said that the Affordable Care Act is far from perfect. We have colleagues here, including Senator Kaine with his reinsurance proposal, Senator SHAHEEN with her cost-sharing effort, Senator McCASKILL to try to help areas where there is little or no coverage, and I am certain there are Republicans who have ideas that would be part of a good bipartisan package if we drop this our-way-or-the-highway partisan approach.

We ought to be working together to bring down prescription drugs prices. I have spoken on a number of occasions with the Presiding Officer about the fact that literally out of nowhere over the last few years we saw a whole industry develop around prescription drugs, where a bunch of middlemen are supposed to be getting the consumer a good deal on medicine, but nobody knows what they put in their pocket and what they put in the consumers' pocket. They are called pharmaceutical benefit managers. So I said: How about a little sunlight on that? How about a little sunshine, the best disinfectant?

I sure think people ought to be able to work together on those kinds of things. That, colleagues, is not what is on offer right now.

I urge my colleagues to say: We are getting out of this shell game. Nobody has to accept the skinny repeal option or the dictates of the other body. If you are unhappy with the option on the table—and I hope more people will be unhappy now that I have outlined what some of the key considerations are in this Budget Office report Senator MURRAY and I worked hard to get—I hope some people are going to think again, especially on the other side of the aisle, about voting it down. Twenty percent premium hikes—those go into effect on January 1 of 2018. And I expect we will have more information on it, but I think there are going to be 20-percent hikes after that. That is real. That is not what some interest group made up or some liberal partisan or

anybody else who has an ax to grind. That is what our impartial umpire found.

So if you are unhappy with a proposal with those kinds of options, you ought to vote it down.

I want to close by way of echoing a point that so many colleagues on this side have said. This is not about saying: Look, we are just against what you want to do. Quite the opposite. For all my time in public service, I have said what I want to do is try to find common ground with people with common sense.

Let us defeat this skinny, sham, shell game kind of process that looks like what we are going to be voting on tonight and then get serious about doing what legislators do, which is not take each other's crummy ideas, but take good ideas and work on them in a bipartisan way.

Mr. President, I yield the floor.

Mr. LEAHY. Mr. President, on Tuesday, the Vice President cast a tie-breaking vote to move to debate on a healthcare reconciliation bill, the contents of which even now remain a mystery to most of us.

This vote to proceed without a transparent path forward underscores a process that has, from the beginning, been politics and policymaking at their worst. You would think that, after 7 years of campaigning to repeal the Affordable Care Act, the majority would have a plan in place to do just that. Instead, a dozen or so male, Republican lawmakers met behind closed doors, shielded from public view, to negotiate a grand plan to repeal the Affordable Care Act and make devastating cuts to the Medicaid Program—no hearings, no debate, no process. This is not the path taken when we considered, debated, and approved the Affordable Care Act. This is not the way the Senate, the greatest deliberative body in the world, should conduct such far-reaching and impactful business. This is not the Senate that I know and respect.

In spite of multiple drafts and a go-it-alone, hyperpartisan philosophy, the majority leader was still unable to garner enough support within his own Caucus to pass a sweeping healthcare bill. I joined with many Democrats to offer motions to get the Senate back to regular order and have the appropriate committees study the effects of these policies on Medicaid beneficiaries and those with disabilities, on women and children, on seniors and the most vulnerable, but Republicans voted down those efforts and plowed ahead. During this debate, the Senate has also considered multiple amendments to rewrite the Affordable Care Act. Each of these amendments would have caused tens of millions of Americans to lose insurance and would have made it harder for those with preexisting conditions to obtain coverage. When those amendments failed, the Republican leadership attempted to fully repeal the Affordable Care Act. That did not work either.

The collapse of these ideas should have resulted in a renewed spirit of bipartisanship, where we could work together to stabilize and improve the health insurance markets. Instead, the Republican majority is so intent on voting on anything, that we are considering voting to repeal two or three policies from the Affordable Care Act solely in order to get something through the Senate and into conference with the House. This is nothing more than legislative malpractice. We are presumably considering a bill that will devastate our health insurance markets, and the best reason the Republicans can come up with for supporting final passage is “because we said we would.”

The notion that this majority would reduce themselves—and the Senate—to finding the lowest common denominator in order to move ahead with a policy of this magnitude is not only absurd, it is dangerous. While all the versions of the Republican plans we have seen differ slightly, they all have the same, basic structure. Let’s call these plans what they are: a massive tax cut for the wealthy on the backs of pregnant women, children, and the disabled who depend upon Medicaid for their health coverage. It is a tax plan in the guise of a health plan. We are considering massive entitlement reform bills that the Republican majority is trying to sell as fixes to the Affordable Care Act, but we know that these bills would fix nothing and would instead create tremendous new challenges.

According to the nonpartisan Congressional Budget Office, CBO, each of the various Republican proposals would cause at least 22 million people to lose their health insurance. For instance, the CBO projected that the Senate Republican’s first proposal would result in marketplace enrollees paying on average 74 percent more towards their premiums for a plan in 2020 than under current law. Another proposal offered by the majority would result in higher deductibles, rising from \$3,600 under current law to \$6,000. Under this one proposal, Americans would be expected to pay more money for less care. And as if the Medicaid cuts in the House bill were not deep enough—which caused the President to call the bill “mean”—another Senate Republican proposal would double down and even deepen Medicaid cuts beginning in 2025. The Senate’s proposals have certainly not been less “mean” than the House bill. If anything, the Senate’s bills are meaner.

In Vermont, the effects of any of these bills would be disastrous. Since the passage of the Affordable Care Act, Vermont has made exceptional progress to cut the rate of uninsured Vermonters by half. The number of uninsured Vermonters is now less than 4 percent. Because of the Medicaid Program and the Children’s Health Insurance Program, known as Dr. Dynasaur in Vermont, 99 percent of children have

health insurance in our State. TrumpCare, in any version, places Vermont’s progress at risk.

Vermont has also worked on new and innovative ways of delivering healthcare, which has brought down costs and increased coordination of care. One of the most significant ways Vermont has done this is through existing flexibility in Medicaid. It is through the Medicaid Program that Vermont has offered comprehensive treatment and counseling services for those suffering with opioid addiction. In Vermont, 68 percent of those receiving medication-assisted treatment for opioid addiction are Medicaid recipients. If hundreds of billions of dollars are cut from the Medicaid Program, States will be forced to limit coverage, jeopardizing Vermont’s ability to overcome this crisis. Provisions that cap Medicaid spending do not create “flexibility” in Medicaid. This policy would instead force States to ration care.

This spring, I met a Vermont mother who has two young daughters. Both of her daughters suffer from cystic fibrosis. Luckily, they have the disease mutation that allows them to benefit from new drug therapies, but it is because of Medicaid that they have the resources necessary to afford the \$20,000 per month that it costs to provide medication for each of her children. How can we tell this mother that her daughters might no longer be able to take this medication because of fiscal constraints in Medicaid? How can we tell future children who should have access to Medicaid that it was more important to give the wealthiest Americans a tax cut?

I heard from another woman in Norwich who shared this story with me: “Five years ago, both on the same day, my husband and I were diagnosed with cancer. The fact that we are both alive today is entirely thanks to President Obama. My treatment alone involved two hospital admissions, four months of chemotherapy, and fourteen surgeries. I still take drugs every day. There is no way we could have afforded any of this without Obamacare. Before the ACA, our health insurance costs—both premiums and deductibles—were sky high. My husband and I used to avoid going to the doctor, reserving that luxury for our three children. Without Obamacare, it’s entirely possible that we wouldn’t have had the check-ups that led to our diagnoses.”

These TrumpCare proposals are not healthcare bills. A true healthcare bill would not kick millions of Americans off health insurance. A true healthcare bill would not allow insurance companies to charge people more for less coverage. A true healthcare bill would not move us backwards to a time when healthcare was unaffordable.

Instead, we should be working on proposals that improve our existing system. Where there are deficiencies, let’s fix them. Where we can find common ground, let’s act. One of the first things we should do is stabilize the in-

surance market by making cost-sharing payments permanent. We should also be working to reduce the cost of prescription drugs, which is why I have introduced a bill, along with Senator Grassley, that would help reduce drug costs by helping generic alternatives come to market faster. The American people expect us to work on real solutions. We should not be voting on a cobbled together plan where the primary goal seems to be to get to 50 votes, rather than actually improving our health insurance system. Importantly, no Member should vote on a proposal unveiled at the eleventh hour, with no debate—a proposal that will impact such a large component of our economy and tens of millions of Americans.

Was the Affordable Care Act absolutely perfect when it was passed? No, and we acknowledged the need for continual improvement as the ACA would be implemented. Unlike other important social programs that have been created over the years—such as Social Security and Medicare—Republicans have not allowed us the opportunity to improve, strengthen, and perfect it over time. Those programs were also not perfect, but instead of playing partisan games, Republicans and Democrats came together to get something done, time and time again. We did not vote to repeal the Social Security Act. No, we came together and we discussed what needed to be done to better help the American people, not unravel their safety net.

I hope that we can end this dangerous exercise and move forward in a responsible way. Let us act on the best interests of our constituents and not resort to cynical, bumper-sticker politicking. At its best, the Senate has been able to act as the conscience of the Nation. I hope now is such a time and that the Senate will rise to the occasion to defeat this harmful bill.

Mr. BLUMENTHAL. Mr. President, I had previously submitted to the RECORD my intention to submit a motion to H.R. 1628 regarding the Prevention and Public Health Fund. That motion was also supported by Senator NELSON.

Mr. FRANKEN. 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.

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 within 3 days with changes that are within the jurisdiction of such Committee to strike provisions that would repeal the medical loss ratio and allow insurers to spend less of their revenue from premiums on providing high quality medical care and more on corporate profits and administrative overhead.

Ms. HIRONO. Mr. 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. Hirono 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 the loss of health care coverage, increased out-of-pocket health care costs, or increased taxes for any individual in the State of Hawaii, with such changes maintaining the deficit neutrality of the bill over the 10-year budget window.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Hirono 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, for each calendar year that begins after the date of enactment, each State shall provide medical assistance through the State Medicaid program to any individual residing in the State who is between 50 and 64 years of age and who demonstrates that the least expensive private health insurance coverage available to such individual would require the individual to pay premiums that would exceed 9.5 percent of such individual's income.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Hirono 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, for each calendar year that begins after the date of enactment—

(A) each State shall provide medical assistance through the State Medicaid program to any individual residing in the State who is between 50 and 64 years of age and who demonstrates that the least expensive private health insurance coverage available to such individual would require the individual to pay premiums that would exceed 9.5 percent of such individual's income; and

(B) The Federal medical assistance percentage applicable to medical assistance provided by a State under the State Medicaid program to individuals described in paragraph (1) shall be equal to 100 percent.

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Hirono 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 prohibit tax credits from being used for a qualified health plan which has an annual or lifetime cap on benefits, or any plan which does not cover all necessary treatment for a condition until cured (including rehabilitation or reconstruction procedures).

Ms. HIRONO. 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.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Hirono 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 any child who is enrolled in a State Medicaid program shall not be disenrolled from such program without proof that the child has alternative insurance coverage that is equally affordable and that provides at least the same level of coverage.

Ms. DUCKWORTH. Mr. President, I ask unanimous consent that the text of these 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) ensure the reduction of infant mortality.

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) ensure that the bill will not reduce funding for, or otherwise harm, rural telehealth programs.

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 any provision in the bill that results in decreased access to preventive or primary care services for low-income children.

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 any provision in the bill that results in decreased access to habilitative or rehabilitative services for children with disabilities or children with medically complex needs.

Mr. BROWN. 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.

This motion would commit the bill to the Finance Committee with instructions to eliminate all provisions that would increase healthcare costs for the middle class and those struggling to get into the middle class.

I am offering this motion because healthcare costs are already too high

for hard-working Ohioans, and this bill would make them even higher. We ought to be working to bring down costs; yet as my colleague Senator HELLER said, there is nothing in this bill that would lower premiums.

The first test of a bill should be, do no harm so I would hope all my colleagues will join me in ensuring that any bill that comes out of this body doesn't saddle working families with higher healthcare bills.

My motion is supported by the following Senators: BALDWIN, BLUMENTHAL, WHITEHOUSE, HIRONO, FEINSTEIN, LEAHY, VAN HOLLEN, HARRIS, FRANKEN, CARPER, UDALL, COONS, MENENDEZ, DUCKWORTH, DURBIN, REED, STABENOW, WARREN, BOOKER, NELSON, and KLOBUCHAR.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Brown 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 increase health costs for the middle class and those struggling to get into the middle class.

Mr. CARPER. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Health, Education, Labor and Pensions, HELP, Committee with instructions to ensure the bill does not harm or reduce the size of the individual health insurance market risk pool in any State.

I am offering this motion to ensure that the healthcare bill does no harm to the States' individual and small business health insurance markets by fracturing or reducing insurance market risk pools in ways that would drive up health insurance premiums and deductibles for older Americans or Americans with preexisting conditions.

The following Senators support my motion to commit: Senators COONS and 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. Carper 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 does not weaken or reduce the size of the individual market risk pool in any State.

Mr. CARPER. Mr. President, I intend to offer a motion to commit the reconciliation bill to the Finance Committee with instructions to ensure the bill includes reforms to our healthcare system that lower healthcare costs and improve health outcomes.

I am offering this motion because the healthcare bills before us make devastating changes to our country's healthcare system that endanger Americans' access to healthcare and raise healthcare costs for all Americans, but contains no commonsense reforms to our healthcare system that drive down underlying healthcare costs and improves health outcomes. Millions of Americans wrestle with unaffordable healthcare costs and our fee-for-service healthcare system remains inefficient and wasteful. Instead of passing the buck to States and reducing access to healthcare for low- and middle-income Americans, we should be focusing on reforms that can improve the healthcare system and lower healthcare costs for all Americans.

The following Senators support my motion to commit: Senators COONS and 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. CARPER 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 improves health outcomes and lowers health care costs.

Mr. MARKEY. 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 LEAHY, 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

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) eliminate provisions that would reduce the Federal Government's financial commitment to currently active and successful Medicaid waivers under section 1115 of the Social Security Act that are promoting the objectives of title XIX of such Act.

Mr. COONS. 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 Senator BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. COONS 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 within 3 days, not counting any day on which the

Senate is not in session, with changes to prohibit a State through a waiver from allowing annual and lifetime limits to be applied by a health insurance issuer with respect to any essential health benefit defined by the Secretary of Health and Human Services under section 1302(b) of the Patient Protection and Affordable Care Act (42 U.S.C. 18022(b)).

Mr. COONS. 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 Senator BLUMENTHAL.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. COONS 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 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 the President to notify in writing any individual who receives a cut in health care benefits, lower quality health insurance, or loses health insurance altogether that these changes are the result of H.R. 1628, the Trumpcare bill.

Mr. COONS. 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 DURBIN, BLUMENTHAL, BALDWIN, and BROWN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. COONS 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 elect to waive essential health benefits under section 1332 of the Patient Protection and Affordable Care Act provide for new essential health benefits that provide at least a level of coverage that is equal to the essential health benefits coverage of Members of Congress.

Mr. COONS. 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 VAN HOLLEN, BALDWIN, BROWN, LEAHY, HARRIS, FRANKEN, STABENOW, CARPER, UDALL, HIRONO, MENENDEZ, REED, DURBIN, WARREN, BLUMENTHAL, DUCKWORTH, MARKEY, FEINSTEIN, KLOBUCHAR, and SHAHEEN.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. COONS 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 increases the number of Americans with health coverage rather than stripping millions of coverage.

Mr. COONS. 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 and MENENDEZ.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. COONS 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—

- (1) are within the jurisdiction of such committee; and

(2) expand the 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 increase other limitations under the credit.

Mr. MURPHY. Mr. 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 provisions that would lead to increased premiums and out-of-pocket costs for individuals with rare diseases.

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 destabilize health insurance markets.

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 lead to increased premiums and out of pocket costs for 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 provisions that would lead to increased premiums and out of pocket costs for Americans with Alzheimer's disease.

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 lead to increased premiums and out-of-pocket costs for pediatric 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 lead to increased premiums and out-of-pocket costs for Americans older than 55 years.

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 lead to increased premiums and out-of-pocket costs for disabled veterans.

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 lead to increased premiums and out-of-pocket costs for individuals with mental health or substance use disorders.

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 lead to increased premiums and out-of-pocket costs for individuals with breast cancer.

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 lead to increased premiums and out-of-pocket costs for domestic violence victims.

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Health, Education, Labor, and Pensions to report back with changes that ensure the bill includes a provision establishing a robust public health insurance option that is affordable and high quality, that provides comprehensive benefits, and that may be offered on the Federal and State exchanges.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders 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 includes a provision establishing a robust public health insurance option that is affordable and high-quality, that provides comprehensive benefits, and that may be offered on the Federal and State Exchanges.

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Finance to report back with changes that ensure that no provision in the bill will reduce or eliminate the amount of Medicaid funding provided to schools under current law.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders 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 will reduce or eliminate the amount of Medicaid funding provided to schools under current law.

Mr. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Finance to report back with changes that ensure the bill includes a provision to lower the eligibility age for Medicare benefits to age 55.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders 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 includes a provision to lower the eligibility age for Medicare benefits under title XVIII of the Social Security Act to 55 years of age.

Ms. HEITKAMP. Mr. President, I intend to offer the following motion to H.R. 1628. I ask unanimous consent that it be printed in the RECORD and that the RECORD acknowledge the support of this motion by Senators UDALL, CANTWELL, CORTEZ MASTO, HEINRICH, 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

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;

(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. SANDERS. Mr. President, I ask unanimous consent that a motion to commit be printed in the RECORD to instruct the Committee on Health, Education, Labor and Pensions to report back with changes that are based on hearings held by the committee.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Sanders 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 within 3 days with changes that are within the jurisdiction of such Committee based on hearings held by the Committee.

Mr. MARKEY. 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.

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 the following amendment (inserted at the appropriate place):

SEC. . . . REGULAR ORDER.

Notwithstanding any other provision of law, nothing in this Act, including the amendments made by this Act, shall take effect until the both the Senate and the House of Representatives pass this Act through regular order.

Mr. MARKEY. 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.

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 the following amendment (inserted at the appropriate place):

SEC. . . . REQUIREMENT TO HOLD CONFERENCE.

Notwithstanding any other provision of law, no provision of this Act, including any amendment made by this Act, shall take effect until a bipartisan conference has been convened and produced a conference report with respect to this Act, and such conference report has passed the Senate and the House

of Representatives. The conference committee shall hold multiple public meetings and consider the input of stakeholders.

Ms. HIRONO. 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.

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

MOTION TO COMMIT WITH INSTRUCTIONS

Ms. Hirono 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 strike any provisions that restrict or prohibit Federal funding to Planned Parenthood health centers or other high quality family planning providers, or discriminate against providers based on the provision of constitutionally protected reproductive health care.

Mr. MERKLEY. Mr. 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance coverage for 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 result in the loss of health insurance coverage for 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance coverage for 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 result in the loss of health insurance coverage for infants.

MOTION TO COMMIT WITH INSTRUCTIONS

Mr. Merkley moves to commit the bill H.R. 1628 to the Committee on Finance with in-

structions 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 result in the loss of health insurance coverage 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 result in the loss of health insurance 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 result in the loss of health insurance coverage for Veterans of the Wars 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance coverage for people with pancreatic cancer.

the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 in-

structions 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 result in the loss of health insurance 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 in-

structions 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 result in the loss of health insurance 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 result in the loss of health insurance coverage for people with Parkinson's.

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 result in the loss of health insurance coverage 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 result in the loss of health insurance coverage 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 result in the loss of health insurance coverage for people with Lou Gehrig's Disease (ALS).

Mr. CARDIN. Mr. 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 strike any provision that would eliminate, limit access to, or reduce the affordability of pediatric dental services by repeal all or part of the Patient Protection and Affordable Care Act, ACA, or otherwise negatively impact children's access to coverage or such services.

I am offering this motion because the Finance Committee should review the implications of depriving millions of children of access to dental care. An estimated one of five children aged 5 to 11 years and one of seven adolescents aged 12 to 19 years in the U.S. have at least one untreated decayed tooth. Consequently, tooth decay has led to 51 million school hours lost annually, and related dental disease can cost billions to our healthcare infrastructure. Early childhood cavities and related oral health complications also disproportionately affect low-income families and minority communities.

The ACA has expanded access to dental services nationwide by designating pediatric dental services as one of the essential health benefits. Expanding access to affordable dental benefits is essential to securing the health and well-being of our children. Many have heard me speak before about the tragic loss of Deamonte Driver, a 12-year-old Prince George's County resident, in 2007. Deamonte's death was particularly heartbreaking because it was entirely preventable. What started out as a toothache turned into a severe brain infection that could have been prevented by an \$80 extraction.

We cannot let what happen to Deamonte happen again.

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) would strike any provision that would—

(A) eliminate, limit access to, or reduce the affordability of pediatric dental services by repealing all or part of the Patient Protection and Affordable Care Act, or

(B) otherwise negatively impact children's access to coverage of such services.

Mr. CARDIN. Mr. 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 or reduce access to affordable preventive services that are currently offered without copayment or cost-sharing under the Patient Protection and Affordable Care Act, ACA, including blood pressure screening, colorectal screening, breast cancer screening, cervical cancer screening and domestic and interpersonal violence screening and counseling.

I am offering this motion because the Finance Committee should review the implications of reducing access to affordable preventative services to millions of Americans. A key provision of the ACA is the requirement that private insurance plans cover recommended preventive services without any patient cost-sharing. Chronic diseases, such as heart disease, cancer, and diabetes, are responsible for 7 of every 10 deaths among Americans each year and account for 75 percent of the Nation's health spending. Research has shown that evidence-based preventive services can save lives and improve health by identifying illnesses earlier, managing them more effectively, and treating them before they develop into more complicated, debilitating conditions.

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) would strike any provisions that would eliminate or reduce access to affordable preventive services that are currently offered

without copayment or cost-sharing under the Patient Protection and Affordable Care Act, including blood pressure screening, colorectal screening, breast cancer screening, cervical cancer screening and domestic and interpersonal violence screening and counseling.

Mr. CARDIN. Mr. 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 strike any provision that would eliminate, limit access to, or reduce the affordability of health services for homeless individuals.

I am offering this motion because the Finance Committee should review the implications of depriving millions of children of access to dental care. On any single night, over 500,000 people experience homelessness. On any single night over 50,000 of these individuals are homeless veterans. Many individuals experiencing homelessness have significant healthcare needs and may suffer from mental health conditions, substance use disorders, and chronic diseases like diabetes, asthma, and hypertension. Without access to health services, individuals tend to use hospitals and emergency departments at high rates, driving up overall healthcare costs. The Patient Protection and Affordable Care Act, ACA, has greatly decreased the uninsured rate among homeless individuals, leading to better health outcomes, and creating stability in the individual's life. Health centers that treat the poor and homeless in States that expanded Medicaid report that 80 or 90 percent of their patients are now covered by insurance.

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) would strike any provisions that would eliminate or reduce access to health services for homeless individuals.

Mr. CARDIN. Mr. 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 strike any provisions that would eliminate or reduce access to mental health services and substance use abuse treatments.

I am offering this motion because the Finance Committee should review the implications of reducing access to mental health services and substance use treatment to millions of Americans.

An estimated 43.6 million Americans ages 18 and up experience some form of mental health condition, and over 20 million adults have a substance use disorder. Of these, over 8 million have both a mental health condition and a substance use disorder. That Patient Protection and Affordable Care Act, ACA, has been vital to giving these individuals access to affordable treatment options where they had none before.

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) would strike any provisions that would eliminate or reduce access to mental health services and substance abuse treatments.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. TOOMEY. Mr. President, I ask unanimous consent to speak on the healthcare topic for 15 minutes.

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

Mr. TOOMEY. Mr. President, I am going to speak mostly about some Medicaid reforms that were proposed in the BCRA, but in the course of the discussion, I am going to touch on some of the issues that our colleague who just finished raised.

As we know, the BCRA bill is not going to be the vehicle we will take to a conference committee with the House, but I hope we will get to a conference committee with the House, and I hope the result of that, among other things, is that we will address the need to make important reforms to Medicaid because they are long overdue.

I will start with a chart which illustrates our Federal deficits and what exactly is driving our Federal deficits. The fact is—I think we all know here—we have two big categories of Federal spending. One is the discretionary spending which Congress approves at Congress's discretion every year. The other category is the programs on autopilot—programs where spending is driven by a person's eligibility for the program without Congress acting in any way.

That latter category we call mandatory spending. In 1980, that was only 50 percent of the Federal budget. By 1995, it was 64 percent. Last year, it was 70 percent of our entire budget, and we are on a path to have these mandatory spending—the blue line. We can see the growth in mandatory spending. We can see the relative lack of growth in the other categories of spending, be it defense or nondefense discretionary spending.

The budgetary problem we have is mandatory spending. This is not breaking news. This is nothing that is controversial. Anybody who has taken an honest look at the numbers can come to no other conclusion. The discretionary portion of the budget, which used to be the lion's share of the budget, has been relatively flat. Actually, it has even declined in recent years. The mandatory spending has been going through the roof.

Of course, there are multiple problems with this, not the least of which is—at this kind of growth in mandatory spending—the first thing it does is it squeezes out all other categories of spending. We are already living through that, as the discretionary spending—including on our Nation's defense—has been declining because you can't do so much of both, but in time you could zero out all the discretionary spending, and there still will not be enough for all the mandatory spending which is coming our way if we stay on the path we are on.

Where is all this mandatory spending coming from? The next chart shows that pretty clearly. The bulk of mandatory spending, especially in recent years, is from Medicaid. The reason I say that is, Social Security is a big program, but Social Security has a dedicated revenue stream. The payroll tax historically used to cover all of it. For a while there, it covered more than the ongoing payments for Social Security. While that fluctuated when we suspended the payroll tax, by and large, the payroll tax pays most of the Social Security costs that we have day-to-day.

Medicare also has a revenue stream that is dedicated from payroll taxes, but it doesn't cover nearly as large a percentage of the Medicare costs as Social Security so we see the green line generally is higher than the blue line.

The line which is higher than all by far is the Medicaid line because there is no dedicated revenue stream to Medicaid, and the net expense, therefore, is by far the biggest of all our entitlement programs.

Medicaid has been growing at a really shocking rate for years. In 1980, Medicaid spending was only 2.4 percent of our budget, a half a percent of our economy; by 1995, it was almost 6 percent of our budget; and today it is 10 percent of our whole budget, 17 percent of all healthcare spending. So this is happening because Medicaid is growing much faster than our economy is growing.

The fact is, no Federal program can grow faster than the economy indefinitely because the economy has to fund the entire Federal Government. Hopefully, funding the government is only a portion of what our economy is doing. The main purpose of our economy is to provide a livelihood for the people who create it, but Medicaid, as we can see, is growing at a staggering rate compared to our economy as measured by GDP.

This picture right here summarizes, really, for me the very definition of an unsustainable Federal program because as it continues to grow at a rate that is much greater than our economy, it necessarily is consuming an ever greater percentage, an ever greater portion of our economy and our Federal budget. Nothing can grow faster than our economy indefinitely. It is just arithmetic. Eventually, it would become bigger than the economy, which is obviously an impossibility, and long before that happened, it would cause a fiscal crisis. This is the very essence of what is unsustainable.

You don't have to take my word for it, and I am certainly not the first person to observe this. We could take the words of Democratic President Bill Clinton, who told us this very thing. Back in 1995, President William Jefferson Clinton said:

We all now, looking ahead, know that our number one entitlement problem is Medicare and Medicaid. They are growing much more rapidly than the rate of inflation plus population.

Now, President Bill Clinton wasn't making this point because he is some kind of ideologue who wants to get rid of Medicaid. I don't think he has ever been accused of that. It is not because he has some passionate ideological commitment to reducing the size of government. I don't think he has ever been accused of that. I think Bill Clinton was making this point because he knew this program was unsustainable, and he wanted to reform it so it would be sustainable, so our Federal budget would be sustainable, so Medicaid would be there for the next generation. I think that was Bill Clinton's motivation at the time.

So what was his solution? What was it that Bill Clinton thought we ought to do about this program that was unsustainable?

President Bill Clinton suggested the Federal Government put caps on the amount of money it would contribute to the States based on the number of individuals enrolled. In other words, it was a per beneficiary limit on the Federal contribution. That was what Bill Clinton proposed in 1995. He wanted to maintain the eligibility of individuals to participate in the program, but he wanted to put limits on what the Federal Government's share would be. He wanted to have it grow at about the rate the economy would grow so you wouldn't continue to have this wildly accelerating line relative to this modest growth line but that the two lines would converge, because then, as Bill Clinton knew, the program would be sustainable over time. We would be able to afford it.

One might wonder, what did Congress think of this idea at the time. This is 1995. Bill Clinton came along and said: Let's establish per beneficiary caps on Medicaid expenditures by the Federal Government, and let's limit the growth of those caps to about the growth of the economy. That was Bill Clinton's idea.

Helpfully, the Democrats, who controlled the Senate, decided to weigh in on the matter, and on December 13, 1995, Senator PATTY MURRAY—who serves with us today—submitted a letter to the CONGRESSIONAL RECORD. I am going to read a very brief comment she made when she submitted this for the RECORD. The senior Senator from Washington, PATTY MURRAY, said:

Mr. President, I hold in my hand today a letter to President Clinton that is signed by all 46 members of the Democratic Caucus. This letter urges him to hold firm to our commitment to basic health care for children, pregnant women, the elderly, and the disabled in this country. This letter supports a per capita cap approach to finding savings in the Medicaid program.

It was signed by every single Democratic Senator. They expressed their strong support for the Medicaid per capita cap structure.

I want to be very specific about this because as they developed the particulars, they decided the cap should not grow at an index that was tied to healthcare spending. They wanted it to be tied to an index which would grow at the rate of the economy overall, and they proposed it would go into effect the very next year. They didn't want to wait. They didn't want to have a transition. They didn't want it to be gradual. They wanted it to go into effect the next year. They proposed implementing the changes for the very next fiscal year.

So you can imagine that some of us are a little bit surprised by the shrill, over-the-top attacks we have been hearing from the other side. We Republicans have been accused of launching a war on Medicaid. We have been accused of draconian cuts. We have been accused of wanting to decimate healthcare for the most vulnerable. We could go on. As you and I both know, all across this country, on this floor, in every form imaginable, our Democratic colleagues have attacked Republicans for the proposal in the BCRA bill we have been considering.

What is really so outrageous about this is, we proposed the Democratic solution. What we proposed was Bill Clinton's idea, as ratified by every single Democrat serving in the Senate at the time, including several who are still with us today. We proposed that we take Medicaid and restructure it the way the Federal Government reimburses States for their expenses so that we would put caps on the amount the Federal Government would contribute per beneficiary. We would allow the caps to grow, but just as President Clinton and all the Democrats in the Senate suggested, we would make sure that growth eventually converged to the growth of our economy so we would have a sustainable program.

There are two big differences between what the Democrats proposed in the mid-1990s and what many of us have proposed these last few weeks:

One, we proposed that the change occur more gradually. We suggested that we would implement these

changes, but we do it over time, not suddenly, the way they had proposed it.

The other big difference, I would suggest, is they proposed this structural change to Medicaid before ObamaCare came along and made an unsustainable program worse. We are proposing it in the aftermath of that huge problem.

I get our Democratic colleagues have done a 180 reversal. I get they no longer acknowledge that this is unsustainable. I get that they don't want to do anything about entitlements. I understand all that. You are entitled to change your opinion, you are entitled to decide you want to ignore this issue, but it is a little bit over the top to attack our motives, our integrity, when we are proposing exactly what they themselves proposed just a few years ago under President Clinton.

I wish we could have a substantive discussion about the policy without the character attacks.

Let me get into a little bit more about these changes to Medicaid.

As the Presiding Officer very well knows, traditionally, Medicaid was available, from the time the program was launched, to four categories of Americans—four categories of people who were of very low income and were deemed to be unable to purchase healthcare for themselves. Those are the elderly poor, disabled, blind and disabled children, and adults with dependents. So the program set up a partnership with the States—a generous partnership. The Federal Government has always paid a majority of the costs, ranging anywhere in some States as high as 75 percent of the costs and no State less than 50 percent—on average, 57 percent.

ObamaCare came along and created a new category of eligibility. Under President Obama, for the first time—under ObamaCare—a new category was created; that is, adults, working-aged, able-bodied people with no dependents, would now be eligible for Medicaid if their income was below 138 percent of the poverty line. The Federal Government would pay all of the costs initially, and then after a short period of time, it would go to 90 percent. Then the Federal Government would pay 90 percent in perpetuity.

Well, there are a few problems with this design. The most fundamental and obvious is the Federal Government couldn't afford this. We were not on a sustainable path before, and now we have created this whole new liability which can only make it worse and bring a fiscal crisis closer to the present.

The second thing is, when States have no skin in the game, we find out they behave as though they have no skin in the game. When States have to contribute only 10 percent of the cost—think about it. Every dollar a State spends in this category gets matched with nine Federal dollars, nine free dollars. That is a huge incentive to

spend a lot, and guess what. That is exactly what they have done. Medicaid spending in this category has ended up being over 50 percent more than what was expected.

So what did the Senate propose in our legislation? We proposed not that we would disallow this coverage, not that we would eliminate this category of eligibility, not that we would throw a single person off Medicaid—we have said, in fact, we will codify the expansion. We will make it permanent. No one loses eligibility, no one gets thrown off.

What we will do is gradually, over 7 years, we will ask States to pay their fair share for this new category—this expansion category, the able-bodied adults with no dependents. We will ask the States to pay the same amount for these folks that they pay for the traditional four categories of eligibility. That is the first category.

The second reform we proposed is what I alluded to earlier, the Bill Clinton-Democratic Senate proposal of establishing per beneficiary caps. That was in our legislation. What the underlying Senate bill did was allow the spending to grow very rapidly on those caps. Only in the eighth year did we ask that the growth rate slow down slightly so we would have a reasonable chance so the growth in the program would be about the same as the economy. That is what we proposed. That is what was in the bill. That is what we have been hearing about—all of these draconian cuts.

Let's get to the discussion about these cuts. We have another chart that illustrates this because it has been a favorite theme for some of my colleagues on the other side to talk about all of these cuts.

If you look at the CBO score—again, this is the Senate BCRA, the legislation on which we didn't get enough votes this week to pass, but I hope we will revisit it—the largest of the so-called cuts in Medicaid spending comes from CBO's assumption that if you repeal the individual mandate—the statute that says you must buy insurance, you must have insurance—millions of people on Medicaid, millions of people who did get free health insurance, will decide: Oh, I don't want free health insurance anymore. If I am not being forced to buy it, I am not going to take free healthcare. Why would I do that?

I don't know about you, but that is a little counterintuitive to me. To my friend from Oregon who is attacking the so-called skinny bill, 100 percent of the so-called Medicaid cuts in that bill come from exactly this source. The assumption is that, if people are not forced by the government to have insurance, they will not want Medicaid. You can decide how much credibility you want to put in that assumption. It strikes me as ridiculous, but that is the truth. That is the reality of the so-called CBO cuts in Medicaid.

In the BCRA, that was only the lion's share of the so-called cuts. Another

category of so-called cuts to Medicaid in the CBO analysis of the BCRA are their assumptions about expansion. They decide that under current law, if nothing else happens, a whole lot of States will choose to become Medicaid expansion States.

They haven't made that choice yet. They can't point to which ones. It is a political decision in the various States. They don't know who is going to be leading those States. They have no idea about how that would happen, but yet they predict States that have chosen thus far not to be Medicaid expansion States would adopt the expansion under current law. If we passed the law that was proposed earlier, those States would not make that decision. Furthermore, some States that have expanded will rescind the decision to expand.

Any honest person, including the folks at the CBO, have to acknowledge that this is entirely speculative. They can't name a single State that will expand under the current law but hasn't yet. They can't name a single State that would rescind its expansion having already done so. They are just speculating that could happen.

That, my friends, is the lion's share of the CBO's headline numbers about all these cuts in Medicaid.

Let me go to chart 5. Despite that, even if you accept the CBO's unbelievable assumptions that people only participate in Medicaid if they are forced to and that these mysterious States will expand and others will not—these are the draconian cuts—each and every year, under the BCRA, Federal spending on Medicaid grows. It grows every year—every single year. It is only in Washington that spending can increase every year, and it is a draconian cut.

No, the truth of the matter is that what we do under that legislation is that we slow down the rate of growth. We slow the rate at which the program grows to a rate that is sustainable, so that this program is viable, so that we are diminishing the certainty of a fiscal crisis. That is what we do.

If somebody has a better idea for how we put Medicaid on a sustainable path, I am all ears. I would love to hear it. In the 1990s, our Democratic colleagues proposed exactly what we are proposing now. That was a very constructive idea. Unfortunately, there wasn't a consensus to do it, and that is a shame.

I urge my Democratic colleagues to go back to their notes, to go back to the discussion, to go back to the arguments they were making together with President Bill Clinton on the floor of this Senate and around the country about Medicaid, because we are making those arguments now. You would think we might be able to find some common ground.

The fact is that Medicaid is a very, very important program. The most vulnerable Americans depend on Medicaid to a very significant degree. The fact is that, in its current form, it is unsustainable. Our Democratic colleagues in the past used to recognize

this. They used to acknowledge this, and they used to want to do something about it. I urge them to return to that attitude so that we can work together and get something done.

The sooner we act on this, the sooner we can have gradual, sensible, thoughtful reforms that make the program sustainable and allow our States to plan for these changes and allow for a transition. If we wait too long, the fiscal crisis that will hit us will force sudden and draconian changes.

We are not going to vote on this provision today. This was embedded in the BCRA. That is behind us this week, but it is my hope that we will pass a version of ObamaCare repeal that will enable to us to go to conference and that we will be able to begin to repair the enormous damage to the individual markets that ObamaCare has done, that we will be able to stabilize them, that we will be able to move in the direction of consumers actually having control of their own healthcare once again, and that we will put Medicaid on a sustainable path, because the time is overdue.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Oregon.

MR. WYDEN. Mr. President, how much time remains on our side?

THE PRESIDING OFFICER. The Senator has 3 minutes remaining.

MR. WYDEN. Mr. President, I will be very brief.

To respond to my friend from Pennsylvania, No. 1, none of what he has discussed has come up in the Senate Finance Committee. What I can tell you about past debates is that our side was always interested in reform-minded ideas, for example, bringing the private sector into the delivery system of Medicaid. That is No. 1. No. 2, we still have not seen the skinny bill.

I said earlier: Who knows what happened at the Republican Senate lunch between one course and another. We would like to see the skinny bill. I think, once again, we have heard from the other side that they disagree with the umpire. They disagree with the impartial CBO, and I think that is unfortunate.

Mr. President, I yield the floor.

THE PRESIDING OFFICER. The Senator from Iowa.

MR. GRASSLEY. Mr. President, I ask unanimous consent to speak for 17 minutes.

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

MR. GRASSLEY. It is my understanding that if the managers need time to break into my speech, I will be glad to accommodate that.

I rise today to inject a dose of badly needed reality into this very important debate. Healthcare is a profoundly personal issue that matters to every single American. In fact, every single Senator in this body ought to agree on this point. Healthcare hits home for each and every constituent we represent from our home States. From standard

wellness checks to lifesaving cancer treatments, each of us wants the best, most effective and affordable medical care for the people we love and for ourselves.

As policymakers, it is our job to solve problems. It goes without saying that we are facing a big problem right now. Access to affordable healthcare is out of touch for millions of Americans. That is despite the promises made over and over. Remember that ObamaCare was rammed through on a last-ditch Christmas Eve party-line vote.

Look at what that got us. Health insurance markets are collapsing around the country. Since 2013, the average premium increase on the individual market has jumped 105 percent.

Remember when President Obama promised affordable healthcare for all? He promised we could keep our doctor. He promised that Americans could keep their healthcare plan, and he promised all Americans that their premiums would go down by \$2,500.

We all know ObamaCare did not uphold these promises. Instead, we got higher taxes, costly penalties, double-digit premium increases, unaffordable copays, job-crushing and wage-crushing employer mandates, and thickets of Federal regulations.

Now ObamaCare is collapsing. No one on the other side of the aisle has made an attempt to legislate remedies to the law despite its grave condition.

At this very moment, 72,000 Iowans in my home State are gripped with uncertainty. Two insurance carriers have dropped out of the exchanges, leaving only one to offer individual plans starting in January. The policies offered by that insurance company will go up over 40 percent next year, on top of huge increases this year, making it still unaffordable.

ObamaCare is unsustainable, unaffordable, and unacceptable. This brings me to the reality check that I mentioned when I started. As I listen to some of my colleagues on the other side of the aisle, I am, frankly, astounded that they can deliver their talking points with a straight face.

They would like the American people to believe that Republicans are dead set on ripping healthcare away from children, the elderly, and the disabled. Despite their red hot rhetoric, we have neither horns nor tails, but we are dead set on working out the devilish details to get to yes.

Democrats' hyperbole and fearmongering are standing in the way of getting the job done for the American people. Fear is easy to achieve. Legislating in good faith is hard work. ObamaCare defenders would rather disparage than engage. They would rather obstruct a path forward than to construct a path forward. They are standing in the way of solving problems.

In the process, they are scaring the living daylights out of hard-working Americans who aren't able to stretch their paychecks to afford health insurance for their families. If there is one

job the defenders of the big government have mastered, it is the role of Chicken Little. They squawk, cluck, and crow at every opportunity to grow the size, scope, and reach of government into our daily lives. To their way of thinking, ObamaCare was a step toward single payer.

They will say and do whatever it takes to secure sweeping, universal government control of the healthcare system, no matter how much it costs the taxpaying public, the toll it takes on the U.S. economy, or the loss of personal freedom.

Their message is dead wrong. Our reform efforts are not making the sky fall. The Democrats' rhetoric reminds me of a similar situation. The debate 20-some years ago was to reform welfare by reining in runaway Federal spending and increasing the independence of individuals. Just like now, that debate was full of dire predictions.

Some of my colleagues will remember the late Daniel Patrick Moynihan of New York, then-chairman of the Senate Finance Committee. He strongly opposed efforts to reform the welfare system. He predicted that the bipartisan proposals would result in an apocalypse and said:

If, in 10 years' time, we find children sleeping on grates, picked up in the morning frozen, and ask, why are they here, scavenging, awful to themselves, awful to one another, will anyone remember how it began? It will have begun on the House floor this spring and the Senate chamber this autumn.

That is the end of the quote from Senator Moynihan 20 years ago. The facts will show that welfare reform was, in fact, not "legislative child abuse," as the former Senator of Massachusetts Ted Kennedy predicted. Quite the contrary.

In the two decades since historic, bipartisan welfare reform was enacted, reality shatters this doomsday prophecy of 20 years ago. The reality is that the number of African-American children living in poverty has fallen to the lowest level in history. The problem still exists and deserves our attention, of course, but 1.5 million fewer children are in poverty today, and 3.4 million more families are independent from assistance.

At the time of welfare reform, the Chicken Littles forecasted homelessness, poverty, and despair. Senator Moynihan also said that requiring welfare recipients to work and limiting the length of time that they could collect benefits added up to "the most brutal act of social policy since Reconstruction. Those involved will take this disgrace to their graves."

With all due respect to the memories of my former colleagues, their rhetoric simply does not square with reality. The 1996 welfare reform law lifted millions out of generational poverty, replacing lifelong impoverishment and lifestyles of dependency with livelihoods restored with hope and opportunity. These facts separate Democratic rhetoric from reality.

In the absence of a credible reason to continue with ObamaCare's failure, the only defense tactic left to the Democrats is fear. In a vein similar to that of her predecessor from New York, former Senator and Democratic Presidential nominee Hillary Clinton said: "If Republicans pass this bill, they're the death party."

In another vein similar to her predecessor, another Senator from Massachusetts said that "I've read the Republican 'health care' bill. This is blood money. They're paying for tax cuts with American lives."

They are not alone in their obstructionism. The minority leader has said that Republican-led efforts to reform ObamaCare are "heartless. It is a wolf in sheep's clothing. It brings shame on the body of the Senate."

Another Democrat chimed in that the Senate bill is "downright diabolical" and would be "one of the blackest marks on our national history."

Still another Democrat said his constituents are "scared for their children, they are scared for their spouses, they are scared for their aging parents. . . . And . . . scared . . . for their own health and well-being."

Another one chimed in that "our emergency rooms would be overwhelmed. They would be unable to deal with the scope of that kind of humanitarian need."

Not surprisingly, the law's champion-in-chief, President Obama, has fueled the fear factor, saying that the Republican efforts to reform the healthcare law would put pregnant mothers, addicts, children with disabilities, and poor adults in harm's way.

Such overheated rhetoric shows Democrats have abandoned rhyme, reason, and reality. Too often, the arguments from the other side are based on what Medicare was supposed to do, not what it actually did, which fell far short of projections from the experts. Defenders of ObamaCare are relying on a phantom rather than the reality of the law.

Democrats are refusing to work with us toward a better solution that truly works. After years of neglecting consequential problems with a partisans-passed law now on the books, they say that they have a better deal. Let me tell you, thousands of Iowa families and small business owners have contacted me with their personal stories of hardships. To them, ObamaCare has been nothing but a raw deal, rather than a better deal. What good is having insurance, they say, if it is too expensive to use?

After more than 7 years of ObamaCare, the chickens have come home to roost. And in less than 10 years, look what happens when government gets in the way of the free market and consumer choice. Well, it is obvious: higher premiums, bigger copays, fewer choices, less freedom. Health insurance that costs too much to use is just not working for hard-working American families.

I will end my speech today with an appeal from an Iowan from Avoca, IA. She has contacted me many times about the hardships her family has experienced since ObamaCare was enacted. She pays more than \$25,000 a year to insure her family on the individual market. If that sounds like chicken feed to some of ObamaCare's defenders, I urge you with all sincerity to get your heads out of the clouds and join us to fix this flawed law. Republicans and Democrats can work together for the greater good of the country.

It is said that when there is a will, there is a way. Many of us recognize that ObamaCare isn't working as promised. Half of us voted this week to move ahead to fix this problem. The other half is blocking any effort put forward to reform the broken law. They are digging in their heels and pulling out all stops of any solution and stopping it dead in its tracks. Again, it reminds me of those who fought tooth and nail to stop welfare reform 20 years ago. I quoted those people from 20 years ago. At the time, they predicted the most dire consequences would befall our most vulnerable citizens. Thank goodness, the pessimists back then did not prevail in their obstruction against welfare reform. While welfare reform has not been perfect, it has restored hope and opportunity to millions of Americans.

We can't afford to let the pessimists and obstructionists prevail today against healthcare reform, and they seem to be acting like the very same people that opposed welfare reform 20 years ago. The American people deserve high-quality, affordable healthcare. ObamaCare has not lived up to its promises, so it is time for elected leaders to live up to the promise we made to the American people. Let's worry less about who wins and worry more about who will lose when Congress fails to restore the collapsing Federal law.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the time until 5 p.m. be equally divided between the managers or their designees; that at 5 p.m., the Senate vote in relation to the Strange amendment No. 389; further, that following disposition of the Strange amendment, the Senate proceed to the consideration of H.R. 3364, which was received from the House; that there be 20 minutes of debate, equally divided between the leaders or their designees; that following the use or yielding back of that time, the bill be read a third time and the Senate vote on passage of H.R. 3364; finally, that following disposition of H.R. 3364, the Senate resume consideration of H.R. 1628.

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

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

The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield myself such time as I need, up to the limit that we have. This week, we have been debating why it is so urgent for Congress to act on rescuing Americans from the collapsing ObamaCare healthcare law.

We have heard from our colleagues across the aisle, questioning our motives and our actions. Congress literally has millions upon millions of reasons to replace and repeal this law. Hard-working American families are begging us to provide them with some relief. These are families who are forced to purchase high-deductible coverage insurance and are facing thousands of dollars of out-of-pocket costs before their coverage even begins. For them, the status quo—doing nothing—is not an option.

For Senate Republicans, rescuing the American people from this law is our only option. But the defenders of this law don't seem to grasp—or are unwilling to admit—that ObamaCare is not affordable insurance and has been a crisis-inducing failure. This is why Republicans are working to fix the damage. Insurance markets are collapsing, premiums are soaring, and healthcare choices are disappearing.

Americans expect the Congress and the President to address the problem. With ObamaCare getting worse by the day, the time to act is now. Just look at my home State of Wyoming, which is down to one insurer in the individual market, both on and off the exchange. This should be treated as the national scandal it is.

Some on the other side of the aisle like to focus on how many people are insured under the law, but let's look at how many are not insured. Almost 28 million Americans remain without insurance under ObamaCare because they cannot afford insurance or no longer have access to it due to ObamaCare's collapsing markets in their State or county. But coverage numbers can be misleading because, even with insurance, many hard-working families still cannot afford the care due to surging deductibles. Insurance with sky-high deductibles is coverage in name only.

When it comes to Medicaid coverage, what most news stories will not tell you is that the newly insured gained coverage only through a flawed Medicaid Program that is providing inferior quality and threatening to bankrupt States across the Nation.

The Democratic leader, NANCY PELOSI, famously said that Congress would have to pass the bill to find out what's in it. Well, Americans soon discovered that President Obama and congressional Democrats focused almost exclusively on coverage numbers boosted by government mandates handed down from Washington, instead of true healthcare reforms that might have actually provided better care, provided affordable care. Obama's alleged coverage numbers are only on paper. Coverage was their sacred cow, worshipped

above all others, because for President Obama, NANCY PELOSI, and Harry Reid, coverage equaled healthcare.

Large coverage numbers touted by the Obama administration and congressional Democrats have proved to have the healthcare utility of a pet rock. Do you remember the pet rock? Millions of people purchased a rock. It was very nicely packaged in a box. They would bring it home and open it up and find a rock. Pet or not, it served no purpose other than its name: a pet rock.

This is essentially how ObamaCare has worked, except people were forced to purchase this marketing gimmick. Americans have purchased insurance through ObamaCare exchanges with the promise of accessible coverage. What they actually received, however, is coverage in name only. It serves no healthcare purpose, and it doesn't work—merely packaging a pet rock, if you will—and millions of Americans soon found out. The high cost of insurance plans they forced people to buy made it nearly impossible for them to pay for the coverage they signed up for, or if they could afford coverage, they realized the care they were paying for came with sky-high deductibles.

Congressional Democrats and President Obama focused almost exclusively on the numbers of people now enrolled in ObamaCare and relentlessly highlighted this information, which showed this law was used mainly for public relations purposes at a large cost, as opposed to an actual policy accomplishment. Instead, the reality is that Americans who were able to get insurance were often plagued with inadequate coverage, joined with enormous out-of-pocket costs. Senators from across the country this week have been sharing stories about families in their States who have had to forgo medical care, not because they don't have insurance but because it was simply too expensive to go to the doctor under the ObamaCare health plan.

For years, Republicans have pledged to repeal this disastrous law, and this week we are working to address the broken promises of ObamaCare to help ensure better care for each and every American. We are doing this by working to stabilize collapsing insurance markets that have left millions of Americans with no options, which will help improve the affordability of health insurance and therefore healthcare. Our goal is to preserve access to care for Americans with pre-existing conditions and to safeguard Medicaid for those who need it most by giving States more flexibility, while ensuring that those who rely on this program won't have the rug pulled out from under them. Most importantly, Republicans hope to free the American people from onerous ObamaCare mandates that require them to purchase insurance they don't want or can't afford.

The President and Republicans in Congress last fall promised to rescue the millions of American families suf-

ferring under ObamaCare, which is what this bill will do.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, may I inquire, what is the remaining Republican time?

The PRESIDING OFFICER. Three minutes.

Mr. BLUNT. Mr. President, the majority time is 3 minutes?

The PRESIDING OFFICER. Yes.

Mr. BLUNT. Senator STRANGE is coming, and I will take my time later.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, we have loaned time before to the other side of the aisle. If they would loan us some time so that the person propounding this amendment could have a moment to explain his amendment—they have agreed. So I yield time to the Senator from Alabama.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. STRANGE. Mr. President, I ask unanimous consent to speak for up to 2 minutes.

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

Mr. STRANGE. Thank you.

AMENDMENT NO. 389

Mr. President, I rise today in support of an amendment that will relieve millions of Americans of a moral conflict. For too many, access to healthcare coverage comes only with the restriction of deeply held personal convictions about the sanctity of human life.

The amendment before us offers the opportunity to end the flow of taxpayer dollars to abortion procedures once and for all. It allows Hyde protections to be extended to all funds appropriated through the healthcare legislation we are considering today.

Let me provide some context. Premium tax credits implemented under ObamaCare currently provide over \$8.7 billion in annual subsidies for nearly 1,000 different insurance plans that cover elective abortion on the State exchanges. This provision stands in violation of the fundamental principle of the Hyde amendment and the long-held understanding that the U.S. Government has no role in funding abortions.

In recent weeks, the Senate has debated countless nuances of healthcare policy, and we have taken several crucial votes on efforts to rescue the American people from a failed social experiment, bringing us to this moment. Under our current procedural circumstances, in order to ensure that both the spirit and the letter of the Hyde amendment's provision against taxpayer-funded abortion is upheld, we need a new solution.

My amendment would establish a matching arrangement between stability funds and premium tax credits, delivering an arrangement that complies with the Byrd rule. Starting in

2019, the value of premium tax credits that continue to subsidize elective abortions would drop to 10 percent, with the remaining 90 percent being made available as Hyde-protected monthly payments to insurers to benefit the same people who relied on those tax credits.

Let me be clear. This amendment does not reduce the amount of tax credit dollars available to low-income Americans. It does not result in their losing coverage. It certainly does not create or expand an entitlement program.

When hard-working Americans pay their taxes, they do so with the understanding that the rights granted to them by the Constitution are not checked at the door. For the people of my State, the right to life is foremost among these, codified by the Hyde amendment and engrained in the conscience of a majority of Americans. The amendment before us allows for a clear conscience. It allows for a concise, conservative solution to a problem that has dogged this Chamber for the 44 years since *Roe v. Wade* changed the landscape of American society.

On behalf of the unborn and the conscience rights of millions of Americans, I am proud to offer this amendment, and I urge my colleagues to join me in this effort.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. BLUNT). The Senator from Hawaii.

Mr. SCHATZ. Mr. President, I make a point of order that the pending amendment violates section 302(f) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. STRANGE. 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. 389 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 50, nays 50, as follows:

[Rollcall Vote No. 174 Leg.]

YEAS—50

Alexander	Cochran	Enzi
Barrasso	Corker	Ernst
Blunt	Cornyn	Fischer
Boozman	Cotton	Flake
Burr	Crapo	Gardner
Capito	Cruz	Graham
Cassidy	Daines	Grassley

Hatch
Heller
Hooven
Inhofe
Isakson
Johnson
Kennedy
Lankford
Lee
McCain

NAYS—50

Baldwin
Bennet
Blumenthal
Booker
Brown
Cantwell
Cardin
Carper
Casey
Collins
Coons
Cortez Masto
Donnelly
Duckworth
Durbin
Feinstein
Franken

Gillibrand
Harris
Heinrich
Heitkamp
Hirono
Kaine
King
Klobuchar
Leahy
Manchin
Markey
McCaskill
Menendez
Merkley
Murkowski
Murphy

Moran
Paul
Perdue
Portman
Risch
Roberts
Rounds
Rubio
Sasse

Scott
Strange
Sullivan
Thune
Tillis
Toomey
Wicker
Young

The PRESIDING OFFICER. On this vote, the yeas are 50, the nays are 50.

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.

COUNTERING AMERICA'S ADVERSARIES THROUGH SANCTIONS ACT

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to the consideration of H.R. 3364, which the clerk will report.

The legislative clerk read as follows:

A bill (H.R. 3364) to provide congressional review and to counter aggression by the Governments of Iran, the Russian Federation, and North Korea, and for other purposes.

The PRESIDING OFFICER. There is now 20 minutes of debate, equally divided.

The Senator from Maryland.

Mr. CARDIN. Mr. President, I yield myself 3 minutes.

I first thank Senator CORKER, Senator CRAPO, Senator BROWN, Senator SCHUMER, and Senator McCONNELL for their help in getting us to this moment. This is an important moment for our country, and I am very proud of what we were able to accomplish.

The legislation we are about to vote on will give the United States the strongest possible hand to stand up against the aggression of Russia. Russia attacked us and our democratic institutions; Russia invaded the sovereignty of other countries, including Ukraine and Georgia; Russia is participating in war crimes in Syria, and this legislation will give the United States the strongest possible hand in taking action against Russia.

Mandatory sanctions are included in this legislation with regard to the energy sector, the financial sector, the intelligence and defense sectors—not only with primary sanctions but with secondary sanctions. This legislation provides for a democracy fund, working with Europe, to protect ourselves against Russia's attacks. This legisla-

tion provides a review process so the President, on his own, cannot eliminate sanctions. He must come to Congress. As President Obama had to in regard to the Iran sanctions, the President would have to come to Congress in regard to sanction relief against Russia.

This is a tough bill to stand up to what Russia has done and requires mandatory action. There are so many people to thank in regard to this. Of course, we also have the Iran sanctions. I thank Senator MENENDEZ, on our side, particularly on the Iran sanctions issues. We are taking actions against Iran for their nonnuclear violations, their support of terrorists, their ballistic missile violations, their support of the arms embargo, human rights violations.

What we do here is totally consistent with the JCPOA. The bills are very consistent with what passed this Chamber 98 to 2. We maintained the integrity of the Iran and Russia provisions consistent with what was done in our committees.

In regard to North Korea, I know we all want to take actions against North Korea. The provisions added by the House are consistent with what we think are appropriate for North Korea.

This is an important moment for our country. I really do want to thank all involved. I know Senator CORKER, Senator BROWN, and Senator CRAPO would agree with me: I really thank our dedicated staff. We could not have done this without our staff. They worked 24/7 for the last 7 weeks to get this done. As a result of their action, the United States is going to be in a better position dealing with Russia when this legislation is enacted, and I am proud to be part of that.

I reserve the remainder of my time.

Mr. CORKER. Mr. President, I thank the ranking member for his outstanding efforts, along with many others.

What I would like to do now is yield to Senator McCAIN, and I will speak last.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. McCAIN. Mr. President, I thank the Democratic leader for his courtesy, as always.

In just the last 3 years, under Vladimir Putin, Russia has invaded Ukraine, annexed Crimea, threatened NATO allies, and intervened militarily in Syria, leaving a trail of death, destruction, and broken promises in his wake. Of course, last year Russia attacked the foundations of American democracy with a cyber and information campaign to interfere in America's 2016 election.

I am proud—I am proud—of the two individuals who just spoke, the Senator from Maryland and the Senator from Tennessee. Both of them have worked in a bipartisan fashion and got legislation to this floor. Although it is long overdue, it is here. I believe we will see an overwhelming vote, and I thank them for their bipartisanship.

In the last 8 months, what price has Russia paid for attacking American democracy? Very little. This legislation would begin to change that. The legislation would impose mandatory sanctions on transactions with the Russian defense or intelligence sectors, including the FSB and the GRU, and the Russian military intelligence agency which was primarily responsible for Russia's attack on our election.

I believe my colleagues know what is in this. It would codify existing sanctions on Russia by placing into law six Executive orders signed by President Obama in response to both Russian interference in the 2016 election and its illegal actions in Ukraine, and it would take new steps to tighten those sanctions.

The legislation would target the Russian energy sector, which is controlled by Vladimir Putin's cronies, with sanctions on investment in Russian petroleum and natural gas development as well as Russian energy pipelines.

My friends, the United States of America needs to send a strong message to Vladimir Putin and any other aggressor that we will not tolerate attacks on our democracy. That is what this bill is all about. We must take our own side in this fight, not as Republicans, not as Democrats but as Americans.

It is time to respond to Russia's attack on American democracy with strength, with resolve, with common purpose, and with action. I am proud to have played a small role. What I am most proud of is the bipartisanship you are seeing manifested today on both sides of the aisle. We need a little more of it.

I yield the floor.

Mr. CORKER. Mr. President, I thank the distinguished Senator from Arizona for his dedication to our national security, for his tremendous involvement in this legislation, and all that he does on behalf of all of us to make sure that our Nation is secure.

Thank you so much for those comments and for your deep involvement in this piece of legislation.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. BROWN. Mr. President, I thank the chairman of the Foreign Relations Committee and the ranking member, Senator CARDIN.

Senator CRAPO and I began working on this months and months ago. I appreciate that partnership.

Senator McCAIN—I read an op-ed he wrote in USA Today about 3 weeks ago. It was about what Putin tried to do with some level of success in Montenegro, and nobody has watched Putin and his intervention in our elections and European elections and their governments and his desire to destabilize democracy around the world—nobody has recognized it quite as early or with the acute sense that Senator McCAIN has, and we thank him for that.

I rise to urge my colleagues to join me and vote for this critical sanctions