

(1) the term “local commercial television station” has the meaning given the term in section 614(h) of the Communications Act of 1934 (47 U.S.C. 534(h));

(2) the term “multichannel video programming distributor” has the meaning given the term in section 602 of the Communications Act of 1934 (47 U.S.C. 522);

(3) the term “qualified noncommercial educational television station” has the meaning given the term in section 615(1) of the Communications Act of 1934 (47 U.S.C. 535(1));

(4) the term “retransmission consent” means the authority granted to a multichannel video programming distributor under section 325(b) of the Communications Act of 1934 (47 U.S.C. 325(b)) to retransmit the signal of a television broadcast station; and

(5) the term “television broadcast station” has the meaning given the term in section 76.66(a) of title 47, Code of Federal Regulations.

(b) CARRIAGE OF CERTAIN CONTENT.—Notwithstanding any other provision of law, a multichannel video programming distributor may not be directly or indirectly required, including as a condition of obtaining retransmission consent, to—

(1) carry non-incident video content from a local commercial television station, qualified noncommercial educational television station, or television broadcast station to the extent that such content is owned, controlled, or financed (in whole or in part) by the Government of the Russian Federation; or

(2) lease, or otherwise make available, channel capacity to any person for the provision of video programming that is owned, controlled, or financed (in whole or in part) by the Government of the Russian Federation.

(c) RULE OF CONSTRUCTION.—Nothing in this section may be construed as applying to the editorial use by a local commercial television station, qualified noncommercial educational television station, or television broadcast station of programming that is owned, controlled, or financed (in whole or in part) by the Government of the Russian Federation.

AMENDMENT NO. 1032

(Purpose: To prohibit the availability of funds for retirement of E-8 JSTARS aircraft)

At the end of subtitle D of title I, add the following:

SEC. ____ PROHIBITION ON AVAILABILITY OF FUNDS FOR RETIREMENT OF E-8 JSTARS AIRCRAFT.

(a) PROHIBITION ON AVAILABLE OF FUNDS FOR RETIREMENT.—Except as provided by subsection (b), none of the funds authorized to be appropriated by this Act or otherwise made available for fiscal year 2018 for the Air Force may be obligated or expended to retire, or prepare to retire, any E-8 Joint Surveillance Target Attack Radar System aircraft.

(b) EXCEPTION.—The prohibition in subsection (a) shall not apply to individual Joint Surveillance Target Attack Radar System aircraft that the Secretary of the Air Force determines, on a case-by-case basis, to be non-operational because of mishaps, other damage, or being uneconomical to repair.

Mr. MCCAIN. Mr. President, I yield back my remaining time.

The PRESIDING OFFICER. All postcloture time has expired.

The amendments were ordered to be engrossed and the bill to be read a third time.

The bill was read the third time.

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

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

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senators are necessarily absent: the Senator from Florida (Mr. RUBIO) and the Senator from South Carolina (Mr. GRAHAM).

Further, if present and voting, the Senator from Florida (Mr. RUBIO) would have voted “yea”.

Mr. DURBIN. I announce that the Senator from New Jersey (Mr. MENENDEZ) is necessarily absent.

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

The result was announced—yeas 89, nays 8, as follows:

[Rollcall Vote No. 199 Leg.]

YEAS—89

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

NAYS—8

Corker	Lee	Sanders
Gillibrand	Merkley	Wyden
Leahy	Paul	

NOT VOTING—3

Graham	Menendez	Rubio
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The bill (H.R. 2810), as amended, was passed.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that H.R. 2810, as amended, be printed as passed by the Senate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

(The bill, H.R. 2810, as amended, will be printed in a future edition of the RECORD.)

EXECUTIVE SESSION

EXECUTIVE CALENDAR

Mr. MCCONNELL. Mr. President, I move to proceed to executive session to

consider Calendar No. 176, William J. Emanuel.

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

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the nomination.

The bill clerk read the nomination of William J. Emanuel, of California, to be a Member of the National Labor Relations Board for the term of five years expiring August 27, 2021.

CLOTURE MOTION

Mr. MCCONNELL. Mr. President, I send a cloture motion to the desk.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

The bill clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of William J. Emanuel, of California, to be a Member of the National Labor Relations Board.

Mitch McConnell, John Hoeven, Joni Ernst, Thom Tillis, Steve Daines, Mike Crapo, Jerry Moran, Tom Cotton, Roger F. Wicker, Pat Roberts, James M. Inhofe, Johnny Isakson, John Cornyn, James Lankford, John Boozman, James E. Risch, John Thune.

Mr. MCCONNELL. Mr. President, I ask unanimous consent that the mandatory quorum call be waived.

Is there objection?

Without objection, it is so ordered.

The Senator from Illinois.

HEALTHCARE

Mr. DURBIN. Mr. President, the Senate has spent a great deal of time over the last 6 or 7 months on healthcare in America. For years after the passage of the Affordable Care Act, the Republican Party—the House and Senate—has called for repeal of the bill. Yet, when the time came, with the majority of Republicans in the House and the Senate and, of course, a Republican President, and the task was immediately before them, they faltered because they didn't have a replacement. They didn't have something to propose that was better. As a consequence, their efforts stopped short—one vote short—on the floor of the Senate several weeks ago.

We still face some significant challenges. Some of those are very immediate.

Before the end of September, we will face the prospect of needing to reauthorize the Children's Health Insurance Program, known as CHIP. This program provides health insurance coverage for more than 9 million children and pregnant women across the country—350,000 in my State. This vital program, the CHIP program, has had two decades of broad bipartisan support, and it is going to expire in 12 days.

The good news is that the Finance Committee chairman, ORRIN HATCH of Utah, and his ranking member, RON WYDEN of Oregon, have reached a bipartisan agreement on a 5-year reauthorization of the CHIP program.

The bad news is that instead of preserving healthcare for low-income children and pregnant women, the Senate Republican leadership seems more interested in the next 12 days in calling a different issue—a different bill—altogether, the Graham-Cassidy bill, relating to health insurance across America. That bill would take health insurance coverage away from millions of Americans, including 1 million in the State of Illinois.

From where I am sitting, reauthorizing the CHIP program is a priority to not only serve the 9 million children and pregnant women across our country but 350,000 in my State.

There is another bill we need to reauthorize before the end of September: the funding of our Nation's community health centers. Like CHIP, funding for community health centers expires at the end of this month—in just a few days. Also like CHIP, community health centers have enjoyed decades of broad bipartisan support. We have 10,000 community health centers across our country. They serve 26 million Americans. Community health centers serve 1 out of every 10 children, 1 in 6 Americans living in rural areas, and more than 330,000 of our Nation's veterans.

Illinois' 52 health center organizations receive \$150 million in Federal funding in order to provide care to the 1.3 million people in 360 locations in the State of Illinois. I have been to many of these locations, and I have said in real candor and honesty that if I had a medical issue or if there were one in my family, I would enter the community health centers in my State with confidence that I and my family would receive the very best of care. They are outstanding organizations.

If Congress doesn't act within 12 days, community health centers in my State and across the Nation will see their funding cut by 70 percent. That dramatic funding cut would result in 2,800 community health centers closing across America, 50,000 jobs lost, and 9 million people losing access to healthcare.

Well, there is good news here as well. Because of Senators BLUNT and STABENOW taking the lead, they are pushing for swift reauthorization of community health center funding. But the problem is that there is another bill—the Graham-Cassidy bill—which has captured the attention and apparently the calendar time for the Senate—at least that is the possibility we hear. So why shouldn't Congress be spending the next 12 crucial days reauthorizing the Children's Health Insurance Program across America and making certain our community health centers don't lose the critical Federal funding they need to serve so many people?

Right now, we know we face some challenges when it comes to the health insurance market in America. Approximately 6 percent of Americans—3 percent of people in my State—purchase their health insurance in the individual

marketplace, with more than 50 percent of these people receiving some subsidies to help pay for costs. However, many of these people are seeing dramatic increases in premiums. We know that, and we know it is a challenge and one we need to address.

Here is the good news—and it is time for some good news when it comes to healthcare. Almost from the minute that the critical vote was cast ending the repeal of ObamaCare, meetings started taking place. I can recall, as the Senate was adjourning, I looked back by the cloakroom, and there was Senator LAMAR ALEXANDER and Senator PATTY MURRAY talking in the middle of the night—about 3 o'clock in the morning. I later learned that they had reached an agreement between them—a Republican, a Democrat—on the HELP Committee to start a series of hearings about what we could do as a Senate to actually strengthen the healthcare system in America. That was before our August recess.

When we got back from recess, they had kept their word. I attended three or four of the Member hearings, which they held before the official public hearings a little later in the morning. These were good meetings. At the first one, I recall Senator ALEXANDER saying 53 Senators—Democrats and Republicans—showed up for coffee and doughnuts to meet with insurance commissioners from five different States. Just a few days after that, there was another coffee-and-doughnut session, another good bipartisan turnout of Senators as we sat down with five Governors, Democrats and Republicans, who talked about health insurance. A few days later, another meeting took place where experts came in and talked about the subject.

I felt there was more accomplished in those 3 hours with those outstanding witnesses from across the country than all of the time we had spent giving speeches to one another on the floor of the Senate in the previous 7 months. It was interesting. We brought in these people from different States, different political parties, and they virtually had the same thing to tell us. There were a handful of things which we could do that could make an immediate, positive impact to make the cost of health insurance a lot more predictable—not to say we are going to bring it down—I don't want to be overpromising—but to slow the rate of growth in health insurance costs as well as provide stability in the insurance market.

Here are the things that came out loud and clear from these bipartisan Senate meetings.

First, they told us to stop playing games with cost-sharing reduction subsidies. These are subsidies to insurance companies that take on individuals with expensive health histories. These insurance companies are given support by subsidies so that they can keep the premium costs for these individuals under control.

These cost-sharing reduction subsidies help 7 million Americans afford

their copayments and deductibles on their health insurance policies. The current Trump administration has repeatedly threatened to stop the payments. As a result, individual market premiums keep going up because of the uncertainty of whether the government is going to keep its promise to make these cost-reduction subsidies.

I remember the commissioner from the State of South Carolina told us, I say to the Senator from Oregon, who is our ranking Democrat on the Finance Committee—he said: I am going to announce a 30-percent increase in health insurance premiums. If I knew that these cost-sharing reduction subsidies were coming, it would be 10 percent. I can eliminate 20 percent of the anticipated increase in premium costs if these subsidies come through.

It is pretty clear to me, this is sound policy, on a bipartisan basis, which would have a dramatic impact in reducing the cost of premiums to many individuals. That came through loud and clear in every meeting we had with Senators MURRAY and ALEXANDER.

The second thing they talked about was State reinsurance. I don't understand that as well as some, but it has worked in States where the State picks up a share of the liability for health insurance between certain dollar amounts so the private insurance companies don't end up with that burden. Because of this reinsurance, they are able to keep premium costs down.

The third thing is to provide States with more flexibility without undermining some really fundamental issues—without undermining, for example, the preexisting condition protection we currently have.

I left those meetings feeling encouraged. After 7 months of bitter political rhetoric, which led to nothing on the floor of the Senate, we were finally sitting down, on a bipartisan basis, with Democrats and Republicans all across our country with specific suggestions which could help our healthcare system. That, to me, is the way to move forward. That, to me, is the lesson learned from much wasted time so far this year. Unfortunately, this whole effort may be derailed.

Senators CASSIDY and GRAHAM have come up with a legislative alternative they want to move forward. Unfortunately, the measure they have proposed has not been scored by the Congressional Budget Office nor carefully measured to find out what impact it would have on the American healthcare system, which accounts for one-sixth of the American national economy.

Here is what we know about the Cassidy and Graham proposal. What they are suggesting is basically eliminating the subsidies which help individuals pay for private health insurance and bringing to a halt the Medicaid expansion which has covered millions of Americans and given them health insurance.

What they say instead is something which has been said many times on the

floor: We will just give all the money to the Governors, and they will figure it out. They will figure out how to save money in their States. It turns out, Governors of both political parties warn us: If you are going to give us a set amount of money as the cost of healthcare continues to go up, don't expect us to cover as many people or provide as good a coverage if we do it on a State-by-State basis.

So who supports this new Cassidy-Graham approach and who opposes it? Every single medical advocacy group—the hospitals, the doctors, the nurses—all across America oppose this Cassidy-Graham approach, as well as the medical advocacy groups, because they understand their approach would allow discrimination against individuals insured based on a history of preexisting conditions—going back to the bad old days before we passed the Affordable Care Act.

The Cassidy-Graham approach, which they brought to us, doesn't add up. If you take \$300 billion or \$400 billion out of this healthcare system, dump it into the laps of Governors across this country and say, "Good luck. Do it on a local basis. I am sure it will all work out," they will quickly tell you, as they have had in the bipartisan meetings we have had, it will not work. It does not compute. It may be able to check the box from some things to repeal the Affordable Care Act, but they certainly didn't replace it with anything of equal or better value. The opposite is true. That is why I think we ought to think twice.

There is a mad dash now in the last 12 days to do many things. From a political viewpoint, there is a limited opportunity for this repeal effort. That 12-day period is a limited window under the Senate rules of reconciliation. It is a mistake, as far as I am concerned, for us to move toward Cassidy-Graham—concepts which have been roundly opposed in my State and across the Nation, concepts which have failed on the floor of the Senate.

Let us roll up our sleeves and do three things that do make sense: Let's reauthorize the Children's Health Insurance Program. Let's make sure those kids and their pregnant moms are going to have the basic coverage they have enjoyed for almost 20 years.

Let's also reauthorize the community health centers. We know they work. We know when people have a medical home, they are less likely to let medical conditions get worse and more expensive. That, to me, is a good investment to make sure they continue.

Finally, let's turn toward a real bipartisan effort, a measure which can emerge soon—I hope within days—from Senators MURRAY and ALEXANDER on a bipartisan basis. I know they are still working on it. They haven't reached a final agreement on what they are doing, but I hope all of us, in both political parties, will encourage them to do the right thing.

Remember when JOHN MCCAIN came to the floor after he had been diagnosed with the cancer he is battling now. He came here and cast a crucial vote to proceed to debate this whole issue of healthcare. Then he asked to speak for 15 minutes, and I stayed in my chair. I wanted to hear it. He reminded us of the importance of doing things on a bipartisan basis and doing them thoughtfully when it comes to something as important as healthcare. Let us keep that speech by JOHN MCCAIN and that lesson in mind. Let us resist this Cassidy-Graham approach, which has no support when it comes to the medical community, and instead work on the bipartisan approach from ALEXANDER and MURRAY, together with the Finance Committee—which I know Senator WYDEN is going to address next—so we can have a bipartisan solution.

The American people sent us here to solve problems, not to create them. Cassidy-Graham creates problems. Let's find solutions which solve problems.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

Mr. WYDEN. Mr. President, before the Senator leaves the floor, I just want to draw attention to the central point the Senator from Illinois has been making tonight. He has been focused on what our duties to the American people are all about, which is to make their lives better and particularly to improve the quality of their healthcare, which is a lifeline for millions of families.

Now, instead of looking at bipartisan approaches to make the lives of our people better—Chairman HATCH and I introduced the children's health bill today. Nine million youngsters with that program get better health. Instead of focusing on that, as my colleague from Illinois has said, we are going to be looking at a bill that will hurt our people, will give them worse healthcare, will go backward with respect to the march in our country to make sure we recognize that all our people—all our people—deserve quality and affordable healthcare.

I particularly appreciate my colleague pointing out the contrast between where we ought to go with a bipartisan proposal like the children's health plan and where we shouldn't go—which is the Graham-Cassidy-Heller proposal which is going to go backward with respect to the healthcare needs of our people.

The fact is, Graham-Cassidy-Heller has been exposed to sunlight for just a few days, but it is already clear this legislation is a bad deal for the American people.

Now, Senator CASSIDY has introduced healthcare bills before. Earlier this year, he introduced a bill with our colleague from Maine, Senator COLLINS, as an alternative to what the Senate Republican leadership put on offer. Now, I had my concerns with that proposal, but the first thing I want the

Senate to understand is this Cassidy bill, which we will soon be considering, is much worse. The reason I say that is, this bill lowers the bar for legislation which has been hastily written and ill-considered. I want to be clear. This Cassidy bill will flunk the Jimmy Kimmel test of not hurting kids in America with preexisting conditions.

To make matters worse, just this evening, I have been informed that the Senate Finance Committee will shortly announce a hearing for next Monday on the Graham-Cassidy-Heller proposal. Contrary to the norms of the Senate Finance Committee, I was not consulted in this matter as the ranking Democrat. I am all for debating major legislation, but talking about a piece of legislation which will not have the Congressional Budget Office—our independent arbiter of these matters—give us their thoughts on coverage or premium matters less than 48 hours before a vote is scheduled to happen is a sham process, which makes a mockery of the very eloquent words of our colleague from Arizona Senator MCCAIN, who appealed for the regular way in which the Senate handles legislation.

This means Senators will not know how many millions of Americans are going to wake up not knowing if they have healthcare, how many seniors would get kicked out of a nursing home or see their core healthcare needs not met. How much will Americans' premiums go up? Senate Republicans have no answers on any of these matters.

What Graham-Cassidy-Heller does do is give a super block grant blank check to the States. They can do whatever they want—whatever they want—in terms of Americans' healthcare, and it guts the funding for those block grants over a very short period of time. This will mean a whale of a lot of pain for vulnerable people and an open door to some of the worst abuses of insurance companies, the abuses we thought we had gotten rid of. Democrats and Republicans thought we had gotten rid of them back when I introduced a bill with seven Democrats and seven Republicans. Now we are talking about bringing them back. This bill amounts to the largest healthcare devolution, moving power without any accountability at all to the States.

Now, if I might get into some of the specifics. This bill does especially serious damage to Medicaid. In fact, it really hollows out the Medicaid Program.

This year's debate over healthcare made one thing quite clear: Medicaid matters. It pays for the healthcare of our most vulnerable. It serves as a safety net for those who might not think they are ever going to need it. It covers nursing home care for older people who spend down hard-earned savings. It pays for critically needed addiction treatment services for those who struggle with opioids. We know that is what millions of Americans are facing now. It helps Americans with disabilities and kids with special needs

live a healthier, more productive life in their communities rather than in institutions.

That is just a little bit of the good Medicaid does for folks from Portland, OR, to Portland, ME. Under the Graham-Cassidy-Heller proposal, that is gone—simply gone. The plan ends expanded Medicaid coverage which 11 million Americans count on right now. It caps Medicaid and guts hundreds of billions of dollars in support from the Federal Government. In effect, it is like telling States, good luck, and telling them you can make the hard decisions about which Americans are going to get adequate healthcare and who are going to be those unfortunate souls who go without.

My view is, this is going to lead to destitution for older Americans who count on Medicaid for nursing home care. It also represents a massive transfer of dollars from States which expanded Medicaid to States which chose not to.

History tells us that the most vulnerable Americans without a voice or a powerful lobby are the ones who are going to be the worst off. Now, I have heard my colleagues—Senator CASSIDY, in particular—claim that this bill is modeled on the Children's Health Insurance Program—which is a block-granted program—and that means all supporters of CHIP should support Graham-Cassidy-Heller.

Nothing could be further from the truth. The Children's Health Insurance Program has been an extraordinarily successful program for more than 20 years, now covering 9 million youngsters. Part of that success is due to its reliance on a strong Medicaid Program. If Medicaid and the rest of the healthcare system is block-granted and slashed by hundreds of billions of dollars, the pillars that support a successful Children's Health Insurance Program will crumble. They will lose their structural support. A vote in favor of Graham-Cassidy is a vote to demolish successful healthcare programs like the Children's Health Insurance Program and its promise of affordable healthcare for millions of kids and their families.

There is one more step that the Graham-Cassidy-Heller bill takes that is different from previous versions. Rather than reducing the tax credits that help Americans get help—similar to earlier Republican approaches—again, this bill just chucks them out, gets rid of them, gone. That means asking States to use their Federal health block grant for a whole host of competing healthcare priorities, in effect, pitting vulnerable Americans against each other and not having enough at the table to meet the critical needs of some of our most vulnerable people—people who, day in and day out, are walking on an economic tightrope, trying to balance their food costs against their medical costs and their medical costs against housing.

Graham-Cassidy-Heller is a recipe for disaster. This proposal, again, opens

loopholes for insurance companies that, as I described, we thought we had closed, thought we had finally closed the book on the days when healthcare wasn't just for the healthy and wealthy. That is what happened when we had discrimination against those with preexisting conditions. If you had a preexisting condition and you were wealthy—just pay the bill. If you didn't have any preexisting conditions, there was nothing to worry about.

For the millions of people who finally got some peace of mind at night when we eliminated discrimination against those with preexisting conditions, this brings back that ugly prospect that a key consumer protection, the protection that bars discrimination against those who have preexisting conditions, is just tossed aside—just as what looks to be the setting aside of essential health benefits that all Americans are entitled to receive.

It was pretty obvious during the TrumpCare debate that unraveling the consumer protections that our people count on today leads to the entire system falling apart, and the vulnerable bear the brunt of the pain.

Many of our friends and neighbors have spent the year raising their voices and showing up to stop bad healthcare legislation. Thanks to their grassroots efforts, the partisan approach that I have described as being used here again has been stopped multiple times.

I wanted to come on the floor tonight to say to people in every community across our great country that, once again, we need people power. Once again, we need them to stand up and say that we don't want to turn back the clock on the healthcare needs of the most vulnerable, like seniors and the disabled and our kids. Once again, we hope they will speak out all across the country.

I am going to be having townhall meetings this upcoming weekend after the Jewish holiday. You can be sure that I am going to hear a lot from the people of Oregon about this. I am very hopeful that, once again, people power around America is going to come forward and say to those who are talking about supporting Graham-Cassidy-Heller that this is a mistake, that they don't want to turn back the clock with respect to healthcare; they want to move forward. Instead of turning back the clock, what they are looking for is leadership, for example, that will hold down their prescription drug costs.

I have introduced legislation to require these companies to publicly justify raising their prices. We have had Senators introduce a host of bills. That is what we ought to be doing—talking about how we are going to improve American healthcare.

My colleague from Illinois mentioned the Children's Health Insurance Program, which Chairman HATCH and I worked with our Finance colleagues to get introduced, and there is the Community Health Center Program. I could go on and on about opportunities for

bipartisanship to take the country in the right direction rather than in the wrong direction. Instead, it doesn't look as though that is going to be on offer any time soon. What is going to be on offer is a proposal that turns back the clock, guts Medicaid, harms seniors, harms the vulnerable, and I think would be a major mistake.

My bottom line has long been that for changes to the healthcare system to be sustainable and lasting, they have to be bipartisan. That is why I mentioned an effort that I was involved in. Several of my colleagues who co-sponsored the bill I am talking about have been supportive of that for quite some time.

We know Republicans and Democrats know how to write bipartisan legislation. But what the Graham-Cassidy-Heller bill seeks to do is just the opposite—to use the most deeply partisan process the Senate knows, called reconciliation. It basically says: Our way or the highway—not interested in trying to find common ground.

I will point out that didn't end too well earlier when we talked about healthcare. I came to the floor tonight to make the case that we cannot let partisan reconciliation tactics win on this key issue. We ought to be working together to improve healthcare on a bipartisan basis, in a way that helps people all across the country.

I have mentioned—this is particularly important to me—a number of bills that colleagues on both sides of the aisle have worked on that would help improve the lives of the American people. Graham-Cassidy-Heller does not meet that test. I hope my colleagues will reject it, and I hope that all across the country, from one corner of America to every other, people will step up and they will say, as I have said on this floor: The political change doesn't start in Washington, DC, and then trickle down; it is bottom up. It is bottom up, as people come forward and say “That is not the way to go” and say “Here is the way that really would make sense and make our lives better.”

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mr. PERDUE). Without objection, it is so ordered.

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. LANKFORD. Mr. President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein.

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