

ORDERS FOR TUESDAY,
SEPTEMBER 19, 2017

Mr. LANKFORD. Mr. President, I ask unanimous consent that when the Senate completes its business today, it adjourn until 10 a.m., Tuesday, September 19; further, that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and morning business be closed; further, that following leader remarks, the Senate proceed to executive session and resume consideration of the Francisco nomination, with the time until the cloture vote equally divided between the two leaders or their designees; further, that if cloture is invoked, all postcloture time expire at 12:15 p.m. and the Senate vote on confirmation of the Francisco nomination with no intervening action or debate; finally, that following disposition of the Francisco nomination, the Senate recess until 2:15 p.m. to allow for the weekly conference meetings.

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

ORDER FOR ADJOURNMENT

Mr. LANKFORD. Mr. President, if there is no further business to come before the Senate, I ask unanimous consent that it stand adjourned under the previous order, following the remarks of our Democratic colleagues.

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

The Senator from Massachusetts.

HEALTHCARE

Ms. WARREN. Mr. President, it has been over 7 weeks since the Senate voted on three different versions of the Republican bill to repeal the Affordable Care Act. Each of these terrible bills would have stripped healthcare coverage from tens of millions of Americans and raised costs for millions more.

During this 7 weeks that followed the last of those votes, no one has clamored for another try. Phones aren't ringing off the hook with calls for Republicans to go one more round in their effort to rip up the Medicaid Program. Letters and emails aren't pouring in asking for legislation to jack up the costs for people with preexisting conditions. Tweets and Facebook posts don't demand that insurers get the chance to drop coverage for mental health issues and addiction treatment.

Instead, the families I have spoken with have told me, often through tears, that they are so relieved that Republicans stepped back from the brink and came to their senses. They are breathing just a little bit easier knowing that Medicaid will be there for their elderly parent in a nursing home or the neighbor down the street who uses a wheelchair. That tight, anxious, terrifying feeling in their chests has eased up be-

cause they don't have to worry about losing the health insurance that helps pay for their asthma medication or their children's heart surgery.

Here we are again, back on the floor of the Senate, engaged in a terrible and familiar ritual: begging the Republicans not to gut our health insurance system for the sake of political games.

If the American people want these cruel repeal bills to be thrown in the garbage, where they belong, then what are we doing here? Well, Senate Republicans are pretty desperate. This month, they learned from the Senate Parliamentarian—the independent umpire here in the Senate who gets the final say on how the procedural rules work—that the legislative instructions they passed back in January to kick off their whole effort to repeal the Affordable Care Act will expire on September 30. Once that happens, Republicans would have to start over with a new set of instructions if they want to be able to use the special Senate rules that allow them to jam this bill through without a single Democratic vote. So the Republicans have dug through the trash and pulled out an old draft of a bill they think could get the job done. It is called the Cassidy-Graham proposal, named after the Republican Senators who put it together.

You might think that after months and months of failed attempts, the Republicans would have something new to offer. You might think that after their last three terrible repeal bills went up in flames, the Republicans would propose something more reasonable this time around. You might think that—but no. This is just the same terrible set of policies with a fresh coat of paint and a new name.

The Cassidy-Graham proposal completely eliminates the parts of the ACA that help families afford health insurance. Do you think insurance is expensive right now? Just wait for Cassidy-Graham. Need help paying for your chemotherapy or your surgery? Good luck. Cassidy-Graham says you are on your own.

What about all the people who count on Medicaid to help out, people who have health insurance but have a baby who was born 8 weeks too early and who now needs breathing equipment and special therapists; people who worked hard all their lives but who couldn't save enough to make it three decades in a nursing home; people who use a wheelchair or need a home health aide to come by so they can live independently? What happens to them? Well, with massive cuts to Medicaid, the latest Republican proposal turns America's back on babies, on seniors, on people with disabilities, on our families and our friends and our neighbors who need our help.

I could go on and on about this, but let's get one thing straight about this latest Republican plan: It is not more reasonable. It is not more moderate. It is not bipartisan. And it is definitely not something that families in this

country want. It is just another version of the same old cruel, heartless, shameless plan that Republicans have spent the last 8 months trying to jam down the throats of the American people.

Don't take my word for it. Doctors' groups, including the American Academy of Pediatrics, the American Academy of Family Physicians, and a bunch of other medical specialties, pulled the fire alarm last week when Cassidy and Graham released their proposal. They sent Congress a letter saying it could cost millions of Americans their healthcare coverage. They begged Republicans not to start down this road again. Instead, the doctors asked Congress to do something that makes a whole lot more sense: Focus on ways to improve health insurance markets in this country, starting with the discussions that have taken place in the HELP Committee over the last 2 weeks. That is because there is another important end-of-September deadline coming up—the date when insurance companies have to set their prices for next year's insurance premiums.

Over the last couple of weeks, the two Senators who run the HELP Committee—Senator ALEXANDER on the Republican side and Senator MURRAY on the Democratic side—have held a series of hearings on policies that we could pass before the end of September to help lower premiums and make sure that when you buy health insurance, you get coverage that actually means something.

I sit on that committee, and, like most of my colleagues on both sides of the aisle, I have been to each of the four hearings we held on this issue.

Senators ALEXANDER and MURRAY have also opened up the discussion to every single Senator so that even those not assigned to the committee can come and meet the witnesses and talk about how to make healthcare better. We have traded ideas. We have talked to Governors. We talked to State insurance commissioners. We talked to doctors and to patients. And not everyone sees things exactly the same way. We have argued back and forth and put a lot of different ideas on the table. We have spent hours talking about how to improve healthcare in this country.

We have 12 days left before the end of September. It is not always this simple, but this time there really is a clear tradeoff. We can either use those 12 days to let Republicans burn down healthcare in this country, or we can use those 12 days to pass a bill that would stabilize healthcare coverage for millions of Americans.

The Republicans are hoping to slip below the radar screen, to sneak the repeal of healthcare coverage across the finish line just when we let down our guard. Well, I have news for the Republicans who want to go down this road: I see you. The American people see you. And we will fight you every step of the way, for as long as it takes and for as many more rounds as you want to go, to stop your ugly bill in its

tracks. We will not give up on the families who are counting on us to defend their healthcare. We will not back down. We will not blink.

Here is the thing Republicans just don't seem to realize: We aren't tired. We don't get tired when we are fighting for kids on ventilators. We don't lose heart when we are lining up on the side of moms with breast cancer or grandparents with Alzheimer's. We never ever run out of steam when we are fighting for people's lives.

We are here today and tomorrow and every day, and we will fight back as hard as we need to for as long as it takes to defeat every single attempt to take away healthcare from millions of families in this country.

Thank you, Mr. President.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise to join my colleagues in expressing actually a combination of outrage and heartbreak that Washington is still working on yet another partisan plan to take healthcare coverage and guaranteed protections away from families across this country. This is despite a clear message Americans—and Wisconsinites alike—have sent to Congress that they want us to work across the party aisle to make things better and not worse. This latest repeal plan totally ignores that message.

This plan would make things far worse, not better. It would make things worse by allowing insurers to charge older Americans an age tax. That is a worry that Greg from Stoddard, WI, has shared with me. Greg told me that he and his family can't afford for things to get worse. He has no idea how he and other older Wisconsinites will be able to afford higher costs for healthcare. Greg's sons, both of them, have diabetes, and they are already struggling with the skyrocketing cost of insulin.

It would make things worse by dramatically weakening guaranteed protections for those with preexisting conditions, allowing insurers to cut coverage for essential health benefits and charge more for needed care. As someone who was branded with those words “preexisting condition” as a child, I understand how this repeal would hurt Wisconsin families and families throughout America.

It would make things worse by eliminating the premium tax credits and cost-sharing reduction payments that help thousands—thousands—of Wisconsinites afford healthcare coverage, and estimates show this particular plan offered in the Senate could significantly cut funding for my home State of Wisconsin by almost \$3 billion in the year 2027.

On top of this latest repeal plan, it has to be added that the Trump administration continues to play dangerous political games and engage in sabotage against the Affordable Care Act and Wisconsin's healthcare system, and it

does so at the expense of families seeking affordable insurance. Instead of working to lower healthcare costs, the Trump administration continues to threaten to withhold the critical cost-sharing reduction payments that help reduce deductibles and out-of-pocket costs for Wisconsin families. Instead of giving healthcare providers certainty and working to stabilize the healthcare marketplace, the Trump administration is laying the groundwork for higher premiums next year.

In addition, just last week, the administration slashed funding to States for their outreach and education efforts to help more people sign up for healthcare. Wisconsin's trusted Navigator Programs had their funding cut, without explanation, by almost 50 percent, despite a long record of actually exceeding their enrollment goals. This would mean fewer people in rural Wisconsin will receive the support and assistance they need to obtain affordable healthcare coverage.

Instead of making things worse, we should be making things better by getting the job done on bipartisan solutions that lower costs, that expand coverage, and make healthcare more affordable. The Senate Committee on Health, Education, Labor, and Pensions—the HELP Committee—is trying to do just that.

Chairman ALEXANDER and Ranking Member MURRAY have shown great leadership in bringing us together to work across party lines on solutions that work for the American people. Our committee has heard from leaders from across the country. These are leaders and experts who play different roles in the healthcare system, and they are telling us how we can work together to make things better.

We have had a set of four hearings over the last 2 weeks, and throughout these hearings we have received a consistent message. That message is that now is the time to work together to stabilize the health insurance market and to make healthcare more affordable.

I believe we need to be doing more to increase the enrollment of younger and healthier adults in the marketplace. We should be exploring bipartisan solutions to increase outreach and coverage for those over 6.1 million young adults who are still uninsured. Slashing the funding for outreach, education, and assistance to them will further destabilize the market and lead to higher costs for everyone.

It is past time to stop this partisan nonsense. I urge my colleagues on the other side of the aisle to do just that by ending these partisan attempts to take people's healthcare away and make them pay more for less care.

The people of Wisconsin—frankly, the people across this country—have sent a clear message. They have sent a clear message that they don't want us to take people's healthcare away, and they have sent a clear message that they want us to work together, to work

across the party line to make things better, not worse.

I believe that if parties can look past this partisan debate, if we can do the people's business, then we can find common ground. Let's do that by getting the job done on bipartisan solutions that stabilize and strengthen the healthcare marketplace. Let's do that by getting the job done on solutions that would lower healthcare costs for all American families.

Thank you.

I yield the floor.

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

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. MERKLEY. 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. MERKLEY. Thank you, Mr. President.

Yogi Berra once said: “It's like déjà vu, all over again.” Here we are feeling the echoes of the recent debates over healthcare, yet we have another Republican plan to dismantle healthcare and the peace of mind of millions of Americans coming to the floor.

We have seen previous plans. We have seen the House bill that was going to wipe out healthcare for 24 million people. We saw the bill that came over from the Senate in June wipe out healthcare for 22 million people. Then we saw the Republicans' improved version of that, wiping out healthcare for 32 million people. In July of this year, there was yet another plan, back to 22 million—millions and millions of people losing their healthcare. Now we have one more last-ditch effort to destroy healthcare for ordinary Americans, for rural Americans, for working Americans.

It is just wrong, and I am going to explain some of the reasons all of us should be outraged by this bill—this new bill, which says immediately the individual mandate and the company mandate are wiped out. What does that do? That means instantly, in 2018 and 2019, there is a destructive race to the bottom for the insurance pools. If there is no pool, if there is no mandate, then only those who are sicker sign up. Those who are sicker are more expensive, so then more people drop out of the healthcare pool, and the pool becomes even more expensive. It just shoots right out of sight.

We are not talking just about damage that would be done in 2020; we are talking about damage that would be done next year and the year after.

What happens when the insurance companies say there are only 2 years left on this, and the healthcare pool has a big hole in it, the healthy people are gushing out, and only the sickest people remain? They are going to drop out of providing coverage. Suddenly, we have hundreds of counties across

the Nation with no healthcare provision for those who are currently in the healthcare marketplace.

We have been through this conversation. We have been through the Ted Cruz fake insurance bill, and it was voted down by this body with a substantial bipartisan majority. This is a repeat of that, saying let's destroy those insurance pools.

What else does this bill destroy? In 2020, it destroys the tax credits. Let's say you were fortunate enough to have the pool survive 2018 and 2019 and you have tax credits that enable you to buy insurance and there is still a provider during those 2 years, but then comes 2020, and there are no tax credits with which to buy insurance so now you are thrown out of healthcare. There is no remedy provided in this bill.

Is it possible that you are going to get covered by the Medicaid Program in your State? Well, it is not likely because Medicaid in most States provides insurance for poorer Americans, not for the folks who are getting the tax credits in the exchange. No, they are out of luck.

What else do we have? The elimination of essential benefits. Essential benefits are no longer required. Now, we have some history with this in our country. We have had those fake insurance policies that you buy that cost virtually nothing, and then you get sick and discover that your trip to the emergency room isn't covered or you discover your hospitalization is not covered. Your child gets injured—they break a bone—and you discover the x rays are not covered, and the lab tests are not covered. Well, these are the fake insurance policies that don't belong anywhere because they are simply a fraud. This is a scam.

Why are we returning to a vote on fake insurance? Not only do we lose the individual mandate and the company mandate that makes sure an insurance pool—it is the pool having both sick and healthy people so insurance companies can actually provide insurance, but we also have this provision of this fake insurance, where you have a policy that costs virtually nothing and then covers nothing. So it is sold to those who are vulnerable by the sales pitch of the scam man.

What else does this do? Well, right now we have this very complicated healthcare system. It is a big improvement over what we had 8 years ago, but it is still complicated. We have Medicaid, and we have Medicare. We have on-exchanges, and we have off-exchanges. We have special insurance for the workplace called Workers' Compensation. We have special insurance for children called the Children's Health Insurance Program. We have workplace policies that have very good benefits covered by the company, and we have workplace policies that are very poor policies. We have workplace policies that are paid for by the company, and there are those where the individual has to buy into the workplace

policy. Then, we have policies that cover just the worker and ones that cover the family. What do you do as you navigate this incredibly complex array? This is a continuous stressful journey for Americans.

Maybe you have a job that doesn't pay very much, and you are able to be on the Oregon Health Plan or on similar Medicaid programs across the country. Then, you earn a little bit more or your spouse earns a little bit more, and, suddenly, you don't qualify. How do you get onto the exchange in the middle of the year? How do you work out those tax credits for the end of the year? Or maybe your next job provides insurance for you but not your children. How do you get your children signed up? It is a very, very stressful situation—this complicated, overlapping healthcare that requires continuous attention just for people to make sure that, if their loved one is sick, if their child is injured, they will get the care they need when that happens and the family will not end up bankrupt. It is a pursuit of peace of mind.

What does this bill do? It makes our already complicated system even more complicated. It says in this bill: We want to have 50 different systems for 50 different States—so much for focusing on a simpler system where we can work to drive out any fraud or inefficiencies or abuse. No, now we have 50 systems pursuing different forms of fraud, waste, and abuse. We should be going in the other direction toward simplicity, toward a world in which, just by virtue of being an American, you know you are covered. You don't have to worry about that transition from job to job or that change as you go from one income to another income or the dynamics that occur should you get married or get divorced. No, just by virtue of being an American, you are covered. That is the way the whole developed world does it. They make it easy, but here we make it complicated, and this bill is determined to make it much more complicated, much more fractured, and much more stressful.

So let's not do that.

Let's apply a little common sense and recognize that none of us would run a business determined to make the workplace more stressful, more fractured, less efficient, and more filled with fraud. But that is what this bill does.

So let's say no. Let's have a huge bipartisan response to say absolutely not. Now, it is grassroots America that defeated those previous diabolical plans to wipe out healthcare for millions of Americans. They filled the streets. Grassroots America overflowed our inboxes. They flooded our phones, and, once again, we need the common sense of working America, of grassroots America to weigh in and say how wrong this proposed bill is.

During the previous debate, I kept noting that this was like a monster that you can only put away by driving a stake through its heart. Each time

we attempted to have that debate on the floor and we defeated the bill, I thought: Well, perhaps, we finally put this monster 6 feet under. But now it is back in all its ruthless, tooth-and-fang fury, ready to destroy peace of mind in healthcare for our citizens.

So let's take a vote in this Senate that will do what we hoped we had done before and truly drive a stake through the heart of this TrumpCare proposition. Let's stand up in partnership with our citizens.

Oh, I know this room is full of really wealthy Americans who have never worried about healthcare. When I was first campaigning for the Senate, I met with one of those really wealthy Americans in New York City. He said to me: I don't know why you are saying you are fighting for better healthcare. Everybody in America has good healthcare.

Well, that is because that individual lived in a bubble, where he was surrounded by everyone he knew having good healthcare because they worked for really wealthy firms in New York City. They are so dramatically disconnected from the reality of working Americans.

I will tell you what is going on in my neighborhood, in my blue collar neighborhood—the same neighborhood that I went to from grades 3 through 12, the same neighborhood that my children went to. It is getting tougher to find a full-time job. It is getting tougher to find a living-wage job. It is getting tougher to be able to save and to help your child pursue their dreams. It is tougher to be able to help your family or, perhaps, to go on a vacation—even a simple vacation—and it is certainly tougher to buy a home. In fact, many people in my neighborhood feel that the only way they are going to be able to buy a home is to inherit it from their parents.

But I will tell you that there is one thing that got easier in the last 8 years against all that—one thing—and that was that we provided expansion of Medicaid to cover a lot more people and we created a marketplace for insurance where working people could use tax credits to be able to buy care and to easily compare policies. So we made a big step forward in one single area—in one area. Now my colleagues from their gated communities and with their 7-digit wealth want to come and destroy the one thing we did for working Americans.

If President Trump cared one whit about a working American, he would be ringing up the majority leader of this Chamber right now and saying: What are you doing? I campaigned saying I was going to stand with workers. This bill attacks them. What are you doing?

He would be calling up and saying: I called that House bill mean—that House bill which eliminated healthcare for 23 million Americans—the final bill. I called it mean and heartless. This is meaner. This is even more heartless.

But we shouldn't need the insights of President Trump to be able to understand the damage that this does to ordinary Americans because you can see it plain as day right there on the pages of this bill.

So, colleagues, read the bill. Talk to your healthcare experts, and drive a stake through this healthcare monster.

Thank you, 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. BOOKER. 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. BOOKER. Mr. President, I have watched as this body has recently begun to really work in a bipartisan fashion on trying to stabilize the insurance markets under the Affordable Care Act.

Under the leadership of Senator MURRAY, the ranking member of the HELP Committee, and Senator ALEXANDER, the chairman of the HELP Committee, efforts have been going on, and a number of hearings have been held on what needs to be done to stabilize and strengthen the Affordable Care Act. This is coming about because of a crisis.

In January of this year, leading from December, we have had people—like Standard & Poor's—talking about how stable these exchanges were. Over the last months, we have seen many actions—threatening cost-sharing, not advertising the markets—many actions taken by the Trump administration that have weakened the markets and put the markets in crisis. But it is actually not the markets that are in crisis; it is fellow Americans. People want the same thing. Whether Republican or Democrat, from the West, East, North, South, or the heart of our country, they want the same thing: They want quality, affordable care.

We have come a long way to where we are right now. Under the Affordable Care Act, we have increased the number of Americans with health insurance by over 20 million. We have been able to bend the cost curve.

The Affordable Care Act has taken us out of days that no American—very few—wants us to go back to, the days where people could be denied coverage based on a preexisting condition.

The Affordable Care Act created an essential set of benefits, which Americans from both sides of the aisle think is very important. These essential benefits include such things as healthcare for women who are having children. They include things like putting parity between mental healthcare and what might be called physical healthcare.

There have been so many improvements because of the Affordable Care Act, and I have heard about them from constituents all over my State, as well as voices from around the United

States of America, difficult stories about people who had lifetime caps; people who, because their child had an illness as a child—when that child became an adult, they couldn't find insurance; people who were being denied insurance because of a preexisting condition; people who were declaring bankruptcy in this country, at rates significantly higher than we are seeing now, because they could not afford their health insurance. In fact, personal bankruptcy in our Nation has been cut by about 50 percent. These are all gains we have achieved through the Affordable Care Act. There is the expansion of healthcare to millions more and the security of knowing that your health insurance won't be cut off because of a preexisting condition, knowing that when you pay for health coverage, it will carry essential benefits that every American should get. There are these gains and many more.

What has happened after the failure of TrumpCare, after the failure of Republican plans—what actually came out of that was something that was encouraging to me as a Senator who has been here for 3-plus years: seeing statespeople from our Senate—LAMAR ALEXANDER and Senator MURRAY—come together and say: Hey, we have a crisis in our country. Some of these markets are losing stability. We should work together, put aside partisan differences, and try to find a pathway forward to make sure that in some States millions of folks don't lose health insurance.

We heard—at least I did—some of the best commentary in this body. Perhaps most notable was a speech by JOHN McCAIN, who stood up and strongly talked about regular order, talked about us doing things in the Senate in a way that brought us together, that invited in the public, that had a wide range of people participating in the crafting of policy—policy that affects nearly 20 percent of our economy, policy that affects hundreds of millions of Americans, policy that is critical to the success of our Nation.

I am grateful that Senators MURRAY and ALEXANDER have been holding bipartisan hearings to try to stabilize the marketplace. Through this process, over the past month, we have had bipartisan Governors—Governors from both parties—insurance commissioners, consumers—all have had the opportunity to come in and begin to weigh in on different proposals and their impact on the health insurance marketplace. This shows we can work together to try to improve the Affordable Care Act—not this idea that we throw it out, hurting not just a few people but literally tens of millions of Americans. This is the way it should be done.

Past proposals that have failed in this body were done the wrong way—people crafting legislation behind closed doors in a noninclusive manner, in a partisan manner, not holding hearings, not bringing in experts. That is

not the way this body was meant to work.

In fact, for those who criticized the Affordable Care Act, for the Affordable Care Act, there were dozens of bipartisan hearings. Over 100 amendments from the Republican Party were included in the ultimate legislation. It was a process that took months and months. The President of the United States even met with Republican Senators and Congresspeople to discuss and debate the legislation, and it was aired on C-SPAN. This showed the best of who we are, that when we come together as a body and go through a process, good legislation—not perfect legislation but good legislation—can advance us toward our principles. Those principles were principles that were discussed during the last Presidential campaign by both candidates. Donald Trump himself, our President, said time and time again: I want us to have a health system in which everyone is covered, in which everyone has affordable and quality healthcare.

These values aren't debatable, and I am disappointed, I am frustrated, and I am angry that we are here again while a bipartisan process is going on, and, as a great New Jerseyan, Yogi Berra, once said, it is *deja vu* all over again.

Here we are now coming back this week, and we are hearing about another Republican bill that has not gone through regular order, that has not had hearings, that has not had a bipartisan process. Another bill is coming to the floor. People are whipping up votes, and we might have yet another dramatic moment in this body that millions of Americans will watch, holding their breaths because their families—their children, their senior citizen parents—are being held in the balance on a decision this body will make—not going through regular order, not bringing in experts—on legislation that hasn't even been scored by the Congressional Budget Office.

The CBO hasn't scored this bill. We don't know what its total impact would be on health coverage or on costs. We don't know exactly how many people could lose their coverage, how much premiums could skyrocket for the middle class, and just how much Medicaid would ultimately be gutted.

This is the bill that is coming before us. This is the threat right now to our Nation and to millions of people. But we do know enough about this bill, and previous versions of the repeal plan that looked very similar to this bill give us many hints—more than hints—give us much evidence about what this bill would do and how this bill would cause millions to lose their coverage and premiums to skyrocket. And the millions who rely on Medicaid for everything from opioid addiction treatment to maternity care would suffer.

Let me go through some things we know about this legislation which is being threatened to be brought to the Senate floor and which now casts a

shadow over the coverage earned and gained by millions of Americans.

This legislation would still take coverage away from millions of Americans. We know this destructive version—this partisan repeal plan—would take coverage away from millions of people. Experts have already projected that after 10 years, this partisan repeal plan could cause over 30 million Americans to lose their coverage—30 million Americans cast back into a world where one illness, where one injury could devastate their families, could send them into bankruptcy. That one illness, that one injury could have the worst of results; could cast us back to a time when so many Americans were using emergency room doctors as their primary care physicians; could cast us back to a time when many Americans were delaying seeing doctors because they couldn't afford to, allowing preventable diseases or treatable diseases to get worse and worse. Thirty million Americans losing their health insurance means more Americans will die. That is not a dramatic, hyperbolic statement; that is the truth. When health coverage rates go down, American mortality rates go up.

What else do we know about this legislation? It still raises costs like the other versions of TrumpCare. This version of this partisan repeal plan will still force hard-working Americans to pay more for, actually, worse care. It would abruptly end the critical assisted subsidies that have allowed millions to afford care. It would end support for people in the very marketplaces about which two other bipartisan Senators, through the HELP Committee, are trying to discuss how we are going to stabilize those markets to give people that very access.

We know that as a result of this repeal plan, Americans will see their deductibles increase by several thousand dollars. We could once again—once again, with those increases—see bankruptcy rates increase after dropping dramatically under the Affordable Care Act.

What else do we know about this legislation, this newest version of TrumpCare? It still ends Federal protections, as the other plans did, for people with preexisting conditions. TrumpCare's latest version would still enable insurance companies to charge folks who are sick or who have been ill or who have a preexisting condition for their care. States could waive that restriction on discrimination against people with preexisting conditions. This plan will still subject millions of Americans with those preexisting conditions to price discrimination, meaning Americans who may have had cancer, Americans who are pregnant, Americans who have a child with autism could be forced to pay thousands and thousands of dollars more just to get coverage.

What else does this newest piece of legislation do? It ends the Medicaid expansion, and it establishes a per capita

cap and reduction of Medicaid. By ending Medicaid as we know it after over 50 years of this program, by suddenly capping it and ultimately giving block grants to States, we know it will affect dramatically the people whom this program and these expansions have covered.

Who gets covered by Medicaid? Who will be affected? In America right now, over half of all low-income families rely on Medicaid. Two out of three of our seniors living in nursing homes rely on Medicaid. Half of all the births in the United States of America—our children, our future, our greatest natural resource—half are covered by Medicaid.

Here is our reality. We are gutting a program that benefits us all—our seniors, our children, as well as the disabled. The cruel Medicaid cuts proposed in this bill—the cuts and the caps in this version—will still put those who have the most to lose in the most serious jeopardy: those seniors in nursing homes, working families, communities of color, women, Americans with disabilities, those folks who are already struggling with illness, elder Americans, Americans living in rural areas, Americans living in our cities. This is not who we are. These are not our values. This kind of draconian action is unacceptable in a nation this great.

What else does it do, this newest version of TrumpCare? What else does it do? In this version, this bill—just like the ones before—still erodes critical patient protections established by the Affordable Care Act by allowing States to apply for a waiver to opt out of the ACA's essential benefits requirement for things as basic as maternity care, substance abuse services, prescription drugs, emergency services, hospitalizations, and rehabilitation services.

This repeal plan could essentially give insurers the green light to once again charge for junk insurance plans that don't actually cover needed care. You may have health insurance, but it may be so limited and so constricted that when you actually get sick, you find out it does not cover your illness, your health challenge, your injury.

This newest version of TrumpCare, this newest version of a partisan repeal plan, also still threatens women's health. Women comprise two-thirds of all adult enrollees in Medicaid. They would be essentially hurt by the gutting of that program. This repeal plan, like previous versions, would still cut off low-income women from accessing critical preventive and healthcare services from Planned Parenthood, health centers that provide essential preventive care and, often in many counties, the only avenue to contraceptive services. It singles out Planned Parenthood by not allowing them to be reimbursed for basic health services, making it so much more difficult for women all around our country to access important care.

What else does this most recent version of TrumpCare do, this partisan bill that is not going through regular order? Just like the other ones, it would still weaken the Federal prohibition on lifetime limits, lifetime caps on the insurance that one can receive. That means Americans with chronic diseases and conditions and children with unique medical needs and challenges who still need continued life-saving care could be forced, once they hit that cap, to spend hundreds of thousands of dollars on continued care, even though they are insured, thus devastating families, sending them into bankruptcy, spiraling them into financial catastrophe.

A couple of months back, one of my constituents tweeted me a photo of her son's medical bill after a recent surgery. The bill was for \$500, but it showed that without the coverage she got because of the Affordable Care Act, she would have owed over \$230,000. That was just for her child's heart surgery. Her son Ethan, who was born with a rare genetic disorder, has had four of those surgeries.

Under this partisan plan, not only could essential health benefits, like hospitalizations and prescription drugs, be denied Ethan, but lifetime caps on coverage would disqualify Ethan from accessing the care he needs.

As Ethan's mom put it, the lifetime cap is the equivalent of saying: "Sorry, you're not worth keeping alive anymore. You're just too expensive."

That is what this plan would allow insurance companies to do, essentially saying to Americans: If you had a problem when you were a child, if you had surgeries as a child, once you hit that cap, you are not worth covering anymore.

We had a vote on the floor today. It was for national defense. It was a major bill. There were strong statements and speeches on both sides of the aisle. At the end of the day, the overwhelming majority of us joined together to provide for our Nation's national defense; that is, to provide for our Defense Department.

It is a common ideal in this body that this government, formed by our forefathers and foremothers, the Constitution upon which we stand proclaims that this government was formed for the common good, for the common defense.

As we have seen in recent days, the idea of defense isn't just protecting us against the threat of North Korea, isn't just protecting us from the efforts of the Russians. It is not just protecting us from terrorist organizations. We have seen that the national defense also means the challenges of natural disaster.

It was profound for all of us to see the crisis faced from Texas to Florida and how we—as a nation, hero after hero in communities large and small—stood up during this time and were

there for fellow Americans, never asking their party, never asking or questioning what different religion they might have. People from all different ethnic backgrounds banded together because that is what Americans do. When we are threatened, when we are attacked, when there is a natural disaster or an enemy from afar, we stand up and take care of each other. The very formation and foundation of our government is based on the ideals that we are stronger together when we stand together, when we fight together, when we invest in each other and sacrifice for each other.

I am one who believes the defense of this Nation isn't just a powerful military abroad and at home. The defense of our Nation also means that for a vulnerable child, who has a terrible disease that we can cure—we, our Nation, should take care of our own.

The defense of our country means that our elder citizens, two-thirds of whom are in nursing homes and rely on the Medicaid Program—the defense of our Nation, the preservation of our ideals is evidenced in the care of the elderly, the dignity that we acknowledge and afford them. That is the very definition of who we are as Americans.

I am one of those people who believes that the ideals of this Nation are evident not just in the strength of our military but also in the strength of our system of healthcare. It is a violation of our principles and values as a nation when our healthcare system breaks down—not to the ideals we see in our military where we protect all of our country; we stand for everyone, rich or poor. But, suddenly, with our healthcare system, with accessing life-saving medicines and procedures, critical preventive care, it suddenly boils down to those who are very wealthy getting access, and people who are struggling in minimum-wage jobs, fighting every day to raise their kids—somehow that should not be covered in our ideals.

We are a nation that professes the most profound values—the oldest constitutional democracy, which put forth ideals that we are not a theocracy, a nation based upon privilege, based upon how you pray. We are not a monarchy. We are the oldest constitutional democracy that put ideals forward that became lights to other nations.

This ideal that we believe in liberty and justice for all—what justice is there in a piece of legislation that would cast millions of Americans, our poorest Americans, our sickest Americans, our elderly Americans into a world where they no longer have the security of healthcare? Is that justice in this country?

What is the concept of liberty in our Nation if some people are shackled to fear and worry that if their child gets sick, they will not have access to care? What is freedom if people are imprisoned by an illness or disease that they cannot get adequately treated because they do not have health coverage? Es-

sential to the ideals of our country—the ideals of life and liberty and happiness—is having a system of healthcare that provides a stable foundation for life.

When half of the children born in this country are beneficiaries of a Medicaid Program, why would we slash that program if doing so undermines the very start of the lives of our children? That is against our values as a country. We are a nation in which every generation has expanded access, has expanded opportunity.

Over 50 years ago, when Medicare and Medicaid Programs were formed, expanding access to healthcare for the elderly, expanding access to healthcare for the sick, expanding access to healthcare for hard-working, low-income people, that was an advancement forward. When this body passed the Affordable Care Act—and 20 million more Americans gained access to healthcare, to lifesaving procedures, to the stability that comes from having that security—we advanced this Nation more toward its ideals.

This body should be coming together to take the imperfections of the Affordable Care Act, to find where it has fallen short, and work together to build upon that foundation so everyone in this Nation can have justice and opportunity; that everyone, when it comes to the grip of illness or disease, can find the freedom that comes with the security and the ease of mind in knowing they can afford to go to a doctor. That is a national aspiration. That is national defense. That is who we are and what we stand for.

So now here we are again. The most frustrating moments of my time as a U.S. Senator were to have seen legislation not in any way coming through the processes set up by our forefathers and foremothers in this place. How can we usurp the traditions of the Senate and rush to the floor to vote on legislation that hasn't benefited from the wisdom and the genius and the experience of medical professionals or experts? It was just pushed to the floor. Even non-partisan experts say it would rip healthcare from millions and would raise costs for the elderly. How can we as a body do this to ourselves?

We are in this situation again, where legislation is being proposed, where votes are being counted, where people are discussing if we can bring a bill to the floor, another version of those that have fallen and been defeated. Can we bring this version forward? I say it is time we stop. It is time we understand that in the same way we hammered out a bill today and passed legislation—billions of dollars to protect our country from threats of wrongdoing—that we make the same kind of effort to work together, to talk, to hold hearings, to listen to each other, to try to make sure we are defending each other, supporting each other, and helping each other so that we are a generation, like our forefathers and foremothers, expanding concepts of liberty and freedom and access for more people.

Instead, here we are, with millions of Americans now turning their attention back to the U.S. Senate—Americans with disabilities; parents with children like Ethan who worry that should they need another operation, if the rules change, if legislation changes, they will not have that access; young people with parents in nursing homes, wondering will Medicaid expansion survive yet another attempt to gut the program. At a time when we need to be encouraging each other and strengthening our commitments to one another, we face a time of jeopardy, a decision point, a crossroads—not just in the pragmatic realities of healthcare that will come forward but a crossroads of our values and a crossroads of our ideals. Will we go forward as a nation together, expanding opportunities, securing justice, defending each other, empowering each other, or will we go back?

I end with saying this. What I have learned is, the decisions made here are not always easy, and they are often dependent upon the engagement of the Nation as a whole. I stand here, the beneficiary of courageous Americans, who stood and fought for all of our values and all of our ideals, fought to expand access and equality and opportunity, fought to defend this Nation at home and abroad, and to insist that every child have certain basic rights and opportunities.

This is yet another moral moment for our Nation. I believe every child should have access to affordable, quality healthcare. I believe every senior citizen growing old should have the security and the dignity of healthy environments. I believe people should not be denied the justice of healthcare because they have a preexisting condition.

I don't think these are radical beliefs in any way. I don't think it was radical to stand up in the late 1800s and say women should have the right to vote, that it was radical to think children should not have to experience child labor. It wasn't radical to say that Black Americans should have equal access to restaurants and hotels. These are not radical ideas. The reason this body stood up, generation after generation, securing privileges and expanding opportunities and opening access—the reason this body did that was not just because of the decisions of the people on this floor, it was because Americans stood up and demanded these changes, demanded this progress, and fought for every inch of ground.

That is the moment we are in right now, a call to the conscience of our country. This is not a time to be silent. This is not a time to be indifferent. This is not a time for apathy. This is a time for all of us to make a decision about who we will be as a nation. Will we be a nation that provides affordable, quality healthcare to all or will we slide back into that basic right being only available to a smaller and smaller group of people? That is the decision,

and the decision will be made, not just by the votes on this floor or the decisions made by the 100 in this body, it must be made collectively, through our engagement and through our activism and what we demand from our representatives.

Here we are in this moral moment with this decision before our country. My prayer and my hope is that all of us, with a collective voice, with a chorus that resonates with that of our ancestors—that we fight for the defense of our Nation, that we stand up and take responsibility for ideals of equal justice, ideals of liberty and freedom, ideals of life and liberty and the pursuit of happiness, ideals that have made this Nation shine and have shown our greatness and our character. That doesn't happen by accident or some inevitability of history. It happens because we fight for it and work for it.

If there is any moment in American history where we need that spirit, that American grit, that toughness and that fight, it is this moment right now.

Mr. President, thank you.

I suggest the absence of a quorum.

The PRESIDING OFFICER (Mr. GARDNER). The clerk will call the roll.

The legislative clerk proceeded to call the roll.

Mr. CASEY. 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. CASEY. Mr. President, I rise tonight to talk about yet another healthcare debate we are having here in the Senate. As many people know and have been following this over the last number of months, we had a long debate and then a vote here at the end of July. At that point, despite all of the conflict and all of the debate and arguing about healthcare for not just months but for years, we moved to a new chapter, and that new chapter for a number of weeks has been very positive.

When I went home to Pennsylvania, I went to 32 counties in the month of August, and in a lot of those counties, I tried to give a bit of good news on healthcare despite all of the conflict about it. I was able to say that since July 28, when the vote was held, we have had very positive bipartisan discussions. I was part of several of them.

The chairman of the Health, Education, Labor, and Pensions Committee—the so-called HELP Committee—Senator LAMAR ALEXANDER from Tennessee, announced, in agreement with Senator PATTY MURRAY of Washington, that they were going to preside over bipartisan healthcare hearings in that committee—probably the first bipartisan hearings in a long time. What that meant was that we were going to finally have hearings and a thorough examination of a few issues, not a sweeping bill that would repeal the Affordable Care Act and decimate Medicaid the way the prior bills would have but take elements or pieces of

some of the challenges we have before us and try to fix those problems. That took place over the last 2 weeks and was among the most positive healthcare moments we have had in the Senate in a long, long time.

What did we do? Well, we were focused on making sure that the cost-sharing payments were made—hoping we can get a bipartisan bill on that in the next couple of days—and focused on problems in the individual market, real problems, serious attention to serious issues—not a game, not a political exercise, not an ideological exercise; Democrats and Republicans sitting down and working together in the HELP Committee to solve some of—not all of but some of the problems in our healthcare system. It has been a very positive development for the committee, for the Senate, and for the Nation.

There is a little more good news. Both parties have come together to make sure that the Children's Health Insurance Program continues. It is one of the most important programs in Pennsylvania. These are approximate numbers, but about 175,000 children in Pennsylvania get their healthcare that way. So both parties came together on that as well. It is very bipartisan. Since its enactment way back in the midnineties, CHIP has been bipartisan. There have been a couple of rocky roads here and there, but it has been mostly bipartisan for 20 years, and it will be again at this time in the Senate.

It is very personal to me. My father was the Governor of Pennsylvania in 1992 when CHIP passed. I think we might have been the largest State with a children's health insurance program, and those kinds of State models became the basis for Federal legislation.

It is deeply personal to families across Pennsylvania who, absent the CHIP program, would not have healthcare. The same is true of Medicaid, which, of course, is a much bigger number. A lot of children in the country have healthcare solely because of Medicaid, and some adults have healthcare solely because of Medicaid—millions of them.

I think when we have these debates, we should remind ourselves about the value, the importance, the significance of these programs and the consequence of undermining them or wiping them out. In the case of Medicaid, what some earlier versions of the Republican healthcare bills would do would be to decimate Medicaid over time. Maybe not in year 1 or year 2, but over time they would have a terribly devastating impact on Medicaid.

What is Medicaid? It happens to be the program through which 40 percent of all children get their healthcare and 60 percent of all children with disabilities get their healthcare. About two-thirds of nursing home care is paid for by Medicaid. Ask a family member who has a loved one with a disability what Medicaid means to that family. Medicaid is life or death.

I know we have debates around here where people talk about Medicaid as if it is just another program, just another budget matter, just another healthcare talking point. Well, one of the reasons these bills have not passed is because a lot of Americans—Democrats and Republicans and Independents out there far away from Washington—realize what would have happened if we passed some of these bills, what would have happened to the Medicare Program that covers more than 70 million Americans.

No one here would lose their healthcare, by the way. No Senator, no House Member, or their families would lose their healthcare. But folks here were perfectly willing to support legislation that would result in millions—not a few million; double-figure millions—15 million, maybe, would have lost their healthcare and Medicaid if these bills had passed and several million more in the exchanges or otherwise.

That is what we were debating, but, as I said, since July 28, we have had a lot of bipartisan moments and that is a good thing.

Where are we right now? Well, here is where we are: with a piece of legislation—the shorthand is Cassidy-Graham, the two Senators who are leading the bill. What would it do? Well, it would do a couple of things that we should never allow to pass, in my judgment. It establishes a per capita cap on Medicaid. That is a bad idea. We should reject that. It ends Medicaid expansion as we know it, the part of Medicaid that now covers 11 million people.

In the context of how difficult it is for States and counties and communities across the country to deal with the opioid crisis, I hope they don't say: We are going to pass a bill that will end Medicaid expansion as we know it, because we know that the biggest payer—the program that has the most impact on treating people who are in the grip of the opioid epidemic, who are gripped by that addiction—Medicaid expansion provides more help than any other program. At last count, 68,000 Pennsylvanians with an opioid issue got their help from Medicaid expansion. Solely because of Medicaid expansion, they can get help for opioids. So ending the Medicaid expansion as we know it is another bad idea.

It rolls back protections for Americans with preexisting conditions. I thought we settled this, that this would be a guarantee going forward, that no matter what bill—Democratic, Republican, or otherwise—we would make sure that was a national standard, that no one had to worry about preexisting conditions again. Well, here we are again concerned about what might happen as a result of this legislation and what a State might do to take away the protections on preexisting conditions because they waive it, and they are allowed to waive it under these bills.

It allows States to impose burdensome work requirements as a condition

of coverage. That is another result of the bill.

It takes coverage away from millions of Americans. We mentioned that, but it bears repeating.

This isn't just a policy debate; this is about folks whom we all represent. I represent families in Pennsylvania, many of whom wrote to me, have contacted me telling me their stories. One of them was Pam Simpson.

Pam is from southeastern Pennsylvania, Coatesville. Her son Rowan was diagnosed on the autism spectrum a number of years ago. Prior to having the protection of Medicaid—what we call in Pennsylvania Medical Assistance—that family had a big challenge. Challenges continue even after the coverage.

What Pam said to me in a letter was how much benefit there was to her family in terms of getting the treatment and the help from Medicaid. She said:

Without Medicaid, I am confident I could not work full-time to support our family. We would be bankrupt or my son—

Meaning Rowan—

would go without the therapies he sincerely needs.

So here is a child who was 5 years old when he was diagnosed, and here is a mother telling me that their lives are a lot better because they have the protection of Medicaid because their son has a disability. And there are a lot of families in which a child might have more than one disability. And even some families who have wealth or very good healthcare coverage still need Medicaid if they have a child with a profound disability. So this isn't just about one group of Americans; this cuts across all incomes, all regions, all parties, all beliefs. That is what Medicaid does, because do you know what Medicaid is? It is an American program.

We are the greatest country in the world. We have the strongest economy in the world. We have the strongest military in the world. And we can do all that and still have a program that says to any family who has a loved one with a disability: We are going to help you. We don't care where you live—we are going to try to help you because your family member has a disability. If you are low income, we are going to make sure your child has healthcare and gets all the excellent screening and diagnoses that take place early in a child's life to prevent disease, to prevent all kinds of challenges in the life of that child, because we are a great country.

We are called America, and that is what America does—we take care of people who need help. And if it costs some more, we find the money to do it, just as we find the money to protect our security when we have a conflict. We all come together as a country, and we protect the country.

Well, it is about time that Washington came together to protect people who have the benefit of a great pro-

gram called Medicaid or other healthcare programs because that is what a great country does.

If we do to Medicaid what some here have wanted to do, we will be diminished as a country. We will all be diminished. Do we want to live in a country where we just had 20 million people gain healthcare coverage and go backward, have more people without health insurance, have more children lose their Medicaid coverage? Is that the country we want to be? I don't think so. I don't think any Republican believes that, and I don't think any Democrat believes that—if you call yourself an American, because that is what America does. We take on big challenges and we solve problems.

Medicaid is not the problem here. We have problems in our healthcare system; Medicaid is not one of them. Medicaid is helping a lot of people, and we are going to protect it.

This idea that we have come together in the HELP Committee on fixing the parts of the system that we have to fix and doing a thorough examination and having hearings—isn't that a radical idea? I just heard in the last couple of hours that there is a healthcare hearing on Monday. Oh my goodness. Isn't that wonderful? So there will be a hearing on Monday, and I guess they want to pass the bill on Thursday. That is what counts for thorough examination or regular order on one of the most complicated challenges we have? Why don't they agree to do it the way LAMAR ALEXANDER did, as the chair of the HELP Committee? He said we are going to take these discrete, individual challenges and examine them closely, come together on a bill, and then pass the bill, and then we are going to move to the next problem and the next challenge and solve them one at a time or two at a time, not take a meat ax to Medicaid and hope it works out for people who don't have any healthcare coverage. That is what a great Senate would do. We would have months of hearings on this bill that some people want to pass by the end of September.

But I will go back to the positive plane that we have been on. There has been good work on the HELP Committee on some issues, good work on the Finance Committee on the Children's Health Insurance Program getting reauthorized. While all of that collaboration is going on, all of those good discussions, all of that back-and-forth about policy, no yelling, no screaming, no finger-pointing, all the while, just in the last couple of days, this bill is moving through Washington quietly, but it is moving and it is starting to pick up momentum, like a snake in the grass. That is what this bill is—it is like a snake in the grass. You may not see it yet, you may not know much about it, but it is coming. And if they pass it next week, you may not feel the impact in 2017, you may not feel the bite of that serpent in 2018, you may not feel it in 2019, but you are going to feel it. And if we allow that snake in

the grass to inject its venom into people—my analogy for losing your healthcare coverage—then we are not the Senate we should be. We are not the government we should be.

We should be an institution—the U.S. Senate—that protects people from those kinds of adverse consequences. And this bill is that kind of a threat to people. It will bite, and that bite will have a lot of venom.

Why do I say that? Well, think of what would happen to the Medicaid Program. By one estimate, starting in 2027, funding would be cut off completely, leaving 32 million Americans without access to health insurance of any kind and leaving States with zero Federal dollars to replace Medicaid expansion, marketplace tax credits, and cost-sharing reductions. So please don't make the argument that Medicaid is going to be just fine when you are block-granting it, which is a rather benign description of giving a block of money to a State and hoping that it works out, hoping that it is enough money or enough funding to pay for that State's Medicaid needs.

What if you have more children with disabilities? What if that number grows? This bill basically says to the State: Good luck, State. The State has to balance its budget, by the way. The Federal Government doesn't have to do that. The State has to balance its budget, and they, by definition, will have to cap services and treatment to people with disabilities. So that is what this is all about in the end. It is about sending the problem back to the States and calling it flexibility. Isn't that a nice word? All these benign words—flexibility, block granting, per capita caps—all sound so benign. There is a lot of venom in those policies.

What does it mean for one State? I will just give you one example. In Pennsylvania, we had more than 700,000 people obtain health insurance through Medicaid expansion—over 700,000 people. In the marketplace or the exchange, there are another over 400,000 people. So more than 1.1 million people got healthcare in one State through Medicaid expansion or through the marketplace.

How about rural Pennsylvania? We have 67 counties. How about the 48 rural counties in my State? How many people living in rural Pennsylvania got healthcare? At last count, it was over 278,000 people—almost 280,000 people—and 180,000 obtained health insurance through the Medicaid expansion. The balance was through the exchanges. What are we going to say to rural Pennsylvania? I know 180,000 of your neighbors, friends, and family members got health insurance through Medicaid expansion, but we are going to wind that down, and you will be just fine. Don't worry; Washington will guarantee that you are just fine. That is a big lie, if you try to make that argument to rural Pennsylvania and to other parts of our State as well.

What do we say to rural hospitals that have very thin margins already?

Some of them are on the brink of having a major problem and depend upon the support they get from Medicaid. In rural Pennsylvania we have a lot of folks who have illnesses and challenges that maybe some of the rest of us don't have. They tend to be older folks who have those challenges, too. What do we say to them?

Are we saying to them that we are just going to wind down the support that Medicaid provides in a State like Pennsylvania?

So my plea to my colleagues is this. Don't allow this snake in the grass to get close to anyone and to bite them and to inject venom in them. Don't allow that to happen. Don't allow this bill to rip away healthcare from millions of people, just like the bill before that and the bill before that. Work with people in both parties to do what we are doing in the HELP Committee and, to a certain extent, although very limited, in the Finance Committee. I think we have a good model to work together, but I can't go back to Pam Simpson and say: Pam, you know what; I know that you are happy with the Medicaid that Rowan is receiving, and I know it is working out for you, but there are some people in Washington who just had a different idea for you. So you are on your own. You and your family are on your own.

I don't think that is what we do as Americans. Forget being Senators; I don't think that is an American thing to do. We help people that need help. All of us in our lives need help at some point or another. No one is immune to some of these challenges.

I will just read one or two sentences from the end of the letter that Pam Simpson wrote me months ago, in the earlier part of this year, when she talked about how important Medicaid was to her. She is pleading with me at the end of this letter to protect her son and to protect her family. I would just ask that my colleagues consider this when they are considering how to vote.

Pam talked about all the benefits that Medicaid provides her son because of his disability and her family. She said: Please think of Rowan, my son. Please think of my husband and me, she said. But here is how she concludes:

Please think of my 9-month-old daughter Luna—

That is Rowan's younger sister—who smiles and laughs at her brother daily. She will have to care for Rowan later in her life after we are gone. Overall, we are desperately in need of Rowan's Medicaid assistance and would be devastated if we lost these benefits.

I hope we can all say to Pam Simpson and her family and to any family who benefits from Medicaid or Medicaid expansion or the protections of the Affordable Care Act that we are guaranteeing that you are going to have those protections. We are going to guarantee that those protections are going to be there for you.

Hopefully, every Member of the Senate can say that and vote in accord-

ance with that promise. I would use an old expression and ask Members of the Senate to examine their conscience. Is this what you want people to remember you for—this kind of vote, where Rowan's mother has to worry, Rowan has to lose his Medicaid coverage, a poor child in a big city has to lose their healthcare coverage, or a child in a rural area or someone working at a rural hospital loses their job because of these massive ideologically driven cuts to Medicaid?

I hope you can answer the call of your own conscience when you vote that way.

I yield the floor.

The PRESIDING OFFICER (Mrs. CAPITO). The Senator from Hawaii.

Mr. SCHATZ. Madam President, for the past several months, Republicans in Washington have done just about everything they can to hide their healthcare repeal bill. Remember that way back in the beginning they tried to actually move a bill without a CBO score. Then, they realized that even Republicans didn't want to vote on something without knowing how much it would cost or how many people would lose healthcare coverage. So they said the score didn't matter or that it was wrong, except for in the areas where they liked the numbers. They trashed the CBO even though, for the last 8 years, they referred to the CBO to make their argument against the Affordable Care Act.

When that didn't work, they tapped 13 men to draft a bill in secret. It is no surprise that a bill crafted without women, without hearings, and without Democrats was not able to cross the finish line.

Now they are actually back to their original plan, which is to push legislation without a score from the CBO. In other words, we are going to go to next week, and we are going to vote without knowing how bad this bill is. This is not the way the Senate is supposed to work. If there is no score, there should be no vote.

Clearly, CBO got back to the Senate today and said that they will have enough time to analyze the fiscal impact of this proposal, but they will not be able to analyze the impact it has on our constituents.

So do you remember the last 2 or 3 iterations of this bill? People were concerned with the fiscal impact. But remember that the headlines were that 18 million people lose coverage, 26 million people lose coverage, and 32 million people lose coverage.

We are going to vote next week not knowing how many people are going to lose coverage. It shouldn't matter what side of the aisle you sit on. We should all be able to agree that something as complicated as healthcare needs as much debate as we could possibly get, and that is certainly more than the 90 seconds that procedurally we have left on this bill.

After all, this is one-sixth of the American economy, but for the third

time this year, Republicans are going to do whatever it takes to pass a healthcare bill, even if no one knows what is in it or what it will do, even if this bill is very clearly bad policy. By doing this, they are letting down millions of Americans who were counting on the Senate to be the cooling saucer and to slow down and consider policy carefully.

There has been very little debate around this bill. We have not heard from doctors. We have not heard from patients or advocacy groups. We have not heard from healthcare administrators or economists. That is because we have had no hearings.

Just tonight, Senate Finance Chairman HATCH announced that on Monday at 10 a.m. his committee will hold a hearing on the bill, and I am hopeful that, through that process, we will begin to understand the damage that this bill will do. But right now, here is what we know. This is actually the most extreme of all of the versions of TrumpCare that we have seen. Here is what it does. It eliminates everything in the ACA that was essential: tax credits and subsidies to help people to afford their insurance; the Medicaid expansion, which is very, very successful and very popular; and the protocols that we have in place for people with preexisting conditions.

It eliminates Medicaid as we know it. This bill eliminates Medicaid as we know it. So what they did was that they established block grants, which means you get a fixed amount. Each State gets a fixed amount for Medicaid. Then, those Medicaid block grants disappear after 10 years.

It is shocking to me that having failed to get the votes, they went further to the right, with deeper cuts to Medicaid—both to the Medicaid expansion program and to the Medicaid Program as it existed before the Affordable Care Act. They went ahead and said: You know, we only got to 49 votes last time. So I think what we should do is to eliminate all of the subsidies, all of the patient protections, all of the essential health benefits, and all of the Medicaid expansion, and let's take Medicaid as it exists and eviscerate it.

The latest version of TrumpCare will take healthcare coverage away from tens of millions of people.

Last week our country hit an important milestone. The number of Americans who do not have health insurance fell to a historic low of 8.8 percent. That means that 9 out of 10 Americans now have health insurance. But instead of celebrating this milestone, Republicans are about to end our country's progress on healthcare.

Americans who don't lose their coverage will still get hurt with higher premiums or insurance plans that don't cover basic things like getting help for opioid addiction, pregnancy, hospital stays, mental health. So if this bill passes, healthcare will no longer be a right in this country. It will be a privilege. It depends on where you live,

where you work, and how much money you make.

This bill devastates one of the best and most successful programs this country has, and that is Medicaid. This is a program that helps one out of every five Americans and two out of every five children. It helps one out of every two families with a newborn baby, and it covers three out of every four long-term nursing home residents. Medicaid saves lives—nursing home patients, people struggling with opioid addiction, and people who are working two jobs but still don't have enough to cover their own healthcare.

This bill destroys Medicaid as we know it. They start off by putting traditional Medicaid into what they call per capita caps or block grants. That basically means that, whatever money was spent last year, that is the amount the State gets in perpetuity until they just zero it out completely. What that means is that States will be left without adequate Federal funding for Medicaid. Think about what this means for the healthcare infrastructure in this country.

In many States hospitals and local governments have actually designed the healthcare system based on a certain amount of Federal funding coming in. If you take away that funding, hospitals will collapse. In rural areas, hospitals and clinics will close, and people will be left without options and ultimately without access. That is just the damage done by cutting Medicaid.

This bill also lets insurance companies opt out of covering what they call “essential health benefits.” This is a term of art, a piece of jargon. So I want to explain what this means. Under current law, there are certain things that have to be in any healthcare plan. Those are called essential health benefits. You buy a healthcare plan, wherever you buy it. If you get an employer-covered plan, if it is a DOD plan or a VA plan, or if you are on the exchange—whatever it is—it has to cover certain things. Let me list what is covered right now as an essential health benefit: ambulatory patient services, emergency services, hospitalization, maternity and newborn care, mental health and substance abuse services, prescription drugs, rehab, lab services, preventive and wellness services, chronic disease management, and pediatric services. These are the things that actually have to be in your healthcare plan under ACA.

Yet do you know what this bill does? It says: No need. Configure your healthcare plan however you see fit.

If you are a health insurance company and if you are a for-profit health insurance company, you are going to pick and choose these things based on what is profitable, and if there is a certain thing that is costing you a lot of money, you are under no obligation to provide any of these health benefits because it is not in the law anymore. This eviscerates essential health benefits.

This bill will also take away protections for people with preexisting conditions. Nothing will hold States back from allowing insurers to charge people with diabetes more or people with cancer more for their health insurance. Experts have started to look at what this will mean for people with preexisting conditions, and they will pay thousands of dollars more. A patient with asthma will pay more than \$4,000 a year extra if this bill passes, while a patient with metastatic cancer will pay \$142,000 extra. If you have metastatic cancer, this bill will cost you \$142,000. If you have a kid with asthma, that will be \$4,000 a year. This is their healthcare bill—to charge people more who get sick. That is their healthcare bill.

Everything that is working under our healthcare system is being shredded by this bill. Take Planned Parenthood. These health centers serve millions of women and men across the country. They are part of the solution, not the problem, but this bill cuts funding to Planned Parenthood, which will cause many of these clinics to close.

I want you to think about how many people in this country are actually employed in the healthcare industry. When the Affordable Care Act started to kick in, research estimated that as many as half a million jobs were created. But if millions of people are to lose their insurance, that means that they will lose access. If fewer people can access healthcare, that means that we will have fewer doctors, nurses, and technicians. In other words, cuts to healthcare coverage are also cuts to American jobs.

I know that, in a lot of rural communities across Hawaii and across West Virginia and across the country, the community healthcare centers or the small rural hospitals are not just the centers of their communities in a social context or in a community context, but a lot of the time they are the economic drivers. So this will do great damage to rural America.

I end by making clear what this means for Americans and their healthcare. This is bad policy, plain and simple. It is bad if you live in a State like Ohio, where lives have literally been changed because people now have access to prescription drugs or to a primary care provider under Medicaid. It is bad for people who buy their insurance on the exchanges because their prices are going to go up.

It is really bad for people with disabilities. This is not unusual. For whatever reason, people with disabilities are the first to be punished when the battle over healthcare comes up.

It is bad for people with preexisting conditions because States will no longer be required to protect their ability to get healthcare. This bill does not pass Senator CASSIDY's own Jimmy Kimmel test. That is why more than half a million doctors in the United States have come out as being opposed to this bill, because it will take

healthcare away from the people who need it, who are sick, and who will not be able to get healthcare if the bill goes into law.

This may feel like the zombie bill we have killed several times already. I know it feels like that for me. I am sure that people are exhausted. I am sure that people thought this was over. We had that magnificent moment on the Senate floor when JOHN McCAIN walked over to that well right there and did a thumbs down. I tell everybody back home that it is so rare that politics is just like the movies, but that night was just like the movies. JOHN McCAIN saved healthcare for the American people and put us on a path toward regular order. What does “regular order” mean? I did not know what that phrase meant until I came to this institution. Regular order just means that the Senate understands that it has a special obligation in American society—that we are the place in which we are supposed to handle tough issues.

Chairman McCAIN pricked our consciences as Senators. Forget Democrats and Republicans; forget Liberals and Conservatives. We are all here because we want to try to make a difference. So there we were with LAMAR ALEXANDER, the chairman of the Health, Education, Labor, and Pensions Committee, and PATTY MURRAY, the top Democrat on that committee. They were ready to work on a bipartisan basis. LAMAR had held hearings and, by all accounts, they had had tough negotiations and difficult challenges, not as much progress as you would want or as quickly as you would want. That is the way legislating works. They are in a bipartisan process, and we show up here, and that process is in danger of being blown up.

This bill is a rotten piece of legislation. It is not like this thing has been vetted by experts. It is not like this thing is bipartisan. It is not like this thing will help. It would be one thing if this were absolutely necessary. Then, you could make some procedural accommodations because you just must. This is a political necessity for a party that has not yet had a legislative win. That is why they are doing this. They are in a hurry because they have until September 30 to check a box called “We repealed and replaced the Affordable Care Act.” They have no new ideas. So what they did was to take all of the bad ideas from all of their previous bills and put them into one bill, and they are going to take one last swing at it.

I cannot tell you how disappointed I am, not just on policy but on process. I was never prouder to be in the Senate than on that early morning, after a long session, when JOHN came in and, in my view, saved the Senate and put us on a path toward regular order. Do not blow that up. We have a chance to do things in a bipartisan way and restore the dignity of this institution, but what we are fixing to do next week will take us in a very, very dark direction.

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. MURPHY. Madam President, before the Senator leaves the floor, I just want to probe him for a moment on this question of process.

Listen, this is an affront to the Senate—a bill that reorders one-fifth of the U.S. economy and that is being delivered to us days or weeks before we are to vote on it.

The Senator may have covered this, and if he did, he may just reiterate it for me.

My understanding is that there is not going to be a CBO score before this bill is before us. For the folks who do not know what that means, that means that everyone who votes on this bill will have no clue as to how many people will lose insurance, how high premiums will go, or how much money their States will lose. I do not think that we have ever, ever voted on a bill of this scope and size without having an analysis from the CBO. My understanding is that, today, when you list or rank the affronts on the process involved in the debate over Graham-Cassidy, at the top of that list will be the fact that we are not going to see a CBO score.

Mr. SCHATZ. Madam President, I thank the Senator from Connecticut.

That is right. I would just point out that they are going to get the fiscal impact from the CBO in order to comply with the terms of reconciliation, but that is, actually, not what impacts the American people the most.

When you get a CBO score—and it is exactly right, what the Senator from Connecticut said—you find out what impact it has on your home State. You find out the number of Americans who are going to be harmed by this bill or helped by this bill. What we do know is that, basically, this contains elements of all of the previous pieces of legislation. It, actually, just kind of combines them all and puts them in a pile. So it is very hard for me to imagine, when they do come back with their analysis, that it will not be 20, 30, 35 million people who will lose healthcare.

The craziest thing about this is that these Republicans who will vote yes are going to vote yes and then find out 10 days later that 25 million people are going to lose their healthcare. Why they will not wait is beyond me, except that they have a deadline to deliver a win for the President. As near as I can tell, that is the only reason that they are in such a rush.

Mr. MURPHY. Madam President, if I may ask the Senator a follow-up question, we are in a different position today because, when we were taking these votes a month ago, there was only the faint talk of a bipartisan process to try to keep what works in the Affordable Care Act and fix what is not working.

It is another assault on the process, in my mind, and I ask for the Senator's thoughts on it. Literally, as we speak,

Republicans and Democrats are talking to each other about the bipartisan bill that Americans in every State are begging for. Apparently, if this bill is going to be brought before the Senate, then that whole process was a fraud. It was a ruse to distract Democrats into thinking that there might be a bipartisan fix. It was pulling one over on the American public to give the impression that, maybe, Republicans were interested in a bipartisan compromise.

Right now, there is a process playing out, and if this bill comes up for debate with no CBO score, then, that bipartisan process, which was really hopeful for a lot of Americans, I assume just falls apart; right?

Mr. SCHATZ. Madam President, I think the Senator is right. I agree with him.

I think that one of the most encouraging things over the last 5 weeks has been LAMAR ALEXANDER and PATTY MURRAY and their ability to work together. I mean, if you had told, I think, either of us that we were going to repeal and replace No Child Left Behind with 77 votes in the Senate, I would have said: I don't know. That seems like it is going to get into some pretty difficult, thorny territory.

Yet what LAMAR and PATTY were able to do is to conduct hearings and bring us through a process by which we acted like a Senate, and we got all the votes.

Now we are in that process when it comes to healthcare, and I think some people feel deeply uncomfortable with empowering the chair men and women of this body. They feel deeply uncomfortable. They talk about the regular order, but they really just want to get their way on the floor.

I will just make one other point here. As people on the Republican side were justifying their "yes" votes in BCRA and whatever the other one was called before that, they were always talking about advancing the conversation and bringing us into a conference committee negotiation. Now, because September 30 is the deadline, there will be no negotiation. If Graham-Cassidy passes the Senate, it will pass the House, and it will be enacted into law. Nobody will get to hide behind: Well, this is not perfect, but I want to advance the conversation, and maybe we can fix this in the House or fix this in the conference committee.

This is the bill. The bill that gets voted on next week is the bill. Everybody owns it, and you own the fact that you don't even know what it is going to do to your own constituents.

Mr. MURPHY. Madam President, I thank the Senator. I know it is late, and I thank him for staying on the floor for a few moments.

You do not know what it is going to do to your own constituents. We do not have a CBO score telling us how many people will lose coverage, how high rates will go, what will happen to Medicaid. It is also another bill that has been written behind closed doors. Senator CASSIDY and Senator GRAHAM may

have spent some time in thinking about what this legislation does, but virtually no one else has been let into the room. Patients have not been in that room. Doctors have not been in that room. Hospitals have not been in that room. Do you know why I am pretty confident of that? It is because all of the groups that represent those populations oppose this legislation.

Potentially, we are going to vote next week on a healthcare bill that massively, massively reorders the American healthcare system and that is opposed by the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Physicians, the American College of Obstetricians and Gynecologists, the American Osteopathic Association, and the American Psychiatric Association. Those are the physician groups.

By the way, it is kind of hard to know for these groups whether they are for it or against it, as there is no CBO analysis of this, but the patient groups have weighed in. Basically, every group that represents patients who are sick in this country is begging this Congress not to pass this bill.

Also included is the ALS Association, the Cancer Society, the American Diabetes Association, the Heart Association, the Lung Association, the Arthritis Foundation, the Cystic Fibrosis Foundation, the Juvenile Diabetes Research Fund, the Lutheran Services of America, the March of Dimes, the National Health Council, the National Multiple Sclerosis Society, the National Organization of Rare Diseases.

How do you pass a bill that has no CBO score, that has had no hearings, that is opposed by every single group that Republicans welcome into their office every year representing people with serious diseases?

There have been some really mean healthcare proposals, but Graham-Cassidy is the meanest version of TrumpCare yet. Let me walk you through why I say that.

Again, we don't have the numbers so we don't have a CBO analysis of how many million people are going to lose access to healthcare, but let me guarantee you it will be in the millions, likely in the tens of millions.

The bill radically—radically—trims the amount of money States will get in order to insure the population that has been insured by the Affordable Care Act. What this bill does is shrink the amount of money we are spending, then redistributes it out to States, and it will simply not be enough—not nearly enough money—in order to cover the 20 million people who have insurance today because of the Affordable Care Act; many of those through Medicaid, others through the healthcare exchanges.

An early analysis by an outside group that is trying to help us understand what this means suggests that for my little State of Connecticut, it will be a \$4 billion reduction in healthcare dollars from the Federal Government to

the State of Connecticut. We are a State that doesn't have a \$20 billion annual budget. Four billion dollars means that we will either have to kick hundreds of thousands of people off of healthcare or we will have to dramatically raise people's taxes.

So all of the reductions in insurance are in this bill. We will just have millions of people losing access to health insurance under this bill.

The specific, targeted harm to women is in this bill. Planned Parenthood is one of the country's biggest providers of primary care and preventive healthcare services to women. I get that many Republicans have a problem with Planned Parenthood because they also provide abortion services, but the majority of their work is, in fact, providing basic preventive healthcare to women in this country.

My wife, when she was a low-income twenty-something, could only afford to get her healthcare through Planned Parenthood. That is where she went for her preventive healthcare, for her wellness checkups, and there are millions of women just like her. This bill is particularly cruel and particularly mean to all of the women in this country who, without access to a Planned Parenthood clinic, may not be able to get quality, affordable, preventive healthcare.

This bill is perhaps the meanest, though, to individuals who are sick or individuals who have been sick because at least in prior versions of TrumpCare that came before this body, there was at least a meager attempt to try to preserve protections for people with preexisting conditions. It wasn't workable, but at least there was a face-saving gesture by Republicans and by the Trump administration to try to at least claim there was language to protect people with preexisting conditions.

Senator CRUZ stood on this floor a few years ago during his long overnight filibuster. I sat in the chair listening to him explain how everyone knows, including him, that you cannot protect people with preexisting conditions without requiring, in some way, shape, or form, that healthy people buy coverage. Why is that? Let me walk you through it for a minute because it is not hard to understand, but it is really important to understand because people don't like the individual mandate. They are not going to understand that. Nobody likes to be required to do something, but you cannot protect people with preexisting conditions if you don't require people to buy insurance.

The logic goes like this. If you say to insurance companies that you cannot charge people who are sick more than people who are not sick, if you say to an insurance company that you cannot charge someone with cancer more than someone who is healthy and you don't require that healthy people buy insurance, then what does the rational individual do? The rational individual, in that case, says: Why would I buy health insurance while I am healthy? If

I will not be charged anything more for it when I become sick, then there is no rational economic reason for me to be covered when I am healthy.

So what insurance companies tell you—what every insurance expert tells you is, if you require insurance companies to charge the same between sick people and healthy people, then healthy people will not buy insurance. If I were advising someone, I am not sure I would tell them to buy insurance if they didn't have to until they were sick. So the pools get so skewed with sick people and no healthy people that rates dramatically rise for everyone. Some estimates suggest that the rate increases would be 20 percent per year, compounding year after year after year.

In the last version of this bill, Republicans knew that so they included a version of the individual mandate in their bill. Now, it wasn't the same mandate, but it was a mandate nonetheless. The mandate under the Affordable Care Act says that if you don't buy insurance, you will pay a fee on your taxes.

What the Republican bill said—the version of TrumpCare that came very close to getting a vote on this floor—is that if you go without insurance, you will pay a penalty when you try to get back on. The timing of the penalty was just different. Under the Affordable Care Act, you pay it when you lose insurance. Under the first version of TrumpCare, you would pay the penalty when you try to get back on insurance. It is a mandate. It is a penalty. It is just in a different place.

Republicans did that because they knew that was the only way to require States or give States the option to continue to require insurance companies to treat sick people the same as healthy people.

So why am I talking about this? Because in Graham-Cassidy, the individual mandate is totally gone—gone—replaced with nothing. Thus, even though it says that States, if they wanted to, could preserve protections for people with preexisting conditions, States did not do that because the Federal Government does not require healthy people to have insurance. If you think that States are going to reimpose an individual mandate, A, there will be some real question as to whether they can do that, and, B, they will not. They will not because that issue has become, thanks to my Republican friends, so politically toxic around the country.

You will be left with massive discriminatory treatment of people with preexisting conditions, and nowhere for them to go because Medicaid is obliterated under this bill. Medicaid dollars get lumped into all the rest of the money. It gets sent to States, and then Medicaid dollars are capped going forward—intentionally capped—at a number that is well below what the general rate of increase in the Medicaid Program is. There is intentionality to the underfunding of Medicaid here.

Now, the old bill would have taken, I think, 15 million people off of the rolls of Medicaid. I think I am getting that number right, and we will never know what this number is before the vote happens. It is likely around the same number because this bill treats Medicaid in roughly the same way, in terms of capping the amount of money States get.

The formula by which States get this money is so wildly complicated that no one could understand it between now and next week. I would challenge any Republican, other than BILL CASSIDY and LINDSEY GRAHAM, to come down and give us an explanation as to how this formula works. It is the most bizarre Rube Goldberg scheme you could ever imagine, but in it is a dramatic reduction in Medicaid payments to the State over time.

So think about this little boy Deacon. Deacon is 10 years old, and he lives in Ohio. I am just looking here at a picture of him clutching a Pokemon character. I know what Pokemon character this is. It is Pikachu. I know that because I have a 9-year-old who is the same age as Deacon, but, for the grace of God, my 9-year-old is not going through what Deacon the 10-year-old is going through.

I will just read a little bit about Deacon. He loves playing baseball, playing video games, volunteering at animal shelters. He loves being a patient champion for children's hospitals, spending time with his friends and family, being a big brother, raising money and awareness for heart disease and defects.

Now, my 9-year-old doesn't enjoy raising awareness for heart disease and defects. The reason Deacon enjoys doing that is because he has a condition called hypoplastic left heart syndrome. That is combined with asthma and acid reflux. It essentially means Deacon has half a heart. We have whole hearts. Deacon has half a heart.

Right now, everything is controlled for Deacon by medications. He has had six heart surgeries to get to the point of stability. His heart will fail—not may fail. His heart will fail. He will go into heart failure, requiring a heart transplant. That is Deacon's future. The heart cannot last on the two-chamber system that Deacon's surgeons put into place.

Affordable, quality insurance means everything to Deacon. Strep throat could be a death sentence for him. Any little virus that gets into him and goes into his bloodstream, that is it—game over for 10-year-old Deacon.

His parent writes:

My child is alive because he has Medicaid. That allowed for him to have the doctors, the surgeons, and the care he has always needed. Deacon had 6 heart surgeries before 3 years of age. He has continued medications as well as regular doctors checkups as he needs them. Because of his diagnosis, he even has a specialist for simple things like dental care. If he had not had Medicaid coverage, there is no way I could have afforded his care. By his first surgery at 10 days, he was

over the million dollar mark. I would have lost our house easily, quickly. I am a single mom. Medicaid helps keep my son alive and healthy, and it has given me my best friend to love and watch grow up.

Medicaid helps a boy live a normal life. Where we would have never thought that it would be possible, Medicaid lets a boy with half a heart be on a baseball team with his friends, a best friend.

This is not hyperbole. This isn't a game. It is not about scoring political points just because you made a promise that you were going to repeal the Affordable Care Act in the first year that you had control of this body. This is about this little boy who lives in a State that had the wisdom, on a bipartisan basis, to expand Medicaid.

Ohio would be one of the biggest losers under this bill—a massive withdrawal of billions of dollars away from Ohio's healthcare system, simply to fulfill a political promise Republicans made.

We are not making this up. We are not trying to tug your heartstrings just for our own political purposes. Kids are going to die if they don't have access to healthcare. If 20 million people lose insurance, as may be the case under this legislation, thousands of people will not be able to survive. That is \$1 million of care. I can guarantee you that this single parent's home is not worth \$1 million. At some point you just stop being able to provide the care necessary to keep people alive.

Republicans are treating this like it is a game, talking about taking a vote next week when no one in this country has looked at this legislation. Not a single townhall has been held in which your constituents can weigh in. No Member of this body will have looked at an analysis by the Congressional Budget Office to know what its impact is. This bill will be rammed through in the dead of night, I guarantee you, without any input from people like Deacon and his family.

This is the meanest version of TrumpCare yet, in part because of what is in it, in part because of the butchered process, but in part because Deacon's family will not get to come down here and talk to you about it because you are going to rush it through next week, if reports are to be believed.

What a great trick Republicans will have pulled on this country. Everyone said that the repeal bill was dead, that we were going to move on to a bipartisan process in the HELP Committee, that the Senate was going to move on to another issue of tax reform. What a great head fake that would be if it were all a lie, if it were all a ruse just to be able to give cover for Republicans to quietly muster support for another devastating assault on America's healthcare while Democrats were looking hopefully at a bipartisan process playing out in the HELP Committee that was never intended to result in an outcome.

I hope that is not the case. I really do. I have put enormous faith and trust

in Senator ALEXANDER. Admittedly, I gave him a very hard time over the course of the first 6 months of this year because I could not understand what the point was of being on the HELP Committee if we weren't going to debate a reordering of one-fifth of the economy: the healthcare system. Why be a member of the HELP Committee if the biggest reform to the healthcare system during my tenure in the Senate wasn't going to be debated in the HELP Committee? I thought that was an abomination.

I have been very pleased that in the last 2 weeks Senator ALEXANDER has convened a bipartisan process, which I have invested in. I have shown up to all of those hearings. I have talked to him over and over again on the floor of the Senate and in these committee meetings. I have offered constructive suggestions about how we can come up with a bipartisan fix to the parts of the Affordable Care Act that aren't working as well, while maintaining the parts that are working. As I sit here today, I hope and I pray this wasn't all one big ruse to distract me and the Democratic Members of the Senate while Republicans quietly worked on building support for the meanest version of TrumpCare yet. That would be a deceit, and I hope it is not going to be the case.

This isn't a game. People are going to be really, terribly, badly hurt if this bill becomes law. I don't even know what the effects will be because we don't have the analysis. We don't have a score. I can guess. But I have never been part of anything like this in my 20 years of public service. I have never seen a group of public officials so hell-bent on achieving a political goal as to throw out decades of precedent on how this body has normally worked on major pieces of legislation, shown such casual disregard for good, old-fashioned nonpartisan analysis as is happening if this bill comes to the floor without a CBO score.

We can do something together. We can continue the work of the HELP Committee to pass a truly bipartisan product that admittedly would just be a start, that could involve real compromise on both sides. Republicans could compromise by saying: We know we need to have some stability in these healthcare exchanges, and, thus, we are going to make sure that President Trump can't take away payments from insurers or threaten to take them away on a month-to-month basis. Democrats can recognize that Republicans want flexibility in these exchanges—want the ability for States to do a little bit more innovation, whether it be with benefit design or reinsurance pools. We can both give, and we can get a product that would build trust between both sides, that might allow us to do something bigger later on.

I have no idea whether Deacon's family is Republican or Democrat. I have no idea whether his single mother—who is so deeply fearful today of what

Republicans are about to do to her and her child, her best friend, her 10-year-old son—voted for Donald Trump or voted for Hillary Clinton. When it hits you—when that heart defect or that schizophrenia or that heroin addiction or that lung cancer strikes you, it doesn't discriminate as to whether you are a Democrat or Republican. It hits you hard no matter who you voted for.

That is why, when we go back home—I know what Republicans hear because I hear it in Connecticut. They want us to work together. They are sick and tired of healthcare being a political football that just gets tossed from one party to the other. We used it to bludgeon Republicans, and Republicans used it to bludgeon us, and we used it to bludgeon you, back and forth, and back and forth.

We are on the verge of passing a bill, getting a bill out of the HELP Committee that might begin to end the use of healthcare as a simple political bludgeon. That is what our constituents want. We are not going to have time to get any public polling on this because no one is going to be able to understand it by next week, but I will guarantee you, it will poll at the same rate that previous versions of TrumpCare have polled—in the teens and the twenties, with base Trump voters being the only folks who support it. That is because people have gotten hip to what is in here. They don't actually think it is a good idea to take healthcare away from tens of millions of Americans, but they also don't like the fact that this has been done behind closed doors. This has been done with Republicans only. They want this debate to occur in the open.

Whether they are Republican or Democrat, they want both sides to be a part of it, and we are closer to that reality than ever before. Pulling the rug out from under the bipartisan process is not the meanest or cruelest part, but it is pretty high on the list.

Think about Deacon. Think about the tens of thousands of little boys and girls like Deacon who live in your State. Don't do this to the people of America. Don't do this to the U.S. Senate. Don't break this place beyond recognition by ramming this through without any process or without any CBO score next week. Let this bipartisan process play out. Let us build some good faith together. That is what the American people want, and that is what the American healthcare system needs.

I yield the floor.

ADJOURNMENT UNTIL 10 A.M.
TOMORROW

The PRESIDING OFFICER. Under the previous order, the Senate stands adjourned until 10 a.m. tomorrow.

Thereupon, the Senate, at 10:39 p.m., adjourned until Tuesday, September 19, 2017, at 10 a.m.