money is. The source of money for Hezbollah is Iran. If you are concerned about intercontinental ballistic missiles, I would add, it is Iran. If you are concerned about the greatest exporter of terrorism, it is Iran. If you are concerned about human rights violations within Iran, it is the leadership of Iran.

This is about sending a message to Iran that, in fact, when you violate the international order, there are consequences to it. It is about sending a message to Russia that when you violate the international order, annex Crimea, invade Ukraine, indiscriminately bomb civilians in Syria—and then when you try to affect the elections of the United States of America, you have a cyber attack, from my view, on the election process.

We can debate whether it affected the election. That is not the issue. The mere fact that Russia tried to affect our elections should be upsetting from the average citizen to the President of the United States. We have an opportunity to make very clear to Russia and to any other nation that this will not be tolerated.

Finally, to North Korea: North Korea's dangerous provocations in its path to nuclear weapons and a delivery system to be able to deliver those nuclear weapons are some of the greatest challenges we have.

We have an opportunity to come here today and say: You have to observe the international order. We have to go back to the basis of the rules that ultimately came about after our leadership in World War II to preserve the international order that has brought us peace and prosperity.

There are only a handful of peaceful diplomacy tools you can pursue. One of them is the use of sanctions in order to try to prod countries to move in a certain direction and to observe the international order. That is our opportunity today with Iran, with Russia, with North Korea. I hope we will seize it unanimously because when we do that, we send the most powerful message in the world that the United States—Democrats, Republicans, Independents—stand together in terms of defending the national interests and security of the United States.

I yield the floor.

Mr. CORKER. I thank the Senator from New Jersey for his outstanding leadership on Iran and his leadership on Russia and North Korea. He has led us for years and years in sanctioning Iran and has brought them to the table. I thank him for that.

For those who are here and want to vote, I am going to yield 1 minute to Senator GARDNER. I am going to speak for about a minute and a half, and to my knowledge, we will be ready to vote. I thank all of my colleagues for their patience.

Senator GARDNER.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. GARDNER. Mr. President, I thank Senator MENENDEZ. I appreciate the opportunity to talk about what this Senate and Congress has done. Last Congress, we passed unanimously the North Korea Sanctions and Policy Enhancement Act.

This legislation that we are about to vote on builds on the success we started with last year. We have more work to do to stop the crazed Kim regime.

I thank the chairman and the leader for committing to further conversations on North Korea, further action that needs to be taken because we know that, in China, there are over 5,000 businesses still doing business with North Korea. China is responsible for 90 percent of the North Korean economy. Now, 10 of those 5,000 businesses are responsible for 30 percent of the economic activity, the imports from North Korea into China. More work has to be done to stop this madman in Pyongyang.

I thank this Senate for moving forward on legislation today to build on the success we had last year. I urge its passage. We have more work to do to put an end to this regime.

Mr. CORKER. I thank the Senator for his leadership on North Korea, and I thank him for speaking.

Mr. President, I will be very brief, as I normally am. This bill has taken passion, tenacity, and all of us working together to bring out the best in this body and to get to this point where we are today. I want to thank everybody who has been involved.

Senator CARDIN has been an outstanding ranking member. As always, we worked together, just as we did today on another markup, to get to where we are. We have Senators CRAPO and BROWN. I think there were about four committees working to get this piece of legislation out. It was an incredible effort working around the clock for days and nights. I want to thank them for their leadership.

I want to thank Senator MENENDEZ, again, for his involvement, in particular on Iran, but on all of these issues.

Certainly, thanks go to Senators MCCAIN and GRAHAM for their tremendous leadership in beginning the process, especially on Russia. Thank you so much.

Thank you, Senator SCHUMER and Senator MCCONNELL, for giving us the freedom to operate under regular order, the freedom to operate in the committee process, which I know all of us long to get to on all issues that we deal with here, and thank you to all of those Members who have been so involved. Our staffs have been incredible. Thank you so much for the professionalism, the knowledge, the energy, and the willingness to work late hours to make this happen.

The attributes of this legislation have been discussed. I think we all are ready for this moment. We are all ready to speak to what Russia has done to our country and to others, to speak to what Iran is doing outside of the nuclear agreement, and to speak to what North Korea continues to do.

One attribute that hasn't been spoken to is this: It has been my goal as chairman, working with the ranking member, that Congress continue to be more and more relevant and to garner back the powers that we have given to the executive branch for decades. One of the most important attributes of this legislation is the congressional review, where, when major decisions are made, Congress is involved; Congress has a say. I hope we will build upon that, not only in foreign policy but in other matters.

I want to thank all involved.

I urge a strong vote on this piece of legislation that sends a strong message to Iran, to Russia, and to North Korea.

With that, I yield the floor.

The PRESIDING OFFICER. All time is yielded back.

The bill was ordered to a third reading and was read the third time.

The PRESIDING OFFICER. The bill having been read the third time, the question is, Shall the bill pass?

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

The result was announced—yeas 98, nays 2, as follows:

[Rollcall Vote No. 175 Leg.]

YEAS—98

Alexander	Flake	Murphy
Baldwin	Franken	Murray
Barrasso	Gardner	Nelson
Bennet	Gillibrand	Perdue
Blumenthal	Graham	Peters
Blunt	Grassley	Portman
Booker	Harris	Reed
Boozman	Hassan	Risch
Brown	Hatch	Roberts
Burr	Heinrich	Rounds
Cantwell	Heitkamp	Rubio
Capito	Heller	Sasse
Cardin	Hirono	Schatz
Carper	Hoeven	Schumer
Casey	Inhofe	Scott
Cassidy	Isakson	Shaheen
Cochran	Johnson	Shelby
Collins	Kaine	Stabenow
Coons	Kennedy	Strange
Corker	King	Sullivan
Cornyn	Klobuchar	Tester
Cortez Masto	Lankford	Thune
Cotton	Leahy	Tillis
Crapo	Lee	Toomey
Cruz	Manchin	Udall
Daines	Markey	Van Hollen
Donnelly	McCain	Warner
Duckworth	McCaskill	Warren
Durbin	McConnell	Whitehouse
Enzi	Menendez	Wicker
Ernst	Merkley	Wyden
Feinstein	Moran	Young
Fischer	Murkowski	

NAYS—2

Paul	Sanders

The bill (H.R. 3364) was passed.

AMERICAN HEALTH CARE ACT OF 2017—Continued

The PRESIDING OFFICER (Mr. YOUNG). The Senator from Wyoming.

AMENDMENT NO. 502 TO AMENDMENT NO. 267

Mr. ENZI. Mr. President, I call up amendment No. 502, the Heller amendment.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI] for Mr. HELLER, proposes an amendment numbered 502 to amendment No. 267.

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

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

The amendment is as follows:

(Purpose: To strike the sunset of the repeal of the tax on employee health insurance premiums and health plan benefits)

Strike subsection (c) of section 109.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. BLUNT. Mr. President, we are talking today, obviously, as we move into the final hours of this debate, about the two mandates in the original Affordable Care Act, the individual mandate and the employee mandate—certainly, the individual mandate but both of these mandates.

First, I want to talk about the individual mandate. It was unprecedented in Federal law. The idea that the Federal Government could tell somebody they had to buy a product, tell them what that product had to look like, and have very little input on the price or competition is just something the Federal Government had never done before. They didn't just set guidelines, they didn't even just set subsidies but actually a requirement to buy a product or pay a penalty.

Now, when this case got to the Supreme Court, the government was still arguing it was a penalty and there was nothing wrong with that penalty, until apparently they figured out the Court wanted to look at this as a tax because a penalty wouldn't have been constitutional.

Now, we all know this is a penalty. The Supreme Court can call it a tax, the Obama lawyers could at that moment decide, well, even though we set up the law as a penalty, we really think it must be a tax, and that 5-to-4 decision decided that because it was a tax, not a penalty, that part of the law was upheld.

Nobody ever thought this was a tax before that day, nobody has ever seriously thought it was a tax after that day. It was a penalty you pay if you decide you don't want to do something the Federal Government tells you that you have to do.

There is no constitutional basis that gives the government the authority to make that kind of decision, and families and individuals have been hurt by that decision.

There is only one place to go on the individual market, the exchange. Remember that? We have almost forgotten the total disaster of the exchange. States tried to operate exchanges, almost none of them worked. States spent millions and tens of millions, and I think a time or two maybe even more than that to put an exchange together. It didn't work. That part of the law didn't work so you wind up mostly with one big exchange. Even with one big exchange, you have to think about whether the policies available in the county you live in—most of the debate over the past several years, a lot of the debate has been we ought to expand the marketplace, we ought to buy across State lines, we should have more choices and more places to go. Somehow we managed to define in this law, the law that is currently the law of the land, a marketplace that is about as small as it could possibly be.

In our State, in Missouri, we have counties that have a million people. We have a county that has a million people. We have a county that has 4,000 people. The county that has 4,000 people has its own buying unit when it comes to looking at how the marketplace is set up. It just doesn't make sense. The deductibles are so high, the choice is so low. Some defenders of the law will say that costs will go up if the amendment passes. That is possible, but we know the costs will go up if the amendment fails. We know the costs will go up if we stay where we are.

Costs, since 2013, have increased an average of over 100 percent in the country—105 percent. This was the law that was going to reduce family costs by $2,500 a year. Families are generally relieved if their insurance didn't increase by $2,500 a year, let alone fail to reduce by $2,100 a year. So a 105-percent increase in 4 years—in Missouri, where I live, 145 percent is the increase.

I think at least three States have had an increase of more than 200 percent, and even with an increase of more than 200 percent, nobody wants to sell insurance there. Not only is there no competition, I think about one-third of the counties in America this year don't have more than one company that will even offer a product. Some have had no companies that would offer a product, and 40 percent is the estimate for next year. There are places where no more than one company will offer a product. What kind of competitive marketplace is that?

The government, with the mandate, says you have to buy a product and you have to buy it in that marketplace and you have to buy it from that one company at whatever rate some other level of government has finally approved to keep the company there that probably didn't want to be there, but if you don't buy it, you pay a penalty.

This is not working. Millions of people have chosen to pay the current penalty, which was $695, rather than to participate in a system that didn't work for them. Families can't continue to pay more and get less.

Remember former President Clinton's observation on this: What a crazy system. The costs keep going up and the coverage keeps going down. We have forced people to be in a system that according to President Clinton, the costs keep going up, the coverage keeps going down, and if you don't participate in that, you pay a penalty.

We have to move in a different direction. Eliminating these mandates helps to do that. There are some Congressional Budget Office numbers out there that estimate what is about to happen. They certainly totally misestimated the current law. I believe, under the current law, there would be 25 million people, roughly, or some big number like that on the exchange today. There are 10 million instead of 25 million, 22 million, whatever the projection was for this date in 2017. There are about 10 million.

CBO is notoriously wild with their projections. They projected, for instance, that 15 million people would drop out of the individual market if one of the many burdens of this bill or these amendments passed. There are only 10 million people in the market. How do 15 million people drop out if there are only 10 million people there?

They said that 7 million people who get Medicaid and pay nothing for it wouldn't take that if the government didn't force them to. There must be something wrong with the insurance product and Medicaid both if people don't take it even if it is available to them. The current system isn't working.

The other mandate, the employer mandate, is telling employers what they have to do. One of the great benefits of health insurance in this country since World War II has been insurance at work. It was pretty much an accident in 1946. The war was over, and no one wanted to heat up the economy too quickly so it was decided to have wage and price controls. Somebody asked the price control person: If we add insurance at work, does that count toward wages? They wanted to compete for more and better employees they could get coming back into that economy from the war. So they asked, if we add insurance to work, does that count as wages? The wage and price control person said, no, it wouldn't count. So they went to the IRS person and said: If it doesn't count toward the wage, is it taxable if they get it at work? That person said, no, it wouldn't be taxable either. So we have this unique system that developed. We need to figure out how more people can get insurance at work, more people can get insurance as a part of bigger groups. There are things that work and things that don't. The government requiring you to do something and thinking there is a constitutional right to do that just simply doesn't work.

In fact, with the employer mandate, there are all kinds of unintended consequences. People with 50 employees didn't want to get more than 50 employees. The 30-hour workweek became a problem. In fact, Ms. COLLINS, the Senator from Maine, from almost day one has said: Why do we want to enshrine the 30-hour workweek? Let's have a 40-hour workweek. Her amendment was offered and filed over and over again. Companies were reluctant to hire new employees. These are the

unintended consequences of the employer mandate. Too many people have two 26-hour jobs now who need a 40-hour job with good benefits instead of two 26-hour jobs with no benefits.

More choices and the kind of access to healthcare people need is where we ought to be focused, a solution that provides healthcare and not just coverage. It is great to have insurance coverage. It is great to have even a government insurance coverage like Medicaid, unless no doctor wants to take any new Medicaid patients or if your insurance coverage deductible is so high. The averages on the bronze plan is $6,000 per individual, $12,000 per family. If your deductible is so high you can't go to the doctor, you don't have the kind of access to healthcare you need. You only have access to catastrophic sickness care. This system needs to change, and I believe one of the fundamental flaws in the system from day one was the government believing it could force people to purchase a product that didn't meet their needs and didn't meet what their family could afford to do.

I am glad we are having this debate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. LANKFORD. Mr. President, I would like to tell my colleagues a couple of stories. We are going to talk about what is happening in healthcare right now. There is the healthcare that is happening here in this room in the debate that is ongoing that started months ago, continuing to try to figure out the solutions to what we face with the Affordable Care Act. Then there are the healthcare issues happening at home.

Sometimes we get caught up in this conversation and think this is what the center of the healthcare conversation is about. It is not. The center of the healthcare conversation in America is around dinner tables. Let me tell my colleagues what that conversation sounds like.

This comes from one of my constituents who just wrote to me. He said:

> My premium increases from $1,308 per month to $2,489 per month. This is for just my wife and I. We are self-employed small business owners and simply cannot afford to pay nearly $30,000 per year for health insurance. We will have to pay the penalty for not having healthcare, but we have to eat and pay our bills. Sadly, we are both in our late 50s, and we probably need healthcare more now than ever. Mr. Lankford, this is not the America that I grew up in, the America my father fought to preserve in World War II.

That is the healthcare debate happening in America right now—individuals who used to be able to afford their healthcare coverage, but now they cannot and no longer have healthcare.

The Affordable Care Act did cover a new group of people who were not covered before, but it also pushed out another whole group who used to have coverage and now does not.

This is an extremely personal issue. This is not a political issue. These are families and lives and children. These are individuals who have cancer and diabetes and a history of genetic diseases in their families, and they are very concerned about what happens politically in this room because it affects their families and their real lives.

Congress needs to act on this. What is happening right now with the status quo is untenable for families all across the country. Insurance carriers have left the market. Rates have gone up dramatically. We have fewer choices and more control but less control for families.

What does that look like in my State? Well, in my State, premiums went up last year 76 percent—last year—a 1-year increase. I have folks all the time who say to me that their great complaint is about the rising cost of college tuition. Let me give my colleagues a glimpse. College tuition has increased 76 percent in 15 years. Insurance in my State went up 76 percent in 1 year. In fact, since ObamaCare fully rolled out in 2013 until now, insurance in my State has gone up 201 percent. That is not the Affordable Care Act; that is a recipe to be able to push people out of insurance and keep them out.

ObamaCare was designed to force healthy people to buy insurance to increase the risk pools for those insurance companies. But when you can't afford the premiums, you are forced to pay this big tax. Now, the question is, Who is paying the tax? Originally, ObamaCare said: Well, people who didn't buy into the insurance who want to just take the risk on their own, these wealthy individuals, they would have to pay the extra tax. Really? What did that end up looking like? Again, coming back to my State, 96,000 Oklahomans are currently paying the tax to the IRS because they don't have healthcare insurance. Who are they? Eighty-one percent of the people who pay the penalty make less than $50,000 a year. These are individuals who cannot afford the insurance, and they also can't afford the fine that is coming from the IRS. It is a poverty tax that the Affordable Care Act created to try to force these people into insurance they cannot afford, and when they can't afford that, then they get a big hit on their taxes as well. It is literally a no-win situation for them.

One of the major goals of the Affordable Care Act was to provide affordable coverage. It was to be able to help people get into insurance. It was to be able to help improve the safety net. Those are not irrational goals. Those are good goals, but the execution of it was terrible, and the implementation has caused more problems than it has solved.

In my State, many physicians in rural areas used to be independent. Now they have all been forced into working for big hospitals because they can't afford the compliance costs to keep their office moving anymore. So independent doctors and independent clinics are now part of big conglomerate hospital companies. I am glad they are there, or we would have no access to care at all.

My State used to have four insurance carriers in the State. Now it has one, and that one is discussing leaving.

I hear all the time people who are mad at Republicans saying: Why haven't you solved this yet? Quite frankly, this is an incredibly difficult issue. But I also want to be able to respond back to people: Don't gripe at the firefighters fighting the wildfire. They didn't start it. We are trying to put it out. Yes, I know the fire line is big, and, yes, I know it is difficult to put it out, but we are doing our best to resolve a fire we did not start. We will resolve this.

So what is happening right now with our trying to resolve it? What are we trying to accomplish? We are trying to do several specific things dealing with the Affordable Care Act. This is not about resolving everything in healthcare. There are, quite frankly, lots of issues on which we have bipartisan agreement that we should work on in the days ahead, things like prescription drugs and so many other things we can do to help bring down the cost of healthcare itself, but in the meantime, we do have a dispute.

Our Democratic colleagues have said to us that they want to be able to cooperate with us on healthcare, but the parameters are that we have to keep the individual mandate—that tax penalty on people in my State for people who make $50,000 or less to pay this giant tax; they want to keep that. They want to keep the employer mandate, which is dramatically driving up the cost of insurance for employers and decreasing wages. The initial estimates are that people in my State are making about $2,500 a year less now than they would be because of the employer mandate that is on them. So we can't negotiate and say ''Let's form a bipartisan agreement on this'' if they want to keep the individual mandate and the employer mandate. Those things hurt people at home.

So here is what we are trying to do. This is a budget bill. It is called reconciliation. We are limited to only budget-related items to be able to deal with. So we are working on some of the basics of what needs to be repealed in the Affordable Care Act. We do want to get rid of the individual mandate. We do want to get rid of the employer mandate.

We do want to deal with how we can take control of healthcare out of Washington, DC, and get it back to the States, where it used to be. Prices are much cheaper when there is local control on healthcare than when there is Federal, centralized control.

We would also like to find a way to get some of the bureaucracy out of this. You see, when there is a healthcare dollar paid and it first has to pay the Federal bureaucracy, then it goes to the State bureaucracy, then it

pays an insurance company bureaucracy, and then it pays a hospital bureaucracy, there is not much of that dollar left to finally get to patient care at the end. If we can take out one of those bureaucracies, we can actually get more dollars to patients rather than having them just feeding the bureaucracy of another layer.

We are simply trying to deal with the mandates that are there, who actually makes the healthcare decisions for regulations and policy, whether it is the State or the Federal Government, and how we are going to balance out coverage for individuals who desperately need it in the safety net.

I have heard a lot of folks talking about CBO scores. I will tell you, I am in the middle, and I am very frustrated with CBO right now. Every policy we want to float to say this is something we think will be very effective to be able to help people in the safety net or to be able to help people purchase insurance, CBO responds back to us: That sounds like an interesting idea; it will take us about 4 weeks to study it. When we are in the legislative process, when we are doing amendments, we can't wait 4 weeks between each amendment. We have to be able to get answers from them.

So we are stuck in this spot, so our resolution is—we have a House version that has been scored, and we have a Senate version. We have a lot of changes we want to make, even to our latest version. The best answer we have while we wait on CBO scoring—another month to get us an answer—is to be able to get an interim bill, get into a conference between the House and the Senate, allow CBO the month that they need to score this, and for us to be able to pass a better bill in September. So that is where we are stuck right now.

This is not a final bill that is coming out. This is still an interim process that is moving. But we need to be able to keep this process moving because there are people at home who are counting on this actually getting better for them in the future. Their words to me are: This cannot get worse, because I can't afford what we currently have, and I can't afford that access I have been given to healthcare.

In the middle of all of this debate, a lot of people on the outside look at it and say: How come the Senate can't move faster?

I respond back to them: We can't get a score from CBO, so we can't move any faster. We are stuck waiting on them.

They typically will call me and say: Well, just run over CBO.

We are not going to ignore the law, and we are not going to ignore the rules of the Senate, but we are going to work to actually get this right.

In the meantime, I have heard an awful lot of scare tactics coming out. It usually circles around, there will be 22 million people who will suddenly not have insurance. That is a fascinating number to me since only 9 million people have ObamaCare right now. Nine million are actually on the exchange. So it seems difficult to me for 22 million people to lose what only 9 million people have. But if you are an economist, they look at, on the horizon, people who may one day join in at some point, and then those people who may have joined in then might have lost their insurance. It makes total sense to an economist, but to all of us who just look at math, it becomes very difficult.

CBO also believes that without a Federal mandate and a tax penalty on individuals, they will not buy this insurance product. People do not want to buy it and will not buy it unless they are made to buy it.

The problem is, there are 6.5 million people in the country who are also required to buy it who are just paying the tax rather than buying the insurance.

We need to allow people to make decisions on their own lives, but we need to also make sure there is actually an insurance product they can afford. And all the scare tactics about how we are going to throw out preexisting conditions and people who have preexisting conditions will be on their own—that is not true. Every single one that we have debated has included protection for preexisting conditions. We all are still honoring things like lifetime caps, annual caps. We have all included 26 and under. If you want to stay on your parents' insurance, you can still do that.

There have been all of these scare tactics, like this will throw senior adults out on the street, and Medicaid is going to have these dramatic cuts. I looked at one of the proposals that was put out by the Senate and one of the drafts that we went through, and it said ''dramatic cuts.'' Here are the ''dramatic cuts'' we had in Medicaid: Every year for the next 8 years, Medicaid increased at twice the rate of inflation. Every year for 8 years in a row, twice the rate of inflation, Medicaid went up. That is twice as fast as Medicare goes up—twice as fast as Medicare. So Medicaid was accelerating twice as fast as Medicare, and then 8 years from now, Medicaid went back to growing at the same speed as Medicare—at the rate of inflation. That was the ''dramatic cut'' in Medicaid. Every year going up twice as fast as inflation is a cut? Nine years from now, only growing as fast as inflation is a cut? But it is being portrayed that people are going to be thrown out on the streets and Medicaid is going away.

I would encourage Americans to understand that the conversation has been a lot about political rhetoric. This body really is committed to the safety net. This body really is committed to allowing people to have choices again that they can actually afford for insurance. We are really committed to taking control of healthcare out of Washington, DC, and pushing it back to the States and to families so they can control healthcare decisions again. That is the real debate that is happening here. I know it is boisterous, and I know it is much easier just to have bumper sticker comments, but at the end of this, we have to realize there really are people who are involved in this, who are deeply affected by it.

A couple more stories. A gentleman recently sent me an email saying that he received word that his premiums are rising from $1,229 a month to $2,205 a month to cover just him and his wife. His deductible is rising to $4,000 a person. His out-of-pocket maximum is rising to $13,000. That is under ObamaCare now.

Another person who wrote me is currently enrolled in ObamaCare now. He is 62 years old, and his wife is 61.

> Our monthly health insurance premium increased by 71 percent to $2,900 last year. My wife and I are healthy with no major problems, so my health insurance is the size of my mortgage payment.

That is under ObamaCare now.

Under ObamaCare now, a lady from my State wrote me and said that for her first year, her monthly premium was $1,200. This year, she will pay $1,900 a month. She just got a letter from the one insurance company left in her State—the one opportunity she has to get insurance—saying that her monthly premium next year will be $3,540. That is an increase of 84 percent, or $42,000 a year, for insurance under ObamaCare now. Her simple statement to me is, How is this possible?

I speak to some of my colleagues, and they say: Those stories aren't true.

I say: Let me introduce you to some real-life people outside of this political debate who are debating around their kitchen table about how they are going to make it with the rates that have been put on them.

What we have now has to be addressed. I know this is a boisterous, loud process. But as we walk through the process, the end solutions are for these families, so that our noise helps them to actually move back to thinking about their kids and what they are going to do next in their retirement, and not to say: How in the world am I going to pay for my health insurance anymore?

Let's get this finished. Let's move to the next stage. Let's get to conference and try to resolve the differences between the House and the Senate. By September, when we finally get a score back from CBO on all of our scoring and they finally get us information on the things we have asked for, let's get this passed so we can actually get this done.

I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi.

Mr. WICKER. Mr. President, let me congratulate my colleague from Oklahoma for a very fine statement, and let me associate myself with each and every word and each and every fact he outlined in his very fine statement, and also with the remarks of my friend from Missouri who went before him. I appreciate their leadership on this issue.

Let me, at this point, also give a salute to the First Amendment of the Constitution of the United States, to the right of freedom of speech, which we have seen exercised in this building and in this Nation during the course of this debate, and the freedom granted to petition the government for address of grievances. We have seen examples of that. They have been on full display in this healthcare debate, a phase of which will come to a close I hope this evening.

Let me give a shout out to our staff members. They have fielded thousands, if not tens of thousands, of phone calls, letters, emails, and visits from Americans exercising their rights under the First Amendment. Americans have come to their Capital City, almost all of them in an appropriate and nondisruptive way—sometimes intense, for sure—expressing their opinions but also in display of their First Amendment rights.

After all the debate, all the conversation, and all the exhortation on this issue, we have seen a lot of things said from the floor and a lot of things said on the news media that have amounted to a matter of opinion. But here is one thing I know for a fact. For four straight elections—2010, 2012, 2014, and 2016—Republicans ran on a promise to repeal and replace ObamaCare. We ran on that platform, and for four straight elections Republicans prevailed at the ballot box on the strength of that platform. I know that for a fact, and this I believe. Millions of Americans are at work today or at home or getting home from their offices, from their shops, from their factories. They are turning on the media. They are checking online. They are turning on the radio. They are wondering if a campaign promise is going to be kept by this party to which they have given the reins of government in four straight elections.

We are close to keeping that promise. We are closer than we have ever been, and we can take a big step tonight on making good on that promise. That is not just a matter of keeping a promise, but I will say to my colleagues that it is important this platform be honored.

Mr. President, I ask unanimous consent to speak for 10 additional minutes if there are no other people on the other side asking for consent.

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

Mr. WICKER. So we are keeping a promise, but there is a lot more to it, as my friend from Oklahoma outlined, not only in fact but also in stories from honest-to-goodness Americans.

This debate is about keeping Americans from hurting, about relieving the pain that this 2009 ACA has caused people to have. They were told they could keep their doctors. They wanted to keep their doctors, and it turns out they lost their doctors. They were told they could keep their healthcare plans. They liked their healthcare plans, and, in fact, they were not able to keep their healthcare plans. They were told their premiums would go down, and we have seen chapter and verse—as the gentleman from Oklahoma so forcefully outlined—of the dramatic, drastic, unspeakable increase in premiums that Americans have undergone. They were told they would have choice when it came to health insurance, and they have not had that choice. They have lost their freedom to make their own healthcare decisions, and that has been sacrificed in favor of a big government approach. So people are hurting, as has been explained on the floor tonight.

Families in my State who do not have employer-based health insurance are paying nearly $3,000 more per year in premiums than they did 4 years ago. In my State, it is a 116-percent increase in premiums under the Affordable Care Act over this short period of time. I guess we should be thankful we are not the 201-percent increase in premiums that our neighbors from Oklahoma have, or the 223-percent increase in healthcare premiums that our neighbors across the line in the State of Alabama have. But still, it is pretty bad wherever you go, and they were told and this program was sold on a promise of reducing healthcare premiums.

As has also been pointed out, 6 million independent-minded Americans have just said: I will not purchase this required insurance. I will pay the penalty, instead. The Supreme Court says it is a tax. We know it is a penalty. It comes right out of their pockets. They are doing that many times because they are independent-minded but many times because it is the only thing they can afford.

So Americans are hurting. Americans from Missouri, Oklahoma, and Mississippi are hurting, and they are hurting all across America. My Republican colleagues know this. My Democratic colleagues know this.

They say: Well, the ACA needs adjustment. It needs some help.

But what is their solution? I think we are beginning to know, based on statements made and based on information coming forward, that our Democratic friends really want a single-payer system. That is their solution to the failed ObamaCare system we have now—a British-style, European-style, government-run insurance-for-all program. I don't think we need that in America. I don't think that is what Americans thought they were getting.

My wife and I have never moved our family to Washington, DC. We have kept our home on the same street in Tupelo, MS, the whole time. We raised our kids in Mississippi. When the last bell rings this weekend, I will be on a plane back home to my State, moving around the State, talking to Mississippians, speaking to people who gave me this great opportunity to serve in this great body and this great system of government.

I want to be able to tell them when I go home after this vote that I have taken a big step in keeping the Federal Government out of the business of deciding healthcare for their families. I want to be able to tell them that they are now going to have more options to choose the plan that works for them. I want to tell people back home who put me in office that we put more power in the hands of the States, not unelected Washington, DC, bureaucrats. I want to be able to tell them we passed a bill that, as my friend from Oklahoma says, answers their concerns about preexisting conditions and takes care of those people with low incomes who need assistance in buying insurance. I want to assure the people back in my home State and all across America, as my friend from Oklahoma just did so eloquently, that the Medicaid Program will continue. As a matter of fact, it will continue to grow, but at a rate that is more sustainable, so we can afford it today and so we can afford the Medicaid Program in future generations.

This has taken long hours of give and take. It may take more long hours in debates tonight and in a conference with the House, but we can get there. I see the solution formulating, and I am as optimistic as I have ever been that we will be able to keep this four-election promise we made.

These reforms are now within reach. We should take advantage tonight of this opportunity to deliver on what was promised to the American people, to relieve Americans who are hurting from the current ObamaCare system, and to give them a better opportunity for affordable and accessible healthcare.

I yield the floor.

The PRESIDING OFFICER. The Senator from North Carolina.

Mr. TILLIS. Mr. President, I ask unanimous consent that the time until 8:30 p.m. be equally divided between the managers or their designees and that at 8:30 p.m., the Senate vote in relation to the Schumer or designee motion to commit, which is at the desk, followed by a vote in relation to the Heller amendment No. 502.

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

The Senator from Nevada.

AMENDMENT NO. 502

Mr. HELLER. Mr. President, I rise today to talk about my amendment, Heller amendment No. 502. It addresses one of the most onerous taxes enacted as part of the Affordable Care Act, commonly known as the Cadillac tax. The Cadillac tax is a 40-percent excise tax set to take effect in 2020 on employer-sponsored health insurance plans.

In Nevada, 1.3 million workers are covered by an employer-sponsored health insurance plan. These are public employees in Carson City and service industry workers that work on the Las Vegas Strip. They are small business owners, and they are retirees across my State.

Hardly anyone in Nevada will be shielded from the devastating effects of

this Cadillac tax. Across America, 54 percent of employers and almost 151 million workers who currently enjoy employer-sponsored healthcare benefits will experience massive changes to their healthcare by the year 2020. We are talking about reduced benefits, we are talking about increased premiums, and we are also talking about higher deductibles. Hard-working Americans will suffer.

That is why I joined Senator HEINRICH from New Mexico in introducing what was called the Middle Class Health Benefits Tax Repeal Act earlier this year, with the support of over 75 organizations. Some of those organizations include unions, chambers of commerce, small business owners, State and local government employees, and retirees. They are all saying the same thing—that the Cadillac tax needs to be repealed. From unions to small businesses, employers are proposing sweeping changes to employee benefits today—right now—to avoid this onerous tax later.

First, over 33 million Americans who use flexible spending accounts and 13.5 million Americans who use health savings accounts may see these accounts vanish in the coming years as companies scramble to avoid the law's 40-percent excise tax. HSAs and FSAs are used for things like hospital and maternity services, dental care, physical therapy, and access to mental health services. Access to these lifesaving services could all be gone for millions of Americans if the Cadillac tax is not fully repealed.

Second, I have heard from employers, large and small, from all over Nevada, saying that they will inevitably have to eliminate services their workers currently enjoy, dramatically increase deductibles and premiums, and will have to cut certain doctors out of their networks. This goes right at the heart of ObamaCare's broken promise: If you like your healthcare, you can keep it; if you like your doctor, you can keep your doctor.

This onerous tax targets Americans who already have high quality healthcare, and Nevadans have reached out to tell me how this tax will affect them. One of the stories that hit me the hardest was hearing from a school teacher in Las Vegas. As the son of a cafeteria worker, I know the sacrifices that these educators make each day. Cynthia, who works in the Clark County School District, sacrificed a higher paycheck to ensure that a quality health plan would be there when she retired. The Cadillac tax would place a 40-percent excise tax on her retiree benefits and cause her to deplete her savings to cover the loss.

Seniors have worked their entire lives for these benefits, and the Cadillac tax puts at risk the sacrifices they have made for decades to have a safe and stable retirement. That is why I am committed to repealing this very bad tax. Many are in the service industry, like Michael from Las Vegas, who wrote to my office and explained how he is worried that the cost of his union-sponsored health insurance premium will now skyrocket. He is already seeing his deductibles increase and understands that next year there will be more increases to his healthcare premiums. Michael also shares his concerns about an imposed fine from the Internal Revenue Service, should he not have health insurance. He makes a valid point. If he loses his job, then how can he be expected to pay for his healthcare?

Norm, a city employee from Southern Nevada, shared a concern with me recently: The last thing a self-insured provider wants to do is reduce benefits for his employees.

Back in 2015, 90 Senators voted on the record in support of repealing the Cadillac tax, and I hope all 90 will join me again today. They recognize it will hurt middle-class families who, for reasons outside of their control, have health plans that already or soon will reach the Cadillac tax's cost limits. The tax will force many employers to pay steep taxes on their employees' health plans, flexible spending accounts, and possibly eliminate some employer-provided health coverage plans altogether. Under this tax, deductibles will be higher and benefits will be reduced even more, putting a strain on middle-class families trying to make ends meet.

The short-term success of this was pushing the delay through 2020. Now it needs to be fully repealed. So I encourage all my colleagues to join me today in voting to support Heller amendment No. 502 to fully repeal this bad tax and send a message that Congress is serious about lowering costs for all Americans.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

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

The PRESIDING OFFICER. The Senator from Hawaii.

Mr. SCHATZ. Mr. President, you know, late this afternoon, around 5 o'clock, a number of Republican Senators indicated their unwillingness to support the so-called skinny bill, which would rip healthcare from 16 million people, according to CBO, and increase health insurance premiums by 20 percent—and not 20 percent over several years, 20 percent per year for the next several years, doubling health insurance premiums over the next 4 or 5 years. That is the bill we are talking about. They said that they don't like this bill, but they are willing to vote for it if they are provided assurances that this is just sort of a procedural vote.

We just had a motion to proceed that was procedural in nature, according to them. We think it is the vote on healthcare.

Now, this second vote, which is actually a vote to enact legislation—they are saying they are going to vote for it but only on the condition that we go to conference committee.

Something just happened over the last couple of hours that is actually pretty astonishing. The House Rules Committee adopted what they call martial law. Now, it is not quite as bad as it sounds, but it is pretty bad. What that means is it gives total control over the procedures to the House majority. The House majority now is in a position to enact the skinny bill right away.

There are a lot of Members of the Senate who want to talk about this, but I will just give you my little indicators that they are going to enact this into law by Sunday. They are going to enact this into law by Sunday. No. 1, the White House already has a name for it, the President has indicated a willingness to sign it sight unseen, and PAUL RYAN just issued a statement that was not at all reassuring. There were lots of words, but none of them included ''We will not enact anything that comes from the Senate. We will go to conference committee, and if we don't have an agreement, we will not enact the Senate version of the bill.''

They are desperate to enact a bill before the summertime starts, and that is why we are all terrified here. There are a lot of people on the Republican side who hate the bill that they are going to be asked to vote for, and the only reason they are entertaining the possibility is that they want to go to conference. But they are not going to end up in a conference committee; they are going to end up in a signing ceremony over the weekend.

I yield the floor.

The PRESIDING OFFICER. The Senator from Virginia.

Mr. KAINE. Mr. President, if I could just pick up on the comments of my colleague from Hawaii, we had a comical discussion 2 days ago in the Democratic caucus lunch. Comedy isn't that unusual in a caucus with AL FRANKEN, but the comic discussion was about how we would describe to the American public what a skinny repeal is. It was kind of phraseology that we might understand; how do we describe that to the American public? We took about half an hour to try to figure out how to do it, but about 2 hours ago, one of our Republican colleagues did it in 5 seconds. He said—and this is the Senator from South Carolina—that the skinny repeal is a fraudulent disaster. That is what Senator GRAHAM said—the skinny repeal is a fraudulent disaster. He did such a better job than we did of describing what the bill is, and it is a fraudulent disaster because it hurts people. It takes health insurance away, according to the CBO, from 16 million people, and it would jack up premiums in a compounding 20 percent this year, then an additional 20 percent—40 percent the next year. That is why it is a fraudulent disaster.

But some Members, as was described by my colleague from Hawaii, are entertaining that: Even though we call it a fraudulent disaster, we can vote on it because, don't worry, the House will

create an opportunity for us to fix it and make it better. But the comments of the Speaker, which had to be clarified a few minutes later by his press spokesperson, have made absolutely plain that if this bill passes out of the Senate, it is intended to be passed by the House ASAP, and the President's spokesperson has said: We like this bill, and the pen is in hand—we are ready to sign it.

So no one in this body should have any illusions: If the skinny repeal—otherwise known as the fraudulent disaster—passes, it is not to continue a process; it is to take health insurance away from 16 million people, and it will raise premiums dramatically. And that is what the intent of this vote would be.

With that, Mr. President——

Mr. WYDEN. Mr. President, will my colleague yield for a question?

Mr. KAINE. I will yield the floor for a question.

Mr. WYDEN. Mr. President, just very quickly, the Senator pointed out this analysis we have gotten where the premiums go into the stratosphere. Senator MURRAY and I worked a long time on it.

Wages for working people are going up about as fast as a snail trying to climb uphill. I am curious what you think that means for working-class families in Virginia, because I know in my home State—and Senator MERKLEY and I have talked about this—we have working families right now who every single month are walking on an economic tightrope, balancing their food bill against the fuel bill, the fuel bill against the rent bill.

Because my colleague was correct with respect to the fact that this would start, by the way, in January—this is not some kind of far-removed thing—people are going to feel the hit of these skyrocketing premiums right away. What does my colleague think that is going to mean for working-class families in his home State?

Mr. KAINE. Well, to respond, Mr. President, to my colleague from Oregon, one of the things we have seen in the first half year of this administration is, whatever job report comes out month to month—comes out at the beginning of each month, we are not seeing wage growth. We are not seeing wage growth. So imagine that continuing forward—essentially no wage growth and 20 percent increases in premiums that then compound to 40 percent next year, 60 percent the year after that. This will be devastating.

So if you put together the CBO consequences—16 million losing insurance, the 20 percent compounding increases in premiums, a likely dramatic destabilization of the insurance market, and then other features that we hear are in the skinny bill—for example, if you take funding away from Planned Parenthood—and 3 million women have decided that is their choice, that is where they are going to get healthcare, including many working women and women in working-class families—the premium effect is going to be absolutely dramatic, and it will be devastating to Virginians and Oregonians.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, we are here at a historic moment, and we listened to a historic speech just within the last 48 hours from our colleague, Senator JOHN MCCAIN. All of us welcomed him back and were inspired and overjoyed by his return and then by his speech asking that we go back to the regular order, that we have committee consideration of a bill, with hearings and markup and the democratic process really working.

What threatens us tonight is the democratic process being brought to new lows.

If this bill is passed with the assurance that it won't go to conference—and there are conservatives, and I could quote them.

Senator LINDSEY GRAHAM said earlier today:

> There's increasing concern on my part and others that what the House will do is take whatever we pass—the so called ''skinny bill''—not take it to conference, go directly to the House floor, vote on it, and that goes to the President's desk with the argument, ''This is better than doing nothing.'' Here's my response. The ''skinny bill'' as policy is a disaster. The ''skinny bill'' as a replacement for Obamacare is a fraud. The ''skinny bill'' is a vehicle to get in conference to find a replacement. It is not a replacement in and of itself. The policy is terrible because you eliminate the individual and employer mandate which we all want eliminated but we actually want to have an overall solution to the problem of Obamacare, so you're going to have increased premiums and most of Obamacare stays in place if the ''skinny bill'' becomes law. Not only do we not replace Obamacare, we politically own the collapse of healthcare. I'd rather get out of the way and let it collapse than have a half-assed approach where it is now our problem.

Senator JOHN MCCAIN said earlier today:

> I'm not supportive of the legislation as it stands today. I am in close consultation with Arizona governor over the so-called ''skinny repeal.''

Senator RON JOHNSON said earlier today:

> Virtually nothing we're doing in these bills and the proposal are addressing the problems and challenges and the damage done to people.

We will see, in effect, a betrayal of our trust, and I say that very seriously.

I hope this body will keep faith with our democracy and make sure that a bill that is regarded as a bad bill—and rightly so because it will eliminate insurance for 16 million people, it will raise premiums by 20 percent in less than a year, it will drive up costs, and it will bring down the number of people who are insured by catastrophic numbers. We owe it to the American people to vote against this so-called skinny bill, which is really a sham repeal. It is a skeletal version of TrumpCare 2.0, 3.0, 5.0, 7.0. We can do that.

With that, I yield the floor to my distinguished colleague from the State of Delaware.

The PRESIDING OFFICER. The Senator from Delaware.

Mr. COONS. Mr. President, I want to speak for a few minutes on the floor to answer the calls I am getting into my office, the texts and the emails I am getting with people asking: What is going on? What is happening in the U.S. Senate? They can't keep track of what it is we have moved to.

We don't know either.

We are here probably all night waiting for the majority to finally produce the bill that they will use to attempt to repeal and maybe replace—or not—the Affordable Care Act.

All we know is, every single proposal that has been brought forward in recent days has two features: It reduces coverage, and it raises costs.

It may be that 16 million Americans will lose healthcare coverage. It might be 20 million, might be 32 million. Those are different scores for different proposed bills.

It may raise costs by 15 percent, 20 percent, or 30 percent. Sometime later tonight, we will see the final bill presented on this floor, and hopefully we will get some score so we know what we are voting on before we finally get there, but what is so scary to families I am hearing from, is that after 7 months of majority rule, where the Republican Party controls the Senate, House, and White House, we don't have a finished bill for us to debate tonight in detail, and we don't know yet exactly what we will vote on later tonight. We just know a simple theme—every proposal that has been brought forward when scored by the CBO, the independent scorekeeper, offers less coverage and higher costs.

Folks, I want to remind you about something because I just ran into a family out on the steps of the Capitol, outside the building, not inside the building—a family who is raising two typical children and one child with Down syndrome, a family where the father of the family is Active-Duty U.S. military. They asked me: ''Why can't we be heard?''

The process that brought us here tonight did not include committee hearings, where doctors, nurses, patient advocates, folks who run hospitals, or folks who are specialists on insurance were heard.

In a press conference earlier this evening, four of our colleagues said they are going to vote for this bill later tonight so it can go to conference and get fixed. They said the current expected skinny repeal bill is a fraudulent disaster, to paraphrase a colleague.

Well, what I really think we should do is heed the advice that Senator MCCAIN laid out on the floor a few days ago and go back to regular order.

Just earlier today, there was an inspiring moment when we took up and passed by a vote of 97 to 2 the Russia

sanctions bill. We heard the chair and ranking Republican and Democrat of the Foreign Relations Committee speak positively of each other and positively of the process and they said the outcome is in the best interest of our country.

As we have seen, we don't always follow regular order. Both parties have responsibility for moving things over the years without fully consulting each other and without going through the committee process. I think this is the moment where we should look at what happened earlier today on this very floor and follow that process, where the committees are included and consulted, and where we find a bipartisan resolution to what ails America. I am afraid that is not what is going to happen, and later tonight we will be forced to vote for or against a bill that raises healthcare costs for Americans and lowers the number of Americans who get healthcare coverage. If that is the case, this Senator will vote no.

Thank you.

With that, I yield the floor to my colleague from Connecticut.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Thank you, Mr. President.

We are starting to hear rumors of what is in the so-called skinny bill, and it is not skinny. It is humongous. It is filled with all sorts of conservative priorities, whether it be—these are rumors—the end to the individual mandate, the elimination that insurance companies are required to include certain coverages, the denial of funding to Planned Parenthood. This is not a bill that is designed to go to conference. This is a bill that is designed to become law.

I just want to put all of the pieces together for folks what we are hearing tonight, because you are hearing, if you are following this all across America, different pieces of news emerging from different parts of this city. Let me try to put it together for you for a minute.

First, you are seeing this skinny bill get fatter and fatter, which all of a sudden looks like a piece of legislation that is not designed to go to conference. It looks like a piece of legislation designed to become law.

It is healthcare arson. It sets the insurance markets on fire. It immediately takes insurance from 16 million people and drives rates up by 20 percent on a compounding basis. This is insanity.

It is getting bigger and bigger, which makes you wonder, wait a second, is this about going to conference or becoming law? Then we got another piece of information. The White House doesn't support the conference. The White House likes the skinny bill and wants it to become law. Then we got another piece of information. The House of Representatives tomorrow morning will declare what is called martial law. That is a procedural move that will allow the House to pass the bill that comes from the Senate as quickly as possible. This isn't going to conference, this is becoming law. Then the icing on the cake is the most curious piece of news: a statement from the Speaker of the House in which he says, not ''we will go to conference,'' he says, ''I am willing to go to conference.''

Why ''I am willing to go to conference'' and not ''we will go to conference''? Well, maybe you got the clarification from his spokesman who said: ''Conference committee is one option under consideration, and something we are taking steps to prepare for should we choose that route, after first discussing with the members of our conference.''

Can you see what is happening here? Can you see what is happening here? This is a bill that is being sold as just a procedural step to get to conference, but everything else that is happening around it suggests this is becoming law. Even if I am not right, let's also be clear about the process. Even if there is a conference, how on Earth is the conference going to come to a conclusion that the Senate could not? Right? You are going to introduce the Freedom Caucus to the U.S. Senate and think you are going to get more functionality and not less functionality? Even if you get to that conference, it will last for a couple days, maybe a couple weeks. They will come to no conclusion, and then guess what. The skinny bill, which is not so skinny any longer, is there for the U.S. House of Representatives to pass and put into law. All the while, the President of the United States is cheering that on. That is the signal he gave you. The President of the United States does not support a conference. He supports a bill that we are going to have unveiled later tonight and passed. He supports that bill going into law.

So even if you get to conference, with the President chiding the conference to give us and pass the Senate bill, which is available to the House for passage, that is what the outcome will be.

So for our Senate friends who want assurances that this bill will not become law, you are getting exactly the opposite tonight.

With that, I yield the floor to the Senator from Minnesota.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I thank my colleague from Connecticut for that really good and detailed description of how we got to where we are because I think it is really hard to explain to Americans at home who are watching this what a debate really is. I don't see my friends from the other side of the aisle right now, but watch what is happening here today because what I have seen in my State the last few months is extraordinary.

Families are coming up in the middle of a Fourth of July parade with their child with Down syndrome, bringing him over and saying: He is not just a preexisting condition. He is our child whom we love.

This last weekend, I was with a family with two identical twins, Mariah and Evelyn. One is the catcher and one is the pitcher on their 11-year-old softball team. Just in the last few years, one of them found out that she has a severe case of juvenile diabetes. The other one is perfectly healthy. What the mom told me is that they can hardly make it, paying for the cost of the insulin that has gone up astronomically over the years, paying for the testing strips and everything involved in this.

Yet, now, instead of seeing a bill which reduces the cost of prescription drugs by including some of the provisions I have long advocated for—from ending pay for delay, where big pharmaceutical companies are paying off generic companies to keep their products off the market, or bringing in less expensive drugs from other countries or allowing for negotiation under Medicare Part D—instead of doing some of those innovative things we need to bring costs down for regular Americans, what we see here is going to make it worse.

When I met with these two girls, I told them and their family that I had their back and that I would tell their story on the floor of the U.S. Senate. Never once did I think I would be saying it, even this last week, when we are facing this kind of onslaught to this family—because what I would tell these girls now is that this bill, from what we have learned—we have not seen it, we don't know exactly what is in it—but from what we have heard, what would happen is, according to the nonpartisan Congressional Budget Office, it would kick 16 million people off of healthcare.

I would ask those girls: Do you know how many people that is, girls? It is 14 States' worth of people. It is the combined population of 14 States in the United States of America.

What we have learned about this bill is that it would increase premiums by over 20 percent, again, according to the nonpartisan Congressional Budget Office. What I would tell them is that is more than their school clothes, it is more than their softball clothes, it is a good chunk of their college education. This is real money for real people and this reduces coverage and it makes it more expensive. We can do so much better.

A few months ago, we went to that baseball game where the Republican men's team played the Democratic team. I was there in the stands, and I watched at the end this beautiful scene when the Democratic team won and they took the trophy and they gave it to the Republicans' team, and they said to put it in Representative SCALISE's office.

Why did they do that? Because they were saying we are all on one team. That is what this should be.

When we are dealing with one-sixth of the American economy, we shouldn't be at night passing a bill that one of our most trusted colleagues on the other side of the aisle, a Republican, has just called ''a fraudulent disaster.'' That is not what we should be doing. We should be working on the fixes that so many people have been working on for so many years—bringing drug prices down, making the exchanges stronger with reinsurance and cost sharing. These are things we actually can do together.

I ask my colleagues to work with us. We have opened the door. We want to work together on these changes and not to pass this fraudulent disaster.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Thank you, Mr. President. I appreciate so much my colleagues being out here on the floor.

We are debating a bill that relates to 16 percent of our gross domestic product, almost 20 percent of our economy.

I wish there were folks on the other side of the aisle who were out here tonight having this debate. I thank my colleague from Minnesota for the point she made.

I want to state that I am really discouraged about where we are in our political system right now, and part of that is because politicians seem to think they can say one thing when they are running for office and do another thing when they get here and that somehow there is not a consequence.

I guess one of the reasons people think there is no consequence is that we have begun to treat edited content—journalism—as though somehow it is inferior to somebody just shooting their mouth off on the internet. We hear the President verbally assaulting journalists who have covered terrorism and who have tried to bring the story in Syria to the United States. Some have lost their lives. The President says they are not covering terrorism; then he attacks them as fake news. He goes to places like Youngstown and gets people to attack CNN or the New York Times or the Wall Street Journal—anything that is actually edited content.

I think it is because he thinks, A, he will not withstand the scrutiny of real journalists, but I think, B, he thinks it will help with this anything-goes style of politics, which says you can say one thing in the election and do something else.

The PRESIDING OFFICER (Mr. KENNEDY). The time of the Senator has expired.

Mr. BENNET. I ask for an additional 3 minutes.

The PRESIDING OFFICER. The Democratic time has expired.

Mr. BENNET. I ask unanimous consent for an additional 5 minutes.

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

Mr. BENNET. Mr. President, I just don't think this Republic will work very well if we don't have a free press that is respected and if we don't hold people accountable for their campaign promises.

Here is one of the things Donald Trump said during the campaign about what he was going to produce for the American people with respect to healthcare. He said that it was going to be beautiful, terrific—a beautiful and terrific plan to provide such great healthcare at a tiny fraction of the cost, and it is going to be so easy.

That is what he said, in rally after rally across the United States of America, and a lot of people believed it. He talked about how much he hated the Affordable Care Act, or ObamaCare, whatever you want to call it, and all the reasons why; many of the reasons he talked about were manufactured.

But that doesn't really matter anymore. He is the President. The Republicans are in the majority of the Senate, and the Republicans have a majority of the House. Their characterization—or mischaracterization—of the Affordable Care Act is not the issue anymore; the issue is what are they going to do for people living in the State of Colorado who are dealing with a healthcare system that is not supporting them terribly well. My colleagues heard that right. People who support the Affordable Care Act or oppose it, in my State, are deeply discouraged about the way our healthcare system works. And I think that if the President were keeping his promise, we would see 100 people support the bill because it is actually consistent with what people at home want. They want more transparency when it comes to healthcare. They want more affordability. They want more predictability. That is what they want.

If I set out to write a bill less responsive to that aspiration of the people I represent, who are critics of the Affordable Care Act—Republicans in my State—I couldn't write a bill less responsive than the one the House of Representatives has passed and the one that was introduced by the majority leader after he wrote it in secret.

It is 8:20 on the night we are going to have this vote, and we haven't seen the bill. After a year and a half of almost countless committee hearings, after adopting almost 200 Republican amendments on the Affordable Care Act, and then going to townhall after townhall, being accused of being a Bolshevik who hadn't read the bill, my question is, Why aren't people being held to that standard tonight? Maybe they are not asking us to read the bill because there is no bill at 8:20 on the night that we are supposed to take away 16 million Americans' healthcare, or 20 million Americans' healthcare—on the night we are supposed to vote for a bill that the Congressional Budget Office says will jack up insurance rates by 20 percent.

They wrote the bill in secret. They didn't have a single hearing in the Senate—not one hearing in the Senate. Now it is 8:20 at night, and there are people in my State who think they are going to lose their health insurance because they might be one of those 16 million people or they might have a kid or a parent who has a preexisting condition, like the thousands of people who have contacted my office. They are terrified, and they are not even on the floor, and they can't read the bill. Read the bill.

Now we are told there is going to be a procedural trick that is going to allow the House of Representatives to just pass this through over the weekend.

That is a shameful way to run the Senate. It is exactly the opposite of what the majority leader promised he would do when he was the minority leader in the Senate. He is the one who said: If you can't get a vote from the other side—if you can't get one vote from the other side—you maybe should acknowledge that the American people aren't behind your bill.

They can't even get all of the Republicans to vote for this. They had to have MIKE PENCE, who is the Vice President, come here to break a tie. What a disgrace to ask the executive branch to come here and save your bacon because you can't get the votes. And there is not a Democratic vote for this bill tonight because it doesn't meet the test that the minority leader himself had.

I see my colleague from Michigan is here. I will yield the floor by just saying that we should stop this catastrophe. The only thing we know about this catastrophe is if it passes, there will be 16 million people who lose their health insurance and a bunch of rates go up. If we don't do it, that will not happen.

I yield the floor.

The PRESIDING OFFICER. The time of the Democrats has expired.

Ms. STABENOW. Mr. President, I ask unanimous consent for 5 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Ms. STABENOW. Mr. President, I want to support what my colleagues have been saying on this floor. The reason we haven't seen a bill, the reason we have no idea what is coming is that this is a political exercise by the Republicans. It is about winning and losing. But for people in the country, for people in Michigan, it is personal. This is not a political game. This is personal. For everyone who cares about their children and wants to make sure they can take them to the doctor; if you have a mom with Alzheimer's and you might lose the ability to have nursing home care; if you have cancer and know you may not be able to get the full treatments that you need, this is personal. And, as has been said, every single proposal of theirs is higher costs and less coverage.

So we voted on what was behind door No. 1, which would gut Medicaid healthcare. Three out of five Michigan

seniors get their nursing home care from Medicaid. Half of the people we see with Medicaid healthcare are children. All of the funds in the first proposal would go to tax cuts for the wealthy few and pharmaceutical companies and destabilize and undermine and raise costs for everybody else. So that is door No. 1: higher costs, less coverage.

Then, when that didn't go forward, it was door No. 2. Door No. 2: Repeal everything that was passed under the Affordable Care Act and then say to folks somewhere down the road, we will figure out how to replace it. That is higher costs and less coverage.

Now we are at door No. 3, and we don't know what is behind door No. 3. All we know for sure is that it will be higher costs and less coverage.

Now, we as Democrats want just the opposite. We want to work together with our Republican colleagues to lower costs—by the way, starting with the outrageous increases in prescription drug costs. And we want to increase coverage options, increase health insurance. That is what we are all about. I believe—I know in Michigan—that is what people want me to be focused on.

Are there problems in the current system? Of course, and we should fix those, but we don't have to rip away healthcare and raise everybody's costs 20 percent a year as is being talked about now in order to fix the problems that are there.

I want to quote Senator MCCAIN, who said that it is time to ''return to regular order,'' work to reduce ''out-of-pocket costs,'' and learn to ''trust each other'' again.

It is pretty tough to trust colleagues, to trust the majority, when we aren't even given the respect of knowing what we are going to be voting on. And it is not just—it is not about us. It is not about us as individuals; it is about the fact that every person who is getting cancer treatments right now needs to know what the U.S. Senate is going to be voting on and have a chance to respond. Every person who cares about their child, who cares about their parent in a nursing home, who cares about their future has the right to know and to read a bill and know what is going on.

I want to say in conclusion—I want to close with the words of Margo, who manages a health clinic in Kent County in the western part of Michigan. Margo knows the benefits of increased access to healthcare because she sees it every day. She knows it is not political; it is personal. There is nothing more personal than being able to take your child to the doctor and get the healthcare you need or care for your parents.

Margo wrote:

> Seeing working people who have struggled all of their adult lives to manage their chronic health conditions finally have access to regular doctor visits, health education, and prescription medications has been a tremendous relief. It is amazing how different the lives of our patients are today compared to what they were a few years ago.

She added: ''You can't imagine the sense of dignity the people I see feel.''

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

Ms. STABENOW. It is time to bring back some dignity to the U.S. Senate.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I heard somebody say that nobody was listening. Well, I was listening. I have read a little bit from this book before on the floor about healthcare. It is called ''Demystifying ObamaCare'' by David G. Brown, who is a doctor. He does a marvelous job of going through the history of how we got to where we are.

He says, maybe we need to answer the question: ''What does ObamaCare do? What does ObamaCare purport to do? What does ObamaCare not do?''

He says that those answers are relatively simple.

> ObamaCare is not a system of healthcare, nor is it a healthcare reform. It is a system of healthcare control.
>
> ObamaCare was supposed to significantly reduce healthcare costs, but instead it has dramatically increased costs for even those who are not directly within the ObamaCare program.
>
> ObamaCare was supposed to increase access to care, but instead it can actually reduce access (availability) of care.
>
> ObamaCare reduces the effectiveness of the safety net program, which is so very important to economically poor Americans.
>
> The quality of healthcare in America was derided when ObamaCare was passed, but ObamaCare instead reduces the quality of U.S. healthcare by reducing innovation.

And then he says:

> ObamaCare removes a person's ability to make his own decisions about his healthcare and that of his family. It does so by removing the freedom to make those decisions.

He continues that what we are trying to do is correct those problems and get back to a system of healthcare where the patient and the doctor get to make some of the decisions, where we encourage more people to be in the system, where we expand the use of HSAs, refundable tax credits, where we also allow people to buy insurance across State lines.

We could put money back into State high-level risk pools. In fact, I really like the invisible risk pools that allow people to continue to pay what they were paying before, but to get the unique care.

We could ''pass Medicaid to the States in terms of 'block grants' or 'per capita allotments,''' and we could ''partially privatize Medicare starting in 2024 with the premium support system.''

That is not in the bill; I am reading suggestions that he gives, including ''cap the amount for tax exclusions in higher cost employer-based plans.''

Now, you need to know that in the proposals that we have been putting out, in spite of what I have been hearing on this side, kids under 26 still get to be on their parents' insurance. We are not taking that off. I keep hearing we are eliminating the preexisting conditions. We are not. There hasn't been a proposal to eliminate the preexisting conditions. So quit saying that. That is just fearmongering. As to eliminating the lifetime caps on insurance, I haven't heard a proposal for that. Also, allowing people to continue to be insured even if they change jobs—that is what this guy wrote in the book, and I would like for everybody to read it.

He said there are five factors that drive up healthcare costs. One is taxes, another is mandates. Another is regulations. Another is lack of competition and flexibility within the marketplace. As to the fifth one, I don't know of anybody addressing yet, but it is the medical liability system that encourages defensive medicine and drives the costs up.

Seniors need to be protected. There needs to be an effective and viable safety net system. Nobody is trying to work against that, regardless of what you are hearing here.

I understand my time has expired. I have a lot more of the book I would like to share, but I am not sure it is productive, anyway.

I yield the floor.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that before the next amendment each side be given 2 minutes.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

MOTION TO COMMIT

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

The PRESIDING OFFICER. The clerk will report the motion.

The senior assistant legislative clerk read as follows:

> The Senator from New York [Mr. SCHUMER] moves to commit the bill H.R. 1628 to the Committee on Finance with instructions to report the same back to the Senate within 3 days, not counting any day on which the Senate is not in session, with changes that—
>
> (1) are within the jurisdiction of such committee; and
>
> (2) strike the subsequent effective date in the repeal of the tax on employee health insurance premiums and health plan benefits, which reinstates the tax in later years.

The PRESIDING OFFICER. The question is on the Schumer motion to commit.

Mr. SCHUMER. 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.

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

The result was announced—yeas 43, nays 57, as follows:

[Rollcall Vote No. 176 Leg.]

YEAS—43

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

NAYS—57

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

The motion was rejected.

AMENDMENT NO. 502

The PRESIDING OFFICER. There is now 2 minutes equally divided prior to the vote on the Heller amendment.

The Senator from Nevada.

Mr. HELLER. Mr. President, my amendment at the desk, Heller amendment No. 502, repeals the Cadillac Tax, plain and simple. No gimmicks. It repeals the Cadillac Tax, plain and simple. This is a bipartisan issue with bipartisan support. Under these circumstances, it is probably appropriate that we have a bipartisan issue that is here in front of us.

I would like to thank Senator HEINRICH, my friend from New Mexico, for his hard work and effort on behalf of this particular issue. He has worked hard.

This is an issue that is well-endorsed. We have the endorsement of organized labor, chambers of commerce, local and State governments, and small business organizations. They all supported repealing this very bad and onerous tax. Over 83 groups have endorsed full repeal. They are saying the same thing—that the Cadillac tax needs to be fully repealed, or employees will experience massive changes in their healthcare.

Previously, this Chamber has voted nearly unanimously to support this full repeal.

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

Mr. HELLER. Thank you, Mr. President.

I would ask support from my colleagues on this Heller amendment.

Thank you.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, first on the issue before us, most Democrats—the vast majority—are for repeal of the Cadillac tax. We are not for many of the other provisions being put forward. This requires the two to be tied together. We are for repealing the Cadillac tax but not harming the healthcare of millions of Americans.

I want to make another point, especially to my friends, Senators MCCAIN, GRAHAM, JOHNSON, and CASSIDY, who said correctly that the skinny bill was totally inadequate and they would require assurances from the House.

Let me first read what Mr. RYAN said: ''If moving forward requires a conference committee, that is something the House is willing to do.'' That is not worth anything—only if moving forward is required.

But I make another point that makes the case proof positive that this bill could pass and there is no assurance from the House. The House Rules Committee. There was a motion to limit the waiver of clause 6(a) of rule XIII—

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

Mr. SCHUMER. I ask unanimous consent for 30 seconds.

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

Mr. SCHUMER. To limit it just for motions to go to conference; rejected 4 to 9.

If the House was intent on going to conference, they would have voted for this rule. It means they want to pass this bill, this skinny repeal, and send it to the President.

I would urge my four colleagues and all the others to vote no until they get that assurance.

I yield the floor.

The PRESIDING OFFICER. The question is on agreeing to the amendment.

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

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

[Rollcall Vote No. 177 Leg.]

YEAS—52

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

NAYS—48

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

The amendment (No. 502) was agreed to.

The PRESIDING OFFICER. The majority leader.

AMENDMENT NO. 667 TO AMENDMENT NO. 267

(Purpose: Of a perfecting nature.)

Mr. MCCONNELL. Mr. President, I call up amendment No. 667.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL] proposes an amendment numbered 667 to amendment No. 267.

Strike all after the first word and insert the following:

SHORT TITLE.

This Act may be cited as the ''Health Care Freedom Act of 2017''.

TITLE I

SEC. 101. INDIVIDUAL MANDATE.

(a) IN GENERAL.—Section 5000A(c) of the Internal Revenue Code of 1986 is amended—

(1) in paragraph (2)(B)(iii), by striking ''2.5 percent'' and inserting ''Zero percent'', and

(2) in paragraph (3)—

(A) by striking ''$695'' in subparagraph (A) and inserting ''$0'', and

(B) by striking subparagraph (D).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2015.

SEC. 102. EMPLOYER MANDATE.

(a) IN GENERAL.—

(1) Paragraph (1) of section 4980H(c) of the Internal Revenue Code of 1986 is amended by inserting ''($0 in the case of months beginning after December 31, 2015, and before January 1, 2025)'' after ''$2,000''.

(2) Paragraph (1) of section 4980H(b) of the Internal Revenue Code of 1986 is amended by inserting ''($0 in the case of months beginning after December 31, 2015, and before January 1, 2025)'' after ''$3,000''.

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2015.

SEC. 103. EXTENSION OF MORATORIUM ON MEDICAL DEVICE EXCISE TAX.

(a) IN GENERAL.—Section 4191(c) of the Internal Revenue Code of 1986 is amended by striking ''December 31, 2017'' and inserting ''December 31, 2020''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to sales after December 31, 2017.

SEC. 104. MAXIMUM CONTRIBUTION LIMIT TO HEALTH SAVINGS ACCOUNT INCREASED TO AMOUNT OF DEDUCTIBLE AND OUT-OF-POCKET LIMITATION.

(a) IN GENERAL.—Subsection (b) of section 223 of the Internal Revenue Code of 1986 is amended by adding at the end the following new paragraph:

''(9) INCREASED LIMITATION.—In the case of any month beginning after December 31, 2017, and before January 1, 2021—

''(A) paragraph (2)(A) shall be applied by substituting 'the amount in effect under subsection (c)(2)(A)(ii)(I)' for '$2,250', and

''(B) paragraph (2)(B) shall be applied by substituting 'the amount in effect under subsection (c)(2)(A)(ii)(II)' for '$4,500'.''.

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to taxable years beginning after December 31, 2017.

SEC. 105. FEDERAL PAYMENTS TO STATES.

(a) IN GENERAL.—Notwithstanding section 504(a), 1902(a)(23), 1903(a), 2002, 2005(a)(4), 2102(a)(7), or 2105(a)(1) of the Social Security Act (42 U.S.C. 704(a), 1396a(a)(23), 1396b(a), 1397a, 1397d(a)(4), 1397bb(a)(7), 1397ee(a)(1)), or the terms of any Medicaid waiver in effect on the date of enactment of this Act that is approved under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for the 1-year period beginning on the date of enactment of this Act, no Federal funds provided from a program referred to in this subsection that is considered direct spending for any year may be made available to a State for payments to a prohibited entity, whether made directly to the prohibited entity or through a managed care organization under contract with the State.

(b) DEFINITIONS.—In this section:

(1) PROHIBITED ENTITY.—The term ''prohibited entity'' means an entity, including its affiliates, subsidiaries, successors, and clinics—

(A) that, as of the date of enactment of this Act—

(i) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(ii) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and

(iii) provides for abortions, other than an abortion—

(I) if the pregnancy is the result of an act of rape or incest; or

(II) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(B) for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act in fiscal year 2014 made directly to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity, or made to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded $1,000,000.

(2) DIRECT SPENDING.—The term ''direct spending'' has the meaning given that term under section 250(c) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900(c)).

TITLE II

SEC. 201. THE PREVENTION AND PUBLIC HEALTH FUND.

Subsection (b) of section 4002 of the Patient Protection and Affordable Care Act (42 U.S.C. 300u–11) is amended—

(1) in paragraph (3), by striking ''each of fiscal years 2018 and 2019'' and inserting ''fiscal year 2018''; and

(2) by striking paragraphs (4) through (8).

SEC. 202. COMMUNITY HEALTH CENTER PROGRAM.

Effective as if included in the enactment of the Medicare Access and CHIP Reauthorization Act of 2015 (Public Law 114–10, 129 Stat. 87), paragraph (1) of section 221(a) of such Act is amended by inserting '', and an additional $422,000,000 for fiscal year 2017'' after ''2017''.

SEC. 203. WAIVERS FOR STATE INNOVATION.

Section 1332 of the Patient Protection and Affordable Care Act (42 U.S.C. 18052) is amended—

(1) in subsection (a)(3)—

(A) in the first sentence, by inserting ''or would qualify for a reduction in'' after ''would not qualify for'';

(B) by adding after the second sentence the following: ''A State may request that all of, or any portion of, such aggregate amount of such credits or reductions be paid to the State as described in the first sentence.'';

(C) in the paragraph heading, by striking ''PASS THROUGH OF FUNDING'' and inserting ''FUNDING'';

(D) by striking ''With respect'' and inserting the following:

''(A) PASS THROUGH OF FUNDING.—With respect''; and

(E) by adding at the end the following:

''(B) ADDITIONAL FUNDING.—There is authorized to be appropriated, and is appropriated, to the Secretary of Health and Human Services, out of monies in the Treasury not otherwise obligated, $2,000,000,000, to remain available until the end of fiscal year 2019. Such amounts shall be used to provide grants to States that request financial assistance for the purpose of—

''(i) submitting an application for a waiver granted under this section; or

''(ii) implementing the State plan under such waiver.'';

(2) in subsection (b)(1), in the matter preceding subparagraph (A)—

(A) by striking ''may'' and inserting ''shall''; and

(B) by striking ''only'';

(3) in subsection (d)(1), by striking ''180'' and inserting ''45''; and

(4) in subsection (e), by striking ''No waiver'' and all that follows through the period at the end and inserting the following: ''A waiver under this section—

''(1) shall be in effect for a period of 8 years unless the State requests a shorter duration;

''(2) may be renewed for unlimited additional 8-year periods upon application by the State; and

''(3) may not be cancelled by the Secretary before the expiration of the 8-year period (including any renewal period under paragraph (2)).''.

The PRESIDING OFFICER (Mr. TOOMEY). The majority leader.

Mr. MCCONNELL. Mr. President, the legislation I just laid down is called the Health Care Freedom Act, and it restores freedom to Americans that ObamaCare took away. It does so in a number of ways.

First, the Health Care Freedom Act repeals the core pillars of ObamaCare. It eliminates the so-called individual mandate that forces many Americans to buy ObamaCare insurance they don't want, can't afford, or can't use, and taxes those who don't. It also repeals the employer mandate that cuts hours, take-home pay, and job opportunities for workers.

Second, the Health Care Freedom Act provides significant new flexibility to States. The Health Care Freedom Act gives States just the kind of flexibility they need to implement reforms that provide more options for consumers to buy the health insurance they actually want. These reforms also help make insurance more affordable and flexible so it is something Americans actually want to buy.

Finally, the Health Care Freedom Act frees Americans from ObamaCare in several other ways too. It provides 3 years of relief from the medical device tax, which increases costs, hurts innovation, and has drawn significant criticism from both sides of the aisle. It expands, for 3 years, the contribution limits to health savings accounts so Americans can better manage their health costs and pay down more of their medical expenses like prescriptions with pretax dollars.

Also, the legislation will prioritize funding for women's health through community health centers instead of large abortion providers and political organizations.

The American people have suffered under ObamaCare for too long. It is time to end the failed status quo. It is time to send legislation to the President which will finally move our country beyond the failures of ObamaCare. Passing this legislation will allow us to work with our colleagues in the House toward a final bill that could go to the President, repeal ObamaCare, and undo its damage.

I urge everyone to support it.

Mr. President, I ask unanimous consent that Senator MURRAY or her designee be recognized to offer a motion to commit; further, that the remaining time be equally divided between the managers or their designees.

The PRESIDING OFFICER (Mr. KENNEDY). Is there objection?

Without objection, it is so ordered.

The Senator from Washington.

MOTION TO COMMIT

Mrs. MURRAY. Mr. President, I move to commit 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 are within the jurisdiction of such committee.

Mr. President, after months of secret negotiations and backroom deals and shutting out patients and families and women and Democrats and even many Republicans from the process, Republican leaders continue to say they are planning to force a vote on this latest TrumpCare bill tonight—a bill even Republicans admit would throw our markets into turmoil. It is going to kick millions of people off of care, it is going to raise premiums for millions of families, it will eliminate healthcare for women across the country, and so much more—none of it good.

It does not have to be this way. In fact, Republicans can still reverse this course. They can drop this once and for all and join with Democrats to get to work to actually improve healthcare, to reduce costs, to increase access, and to improve quality. We can start over with an open, transparent process, in which both sides—Democrats and Republicans—have a voice and one in which patients and families can make sure their priorities are being addressed.

Now, I know many of our Republican colleagues prefer this bipartisan route. We have heard them say it. They have said it over and over in their votes to reject the partisan TrumpCare bill and

full repeal bills this week, in their discussions of hearings we should be holding, and in their comments even over the past few hours, laying out how devastating this bill would be for patients and healthcare markets and making it clear they do not trust the House to not simply pass whatever moves through the Senate.

So I call on Republicans now to join us. Let's do what my colleague, the senior Senator from Arizona, and so many others have bravely called for. With this motion, we will send it back to the committee, where we can debate it, where we can work together, where we can do what is right for the people we represent.

I urge my colleagues to support this motion to commit in the way that Republicans and Democrats have been talking about. I can personally assure every one of you that I will work with you—and I know other Democrats will as well—if we reject this process and send it back with this motion to commit to do it the right way, the respectful way.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Mr. President, this process is an embarrassment. This is nuclear-grade bonkers what is happening here tonight.

We are about to reorder one-fifth of the American healthcare system, and we are going to have 2 hours to review a bill which, at first blush, stands essentially as healthcare system arson.

This bill is lighting the American healthcare system on fire with intentionality. To use the word ''freedom'' at its center—there is freedom in this bill. There is the freedom to go bankrupt, there is the freedom to get sick and not be able to find a doctor, and there is freedom in this bill to die early. That is not hyperbole. That is what happens when, overnight, 16 million people lose insurance.

Don't tell us that is because people all of a sudden will not be mandated to buy it. This is a vicious cycle that happens. When you get rid of the mandate, every insurance company will tell you that rates skyrocket because you are not getting rid of the provision that requires insurance companies to price sick people the same as healthy people. CBO says that rates go up immediately by 20 percent and then 20 percent after that and then 20 percent after that. So all of a sudden you can't have the individual mandate because nobody can afford to buy the product.

There is a lot of freedom in this bill, it is just not the kind of freedom we all thought was at the heart of this reform measure. This is real life. It is not a game.

I know lots of Members on the Republican side are voting for this because they have some promise that even though this bill is terrible—and everybody admits it doesn't solve any problems—it will get to a forum in which the problems can be truly solved. That is gamesmanship. That is not senatorial. That is not what this place was supposed to be. This was supposed to be the great deliberative body where we solved big problems, and this bill surrenders to the House of Representatives.

Let's just be honest about what is going to happen when this bill gets to the House. Maybe there will be a conference committee, but it will not resolve any of the problems which have been inherent in the Republican conference here in the Senate. In fact, those problems will get worse because you will inject the Freedom Caucus into a Republican conference here that alone wasn't able to come to a conclusion. They will argue for a couple weeks, maybe a month, and then the House will decide to proceed with a vote on this bill.

There is nothing in the rules that locks this bill into the conference committee once it is there. The House can pick it up out of that conference committee and move it to a vote—and they will do that because none of the problems that were solved here will be solved there.

We have seen this happen before. Remember the budget stalemate in which this hammer of sequestration was created, and the supercommittee was supposed to solve all the problems the House and the Senate couldn't? They didn't, and now we are stuck with sequestration—something nobody thought would happen. This is the same thing.

This will not be a hammer sufficient enough to solve the dysfunction which has always been present in this process. Thus, the conference will be doomed, and this bill will become law—raising rates for everyone, locking millions of people out of the system of insurance, with no answer for the parents of those disabled kids who have been begging to get into Senators' offices. This isn't a game. This is real life. If this bill becomes law, real people will be hurt.

We are begging our colleagues to vote for the motion to commit. Take us at our word. We want to work with you. We acknowledge there are still problems that need to be solved, though we maintain there are parts of the Affordable Care Act that are working. What if we owned the problem and the solution together? What if this wasn't a perpetual political football? There is still time for us to work this out together if you support us and vote for the motion to commit.

This process is an embarrassment to the U.S. Senate. This isn't why we all came here—and don't delude yourself into thinking that this bill you are voting on will not become law. There is a very good chance that it will, and the end result will be absolute devastation and humanitarian catastrophe visited upon this country.

It doesn't have to be this way.

I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, it has been an amazing process. I have been here a little over 10 years, and I have never seen anything like this.

We voted cloture a few days ago to move to debate. Nothing. Now we have a bill here today that as Senator MURPHY has already pointed out, will rip healthcare away from millions of people, increase premiums by 20 percent a year, and basically solve none of the problems that are out there that need to be solved that affect Americans every day, especially rural Americans.

I must thank the Senator from Washington, Mrs. MURRAY, for the motion to take this back to committee. This is where we should have started. We should have started in the committee process like our forefathers had designed this place to work, the greatest deliberative body in the world, but it didn't. Every bill has been drafted by a select few in a backroom, with no input from anybody, especially people from rural America. So it is really time, folks, to open this process up.

As I have gone around the State of Montana—and I have for the last 8 months—talking to folks about healthcare in rural America, they are very nervous. I am going to tell you something. If people cannot pay their bills because they don't have health insurance or they don't have the money, it is going to put these small hospitals at risk, these rural hospitals at risk.

I will tell you a little bit about the town I grew up in. This is a town where my grandparents homesteaded over 100 years ago. From the time of the homestead era until the midsixties, they didn't have a hospital. Their hospital was the top floor of a place that sold dry goods. In the midsixties, they finally scratched up enough money, and they built a hospital.

Big Sandy is not near as big today as it was back then. I am going to tell you, the hospital administrators from these small hospitals, the folks in the Montana Hospital Association have told me that if charity care goes up, they could close and at a bare minimum change their method of delivery for healthcare.

What does that do to a small town? Oftentimes, the hospital is the largest employer in that town. They usually fight with the school district for that honor. You take the hospital out, you take the heart and soul out of that community.

You want to see a mass exodus from rural America, even bigger than it has been over the last 50 years? Pass this bill. Pass this bill.

This isn't about numbers, and it isn't about words; it is about people. Big Sandy is not unique. Every rural town in the State of Montana that has a hospital is in that position. It is the same thing in Wyoming. It is the same thing in North and South Dakota. It is probably the same thing in more urban States that have rural areas, where these small hospitals will be put at risk of closure. It is not right.

I am going to tell you that if we follow the process that should be followed in this great body, we would take this healthcare bill and put it back in committee, have a debate, listen to ideas from everybody, rural and urban alike—farmers and ranchers, businesspeople, healthcare professionals, families, doctors, nurses—and we could come up with a bill that could work for this country. But that is simply not the case here tonight, and we should not be proud of this at all.

Our forefathers set up a great system that can work, and the majority has chosen to ignore that system. It is a disgrace to the Senate.

I yield the floor.

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

The Senator from Ohio.

Mr. BROWN. Mr. President, let's look at how all this started. Right down this hall, a few months ago, Senator MCCONNELL, a handful of Republican Senators, the drug lobbyists, insurance company lobbyists, and Wall Street lobbyists met in that office behind closed doors. Most Republican Senators didn't know what was happening, no Democratic Senators knew what was happening, and the American public didn't know what was happening.

This bill—written by drug companies, insurance companies, and Wall Street—was sent to the Senate floor, was discussed, and, alas, it was big tax cuts for the drug companies and the insurance companies.

When you think about this, you have U.S. Senators who get taxpayer-subsidized insurance, Senators who get insurance provided by taxpayers who are going to rip it away from potentially 700–, 800–, 900,000 Ohioans.

I stand with Governor Kasich. Governor Kasich said: You don't pass legislation—you don't meet in the majority's leader's office down the hall here, write legislation with drug company and insurance company lobbyists, and then take Medicaid away, take insurance away, disrupt the insurance markets. You just don't do things that way.

A professor of healthcare finance at Case Western in Cleveland wrote yesterday that millions would lose coverage and that middle-income Americans would be ''priced out of the market.''

If I could talk for a moment about what happens to individuals, yesterday I was on the phone with Donna May from Gahanna, OH. She told me:

My mother is 91 years old. She worked hard all her life. I'm 73 years old and still work. Without Medicaid, or even large cuts in Medicaid, I will not be able to care for my Mom.

Donna and so many others pay into Social Security. They pay into Medicare. They pay into unemployment insurance. And then this Congress is going to cut their Medicaid. This Congress is going to take money away from them when they need it, when they run out of money at the end of their lives and they are in nursing homes. Is that what we stand for as a country?

In Toledo, I talked to Kelly Peterson. Her dad is in a nursing home and relies on Medicare. She told me:

My family would be devastated by these proposed cuts to Medicaid. My dad worked in the auto industry and paid into the system 30 years. Now when he needs it most, conservatives in Congress want to take it all away.

Again, these people paid into Social Security. They paid into Medicare. Now we are going to take their insurance away from them as they grow older. A bunch of Members of Congress who have insurance provided by taxpayers think it is morally OK to strip the insurance from millions of people in our States.

Again, I side with Governor Kasich. I am a Democrat. He is a Republican. He is as repulsed as I am that down this hall, Senator MCCONNELL and Republican leadership, with the drug and insurance company lobbyists, wrote this bill.

I stand with Governor Kasich, who wants to do a simple thing: Stop this outrageous attempt tonight. Sit down with Republicans and Democrats in both parties. I could sit with Senator PORTMAN. We could come up with legislation to fix the Affordable Care Act; to encourage more young, healthy people into the insurance pools; to stabilize the insurance market; to go after the outrageous cost of prescription drugs; maybe even to open up Medicare eligibility for people between 55 and 64. It is not complicated.

The special interests have taken over this Chamber. We should be ashamed of ourselves. We ought to do this right. I ask my colleagues to vote yes on the Murray motion to recommit.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I rise in support of the motion to commit by my friend from the State of Washington. Let me tell you why.

We have a problem that most all of you have in your States, which is opioids. This opioid addiction that goes on is affecting everybody—not just Democrats, not just Republicans. I don't care whether you are poor or rich or whether you are conservative or liberal—it has no base at all; it is a silent killer.

For the first time, under the Affordable Care Act, we are able to get some treatment. We have not been able to do that before. The only treatment people have gotten before—when a parent comes to you and says: I just have to hope my child—if my child gets arrested, they can go into drug court, and maybe they can get some care, some treatment.

For the first time, through Medicaid, we can give treatment for opioid addiction. We never had this chance before, never had this opportunity. It is really lifesaving for these people. It gets them back into the workforce, too, and they can clean up their lives. They really want this done.

We are talking about 33,000 Americans who lost their lives in 2015. In any other scenario, that would be an epidemic or a pandemic. Here we go. We still don't have any adequate treatment centers. We have no way that we can go forward and fight this illness. We sit here and talk about it.

Now we are talking about, well, we know 16 million people are going to be thrown off. We know that. We know the premiums will go up 20 percent.

Some one said: You know, you can still have preexisting conditions. We are going to take care of them. They can find it. It is available.

I have said this before: A Rolls Royce is available to me; I just can't afford to buy it. That is what we are going to be faced with.

But this is fixable. What we have said about fixable, we as Democrats—there are those of us in this body who will sit down—as Senator MURRAY has said—will sit down tonight. We will start tonight if you want to and look at ways we can make this more effective, more beneficial for everybody.

When you think about the reinsurance, we know it has worked in Alaska. The Affordable Care Act—the so-called ObamaCare—has been out long enough now that we know where the problems are, we know where the fixes need to be, and we know how do it. We have seen Alaska do something that looks very promising.

Also, when Vice President PENCE was Governor in Indiana, they did a Medicaid expansion in Indiana. They are putting in accountability and responsibility. It has great effects. My good friend Mitch Daniels was the Governor at the time they put this plan into place, and it has worked and worked well.

We are willing to sit and talk. These are good things. We think we can make this happen. We have been shut down at every turn. I have said: This is not how we were taught in West Virginia. It is not how we do business. We sit down and work through it.

I don't care what side of the aisle you are on—we came here to do the right thing for the country. We are all Americans. We all have something in common. We are all on the same team, I hope, and that is Team America. Let's fix this.

Let me tell you what will happen if you don't fix it. Let me tell you what will happen for the people who lose it. Do you know where they go back to? And I don't know why people think there is a savings involved. They are going back to the emergency room.

When I was Governor, every year they came to me and said: Governor MANCHIN, we need $12 million for a rural hospital. We gave all this charity care away.

They are going to go back to that. Do you think that is quality? There is no preventive care. There is no planning. There is nothing to help these people

have a better quality of life. We are going to pay again. We are going pay dearly for this. We are not going to have any chance to get people back in the workforce.

All we are asking for, please vote for Senator MURRAY's motion to recommit. Give us a chance to do what we were sent here to do. Let's work the legislation. Let's sit down and find the commonality that we can find as Americans and move forward with a piece of legislation that can change people's lives, that can save people's lives and can give them hope again for the first time. That is all we are asking for.

I would ask each and every one of us to search our souls and our hearts while we are here, what we are here to do, what our purpose of being here is, and give us a chance to fix a healthcare system that needs to be fixed but also needs to be available for the people in my great State of West Virginia and everyone in this great country.

With that, Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Rhode Island.

Mr. WHITEHOUSE. Mr. President, this bill is the product of the most secretive and partisan process I have seen in my 10 years in the Senate. Who did the magicians who came up with this listen to? They obviously didn't listen to the doctors. The American Medical Association is opposed to this. The American Pediatric Society is opposed to this. The American Academy of Family Physicians is opposed to this. Certainly the doctors didn't get a chance to get heard in this process.

How about the hospitals? The American Hospital Association is opposed to this. Catholic hospitals are opposed to this. Rural hospitals are warning that this could end their very existence. Let's have a process that gives the hospitals a chance to be listened to.

The nurses in Rhode Island are opposed to this. I think nurses around the country are opposed to this. Why not have an open process that gives the nurses a chance to be heard?

Our community health centers are opposed to this. They have been to Washington to say: Please don't do this. You will be hurting real people whom we care for.

Illness advocacy groups—the people they are fighting for are stuck in this healthcare system with serious illnesses. Did we listen to the American Cancer Society? No. Did we listen to the American Lung Association? No. We didn't even listen to the hemophilia group, for Pete's sake. Addiction treatment groups are against this.

We have listened to nobody. We didn't even listen to the Republican Governors, let alone the Democratic Governors, like my Governor, who is telling me: We are working fine. We having people on Medicaid. Our exchanges are working.

Why fire this torpedo into perfectly working exchanges when we can be working on fixing the few where it is not working?

Why are we here? Who is behind this? Who was telling the little group of magicians in their secretive back room what to do? This is what happens when a party becomes beholden to a small handful of creepy billionaires and stops listening to the people. They are conducting a freakish social experiment on other people's health coverage, because you can bet those billionaires have all the coverage they need, but they have this ideology about taking coverage away from people by the millions. And our Republican friends are standing up in lockstep to march the billionaire march on a bill that everybody hates and that will cause damage in everybody's home State. And it doesn't matter because the billionaires have the dark money, the dark money floods our politics, and everybody marches to the tune of the anonymous billionaires.

We could be doing great things. We could be solving the known problem of end-of-life care and making sure people get their wishes honored at that precious time. We could be dealing with opioid and behavioral health issues that are bedeviling communities across this country. We could be helping doctors with payment reform that lets them treat people in a way that keeps them healthier, rather than having to wait to be paid until they do stuff to people—running up the cost of healthcare.

We could be dealing with hospital-acquired infections. How many people know someone who had a hospital-acquired infection, which brings enormous costs into the system as you have to treat it? Do we address that? No, because we didn't bother to listen to the hospitals.

We could do something about pharmaceutical prices. People in America are irate about jacked-up pharmaceutical prices, driven up by people who aren't even in the drug manufacturing industry but are just speculating on their ability to use monopoly pricing to drive up prices. But they put money into the system, so they get what they want.

This bill is a nightmare in and of its own, and it is a colossal missed opportunity to do something good for the American people that will actually help them. So let's support Senator MURRAY's motion to recommit and just try the regular order that the majority leader has proclaimed he was a champion of for year after year, until the creepy billionaires said to him: We are giving you the money; this is the bill we want. We don't care about those people or those hospitals. Shove it through because it suits our ideology.

This is no way to govern. Give the people, the hospitals, the doctors, the nurses, the community health centers, and the people suffering from illnesses at least a chance to be heard in some kind of open environment.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, at last count, I think it was the Gallup poll that found 12 percent of the American people had confidence in the U.S. Congress. I think we are on our way tonight to single digits because in the modern history of this country there has never been a process as absurd as what we are seeing right here.

We are talking about legislation that impacts one-sixth of the American economy—over $3 trillion. We are talking about legislation, because it is healthcare, that impacts every man, woman, and child in this country.

Mr. President, maybe you can help me. How many public hearings have we had dealing with legislation that is of enormous significance to tens of millions of people? Well, I will help you with the answer: There have been zero hearings.

What impact will this legislation have on doctors who are trying to treat us every day? One might think that we would hear from the doctors of the American Medical Association to tell us how this legislation would impact their work. We have not had one public hearing to hear from one doctor.

What has the American Hospital Association had to say about how this legislation would impact rural hospitals in America, many of which may close down? They have not had one moment, one opportunity to say one word on this legislation.

We are proceeding here with major legislation written behind closed doors by a handful of Republicans. Most Republicans have not been involved in this process, let alone Democrats, let alone the American people.

By the way, when we think of the American people, how do they feel about this legislation? Well, the last poll that I saw was USA Today. They had 12 percent of the American people thinking that this legislation makes sense. Well, maybe the American people got it wrong. How do the major healthcare organizations in America feel about this legislation—the people who are on the cutting edge, the people who do the work every day? Well, guess what. The AMA, the American Medical Association, is opposed; the American Hospital Association is opposed; AARP, the largest senior group in America, is opposed because they know the horrendous impact this will have in raising premiums for older workers; the American Cancer Society is opposed; the American Heart Association is opposed; the American Academy of Family Physicians is opposed; the American Academy of Pediatrics is opposed; the American Psychiatric Association is opposed. Virtually every major national healthcare organization is opposed to this disastrous legislation.

So the American people are opposed, and the healthcare organizations all across this country are opposed. The bill was written behind closed doors. Yet, under those circumstances, they want to bring it to the floor for a vote.

Now, what most Americans are sitting around and thinking—they are saying: Look, the Affordable Care Act has done some good things. Before the Affordable Care Act, we had some 50 million people without any health insurance. The Affordable Care Act provided insurance for about 20 million people. That is no small thing.

In the majority leader's own State of Kentucky, the rate of uninsured went from 20 percent down to 7 percent. That is pretty good—not great, but it is pretty good. In West Virginia, the rate of uninsured went way down. We have seen 20 million people gain insurance. We have dealt with the Affordable Care Act under a total obscenity; that is, if somebody had a serious illness—breast cancer, diabetes—they could not get insurance at an affordable cost because of a preexisting condition. How insane is that? The American people said that is nonsense. What is the function of insurance if not to cover us when we need it the most for those illnesses that we have had? We ended that absurdity. That was a good thing. The Affordable Care Act has done other very important things.

Have you heard one Member of this body say that the Affordable Care Act is perfect? Have you heard one person here say that the Affordable Care Act does not need to be improved? Of course, it does. Right now, throughout this country—in my State of Vermont and all over this country—deductibles are too high. I have talked to people with $5,000, $10,000 deductibles. They can't go to the doctor when they should. We have to lower deductibles. Copayments are too high. Premiums are too high.

I will tell you something else. Donald Trump ran for President, and he campaigned, and he said: I am going to stand with the working people of this country. Prescription drug costs are too high. I am going to take on the pharmaceutical industry. We are going to lower prescription drug costs in America. Today, if you can believe it, one out of five Americans under 65 cannot afford to fill the prescription their doctors write. Today, somebody walked into a pharmacy and found that the cost of the medicine they have been using for 10 years has doubled, maybe tripled, because we have no legislation that stops the drug companies from charging us anything they want. And they will charge us anything they want. The result is, we have the highest prices in the world for prescription drugs.

Those are the problems that the American people want answers to: Deductibles are too high, premiums are too high, copayments are too high, and prescription drug costs are too high. We are not doing enough good work in primary healthcare. Too many people, even with insurance, cannot find the doctors they need. There are many other problems. Those are what the American people want us to solve.

This legislation only makes a very bad situation worse. How do you improve healthcare in America when you throw 16 million people off of the health insurance they currently have? How do you improve healthcare in America when, according to the CBO, premiums are going to go up 20 percent every year? Let's get that clear: 20 percent on January 1, another 20 percent the following year—that is 40 percent—and another 20 percent the year after. Do you think this is really improving healthcare, bringing freedom to the American people? I think not.

So what is the solution? The solution is—I know this is a radical idea—that maybe we should do what the American people want us to do and not what special, powerful interests want, not what billionaire campaign contributors want—whose rightwing ideology wants to end government services for working families all across this country.

I hope that we will have the common sense and the decency to sit down, throw the problems on the table, and then resolve them. I think we can do that. That is why we have to end this absurd process. We have to go back to regular order, which simply means go back to the committee.

I am a member of the Health, Education, Labor, and Pensions Committee. Let's have that discussion. Let's hear different ideas. Let's solve problems. Let us not make a bad situation worse, and let us not make the American people even feel more contemptuous of this institution than they currently do.

Thank you.

I yield the floor.

The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. I thank my colleague from Vermont.

Mr. President, in my hand is one of the closely kept secrets in Washington, DC. These eight pages have been so carefully guarded that for 3 days, we have been on the floor of the U.S. Senate waiting for this moment. Within the last hour, the Republicans finally released their plan to change healthcare for every American. We have been waiting a long time.

They have been meeting behind closed doors, in secret sessions, writing what I have in my hand. You have to think to yourself, why would they do it in secret? If this is something that will affect every American, family, business, and individual and if they are proud of what they have done, why did they wait so long? Well, when you read it, you can understand it, because this measure proposed by the Republican leadership makes things worse for American families when it comes to health insurance.

It has a great name. I am sure somebody invested time thinking about this one: The Health Care Freedom Act. It appears that for 16 million Americans, they will be free of health insurance protection; 16 million Americans will lose their health insurance protection because of this Republican plan. Every other American buying health insurance will be free to pay 20 percent more each year for the premiums on their health insurance. You don't have to be a math major to figure out compound interest at 20 percent a year. By the fourth year, you are knocking on a 100-percent increase in your premiums. Your health insurance premiums will double in about 4 years under the Republican plan.

Is that why they started this debate, so they could take health insurance away from millions of Americans and raise the cost of health insurance for others? Four Senators had a press conference this evening at 5 p.m. I watched it carefully. I listened as my colleagues came to the floor and those four Senators described this plan. They had seen it, this so-called skinny repeal plan. One of the Senators said that this plan was a ''fraud,'' it was a ''disaster,'' it would have a disastrous impact on the premiums charged to people he represented in his State, and it didn't achieve the goal of reforming and repairing the Affordable Care Act. I will quickly add—because you will think, well, we expect the Democrats to say that—this was a press conference of four Republican Senators about 6 hours ago. They had read the Republican plan and called it a ''fraud,'' a ''disaster,'' raising premiums, and not really bringing reform to healthcare in America.

It will take only one of those four Senators to stand up and speak up and vote no for the right thing to happen—for this proposal to go to committee where it should have started and to be considered by the experts first, so we know its real impact, and then to have an amendment process where better ideas might be offered and debated and added to this proposal—benefits voted out of committee. Then bring it to the floor of the U.S. Senate for the same thing to happen.

Do you know who came up with the radical idea that we should go through the committee process and both parties participate in writing this reform? None other than Senator JOHN MCCAIN. He came to this floor a couple of days ago. It was a historic moment. Everyone—both political parties—was cheering this man whom we have served with and love and respect. And he warned us. He warned us that if we didn't do this together—Democrats and Republicans—the results would be terrible.

Can you afford terrible results when it comes to healthcare for your family, for you, for your baby? Of course, you can't. We have to do our level best not to win the political debate but to win the confidence of the American people that we understand how to make healthcare better and more responsive in America.

I have been through a lot of measures, and I have voted on a lot of things over the years. My proudest vote was for the Affordable Care Act, because I knew we would extend the reach, protection, and peace of mind of health insurance to millions of Americans.

I had an experience early in my life. I was newly married and had a brand new baby girl with a serious health issue, and I had no health insurance—none. I went to the local hospital here, waiting in the charity ward, in the hopes that the doctor who walked through that door would be the one who would save my baby's life. I thought to myself: I will never let that happen again. I will have health insurance, no matter what it takes, the rest of my life. I know the feeling, and some others do too.

I don't want American families and individuals to go through this. I want them to have the peace of mind and protection of good health insurance. That is why this Republican proposal taking health insurance away from 16 million Americans is such a travesty. That is why the notion of raising health insurance costs beyond the reach of working families is so wrong and so disgraceful, and that is why, with the help of one more Republican Senator, we can send this measure back to a committee where it can be seriously considered, worked on, improved, and passed so that we can say to the American people: We did our job as Senators. We did what JOHN MCCAIN challenged us to do—to come together on a bipartisan basis and to make this a better bill.

I am glad my colleagues are here this evening. I am glad to see my friend from the State of Wyoming who is here. We have worked on many issues together. We disagree on this one, but I hope that he will realize and the others will, too, that this secret that they have kept from the American people is plain wrong. It is a secret that now it has been outed. It has to be put to rest. Let's do this the right way. Let's do it for the well-being and health of America families across this Nation.

I yield the floor.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. BOOKER. Mr. President, I stand today sort of feeling like a great New Jerseyan named Yogi Berra, who has a saying that ''this is deja vu all over again.'' The reason why it feels like deja vu all over again to me is because I have been watching this process move along. When the House first tried to push through a healthcare bill, I was so proud that the American public—Republicans and Democrats—were outraged and stopped that version 1 in the House. But then version 2 was rushed through without a CBO score, and they got it done. We heard Republicans in the House literally saying on the record: I so hope that they will fix this in the Senate; maybe something will happen in the Senate that this will get fixed.

Well, now I have deja vu all over again, and it is because we see a whole bunch of folks—and now we have heard Republican Senators say this on the record: Gosh, we know what we are doing is flawed; we know what we are doing is wrong; we know the process has been outrageous, but our hope is, if we can get it into the conference committee, then they will fix it in the conference committee.

Well, I am proud to be a U.S. Senator. But, dear God, this is not what this body is about—to push their responsibilities off, to derelict their duties, and to not make legislation happen here that puts people first. We all know this process is broken. We all know that what we are doing here is not just imperfect. Many of us see this, like the CBO, as a serious threat to millions of Americans.

We are about to do something that is unconscionable to me to be in the Senate, where I have seen this place work, I have seen regular order, I have seen hearings, I have seen witnesses brought in, and I have seen people work hard on crafting actual legislation. So now this is just going to be shoved over with the hope in this body that, even though the House didn't do their job and the President of the United States even criticized what the House did and called it ''mean,'' it gets kicked over to the Senate, and the Senate is refusing to do their job. They are just passing the buck to something called a conference committee, where they are going to hope again.

So I stand here, and I just have to confess that this has been 2 days for me where I haven't just been frustrated and angry like so many Americans. I have actually been struggling with being a little sick. I started feeling it about 2 days ago. By yesterday my throat was so sore, I went to bed. I had a horrible night, got up, and could barely even swallow. I had the worry in my head that maybe I had strep throat.

But guess what. Unlike the thousands of New Jerseyans who have reached out to me, for me to worry about an illness, maybe that I have strep throat—I went to a doctor today. I had myself tested for strep. You see, we, in this body, enjoy health coverage, which right now millions of Americans are worried about losing, and many other ones worry, as we heard said tonight, about copays and prescription drug costs. I wonder where the justice is in that.

What are the American values that hold us all together? I know we pledge allegiance to that flag. We put our hands on our hearts, and we swear this oath to liberty and justice for all. Where is the justice in this country, where some people who are favored and privileged enough and wealthy enough to afford good health coverage can have it, but for other folks, a night with a bad sore throat or, worse, with a disability or disease—where is their justice in the wealthiest country on the planet Earth? We can't even, in this body, come together and do what the President said in his campaign that he would do—everyone would be covered and have healthcare that—I think the quote was this—was terrific.

Well, it brings me back to what our values are as a country, and I wonder: For we who believe in life and liberty and the pursuit of happiness, how can we have life when we see millions of people about to be thrown off their health coverage? We in this Nation hold these values so dear. We believe that all are created equal and, in my belief, should have equal rights and equal opportunities for the basics that are necessary to succeed and to compete, and that is health insurance.

I wonder how we have gotten to a point as a body on an issue like this that is not just one-sixth of our economy, that will not just affect millions and millions of lives, but that really goes to the core of who we are as a country.

This great man, Patrick Henry, said: ''Give me liberty or give me death.'' Those words have been coming back to me a lot in the last months of this debate and this discussion: ''Give me liberty or give me death.''

Well, what is the quality of the liberty in this country, where there are people who are shackled with preventible disease and conditions that could be treated because they don't have access to healthcare? What is the quality of liberty in this country, where people are chained to poverty, have to sell their cars, have to sell their homes, and go into bankruptcy because they can't afford their healthcare coverage?

''Give me liberty or give me death.'' What is the quality of the liberty when people are imprisoned by fear and worry and stress because they have a sick child or they have a parent who is elderly and needs care? These are the values of this country, and I don't understand how we could be at this moment right now with the ideas that I have heard on both sides of the aisle to make healthcare better, to improve upon the Affordable Care Act, to extend health coverage to even more people, to make this Nation live up to its most powerful and profound values that made us a light unto nations, and how we could have gotten to this point now after gaining ground, after having more people experience the freedom and the liberty that comes from not having to worry about your health coverage, from having access to quality healthcare? How can we have moved forward and now be about, in a matter of hours, to push this Nation back? I don't understand how we could be here where no one can justify the process and no one can justify this body having gone through such a contorted process that bends our traditions and breaks our values. I do not understand how we could have gotten here.

Who will be hurt? Who will be hurt? I have read lots of studies recently about how, when health insurance rates goes down, mortality rates go up, and when health insurance rates go down, mortality rates go up. It makes me wonder about the duty that we each have to each other as Americans. As a man of faith, it makes me wonder about all of us who profess our faith and how we could be allowing a process

to go forward where the most vulnerable among us will face fear and deprivation and will see things that will cost life and have them surrender liberty. We are better than this. This Nation is greater than this.

This moment casts a shame and a shadow over the soul and the heart of America, and I will fight even in these last hours with every breath that I have, like the patriots before us, not to allow this to happen to my fellow Americans. This is unjust, this is wrong, and we can and must in these hours do better.

Let's send this bill into committees. Let's do this process as this institution was designed to have it done. Let's open the doors of the Capitol and invite America to come—the American Medical Association, the American Cancer Society, hospital associations. Let's invite the AARP. Let's have America come down here. Let's join together like our forefathers and foremothers have done to expand liberty, to expand opportunity, to extend hope. We can do that. All of us collectively have that power, and it is what the people want right now. This is not what the people want.

What we are about to vote on has only seen the light of day for a matter of minutes now—a matter of minutes.

This Nation was founded with a proclamation that we the people—this idea that all of us together—can do better, that when we join together, when we stand together, when we fight together, and when we work together, we can create a transcendent reality. That is the story of America, and this is not. This is the betrayal of our values. This is the betrayal of our history. This is the betrayal of the great body in which we all are Members.

Thank you, Mr. President.

The PRESIDING OFFICER. The Senator from Hawaii.

Ms. HIRONO. Mr. President, so many of us have spoken so many times now against the repeal of the Affordable Care Act, which would hurt millions and millions of people in our country and especially the sickest, poorest, and oldest among us.

I would say that I am probably the only Senator here who was not born in a hospital. I was born at home in rural Japan. I lost a sister to pneumonia when she was only 2 years old in Japan. She died at home, not in a hospital, where maybe her life could have been saved.

It is hard for me to talk about this. I think you can tell. Give me a moment.

When I came to this country as an immigrant, my mother brought me and my brothers to this country so we could have a chance at a better life. We came here with nothing. She had low-paying jobs. There was no health coverage. Growing up as a young girl in Hawaii, my greatest fear was that my mother would get sick and, if she got sick, how were we going to pay for her care, and how would she go to work? If she didn't go to work, there would be no pay, there would be no money. I know what it is like to run out of money at the end of the month. That was my life as an immigrant here.

Now, here I am, a U.S. Senator. I am fighting kidney cancer, and I am just so grateful that I had health insurance so that I could concentrate on the care that I needed rather than how the heck I was going to afford the care that is going to probably save my life.

Guess what. When I was diagnosed with kidney cancer and facing my first surgery, I heard from so many of my colleagues, including so many of my colleagues on the other side of the aisle, who wrote to me wonderful notes sharing with me their own experience with major illness in their families or with their loved ones.

You showed me your care. You showed me your compassion. Where is that tonight?

I can't believe that a single Senator in this body has not faced an illness or whose family member or loved one has not faced illness who was not so grateful that they had healthcare. I cannot believe there is a single Senator who has not experienced that in their family or their lives.

I know how important healthcare is. What is in here? Why doesn't every single Senator know that? Why are we here tonight voting on a bill that has not had a single hearing? Why are we here tonight voting on a bill that would eliminate healthcare coverage that could save lives for 16 million people? Why are we here voting on a bill that would probably mean that people like me, millions in this country, who are now in the ranks of those receiving care with preexisting conditions will not get the healthcare we need? Why are we here tonight? Where is your compassion? Where is the care you showed me when I was diagnosed with my illness?

I find it hard to believe that we can sit here and vote on a bill that is going to hurt millions and millions of people in our country. We are better than that.

I listened to JOHN MCCAIN calling on us to have hearings and to do the right thing, and I am so saddened he was unable to move us in that direction. I would call on him tonight to vote his conscience, to vote for us who say we are going to stand for the millions of people in our country who will be hurt by what we are contemplating tonight.

Mr. President, I will yield the floor by asking my friends to show the compassion to everybody in this country that you showed me. We all should be voting to send this bill to committee.

I yield the floor.

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

Mr. KAINE. Mr. President, I also rise with my colleagues, tremendously moved by the powerful words of my friend from Hawaii: Why can't you show compassion to others that you showed to me? That is a haunting question, and I hope people will hear that not just with their ears but with their hearts.

I also support the motion to do what we should have done in January—to commit this important topic to the committee that has jurisdiction over it.

A few years ago, there was a popular thing to do, and that was to wear a button or bracelet with the letters WWJD. That button and bracelet stood for ''What would Jesus do.'' I was on the floor the other night, and I don't think that is a very hard question because in Matthew 25, he basically tells us: I was sick and you cared for me. In different translations: I was sick and you looked after me. I was sick and you visited me. I was sick and you took care of me. I think the answer to WWJD is pretty straightforward tonight.

I am going to talk about a different JOHN MCCAIN. JOHN MCCAIN, based on the tremendously moving presentation he made on the floor the other day, one that led us to a standing ovation because he talked about how this body should work, he said that things weren't working here as they should for the American public. He said we needed to fix the Senate and be an example for the public. We needed to restore confidence, and the way to do that would be to return to operate as the Senate should operate, with putting bills in committees and having hearings and listening to the public and, most importantly, listening to each other.

That is the process JOHN MCCAIN's committee just used, the Armed Services Committee, to get a unanimous defense authorizing bill to the floor, which I hope we will take up in the next few days.

I just want to spend a few minutes talking about if that is what we should do. If those words led us to leap to our feet in a standing ovation, why are we standing here 2 days later preparing to break every suggestion and recommendation he made to us?

When should we start the process of listening to each other and listening to the American public? Should we start on an inconsequential issue that doesn't matter? I think now is the time to start. I think we all know it is the time to start. If we didn't believe in our heart that now was the time to start fixing this place, we wouldn't have leapt to our feet and given Senator MCCAIN a standing ovation. This is the time, and this is the issue to start fixing this place and doing what we do with the spirit that is worthy of the American people who sent us here.

Why is now the right time? First, because this issue is so important to people. You heard moving—moving—words from our friend from Hawaii and our friend from New Jersey. We have all spent months going from town to town in our States having people come plead with us for solutions. I shared stories about being in the medical clinic in

Appalachia a week ago tomorrow and seeing the tremendous need in this richest and most compassionate Nation on Earth.

There is nothing about a person's life that is more important than their health. There is no expenditure that a human being ever makes that is as important as an expenditure they make for their health. This is the right issue to start fixing this place because it is important to people.

It is important to the economy. This is the largest sector of the American economy. We are proposing to reorient one-sixth of the American economy on a snap vote, in the middle of the night, without having a single hearing or listening to a single expert.

It is an important issue because we definitely need to hear from the public. You know, committee hearings sound kind of wonky. We haven't had a committee hearing. What does that mean? What it means is, we haven't had a witness table where a patient or a doctor or the American Cancer Society or others could stand up and share their points of view. We need to listen, and if we don't listen, we will not get this right.

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

Mr. KAINE. I ask unanimous consent for 2 minutes to close, Mr. President.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. KAINE. The time is right because the consequences are so severe: 16 million people lose insurance, 20 percent premiums compounding over the years, insurance markets skyrocketing and unstable, and Planned Parenthood defunded—the healthcare provider of choice for 3 million women.

The final reason we should do this the right way, not the wrong way, is what was said by Senator GRAHAM just a few hours ago. He described the bill that is now on the floor, the skinny repeal, the skinny bill, as a policy is a disaster as a replacement for ObamaCare. It is a fraud.

Is ''fraudulent disaster'' the best that the United States Senate can do now? Is that now the bar we have to get over? If we can say something is a fraudulent disaster, it is suddenly good enough to vote for? That is salt in the wound of a family that is worried about their sick child. That is salt in the wound of anybody who is worried about what would happen to their family tomorrow. Will they lose insurance? Will they pay more? Will they be blocked from going to Planned Parenthood? If this body passes a bill that even Members who vote for it claim is a fraudulent disaster, how do you think the American public will view this body? How will they view the degree of care and concern we exhibit to them?

This is not the best the Senate can do. We can do much better than this, we must do much better than this, and I ask my colleagues to send this to committee where we can listen to one another and get this right.

Thank you, Mr. President.

I yield the floor.

Ms. COLLINS. Mr. President, few issues are as important or personal to the American people as healthcare, which is why this debate has been so fervent and ignites such passion.

On the one hand, the Affordable Care Act, ACA, has allowed millions of individuals and families to obtain health insurance for the first time. It has also brought important patient protections like those for people with preexisting conditions and prohibitions on annual and lifetime limits on insurance payments for needed care.

On the other hand, too many Americans face skyrocketing premiums and unaffordable deductibles coupled with mandates that give them few, if any, choices. Some insurance plans have become so restrictive that families find they can no longer go to the doctor or hospital of their choice. In addition, the ACA's employer mandate discourages businesses from creating jobs or giving their workers more hours, while its tax credits and subsidies are designed so poorly as to cause ''wage lock''—''where working harder to get ahead can instead make some Americans fall further behind.''

Despite President Obama's campaign promise that his health plan ''would save the average family $2,500 on their premiums'' per year, the opposite has happened as premiums are increasing in nearly every State, with an average increase of 25 percent nationally last year. Today, despite the implementation of the ACA, 28 million Americans remain uninsured.

These problems require a bipartisan solution. The Democrats made a big mistake when they passed the ACA without a single Republican vote. I don't want to see Republicans make the same mistake.

Earlier this week, I voted against proceeding to healthcare reform legislation—the American Health Care Act of 2017—that passed the House of Representatives last May without a single Democratic vote. For many Americans, this bill could actually make the situation worse. Among other things, the bill would make sweeping changes to the Medicaid Program—an important safety net that for more than 50 years has helped poor and disabled individuals, including children and low-income seniors, receive health care. The nonpartisan Congressional Budget Office, CBO, projects that the number of uninsured Americans would climb by 23 million under this bill.

Senate leaders, recognizing that the House bill did not have sufficient support, advanced their own substitute proposal that would make similar structural changes to the Medicaid program, as well as many other changes. CBO estimates that this plan would reduce the number of people with insurance by 22 million, cause premiums and other out-of-pocket costs to soar for Americans nearing retirement, and shift billions of dollars of costs to State governments. It also would undermine the financial stability of rural hospitals and long-term care facilities and likely lead to the loss of important consumer protections for many Americans, while doing virtually nothing to address the underlying problem of escalating healthcare costs. Earlier this week, this body struck down that proposal by a vote of 43 to 57.

A separate proposal that would simply repeal the ACA without a replacement also failed, by a vote of 45 to 55. That legislation, according to CBO, would result in 32 million people losing their insurance, bringing the total number of uninsured Americans to 60 million a decade from now. Clearly, that is going in the wrong direction.

In a final effort to reach consensus, Republican leaders have pieced together a plan that would repeal key portions of the ACA while punting on many of the more difficult questions. While I support many of the components of this plan, this approach will not provide the market stability and premium relief that is needed. In fact, a bipartisan group of Governors wrote Senate leaders this week, urging rejection of this so-called skinny plan, which they say ''is expected to accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage.''

I ask unanimous consent that the letter be printed in the RECORD following my remarks.

Also included in all of these plans is a misguided proposal that would block Federal funds, including Medicaid reimbursements, from going to Planned Parenthood. Millions of women across the country rely on Planned Parenthood for family planning, cancer screening, and basic preventive healthcare services. Denying women access to Planned Parenthood not only runs contrary to our goal of letting patients choose the healthcare provider who best fits their needs, but it also could impede timely access to care.

If Planned Parenthood were defunded, other family planning clinics in Maine, including community health centers, would see a 63 percent increase in their patient load. Some patients would need to drive greater distances to receive care, while others would have to wait longer for an appointment,

Let me be clear that this is not about abortion. Federal law already prohibits the use of Federal funds to pay for abortion except in cases of rape, incest, or when the life of the mother is at risk.

This is about interfering with the ability of a woman to choose the healthcare provider who is right for her. This harmful provision should have no place in legislation that purports to be about restoring patient choices and freedom.

We need to reconsider our approach. The ACA is flawed and in portions of the country is near collapse. Rather

than engaging in partisan exercises, Republicans and Democrats should work together to address these very serious problems. In their letter to Senate leaders, the bipartisan group of Governors correctly notes that, ''True, lasting reforms can only be achieved in an open, bipartisan fashion.''

Healthcare is extraordinarily complex, and we must work together systematically in order to ''do no harm'' and improve our healthcare system. In developing legislation, our focus should be on the impact on people, premiums, and providers.

We are dealing with an issue that affects millions of Americans and one sixth of our economy, and we need to approach reforms in a very careful way. That means going through the regular process of committee hearings; receiving input from expert witnesses such as actuaries, Governors, advocacy groups, and healthcare providers; and vetting proposals with our colleagues on both sides of the aisle. It needs to be a much more deliberative process, and I am pleased that Chairman ALEXANDER has expressed a willingness to begin hearings in the Senate Health Committee.

Neither party has a monopoly on good ideas, and we must work together to put together a bipartisan bill that fixes the flaws in the ACA and works for all Americans.

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

JULY 26, 2017.

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate, Washington, DC.
Hon. CHARLES E. SCHUMER,
Minority Leader, U.S. Senate, Washington, DC.

DEAR MAJORITY LEADER MCCONNELL AND MINORITY LEADER SCHUMER: As the Senate debates the House-passed American Health Care Act (H.R. 1628), we urge you to set aside this flawed bill and work with governors, both Democrats and Republicans, on solutions that will make health care more available and affordable for every American. True, lasting reforms can only be achieved in an open, bipartisan fashion.

We agree with Senator John McCain that the Senate should ''return to regular order,'' working across the aisle to ''provide workable solutions to problems Americans are struggling with today.''

Congress should be working to make health insurance more affordable while stabilizing the health insurance market, but this bill and similar proposals won't accomplish these goals. The bill still threatens coverage for millions of hardworking, middle class Americans. The bill's Medicaid provisions shift costs to states and fail to provide the necessary resources to ensure that no one is left out, including the working poor or those suffering from mental illness or addiction. The Senate should also reject efforts to amend the bill into a ''skinny repeal,'' which is expected to accelerate health plans leaving the individual market, increase premiums, and result in fewer Americans having access to coverage.

Instead, we ask senators to work with governors on solutions to problems we can all agree on: fixing our unstable insurance markets. Improvements should be based on a set of guiding principles, which include controlling costs and stabilizing the market, that will positively impact the coverage and care of millions of Americans, including many who are dealing with mental illness, chronic health problems, and drug addiction.

The next best step is for senators and governors of both parties to come together to work to improve our health care system. We stand ready to work with lawmakers in an open, bipartisan way to provide better insurance for all Americans.

Sincerely,
John W. Hickenlooper, Governor of Colorado;
Steve Bullock, Governor of Montana;
Brian Sandoval, Governor of Nevada;
Larry Hogan, Governor of Maryland;
Tom Wolf, Governor of Pennsylvania;
John Bel Edwards, Governor of Louisiana;
Terence R. McAuliffe, Governor of Virginia;
Charles D. Baker, Governor of Massachusetts;
John R. Kasich, Governor of Ohio;
Phil Scott, Governor of Vermont.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, for 2½ days I have been listening to the same rhetoric. It sounds like deja vu. For 2½ days I have been listening to this. I have been giving extra time to the other side to speak. I have been hoping out of that I would get one constructive suggestion for what could be done with healthcare.

It has all been criticism. It has been criticism against all cuts. Even tonight, after the bill was read here on the floor, I heard that we were changing Social Security. We are not changing Social Security. We can't change Social Security under the budget.

I heard we were changing Medicare. We are not changing Medicare. I am not going to allow other time for that side. I will suggest that side of the aisle go and read the bill. I think it would be a worthwhile exercise.

There isn't even Medicaid in there. You have threatened about what was going to be done about Medicaid. You talked about what was going to be done with Medicaid, but it is not based on fact. So take a look at the bill.

Another way that this is deja vu is I remember being here on Christmas Eve when technical corrections were accepted from the other side, but you went ahead and passed the bill. We mentioned things that needed to be changed in the meantime, and we were told: No, no, that doesn't have to be done. It just needs more time.

Well, we had more time, and there does need to be corrections. You keep talking about how the Republicans have ruined the insurance market. No, last October, the high rates came out for States across this country that pointed out that healthcare was going down the tubes. So something needed to be done. Something needed to be done, but without getting constructive suggestions from the other side—just criticism, saying ObamaCare is perfect, until this debate started, and then I started hearing: It is not perfect. It is not perfect.

Well, where are the suggestions for making it as near perfect as possible? We put up a lot of——

Ms. HEITKAMP addressed the Chair.

Mr. ENZI. I am not asking that as a rhetorical question. Think about it for a little while, come up with constructive suggestions.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. HEITKAMP. Would the Senator yield for a question?

Mr. ENZI. No, I will not yield for a question.

When I feel like there is something constructive that is going to be done around here—I remember that one of the Senators on the other side of the aisle said: If you just take Medicaid out, I will be for it. Well, Medicaid is not in this version so that ought to be some kind of a commitment on it.

I keep referring to this book, which goes back to a lot of the history that we have experienced around here. Here is what has happened, and all of this is footnoted. I was reading at first the footnotes. I didn't check out all the footnotes, but I did look to see if they were footnoted.

Under the bill that we are trying to make some changes to, there have been costs from new taxes. There are 21 taxes that have been included in ObamaCare, but the most enormous one is the increased taxes on healthcare companies that are then passed on to the public as higher costs for insurance and pharmaceuticals.

I have heard that word ''pharmaceuticals'' thrown out a lot, and I agree there are things that need to be changed there. I do remember the pharmaceuticals joining in on the process of getting ObamaCare passed because they did this little thing with the pharmaceutical Part D, where there was this doughnut hole, and through the doughnut hole we were hoping that people would switch to generic, but the pharmaceutical companies said: No, no, no. If you will stick with the brand name, we will cover you through the doughnut hole. Do you know why? Because people, as they go through the doughnut hole, go beyond the doughnut hole, and beyond the doughnut hole the Federal Government picks up the cost of the name brands—the name brand pharmaceuticals. My insurance commissioner was by to visit with me, and he mentioned that I have twins in Wyoming, and they have a rare disease. There is a prescription for it, and the prescription is costing $30,000 a year each. Well, that is quite a bit of money, and the insurance company is picking that up. Then the name brand pharmaceutical company bought out the generic one. This was generics they were getting.

So now they have to have name brand because the generic isn't on the market now. The cost? It is $1.6 million for each kid, each year.

That is why the companies, why the insurance companies are dropping out

of the market. I mean, Wyoming is the least populated State in the Nation, and an insurance company that is limited to Wyoming is going to have to bear that $3.2 million worth of cost. So they are going to be saying: We are the only ones covering Wyoming; maybe we shouldn't provide insurance in Wyoming either. We lost the other two companies already, and we are down to just one, but we have one, and they cover all of the counties, unlike—it kind of surprised me that the rules allow companies to just do some counties in some States.

Also, under ObamaCare, the insurance plans have to cover more.

This includes plans for the patient who may not want a particular coverage but has to have this. [It comes under the] essential health benefits, which are required through HHS. This led to 5 million Americans losing their insurance in the individual market.

Reduction of lower cost plans. High deductible [health savings accounts] are very important in reducing costs for individuals, families, and businesses. A RAND study in 2011 found that an HSA/high deductible plan (with a deductible of at least $1,000) would reduce healthcare spending an average of 14%. That savings incurred not only for patients but also for employers and for total healthcare expenditures. These more effective plans have been reduced under ObamaCare.

Most of the young people on my staff were getting HSAs, and the reason they did is because they did a little bit of a calculation. They did a little bit of financial literacy. They looked to see what the plan was for the full coverage, and then they looked to see what an HSA would cost, and they said: Well, gee, if I take the difference in the cost between the regular insurance and the HSAs and I put that in one of these savings accounts that can grow tax-free, in a maximum of 3 years, I will cover any deductible that I might have.

So they considered that to be good insurance and they got to make a lot of their decisions.

But I don't think we want individuals making their decisions; that appears to be how ObamaCare is constructed.

Then there is an increase in mandates, which is item No. 4.

Mandates existed before ObamaCare but have dramatically increased with ObamaCare. It added mandates ''guaranteed issue and community ratings.'' Both have been previously tried in the states. Such mandates distort the marketplace and drive up the cost of care. Policies within states that had more mandates could actually have doubled the cost of [their] premiums.

5. Increased costs by constricting hospitals and physician systems. There has been consolidation with increased hospital mergers by 50% compared with 2009. There has also been movement of doctor's practices to connect with hospital systems and both the contractures within the hospital system and then physician's systems increased costs to the patients. For example, group practice charges increased costs 18% to 20% and specialty care charges increased costs even more, 34% after connecting the care with hospital systems. These changes in care i.e. changing from private practice systems into hospital-based systems have significantly driven up the cost of care for the patients.

6. Medical legal liability reform has not been a part of ObamaCare but is a significant driver of healthcare costs.

That is not considered in it, and it is considered to be about a 10 to 25 percent increase in total costs.

Mrs. MURRAY. Mr. President, may I respectfully ask the chairman a question?

The PRESIDING OFFICER. Does the Senator yield for a question?

Mr. ENZI. I think this is under my time.

Mrs. MURRAY. It is, and I just——

The PRESIDING OFFICER. Does the Senator yield for a question?

Mrs. MURRAY. Regarding time, I just have a question so that Members can know how to manage their time between now and the 45 minutes when we have the vote.

The PRESIDING OFFICER. The Republicans have 46 minutes remaining; the Democrats have zero.

Mrs. MURRAY. If I could just respectfully ask the chairman, since we have only had this bill for an hour, we have, as you can see, a number of Senators who want to speak. I would just respectfully ask if there is any time we will have between now and the vote to make any comments, since we have just had, for a very short amount of time, the bill that we will be voting on, which will obviously impact millions of Americans.

Mr. ENZI. I think the answer that I gave was perhaps your time might be better spent taking a look at the bill because the conversations I have heard here didn't necessarily speak to the bill.

Mrs. MURRAY. Mr. Chairman, I——

Mr. ENZI. They speak to the process, and I think we have already covered that in 3 days.

Mrs. MCCASKILL addressed the Chair.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mrs. MCCASKILL. Mr. President, will he yield for a question about the bill? He clearly knows more about it than we do because he has seen it for much longer than we have.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mrs. MCCASKILL. He will not yield for a question?

Mr. ENZI. I want to continue on with why we are trying to change this.

The Galen Institute—Grace-Marie Turner wrote about 70 changes to ObamaCare that occurred after it went into effect. And those changes include the ''employer mandate delay, individual mandate delay, preserved benefits to the military and VA, and reduction of funding to agencies used for implementation of ObamaCare including IPAB, CO-OP's, and IRS.''

Co-ops are an interesting thing. I was suggesting during the time that ObamaCare was being considered that small business health plans might make a real difference in costs for small businesses. Now, the only thing I can see on small businesses in here is that if you are a small business and you have over 50 employees, you have a problem.

I have people in Wyoming who come to me and say: I have this business. It is working really well, and in the next town over—and most of the towns aren't big enough to hold two of the same kind of store—so in the next town over, I would like to put in the same kind of shop.

My question to them is: How many employees do you have?

Most of them have said: Well, I have about 48 employees.

I said: How many will you need in the other store?

They said: Well, I hope to need the same amount of people.

I said: Well, the way this works, you are going to come under much increased healthcare costs, and you better take a look at that before you make your expansion.

So it has cost jobs that way.

Now, with small business insurance, with the small business health plan—

Ms. WARREN addressed the Chair.

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. ROUNDS. Regular order.

Ms. WARREN. Will the Senator from Wyoming yield for a question about the new study on the impact of ObamaCare on jobs?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Ms. WARREN. Will he yield?

Mr. ENZI. I will not yield. I would appreciate the same courtesy from that side that I gave to you when you were doing your expositions about healthcare, which included the things that I have mentioned that aren't even in the bill. Our side has some time, and I would like to use some of that time.

As I have been through this process for a long time now—I have been on the Health, Education, Labor, and Pensions Committee for the whole time that I have been here, which is 20 years. Of course, it wasn't Health, Education, Labor, and Pensions when I first got here, but we thought that that was a clever acronym: We are from the Federal Government, and we are here to help you. There are a lot of people back home who don't think we really help out much.

But, at any rate, the small business health plans, after three of us who were in the Gang of 6 got thrown under the train or under the bus or whatever it was, small business health plans were changed to co-ops, and they were given a significant amount of money to work with, and they haven't fared very well.

I will find the information about the co-ops here. Again, this isn't stuff that I wrote; this is stuff somebody else wrote and footnoted and sent to all of us. Again, the name of the book is ''Demystifying ObamaCare: How to Achieve Healthcare Reform.'' It gives some good suggestions.

He does point out that ''ObamaCare is not a system of healthcare, nor is it

healthcare reform. It is a system of healthcare control.''

People are told what they are going to do.

ObamaCare was supposed to significantly reduce healthcare costs, but instead it has dramatically increased costs for even those who are not directly within the ObamaCare program. ObamaCare was supposed to increase access to care, but instead it actually reduced access to the availability to care. ObamaCare reduces the effectiveness of the safety net program, which is so very important economically for Americans.

Under an amendment that I would like to see is one that would have covered the people who make a living of under $11,000—because with $11,000, you can't get insurance. They don't get subsidies; they are just left out in the cold. It is one of the corrections that should have been made and wasn't made. ObamaCare does reduce the effectiveness of the safety net program, which is important to economically poor Americans.

There are a lot of people out there in the States, several thousand in my State, who can't get insurance under that.

The quality of healthcare in America was derided when ObamaCare was passed, but ObamaCare instead reduces the quality of U.S. healthcare by reducing innovation, and it removes a person's ability to make his own decisions about his healthcare and that of his family, and it does so by removing the freedom to make those decisions by putting so many qualifications on it.

Again, I repeat that we haven't done anything to take people off of their policy if they are under their parents' policy if they are under the age of 26.

We haven't done anything to deny patients who have preexisting conditions. I have heard that for 3 days.

We haven't eliminated the lifetime caps on insurance. I have heard that for weeks.

So there are things that need to be done. They could be done. We have tried to do it in this bill, again, without constructive suggestions from the other side. For any recognition that there was any problem that ought to be solved, we have gone ahead. It is not my choice for the mechanism that would be used; it is the mechanism that was chosen by leadership and it falls to them. One of the things that makes this difficult is it is a budget reconciliation, so there are things that have to be written in a budget form in order to comply. That limits some of the things that I would have liked to have done that I think would have made quite a difference. And I think there would have been some things the other side might have joined on and been excited about too. But, again, we are limited by the mechanism that we have here, and there is no indication that——

Mr. MURPHY. Mr. President, will the Senator yield for a question?

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. ENZI. Mr. President, I have heard so many times that the other side would love to be cooperative, but I have yet to see cooperation. I am not going to take questions; I am going to—I really would appreciate it if you would just take some time to look at the bill. I have heard the rhetoric.

The PRESIDING OFFICER. The Senate will be in order.

Mr. MURPHY. Maybe this time would be better used if you allowed us to ask you some questions about the bill.

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. ENZI. Yes, and I have an hour, whether I use it or not. As I said, for the past few days I have been yielding time to the other side. I haven't gotten much satisfaction out of that. I have listened for the last hour, and I didn't get any satisfaction out of that either. I did sit through all of it. I did listen to it. Again, it is complaints about the process, but not constructive suggestions on what could be done.

There are taxes, mandates, regulations, lack of competition in the marketplace, increasing costs. When I travel across Wyoming, I have people who have come up to me and they say: My insurance premium is bigger than my house payment, and it is growing.

And they said: If something happens to us, my deductible is bigger than my year's premium. That shouldn't happen in America, but that is where we are. Those aren't isolated cases; those are a lot of cases. That is the situation we find ourselves in. We are not trying to hurt anybody; we are trying to fix some of these things.

As I said, for 8 years, every time there has been a waiver—that is part of that thing that I mentioned about the 70 changes to ObamaCare so far—a lot of those were in the way of waivers.

Every time there was a waiver, I said: Why are we waiving this? Why don't we just fix it?

I was told: It is not broke; it just needs more time.

Well, it has had more time. Last year—this was before the election, so you can't blame us. We had no idea who was going to be the President. We had no idea who was going to be in the majority. Last October, people started pulling out of insurance markets, and rates increased dramatically. You can't put that blame on us.

Mrs. MURRAY. Mr. President, parliamentary inquiry.

The PRESIDING OFFICER. Does the Senator yield for a parliamentary inquiry?

Mr. ENZI. No.

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mr. MURRAY. Mr. President, I just wanted to ask how much time is left on a bill that we haven't had much time to look at much in the last hour that we are going to vote on.

The PRESIDING OFFICER. The Senator from Wyoming has 34 minutes remaining, and the Senator has the floor.

Mr. ENZI. Mr. President, I think what we have is a motion to commit and the right for the other side to do other amendments. I would hope that some of them would be constructive, but I am not expecting that. As I said, I have been listening for 3 days and actually listening a lot longer before that time.

I could talk about some of the things we can learn from ObamaCare, because we should. We can learn that decisions have to be made by the patients and not by the bureaucrats for the government. There are some key examples of when the government starts making those decisions. I don't have to pick on ObamaCare for it necessarily; the VA has had a few problems, and I am sure all of you have been working casework on what the VA has been doing. That is where the government and the bureaucrats are making decisions. We have been through some enormous times on that. That is why we did the Choice Act. And the Choice Act had a lot of problems. That is government healthcare.

People say: Well, Choice got to go outside of the government.

That is not quite true. I think the folks with the VA picked the companies you have to go through for healthcare, and when they did, they didn't want it to be efficient. They wanted as much of it as possible to come back to the VA. I am sure all of us, as we travel across our States, are running into people who are having problems with providers not getting paid or not being able to get their appointments. If you check with the providers, you find out what kind of a terrible process they have to go through to get paid. That is government healthcare.

In my State, I provide the VA with a list every week of the new cases I have of people who are not getting care. That shouldn't happen. But they told me when I first inquired: Well, there are only two doctors who haven't been paid.

I said: That is impossible. There are more than two doctors in my own town who haven't been paid, and there are a lot of towns in Wyoming—when I go to them, I hear that they are not paid.

They said: One was not paid for 30 days, and one wasn't paid for 45 days.

I said: Well, I don't know why either one wasn't paid before those kinds of deadlines.

But I can tell you there are a lot more problems than that.

So if we are thinking about going to a Federal healthcare—and I guess we are not because we had that vote a little bit earlier on whether we would have a single-payer system. I was amazed at the number of people who chose not to vote on that. At any rate, I don't think that is where America wants to go. I have had some people ask me about that. I have given them some suggestions on where to check to see what kind of care they would get under that, and they have come back

to me and said: I don't think that is where we want to go.

I know the other side of the aisle has wanted to go that way for a long time. When I first got here, Phil Gramm was one of my mentors, and I really appreciated all of his advice in so many areas. One of the things he said to me was, you have to watch out for healthcare because where the Democrats want to go is to single-payer healthcare. In other words, they don't care who drives the train as long as it wrecks.

So I look back on ObamaCare and I say: Man, this was 18, 19, 20 years ago that he told me this. Is that where ObamaCare is supposed to go, to wreck the train so we can go to single-payer? I don't think so, but I think we are on the way to a train wreck, and I am not hearing a lot of disagreement about the train wreck. I am hearing some disagreement about the amount of calamity in the train wreck but not on whether there is going to be a train wreck.

There are a number of things we could do to take care of the costs that have gone up under this. That can be confronted within a free market as opposed to the government-run, government-controlled market we are under now. One of them is to reduce the tax burden. I did notice that I have a lot of people in Wyoming—again, we are one of the smallest or least populated in the Nation. We are big in land mass, but we are small in population—In Wyoming, $5.6 million was collected from people for fines for not having the adequate healthcare.

Those were people who said: Wait a minute, I have to spend so much on my healthcare and then a high deductible that I am never going to get anything out of it. So when I calculate the annual cost, the $1,700 that I have to pay as the fine—or $1,500, somewhere in that range—is cheaper than paying for all those premiums and then a deductible if anything ever happens to me.

These are real people I am talking about.

Mr. SCHATZ. Mr. President, would the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Wyoming has the floor.

Mr. ENZI. I allowed the other side to have their hour. I expect to have this hour, even if some of it is in silence.

I mentioned reducing the tax burden.

We could also eliminate some regulations. We really need to take a look at some of those regulations within the essential health benefits and see if everybody needs all of them or if there are some they would opt out of, given the opportunity, because they know they will never need them. There are a lot of examples of that.

We could eliminate the mandates from the Federal and State. We have the elimination of the Federal mandates in this bill, both the individual mandate and the employer mandate.

We could also increase competition within the marketplace by increasing flexibility. Some of these things we can't do, particularly to the level we would like to do them, but we could have more competition if we could increase the number of insurance companies. Competition makes a difference.

I have had a number of people, though, who have suggested to me that the biggest thing we could do would be to pass the medical liability reform because doctors are practicing defensive medicine, which drives up the cost, so that if they are ever in a lawsuit, they can prove they did every possible thing that they could ever imagine or that anybody could raise as an issue. There is a cost to doing that. One of the suggestions——

Mr. HEINRICH. Mr. President, I would ask if the Senator would yield.

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Mr. HEINRICH. Will the Senator from Wyoming yield for a question?

Mr. ENZI. I will not.

The PRESIDING OFFICER. The Senator declines to yield.

Mr. ENZI. It has been suggested that the government could have an appropriate role in healthcare by maybe using advanceable, refundable credits to prevent any lapse in coverage. One of the problems we have right now is that people can wait until they have something terrible happen to them, and they can sign up for insurance on the way to the hospital—you can't pay when you are in the ambulance, and you can't pay when you are getting treatment, and you can't pay when you are getting rehab—and when they are done, they drop out of it. It is hard for an insurance company to figure in the cost of something they are not going to get paid for at all.

There have been a number of suggestions. I don't know whether they are any good. I could throw them out. One of them is that if you don't keep continuous coverage, you should have to pick up your own expenses for the first 6 months. That would encourage people to have continuous coverage. It is just one possible suggestion.

There is a role for government within this setting, and that is requiring some transparency within the system, encouraging the development of new healthcare competition, prevention of collusion between healthcare companies, and having prices posted.

I remember a hearing we had once—

Ms. WARREN. Mr. President, will the Senator yield for a question?

Mr. ENZI. I will not. You got your hour; it is my hour.

The PRESIDING OFFICER. The Senate will be in order.

The Senator declines to yield.

The Senator from Wyoming has the floor.

Mr. ENZI. When I was chairman or when Senator Kennedy was chairman of the Health, Education, Labor, and Pensions Committee, we switched from doing hearings to doing roundtables. That was an interesting experience too. Instead of having all of the witnesses except one picked by the majority and the other one picked by the minority and then everybody coming up to beat up on the person who was in the opposite field, we went to roundtables.

What you do with a roundtable is you pick 2 or 6 or 8 or 10 people who are actually knowledgeable in that field, who have actually done something, who have had their hands on what we were talking about.

I remember the first one. One of the questions at the end was by Senator Kennedy, and he asked the witnesses that he and I had selected. This wasn't me selecting; this was a joint effort selecting them. He said: What do you think about single-payer insurance? As they went around, there was only one out of 10 people who said: Well, it might be a good idea, but we probably ought to take a look at it. The rest of them said: It won't work in America. We are already used to something different.

When the hearing was over, Senator Kennedy said to me: You know, I think these roundtables are a good idea. I think it is a good thing to kind of hear about what the people are actually experiencing out there before we write the bill.

Well, we did a lot of healthcare roundtables. One of the witnesses was from Safeway. Safeway had been able to hold their costs level and started to bring them down. Of course, we were interested in anybody who could hold healthcare costs level or bring them down. The way they had done that was to find out what the costs of different procedures were in the area where they had stores. After they knew what the cost of the procedure was, they could take the median price for whatever it was, and if the people in their store would take the median price, it didn't cost them anything. If they went above the median price, they had to pay the difference. If they went below the median price, they got the difference. So they were actually paying attention, using some financial literacy in any of the treatments they needed to get, and they appreciated that their company had done this research for them in advance so they could have some kind of an idea of what the market held. He estimated that if they were able to increase the flexibility they had with this, they could bring down their costs by about 5 to 7 percent a year.

I worked on a 10-step plan—in conjunction with Senator Kennedy on a lot of it—and talked about it across the country and particularly across Wyoming. It would have been 10 steps to get healthcare for everyone without mandates but with incentives.

Mr. VAN HOLLEN addressed the Chair.

The PRESIDING OFFICER. The Senate will be in order.

Mr. VAN HOLLEN. I wonder if the Senator would yield for a question.

The PRESIDING OFFICER. The Senate will be in order.

Mr. VAN HOLLEN. Will the Senator yield for a question?

Mr. ENZI. The Senator will not yield.

The PRESIDING OFFICER. The Senator declines to yield.

The Senator from Wyoming has the floor.

Mr. ENZI. Earlier I mentioned the CO-OPS. I would have preferred the small business health plans. I didn't think the CO-OPS would work.

CO-OPS were included in ACA.

These plans were meant to provide competition with existing health insurance companies.

It was an opportunity to set up insurance companies that actually were funded.

The CO-OPS were given $2.4 billion in ''federal loans.''

The CO-OPS were prohibited from having former healthcare executives with managerial or accrual experience.

The CO-OPS were conceived to drive down the premiums by providing competition and underselling the cost for policies.

More than half the 23 CO-OPS went out of business in 2015, but 8 of the remaining 11 CO-OPS were in financial trouble.

The number of CO-OPS is now down to 7 (4 of the prior CO-OPS went bankrupt in 2016).

Examples of how the CO-OPS that have failed and have cost the taxpayers. In 2015 alone, there was a huge amount of money lost and also cost the enrollees in the CO-OPS their insurance.

New York Health Republic, 23,000 policies lost, $57 million dollars lost in the first half of 2015.

Iowan and Nebraska CO-Opportunity Health, 120,000 policies canceled, $146 million dollars lost. Arizona CO-OP, 59,000 enrollees lost their insurance, $90 million dollars lost. Colorado CO-OP, 89,000 enrollees insurance canceled, $72 million dollars lost.

Ms. HASSAN addressed the Chair.

The PRESIDING OFFICER. The Senate will be in order.

The Senator from Wyoming has the floor.

Ms. HASSAN. Mr. President, I wonder if the Senator from Wyoming will yield for a question.

The PRESIDING OFFICER. Does the Senator from Wyoming yield for a question?

Mr. ENZI. No.

The PRESIDING OFFICER. The Senator does not yield.

The Senator from Wyoming has the floor.

Mr. ENZI. Continuing:

The [Health and Human Services] and administration officials knew that the CO-OPS were at risk even before they received their first ''loan'' in 2014. Senator ROB PORTMAN, Chairman of the Senate Permanent Subcommittee on Investigations, said that the HHS knew of serious problems concerning the failed CO-OPS enrollment strategies, pricing and financial management before the department ever approved their initial loans.

Dr. Mandy Cohen, the director of the CMS, testified before a House subcommittee that 8 of the 11 remaining CO-OP companies were in serious financial difficulty and receiving ''enhanced oversight'' and ''corrective action.'' Dr. Cohen did not explain what that ''corrective action'' or ''enhanced oversight'' consisted of nor could she indicate the enrollment figures and the possibility of financial survival for the CO-OPS that were being monitored.

Also, 4 more CO-OPS have failed over the first half of 2016, leaving only 7 remaining.

I am not sure what today's number is.

The HHS continued to make these federal loans though they knew the CO-OPS were failing.

Under the small business health plans, there is no requirement to have the Federal Government fund it unless we want to fund more oversight. I am not opposed to that either.

So What are the American People Think of This?

There has been greater than $1 billion dollar loss of taxpayer money to CO-OPS that have gone bankrupt.

Only 7 of the initial 23 CO-OPS remain in business.

The CO-OPS were constructed as a way of providing competition against existing companies, however in order to do that they underpriced their products. No company can survive if they take in less than what they put out in services and understandably, the majority of CO-OPS have gone out of business.

That could be something to do with their being prohibited from having former healthcare executives with managerial and accrual experience.

This was known by the HHS before the first ''federal loans'' had ever been approved.

Over 800,000 people have lost their insurance because the CO-OPS have gone out of business and there are more to come.

It speaks to the fact that the HHS and ObamaCare Administration had very little regard for the American taxpayer and the American people.

The disturbing question is whether any of the taxpayer's money will be returned.

I did say those were loans, and there aren't many left that can pay back the loans, which is a little bit of a difficulty.

Of course we did hear that ObamaCare was supposed to bend the cost curve down. I ought to point out some facts on that as well.

From 2009 to 2012 healthcare, spending grew less than 4 percent, as spending started increasing dramatically in the first quarter of 2014. This was the start of the implementation of the legislation. Subsequent healthcare spending from 2015 showed a 6.8% rise. In 2016, it is estimated to increase to 6.5% spending growth.

We know from last year, which isn't included in this, that it started doubling at that point.

Deductibles both inside and outside ObamaCare exchanges have increased enormously and will continue to increase. Healthcare costs are now increasing more than inflation.

Why has spending increased? There has been increased utilization services. The increased healthcare spending thus led to higher insurance costs. A particular cause of increased spending related to ObamaCare is a marked increase in deductibles and health insurance premiums in the ObamaCare exchanges. Additionally, because of the increased number of patients with Medicaid expansion there have been increased costs. Healthcare costs [will] continue to rise.

The total healthcare spending for 2016 is to increase to over $3 trillion dollars.

I will get some updated numbers on that.

Total healthcare spending . . . rate of spending increase.

Medicaid increased: 11%

Medicare increased: 5.5%

Private insurance spending increased: 4.4%.

If I would have known that Medicare was going to be mentioned, even though it is not in the bill, I would have shown the little chart that I have, which shows how much revenue we get for different mandatory spending that we have.

All of those mandatory spendings are in a little bit of trouble because the revenue streams to take care of them are not sufficient. At one point, they were sufficient in some of them, and the federal government doesn't have any place to park cash. The federal government puts bonds in a drawer and spends the cash. That is kind of double dipping because there is nothing there for later. There is a Social Security trust fund.

I have learned from trust funds that you have to find money to put in before you can take money out. I never saw a trust fund that operated that way until I got here. We have some crises that are coming up. We are going to compound healthcare because for Federal pensions, we really don't put any money away for them. We require businesses to put it away, and we have had some other suggestions. I have some small pension plans I would like people to look at, some pooling for that, which I think would encourage more people to have pension plans in small business.

But the cost of administration is extremely high unless they can share in that. All of them would require that there be money put away to be able to cover with reasonable growth in the interest of the fund so that what was promised could be taken care of.

In 2006, Senator Kennedy and I worked on saving some pension plans, trying to make sure that promises that were made could be met. We did a pension bill that needs to be redone again, particularly for some sectors of the pension.

The private sector is required to put away money. When the market goes down, it increases dramatically the amount of money that they need to put in and creates some problems for business.

The point I am making is that the Federal Government doesn't do that with any excess funds we get. I don't care if it is in healthcare or Social Security or where it is, those excess funds are allowed to be spent with bonds put in a drawer, with the promise that the full faith and credit of the Federal Government will cover them. I don't know how many people at home believe that, but that is what it is.

How has the battle for the quality of healthcare fared? This gets covered in this book too.

Here is a little bit on the quality of healthcare and outcomes.

The infant mortality rate . . . has been used by politicians and others in political debate to describe the inferiority of the U.S. healthcare [system]. U.S. ranked only 30th in the world (and the neonatal mortality below that). When you look at this data, however, you find a very different picture. The United States followed the World Health Organization definition that a live birth is any infant

that shows any sign of life, i.e. a baby that takes a single breath or has a heartbeat. . . . Other countries however including both developed and underdeveloped countries use different standards. The definition of ''live births'' varies between different countries. For example, in Switzerland a newborn has to be 30 cm. long to be considered a live birth. In Belgium and France, infants have to be at least 26 weeks to be considered as live births. Infants less than 24 weeks gestational age are excluded from registries of live birth in multiple other countries including Japan and Hong Kong. In Canada, Germany, and Austria, the newborns weighing less than 500 grams are not considered viable and are excluded from the infant mortality rates.

What I am saying is, there are games that can be done with that, with the performance ratings, with the life expectancy data, with the Commonwealth Fund. All of these things are issues that we are embarrassed about and things we ought to be working on, things we ought to improve, things we ought to help with our country.

We need to be looking at all of those outcomes—the cancer outcomes, the cardiac disease outcomes, the stroke outcomes, the chronic illness outcomes, the hypertension outcomes, the diabetes and cholesterol outcomes.

We know that the earlier and more effective there is treatment of the disease, the better treatment of the disease for chronic disease, the better the results are. The more accessible and better technology there is, the more access to specialty care for early diagnosis and treatment, better preventive screening, and the inventiveness of the American people.

I think it was today—my days blend together these days with this healthcare that we are working on. I was visited by a couple of young people from Wyoming who have diabetes. We have put some additional money into research. We, as a Senate, don't say exactly where that money has to go because we shouldn't be kicking the tires on the different diseases and figuring that out. I worry about where we might put the money, if that were the case, because we are affected differently than what our constituents are.

Both of these young people were on a pump, and I have gotten to meet Dean Kamen who invented the pump. It is kind of an interesting story. Of course, that wasn't his first medical invention. His first medical invention was actually when he was a junior in high school and his brother was doing a residency in a hospital that handled transplants for infants. They were mentioning some devices similar to a needle in which medicine can evidently go through. This was needed for transplant of a kidney. He was lamenting they didn't have that capability. He went down to the basement and figured out how to make one of those. That was his first patent. You probably know him more for the patents of the Segway.

After he made some money, he got to experiment with some different things. One of them is that mobile thing that police use and shopping centers use and tourists use where you ride around on a Segway. He built that for a specific medical purpose, which was to figure out a way to have a wheelchair that could climb stairs. Instead of building a ramp and being limited where there wasn't a ramp, he figured out a wheelchair that could climb stairs. It could do a number of other things too. For instance, if the person in a wheelchair went to a cocktail party, they could rotate the wheels up so they were at standing level to everybody else.

He had a lot of problems getting it through FDA. He finally got it through FDA, then was told there are other wheelchairs that are less expensive so we are not going to pay for that. I think another company is coming back in to do that. It is an outstanding experience to sit in a wheelchair and go downstairs with it.

He worked on this diabetic pump. It is interesting how he got into the diabetic pump. He was told pregnant women who are on insulin, if they take the insulin doses, they wind up often with babies that have a bigger head, which makes the delivery a bit more difficult. Everything changes so the head becomes normal after a period of time, but it is a problem at childbirth. He thought, what if we gave them a dose of insulin over a longer period of time; would that have an effect on the infant? So he invented a machine which started out being a fairly good-sized machine, but it worked. If they got their insulin over a slow period of time, but sufficient insulin, the baby didn't have the larger head.

Well, this man is a businessman. He said: That is good. That will provide part of a market, but there ought to be a bigger market for it. He said: I wonder if men would have any benefit from having a diabetic pump? So he was able to have a trial and found out that also worked. He worked it down to be smaller and smaller and is working on other kinds of inventions that will do better things.

We need to keep putting things into innovation. I said a lot of times: If there is a problem in America and we put on a small incentive, there will be somebody who will figure out how to turn that into something very useful.

Mr. President, I think I have been requested by Senator SCHUMER to have 2 minutes, and to have 5 more minutes by UC perhaps for others, but I would ask that at the end, Senator CORNYN be allowed 2 minutes before the vote.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that Mr. CORNYN can conclude, but I be given 5 minutes and the Senator from Oregon be given 5 minutes.

Mr. ENZI. I was wrong. I need 5 for Senator CORNYN.

Mr. SCHUMER. Senator CORNYN is to speak after us.

The PRESIDING OFFICER. Is there objection to 5 minutes for both sides?

Mr. SCHUMER. No. I ask 5 minutes for the Senator from New York, 5 for the Senator from Oregon, and 5, finally—or however much time the Senator from Texas wants.

The PRESIDING OFFICER. The majority whip.

Mr. CORNYN. Mr. President, I reserve the right to object. I think it is only fair that each side gets 5 minutes to speak. Everybody is ready to vote. We had 2 hours of debate. So I would ask to amend the unanimous consent request that each side be given 5 minutes to close, divided up any way you want.

I ask unanimous consent that each side be given 5 minutes to speak.

Mr. SCHUMER. I would simply say to my friend, this is a huge bill. We have not had a huge amount of time to debate it. We have just seen it for 2 hours. To ask for another 5 minutes on our side for the ranking member of Finance, in addition to mine, is not too much to ask.

Mr. CORNYN. Mr. President, I object.

Mr. SCHUMER. 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. SCHUMER. 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. SCHUMER. Mr. President, I ask unanimous consent that there be given 5 minutes to the Senator from Oregon, 5 minutes to myself, and, in conclusion, 5 minutes to the Senator from Texas.

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

The Senator from Oregon.

Mr. WYDEN. Thank you, Mr. President.

I thank my leader, Senator SCHUMER.

Colleagues, before morning, millions of Americans could be on their way to lives filled with healthcare misery, eye-popping cost increases, hollowed-out coverage, and gutted consumer protections.

Colleagues, there are already stories of Americans hoarding pills and clamoring for screenings because they fear what the future is going to bring. These are the Americans who took deep breaths of relief 7 years ago when the Affordable Care Act became law. Women were no longer penalized for their gender. Cancer survivors no longer had to worry about busting a limit on coverage and facing personal bankruptcy. Entrepreneurs with a big idea had the freedom to set out on their own, no longer tied to their employer insurance because they had a preexisting condition. Now all of them are looking at lives on hold.

The skinny repeal package makes a mockery out of the President's promise to lower premiums. He made that promise repeatedly to the American people: no reductions in coverage, no increases in premiums. This bill makes a mockery out of that Presidential

pledge. Don't take my word for it. The Congressional Budget Office—the independent umpires—have told us the premiums are going to jump 20 percent next year as a result of this bill. That goes into effect, colleagues, January 1 of this year. Some happy New Year: Your premiums have jumped through the roof.

Colleagues, vote for this and try to explain it to the people you represent and have them tell you that there is not going to be anything they can sacrifice to pay for that rate hike. Their wages are flat, they are on an economic tightrope, and they are going to have to have premium hikes with a 20-percent hit.

The Finance Committee is accountable for funds that are critical for women's health. This measure begins the effort to take away the right of women to go to the provider they choose. That, too, will be hard to explain to millions of Americans who simply want what we have: the right to make your own healthcare choices.

Colleagues, the damage may get worse. Skinny repeal could be the gateway drug to TrumpCare. We still don't know what is going to happen with Medicaid so seniors are worried, kids with special needs, disabled folks. If the Senate and the House head to a conference—that is a big ''if''—this body is going to face a radical set of demands from a very stubborn extreme on the other side of the Capitol.

My time has expired. I appreciate Leader SCHUMER getting me this time. The promises Senators have gotten to protect their constituents, those promises could well be in the trash can within 48 hours.

I urge my colleagues to think about what it is going to be like to go home and explain to their constituents how this misery—how this healthcare misery came to be a part of their lives every single day. I don't think they are going to be able to make the case.

I urge my colleagues to support Senator MURRAY on this motion to recommit.

I yield back.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. Mr. President, let me thank my colleagues on the other side of the aisle for yielding us time.

This august body has been around for over 220 years. It has rules. It has traditions we are very proud of. In recent years—both parties to blame—many of those traditions have been eroded. What happens when you erode the traditions—the bipartisanship, the ability to work through the regular order—is very simply that the product that emerges is not very good. There is a reason this body has been the greatest deliberative body in the world, and it is because it had those traditions. Now we don't have them.

We have a bill that we have seen for 2 hours. It affects the healthcare, perhaps the lives—almost certainly the lives—of millions. It affects the daily lives of men and women and children. We haven't even had a chance to explore all the ramifications. There is a lot of anger on the other side at the ACA. I understand that, but you are repeating what you claim are the same mistakes.

Just as maybe ObamaCare could have been made better if it were a bipartisan proposal, this one certainly would have been made better. This skinny repeal, CBO tells us, will kick 15 million people—16 million people—off care. This skinny bill, after all the cries of reducing premiums as the major reason that ObamaCare needed changes, will raise premiums 20 percent a year, ad infinitum. The average working family is going to struggle to get healthcare even more than they have now.

Why is this being rushed through this way? Why is this being done in the dark of night? I can't believe my colleagues are proud of it. If they were, there would be brass bands down the streets of smalltown America celebrating this bill. That is not what is happening. It is midnight. Debate is curtailed. We can't amend it in the open. We can't do what is needed.

So I would plead once more with my colleagues, let's start over. We are the first to admit that the present law needs some changes. We are the first to want—maybe having learned our own lessons—that it should be done in a bipartisan and sharing way. Let's start over.

We can do better. We can do better for all those people who are going to be hurt. We can do better for the traditions of this great institution. We can do better as Americans who love our country and love our democracy and love our process. It is not too late to turn back from this proposal ideologically driven and do better because we all are not proud of this product. I don't think there is hardly anyone in this body who is proud of this product.

Let's make this a turning point, not just on healthcare but in how we function together. We plead with you, let us commit this bill. Let us vote against skinny repeal, and let's work together to improve our healthcare system in the way our Founding Fathers intended us to improve it.

I yield the floor

The PRESIDING OFFICER. The majority whip.

Mr. CORNYN. Mr. President, it is important to remember how we got here. I still remember voting on the Affordable Care Act at 7:30 in the morning on Christmas Eve. Because this bill—the 2,700-page bill that our Democratic friends did not read and which Ms. PELOSI said we have to pass it before we know what is in it—that bill was passed on a party-line vote and signed into law by President Obama without any participation of Republicans. So it is a little hard on the ears to hear my friend, the Democratic leader, plead for bipartisan solutions now.

I agree with him, it is not too late because this is an open amendment process. Our Democratic friends, rather than trying to kill the bill, can help us make this bill better.

I suspect that based on their comments, that they really need—we need to have some sort of remedial legislation 101 because this is not the end of the process. But in order for the House and the Senate to work together to come up with a bill we both agree to, there is a conference committee, which Members of both parties can appoint Members to the conference committee to work out differences. I don't believe my friend, the Democratic leader, is really interested in working on a bipartisan basis to fix the structural defects in ObamaCare.

We know the individual market is in meltdown. Premiums are skyrocketing, contrary to the promises made by the President when the bill was sold. We know deductibles are so high that people are basically denied the benefit of their coverage and, yes, insurance companies are fleeing because they are bleeding red ink, and they can't economically sell insurance on the exchanges anymore.

So we all know something needs to be done, but we are not interested in just throwing more money at insurance companies, bailing out insurance companies, which is what I have heard from our friends on the other side. Well, it is not true. It is not the only thing we have heard. We have also heard the Senator from Vermont, for example, advocate for a single-payer system.

What this bill does do is it repeals the individual mandate, which to us is an unacceptable government coercion of American citizens forcing them to buy a product they don't want and they can't afford, because currently 28 million people are uninsured under ObamaCare. I thought it was supposed to provide coverage for everybody, but in my State, about 450,000 Texans who earn less than $25,000 a year are paying the penalty because they can't afford the insurance, so they pay the penalty, and it is not working.

We are doing everything we can, given the fact that our friends on the other side of the aisle are simply sitting on their hands and not participating in the process, other than to try to undermine it.

We intend to pass a bill and go to conference with the House to make this bill better because our goal is to stabilize the markets, to bring down premiums, to protect people with preexisting conditions, and to put Medicaid, the safety net for low-income Americans, on a sustainable path. You would think those would be things that our colleagues across the aisle would want to join us in and participate in but apparently not.

We need to move on. We can't let the fact that our Democratic friends are unwilling to participate keep us from doing our duty the best we can under the circumstances, and that is what this bill represents. It is not perfect,

but it is better than the status quo, and we intend to do our duty.

Mr. President, I yield back.

The PRESIDING OFFICER. All time has expired.

VOTE ON MOTION TO COMMIT

The question is on agreeing to the Murray motion to commit.

Mr. SCHUMER. 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.

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

[Rollcall Vote No. 178 Leg.]

YEAS—48

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

NAYS—52

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

The motion was rejected.

VOTE ON AMENDMENT NO. 667

The PRESIDING OFFICER (Mr. PERDUE). The question is on agreeing to amendment No. 667.

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

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The clerk will call the roll.

The legislative clerk called the roll.

The result was announced—yeas 49, nays 51, as follows:

[Rollcall Vote No. 179 Leg.]

YEAS—49

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

NAYS—51

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

The amendment (No. 667) was rejected.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that H.R. 1628 be returned to the calendar.

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

HEALTHCARE

Mr. MCCONNELL. Mr. President, this is clearly a disappointing moment. From skyrocketing costs to plummeting choices and collapsing markets, our constituents have suffered through an awful lot under ObamaCare. We thought they deserved better. That is why I and many of my colleagues did as we promised and voted to repeal this failed law. We told our constituents we would vote that way, and when the moment came, most of us did. We kept our commitments. We worked hard, and everybody on this side can certainly attest to the fact that we worked really hard and tried to develop a consensus for a better way forward.

I want to thank everybody in this conference for the endless amount of time they spent trying to achieve a consensus to go forward. I also want to thank the President and the Vice President, who couldn't have been more involved and more helpful.

So, yes, this is a disappointment indeed. To our friends over in the House, we thank them, as well. I regret that our efforts were simply not enough this time.

I imagine many of our colleagues on the other side are celebrating. They are pretty happy about all of this, but the American people are hurting, and they need relief. Our friends on the other side decided early on they didn't want to engage with us in a serious way to help those suffering under ObamaCare. They did everything they could to prevent the Senate from providing a better way forward, including such things as reading amendments for endless amounts of time, such things as holding up nominations for key positions in the administration because they were unhappy that we were trying to find a way to something better than ObamaCare. So I expect that they are pretty satisfied tonight. I regret to say that they succeeded in that effort.

Now I think it is appropriate to ask, what are their ideas? It will be interesting to see what they suggest as the way forward. For myself, I can say—and I bet I am safe on saying this for most of the people on this side of the aisle—that bailing out insurance companies with no thought of any kind of reform is not something I want to be part of. And I suspect that not many folks over here are interested in that. It will be interesting to see what they have in mind, like quadrupling down on the failures of ObamaCare with a single-payer system. We had that vote a little earlier, thanks to the Senator from Montana. Almost everybody voted ''present.'' Apparently, they didn't want to make a decision about whether they were for or against socialized medicine—a government takeover of everything; European healthcare. Only four of them weren't afraid to say they didn't think that was a good idea. So maybe that is what they want to offer. We will be happy to have that debate with the American people.

It is time for our friends on the other side to tell us what they have in mind. We will see how the American people feel about their ideas. So, I regret that we are here, but I want to say, again, I am proud of the vote I cast tonight. It is consistent with what we told the American people we would try to accomplish in four straight elections if they gave us a chance. I thank all of my colleagues on this side of the aisle for everything they did to try to keep that commitment.

What we tried to accomplish for the American people was the right thing for the country, and our only regret tonight—our only regret is that we didn't achieve what we had hoped to accomplish. I think the American people are going to regret that we couldn't find a better way forward, and, as I said, we look forward to our colleagues on the other side suggesting what they have in mind.

Now, Mr. President, it is time to move on.

UNANIMOUS CONSENT REQUEST—H.R. 2810

Mr. MCCONNELL. Mr. President, I ask unanimous consent that at 10 a.m. on Friday, July 28—that is tomorrow—the Senate proceed to consideration of Calendar No. 175, H.R. 2810, the House-passed national defense authorization bill.

The PRESIDING OFFICER. Is there objection?

Mr. PAUL. Mr. President, I object.

The PRESIDING OFFICER. Objection is heard.

Mr. MCCONNELL. 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.