

Thereupon, the Senate, at 12:58 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

EXECUTIVE CALENDAR—Continued

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, I ask recognition to speak.

The PRESIDING OFFICER. The Senator is recognized.

FREE ACT

Ms. WARREN. Mr. President, 12 days ago, Equifax, one of the Nation's largest credit reporting agencies, disclosed that hackers had breached its system and stolen highly personal information on nearly half of America. Social Security numbers, birth dates, home addresses, phone numbers, even credit card numbers—all in the hands of criminals.

Since then, I have heard from working families in Massachusetts and all across the country. The Equifax hack is a nightmare. At best, it is a giant hassle—time on hold with the credit reporting agencies, fees for this service and that service, confusion about what has been stolen and what to do about it. At worst, it could be ruinous—a lifetime of responsible spending and borrowing wiped out by identity theft and fraud. People are outraged, and rightly so.

Bad enough that Equifax is so sloppy that they let hackers into their system, but the company's response to the hack has been even worse. First, Equifax hid the information about the breach for 40 days—40 days. Equifax gave criminals a 40-day headstart to use the information they had stolen, while the rest of us were left in the dark.

Then, when Equifax finally decided to disclose the breach, they didn't call or send letters to the millions of Americans who were victims of the hack. No, they announced the breach and then made everyone go to an Equifax website and turn over more personal information to see if they were one of the people who had been affected. Once Equifax had the new information, they provided confusing and misleading information about whether the person had actually been a victim of the breach.

Worse still, while Equifax was unclear about whether someone's information had been stolen, they were very clear about one thing: Everyone, whether or not their information was stolen, should sign up for a supposedly free Equifax credit monitoring service called TrustedID Premier. The terms of use for this program initially required anyone who signed up to have a credit card. Why? Because after the first year, Equifax could start automatically charging the credit card for the service if the customer hadn't already canceled. That is right. Equifax was trying to impose secret fees and profit off the hack of their own system.

But wait, it got even worse. To sign up for this credit monitoring service, Equifax at first forced consumers to give up their right to go to court and sue Equifax if they had any disputes about the product. Equifax changed some of the terms after there was a lot of public pressure.

Let me see if I can recap all this. After allowing hackers to steal personal information on as many as 143 million Americans, Equifax hid the breach from consumers for more than a month, failed to clearly inform people whether the information had been stolen, then tried to profit off the breach by tricking people into signing up for a costly credit monitoring product that also required them to give up their legal rights. Wow.

In the last decade, there has been so much corporate misconduct, so much bald-faced contempt for consumers, that at times it seems as though we have all just grown numb to it. But even against that backdrop, Equifax's conduct is just jaw-dropping.

It is time for us to fight back. It is time for all of us to fight back—Democrats, Republicans, Independents, Libertarians, vegetarians—it doesn't matter. We have all been victims of the Equifax hack, or we know someone who has, and we all deserve better. That is why I partnered with Senator SCHATZ and 10 of our colleagues to introduce the Freedom from Equifax Exploitation Act, or FREE Act, last Thursday. Our bill empowers consumers to take back control of their personal credit data.

The Equifax hack has highlighted the strange role of credit reporting agencies like Equifax and how they interface with our financial system. Banks and other big companies feed agencies like Equifax information about every financial transaction you make, from purchasing a car, to taking out a mortgage, to buying a home, to getting a student loan. They get information on every monthly payment you make, and they know where you live and how long you have lived there and what your phone number is. Every day, the credit reporting agencies package up that information about you into files that they then sell to other people. Sometimes it is people you know about, like when you apply for a mortgage or a car loan, but a lot of times, Equifax is selling data to people who want to sell you something—credit cards or student loan refinance or even a cruise.

The bottom line is that companies like Equifax are making billions of dollars a year collecting, sharing, and selling highly personal information about you, all without your explicit permission or without paying you a penny.

The FREE Act tries to level the playing field. First, it allows every consumer to freeze and unfreeze their credit file for free. If you freeze your credit file, no one can access it, and the credit reporting agency can't use it either. A freeze is like a "do not call" list for your credit information. It is about se-

curity. It means that even after the Equifax hack, thieves can't open credit cards or take out loans in your name even if they have your personal information. But it is also an easy way to give you the power to decide who gets your information for any other reason. The basic idea is simple: Equifax doesn't pay you when they sell your data, and you shouldn't have to pay Equifax to keep them from selling it.

Our bill says that the same rules apply to all three credit reporting companies, and all three companies must refund your money if they charged you for a credit freeze in the aftermath of the Equifax breach. No one in this industry should profit from this hack.

This bill doesn't fix all the problems in the credit reporting industry. It is only a first step.

Congresswoman MAXINE WATERS, the top Democrat on the House Financial Services Committee, has been looking into the credit reporting industry for years, and she has introduced comprehensive legislation to reform the industry and empower consumers. The Senate ought to take a very close look at her bill.

I have also launched an investigation into the Equifax breach and the whole credit reporting industry. In the upcoming weeks, I will be gathering more information from Equifax, other credit reporting agencies, Federal regulators, and legal experts. I want to keep fighting to make sure that credit reporting agencies can't exploit consumers and put their personal information at risk.

This a test for Congress. Will we act quickly to protect American consumers, or are we going to cave in to firms like Equifax that have spent millions of dollars in lobbying Congress for weaker rules? Which is it?

The FREE Act is a simple but important response to the Equifax hack. I hope my colleagues will join me and help pass this bill.

Thank you, Mr. President.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

HEALTHCARE

Mr. CARDIN. Mr. President, there are reports that we may be having a vote next week, under reconciliation, dealing with the healthcare system of this country. We know that colleagues have filed a new bill, but it is basically the same bill we have seen in the past but this time even more consequential to our healthcare system and the people of this country.

I mention first the process because this bill has not gone through any regular order. It has not been referred to a committee for consideration. It has not been marked up or debated in our committees. It is going to supposedly be

brought up as an amendment but with us returning to reconciliation.

Let me first explain what that means. That means there will be no chance for us to offer amendments to the legislation. That means there will be no opportunity in our committees to mark up legislation or to get the cost of the legislation or the technical help to do any bill, let alone a bill that affects a large part of our economy.

The Presiding Officer and I both serve on the Finance Committee, which has jurisdiction over healthcare. We are not going to get the opportunity to get the expertise and help from our staff to look at the consequences of the Cassidy bill and have a chance to work on it to make it work. Instead, what is going to happen if the game plan goes forward is that this bill is likely to be on the floor next week during budget reconciliation, where a simple majority will be able to pass it. There will be no chance for debate on the floor because it is what is known as a vote-arama, and it will affect one-sixth of our economy. That is not the way we should be operating.

I am also told that it will be done without a Congressional Budget Office score. That is unconscionable. We know from previous Congressional Budget Office scores on the other proposals that have been brought out that tens of millions of Americans would lose their health insurance coverage. Premiums would increase by, in some cases, 20 to 25 percent. It was certainly information from our objective staff that caused many of us to say: What are we doing? But at least we had that information before we voted.

We are now being told that we may get a one-liner from the Congressional Budget Office giving us the bottom-line impact on the deficit but not the specific information as to how many millions of Americans are going to lose their coverage and what is going to happen, for those of us who currently have insurance, with our premium increases.

This is not the way we should be proceeding. It retreats from the progress we have made against the abusive practices of the insurance industry.

Under the Cassidy bill, as I understand it, each State could basically set up its own rules for how they wish to have coverage. The entire Medicaid system of this country would be block-granted and would be capped. So the Federal Government could be getting out of the Medicaid business. The States would be given greater flexibility on how to operate the exchanges in their State and would no longer be subject to the same national requirements.

We all pride ourselves that we eliminated preexisting conditions. But, in reality, if the State determines what benefits are going to be covered and under what conditions, preexisting conditions come back. That is something we should not ever allow to happen. Yet, under the Cassidy bill, we are

going to be telling people that we may not be covering their mental health needs. We may not be covering the opioid addiction problems. We may not be covering maternity benefits. We may not be covering pediatric dental coverage.

We don't know what plans will be offered. Today we know that under the Affordable Care Act we have the national protections so that everyone is on a level playing field. So a State could design a plan that would be totally unaffordable for people who need the coverage because they isolate the group into such a small number. That is not what we should be doing. That strategy would provide inadequate coverage.

Let me explain what I mean. I have a young family that came to me and told me about the circumstance of their child being born prematurely with significant challenges. They said that, if that child had been born before the Affordable Care Act, the parents' policy would have reached their lifetime cap within the first year. Then, the family would have had to make some horrendous decisions on how to take care of their child. That is why we passed the protection against annual lifetime caps. That could return again under the bill that could be brought to the floor next week.

I know circumstances where families have been able to get preventive healthcare and discover cancer at an early stage. That coverage wasn't there before the Affordable Care Act. There is no guarantee that coverage will be there afterwards.

We could return again to bankruptcies. Healthcare costs were the leading cause of bankruptcy before we passed the Affordable Care Act. Now we are going to say that because of inadequate coverage and lack of coverage, American families are going to be faced with taking care of their family, running up bills, and ultimately facing bankruptcy.

We are going to be affecting people's lives. Make no mistake about it.

But the real tragedy of this proposal, and why it is so different from some others, is that it is an abandonment by the Federal Government of the Medicaid system. It would institute draconian cuts to the Medicaid system, to the extent that it would cripple it and make it ineffective. The States would be unable to respond.

It is interesting that we just got a letter from 10 Governors in our country—five Democrats and five Republicans. All of these Governors said: No, don't do this. We can't do what you are asking us to do. We would have to make horrible decisions on whether we are going to continue to provide long-term care to our seniors, whether we are going to expand coverage, whether we are going to narrow benefits, whether we are going to cover prescription drugs, or whether we are going to cut providers who may not be able to treat Medicaid patients. These are decisions

the States are going to have to make if this bill ever becomes law.

It affects so many. Some of the things that maybe are misunderstood about the Medicaid system is that 1.75 million veterans are in the Medicaid system. Quite frankly, their coverage has never been enough, and the Medicaid system has helped fill the gap. That is going to cause a problem for our veterans.

I will just give one example. We pride ourselves on federalism, and federalism, to me, is very important. I served for several years in the State legislature. I am the former speaker of the Maryland General Assembly. I take pride in the fact that Maryland has been an innovator in healthcare. They have been able to do that because of the partnership between the Federal Government and the States. That is federalism. It has worked.

If this bill were to become law—the Cassidy bill—it would prevent the States from innovating. It is not giving them more flexibility if you don't give them the resources and tools to deal with this because you can't.

For example, in Maryland we have what is known as an all-payer rate structure for hospital costs, regardless of who covers your insurance. Whether you are Medicare, Medicaid, or private insurance, or you pay on your own, you pay the same rate in my State for hospital care at the same hospital. It is an all-payer structure. We don't have cost-shifting, and we don't have charity hospitals. Therefore, we have hospitals that are located in all of our communities. It saves the Federal Government money, it saves the State government money, and it has proven to be more cost-effective. The State experimented and it worked, and the Federal Government has partnered with us.

Can we continue that program if we get these draconian cuts in Medicaid? The answer is no. Can we continue this program if we see the uninsured rates go up in Maryland because of people losing their health coverage under this bill? The answer is no. You can't do this if the uninsured rates go from 6 percent to 12 percent to 15 percent of uncompensated care in our hospitals. That is what is at risk with the Cassidy bill.

To me, it really is also an affront to federalism in that you are creating States versus States. I am in a State that did Medicaid expansion. As the Cassidy bill has been scored, it will cost my State \$2.1 billion. I know that our legislature doesn't have that money. I know the Governor doesn't have it. He just recently went to the Maryland Board of Public Works and reduced the State budget because they were running a deficit and they are not allowed to run a deficit. They can't possibly cover the \$2.1 billion.

Here is another tragedy of this bill. The tragedy is that some States do much worse than other States. Why? Because Maryland expanded Medicaid,

as did many other States and, therefore, we got more Federal funds because we had more people in the program. That seems fair. We are covering more people. But the Cassidy bill takes away from those States that expanded coverage, and we lose more.

I thought this was the United States. I thought we were all in this together. The people of Maryland are proud to help the people of Texas or Florida because of the hurricane, and now you are coming back and saying you are going to hurt the people in Maryland because we did the right thing on Medicaid.

Is that what this country is all about? Is that the United States? Is this body going to condone that type of discrimination against States? I hope that is not the case.

So I hope, for many reasons, on substance and on process, that this bill is not brought up. Let's return to regular order. I heard Senator MCCAIN say that so eloquently on the floor of the Senate.

For the last two weeks I have been working with my Republican and Democratic colleagues to come up with bipartisan ways to improve our healthcare system. We have made progress. We have some good ideas that stabilize the individual marketplace and bring down the cost of healthcare, working together. Guess what. If we succeed in regular order and bipartisanship, we will not only do the right thing so people have stronger protections, but we will also have policy that will stand the test of time and give predictability to the healthcare system of this country. That is what we should be doing, in the best tradition of the Senate.

So I urge my colleagues: Let's work together, and let's reject this proposal. Let's not bring it up. Let's continue our work on a bipartisan basis. Certainly, don't use reconciliation. Let's work together for the people of this country.

With that, I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

Ms. CANTWELL. Mr. President, my colleagues have been here on the floor over the last few minutes, last night, this morning, and this afternoon to talk about our distress about people trying again to push the repeal of the Affordable Care Act without a successful strategy to move our Nation forward with more affordability.

We just received a letter from 10 Governors basically telling us the same thing, to slow down and work on a bipartisan basis. They are basically telling us the proposal people are trying to rush through without regular order is

not the kind of thing which will help us in making the necessary reforms.

I think these bipartisan Governors—from the Governor of Colorado to the Governor of Ohio, to the Governor of Alaska, the spectrum of Democrats, Republican, and Independents is something people in the United States of America should listen to because it is important we get this right because the affordability of healthcare is so important.

What I don't like about the proposal now being pushed by my colleagues—even though they want the States to have some flexibility and play a larger role—is that it basically ends the 52-year State-Federal partnership we know as Medicaid today; that is, it changes the dynamic in saying that the States and the Federal Government are in business together to take care of a population that is the most vulnerable of citizens in our country and that giving them affordable access to healthcare is a priority because it actually reduces everybody's healthcare costs.

When people think about the expense in healthcare, ask any provider, and they will tell you that 1 in 5 dollars spent on the Federal system drives the cost of everybody's insurance. If you leave people uninsured, they go to the hospital, they raise the cost to everybody. It is not a good strategy. We have seen States that have covered people on Medicaid actually raise people out of poverty, help their economies, and reduce the costs at individual hospitals, thereby driving down the cost of private insurance.

Why would we want to destroy that by authorizing in legislation the end of this 52-year relationship between the Federal Government and States, trying to make sure our populations are covered; that if a State spends a dollar, they can count on the Federal Government to spend that dollar as well and to continue the partnership that works cost-effectively.

What I also don't like is it sunsets Medicaid for 15 million people. If you are going to sunset Medicaid for these 15 million people, when are you going to sunset Medicaid for the rest of the Medicaid population? When are you going to try, by legislative action, to curtail the opportunities for millions of Americans who use Medicaid as a stabilizing force for health insurance in America? In our State, 600,000 people—most of whom were previously uninsured—would be in that sunset of Medicaid.

The legislation my colleagues are pushing would basically end the funding for this block grant program in 2027, which would leave States with an unfunded bill for those individuals of about \$300 billion. I doubt States have the money. I doubt the individual market is going to take care of those individuals as cost-effectively as we are taking care of them through Medicaid. States will then cost shift these resources back to the public, raising everybody's rates again.

Our job has to be about affordability. It has to be about driving down costs. It has to be about driving down costs in the individual market and driving down costs of the delivery system overall. There is nothing innovative about kicking 15 million people off Medicaid and sunsetting it in this bill.

I also object to the notion, in this bill, of literally advocating the privatization of Medicaid. They are advocating that what you do with this population is take them off the current program and shift them onto the private individual market.

Some people who are following this might say: Well, wait. Then they can go to the private market—and, yes, there is support to make sure we have affordable health insurance. No, because the legislation also says you stop that support by 2027. So this is just one more sneak attack by our colleagues at kicking people off Medicaid. To start the process and agree to privatize Medicaid, where is it going to end?

I am the first to say we can improve our delivery system, that we can save money. I have advocated I think one of the most cost-effective ideas of the Affordable Care Act; that is, to move the population of our citizens who need care in the later years of their life off nursing home care and into community-based care. It is one-third the cost. Our State, the State of Washington, saved more than \$2 billion doing this over a 15-year period of time. If other States would do this, we could save \$100 billion or more by having States give people the opportunity to age at home and have a long-term care delivery system which works in our communities. It is one-third the cost.

That is innovation. Those are cost savings. That is improvement on our current delivery system, hopefully covering an aging baby boomer population that will reach retirement and a population of Americans who are going to live longer.

There is nothing innovative about just privatizing Social Security, privatizing Medicaid, and kicking people off by shifting them over to an exchange and then cutting the resources for the exchange. I hope our colleagues will stop the notion that somehow this is innovation. It is not innovation. It is sunsetting, it is privatization, and it is cutting people off care. That is why we have heard from these Governors and others about why it is so important not to take this bait.

We need to make sure we are continuing our bipartisan discussions, continuing to work together about what will drive affordability into the market. Bundling up a population and giving them clout to negotiate on rates and giving a State the ability to negotiate on rates—either on drug costs or on insurance—yes, this can save dollars. It is being done right now in New York and Minnesota, and it can be done in other places.

Cost-shifting to the States this \$300 billion or then making States make

the draconian decision of, “Wait. I already shifted that population onto the exchange. Oh, my gosh. The Federal Government just cut the funds we are going to get,” and the next thing you know, this population is left without care.

Privatizing Medicaid is not the way to go. I hope our colleagues will continue to discuss, on a bipartisan basis, the aspects of the Affordable Care Act that could be expanded to drive down costs and increase affordability. I hope they will continue to make sure things like basic health—the essential elements of what should be covered in a basic plan—are there for our consumers; that we are not going to take the bait in thinking that by cutting essential services to people, somehow that is the way to get a private insurance plan.

We have the ability to work together. My colleagues and I have been working and discussing these ideas. My colleagues Senator MURRAY and Senator ALEXANDER are working on various ideas in their HELP Committee, as we are working in the Finance Committee, in making sure we expand and fund the affordability of insurance for children and their families under the Children’s Health Insurance or CHIP program.

Let’s not make this worse. Let us not end this 52-year relationship that has successfully covered a population of America, and let’s not fall for the bait and think that somehow this is going to save the American taxpayer money. It is not. It is going to cost shift right back to the private individual, raise individual rates, and we can’t afford it. Let’s not privatize Medicaid. Let’s fight to make it a more cost-effective program for the future.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maine.

(The remarks of Ms. COLLINS pertaining to the introduction of S. 1835 are printed in today’s RECORD under “Statements on Introduced Bills and Joint Resolutions.”)

Ms. COLLINS. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, last week, the junior Senator from Vermont and a group of other Democrats unveiled a proposal to have Washington take over healthcare for everyone in America. Some refer to it as BernieCare. They intend to do this on the backs of American seniors, which is of grave concern to me as a doctor who has taken care of many senior citizens—many people on Medicaid—as part of my practice as an orthopedic surgeon. Their idea is to put everyone in this country on a new program that operates like Medicare. That is about 250 million Americans who would be added on to the Medicare Program, which is already being strained.

One-third of the Democrats in the Senate have signed on to this plan. It seems to be the litmus test for the lib-

eral left. Several of them came to the floor last night to criticize efforts by the Republican Party to save America’s failing healthcare system. Problems with the American healthcare system, as a result of ObamaCare, continue to get worse, and the impacts, such as those that I hear every weekend in Wyoming, including this past weekend.

From what I heard from the Democrats, they seem to want to let the system collapse in a way that they can then impose a complete Washington takeover of healthcare in America. To me, this plan they are proposing is going to be devastating to people currently on Medicare. These are the seniors who rely on Medicare today. What the Democrats are proposing is going to, in my opinion, undermine the stability, the integrity, and the certainty of the Medicare Program on which our seniors rely, and for them, it is truly their lives that depend upon it.

Remember when President Obama promised that if people liked their insurance, they could keep their insurance, and that if they liked their plan, they could keep their plan? Well, people realize that is not exactly what happened. Many people lost their plan. They lost their insurance. It got more expensive, harder to afford, and millions ended up paying a fine, a fee, or a tax—whatever you want to call it—because they weren’t able to afford the premiums for the plan that President Obama said they had to buy, and they lost their own plans. Well, now it seems that if Democrats have their way, millions of seniors will find out that they are not going to be able to keep the insurance that they have right now that they depend upon and that they use on a daily basis.

The Sanders plan will get rid of Medicare Advantage plans. We have 17 million seniors in this country who are on a Medicare Advantage plan. The reason they sign up for Medicare Advantage is that for them personally, when they study it, there are advantages to Medicare Advantage for them in terms of preventive care and coordinated care. That would all go away under BernieCare.

It is interesting to watch this whole process unfold because one in three people who are currently on Medicare have chosen to go outside the system the Democrats want to put them into. They want to put everyone into it, but a third of the people on Medicare have chosen a different way.

What happens to these 17 million Americans who are currently on Medicare Advantage with the scheme that Senator SANDERS and other Democrats have come up with? They don’t say. Did the Democrats who came to the floor last night have anything to say about these 17 million seniors who would lose their Medicare, seniors who are on Medicare today? What is going to happen to them? They are going to lose what they have today.

A lot of seniors are probably going to lose access to their doctors as well be-

cause when their plans change, their doctors change. That is because there are going to be doctors who won’t be able to take care of these new Medicare patients whom ObamaCare has caused to have problems, but it is made worse with what is being proposed by Senator SANDERS.

Right now, it can be tough for a senior to find a doctor. These are seniors on Medicare. That is because today about one in four doctors doesn’t take new Medicare patients or take any Medicare patients. But certainly as more and more people—and 10,000 baby boomers a day are turning 65 and going on Medicare. There are more and more people on Medicare without an expansion of the number of doctors to take care of them.

Since the reimbursement is lower, what doctors and hospitals are paid to take care of Medicare patients is lower than what those doctors or hospitals get paid for patients with private insurance. Their priority, when they are already crowded and loaded in their office and very busy taking care of patients, with waiting rooms full—their choice, of course, is to choose patients who pay them more than what they get from the government.

You say: Why is that? Is that right?

Well, having practiced medicine for 24 years and having run an office, there are issues related to paying nurses, healthcare personnel, rent, electricity—all the costs of running an office, let alone the high cost of medical malpractice insurance. We know the huge cost of that. A physician who wants to be able to pay his or her bills needs to take all those things into consideration. And with Medicare paying less than the current going rate for care at hospitals and with doctors, the concern is, Will Medicare patients be able to find a doctor in the first place?

The Democrats’ solution is to cram more people onto Medicare when we already have 10,000 people a day joining the ranks of Medicare and Social Security. If a doctor has a lot of Medicare patients, he or she has to make sure they have enough other patients who have insurance to make up for the lower rates Washington pays. Well, under the Democratic plan, doctors won’t have the backup of private insurance companies because that is all going to go away.

All those things will be lost to people who want to buy private insurance. Under the plan the Democrats are now—and it is not just Democrats in the Senate; a majority of the Democrats in the House of Representatives have cosponsored legislation by Representative CONYERS that does exactly the same thing: puts everyone on a Medicare Program—a government takeover of healthcare.

When the Democrats came to the floor last night, I didn’t hear them say anything about that. How are they going to guarantee that seniors will keep their doctors? Seniors are not going to be able to keep their doctors

under the Sanders liberal-left plan that is being proposed and cosponsored by over half of the Democrats who are in the House of Representatives.

We are already facing a shortage of doctors in this country. The Association of American Medical Colleges, which helps oversee the training of doctors, says that the shortfall could be as many as 100,000 doctors across the country within the next decade. If we have fewer doctors and more people trying to get appointments, that means less access for seniors.

It is not even clear if Washington can afford to add every man, woman, and child on to a government program like Medicare because Washington has done a terrible job in running Medicare as it is. The Medicare trust fund is supposed to be exhausted at the end of the 2020s. That is what the Medicare trustees are telling us. In 12 years, they say, there will only be enough money coming in to fund about 8 or 9 cents on the dollar of what the benefits for Medicare are supposed to be paying out. The program is going to have to start doing something—either raising taxes or cutting benefits. From what I have seen proposed by Senator SANDERS, it would be raising taxes a lot. The Medicare trustees say the program needs significant reform. They say it is already unsustainable. The Democrats' plan does nothing to change any of that. It does nothing to reform the program. All it does is crowd more people into a system that is already struggling financially.

My concern is that the Democrats' plan is going to undermine the stability of the Medicare Program that our seniors desperately need. We should be taking steps now to shore up, to strengthen Medicare so that it is able to keep the promises that we made to our seniors. My goal is to save, to strengthen, and to simplify Medicare. That is not what we are seeing here.

A few years ago, we knew the Medicaid Program needed help. Democrats just threw more people into the system with ObamaCare. That is what they did. With the expansion of ObamaCare, the majority of people who have new coverage under ObamaCare didn't get it through private insurance; they were put in to the Medicaid Program, which has significantly strained Medicaid and made it much harder for people on Medicaid, the people for whom it was originally designed—low-income, women, children, people with disabilities. It was designed to help them. It made it harder for them to get care because all these individuals who were working-age adults were put on in addition.

Now it looks as though the Democrats want to do the same thing they did to hurt Medicaid—make it harder for our patients on Medicare. It won't work. An insurance card does not equal accessible, available access to care. The people who suffer the most are going to be the seniors who have no other options. These are seniors who

are relying on Medicare today. They were promised that Medicare would be there for them. We need to keep that promise.

Instead of protecting seniors today, however, Democrats are trying to give Medicare to everyone else. So 17 million seniors are going to lose access to the plans that they have chosen, that work for them, and that they want to keep.

Seniors are going to lose access to the doctors that Democrats push out of the system as they continue to put more and more people on Medicare. Democrats should not be building their takeover of the American healthcare system on the backs of our seniors.

Thank you.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The assistant bill clerk proceeded to call the roll.

Mr. McCONNELL. 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. McCONNELL. Mr. President, I ask unanimous consent that notwithstanding rule XXII, at 4 p.m. today, there be 2 minutes of debate, equally divided between the managers or their designees, and that following the use or yielding back of that time, the Senate vote on the motion to invoke cloture on the Emanuel nomination.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from New Hampshire.

HEALTHCARE

Mrs. SHAHEEN. Mr. President, it feels like Groundhog Day again because, once more, we are seeing Republican leadership in the Senate advancing another bill to repeal the Affordable Care Act and to make radical cuts to the Medicaid Program.

As with previous efforts, this new bill—they call it Graham-Cassidy, but it really is TrumpCare 3.0, the third version, and it is strictly partisan legislation, crafted in secret outside of regular order, without hearings or consultation with most Senators or stakeholders. But here is what is different: This bill is even more reckless and more destructive than previous bills to repeal the Affordable Care Act.

It would take away healthcare coverage from an estimated 30 million Americans. It would effectively end protections for people with preexisting conditions by allowing insurers to charge exorbitant rates. It would make profound cuts to the Medicaid Program, which is a lifeline for 33 million children, 10 million people with disabilities, and 6 million seniors in nursing homes. It would be a tragic setback in the fight against the opioid epidemic because it would end access to life-saving treatment for an estimated 1.3 million people with substance use disorders. In New Hampshire, where we

are at the epicenter of the heroin and opioid epidemic, it would have a huge and tragic impact.

President Trump said that the previous Republican bill to repeal the Affordable Care Act was “mean,” and make no mistake, this bill is far worse. As I have said repeatedly, the only constructive way forward is for Democrats and Republicans to come together in a good-faith, bipartisan effort to repair and strengthen the current law.

As Senator MCCAIN said to this Chamber in July: “Let’s return to regular order. We’ve been spinning our wheels on too many important issues because we keep trying to find a way to win without help from the other side.”

When Senator MCCAIN said that, we gave him a standing ovation on the floor of this Chamber. In the weeks since the vote on the last attempt to repeal the Affordable Care Act, the Senate has actually been acting on his advice. We have been working under the leadership of Senators ALEXANDER and MURRAY, the chair and ranking member of the Health, Education, Labor, and Pensions Committee, on bipartisan legislation to restore certainty to the health insurance markets, to fix problems with the Affordable Care Act that we all acknowledge. This effort includes a version of legislation that I have been working on to make regular appropriations for cost-sharing reduction payments. Those are payments that keep copays and deductibles affordable for low- and middle-income Americans.

I have participated, as have so many Senators, in the bipartisan meetings they have held with Governors, providers, stakeholders, insurers, and State insurance commissioners to craft a positive way forward. It is very disappointing that we are here today with another attempt to blow up all of these bipartisan efforts by bringing to the floor yet another divisive, partisan bill.

To understand why people are upset and fearful about this latest attempt to repeal the Affordable Care Act, I would call our attention to the many positive impacts the Affordable Care Act has had across the country—and in my home State of New Hampshire—and the consequences of repealing that law.

Thanks to the Affordable Care Act, more than 49,000 Granite Staters have been able to get health insurance coverage through the marketplace. Thanks to the Medicaid expansion, more than 11,000 people in New Hampshire have gotten lifesaving treatments. The Medicaid expansion, which has been a bipartisan effort between then-Democratic Governor MAGGIE HASSAN and a Republican legislature, has been a critical tool in our fight against the opioid epidemic, and hundreds of thousands of Granite Staters with preexisting conditions at one time or another no longer face discrimination by health insurance companies. In one fell swoop, this Graham-Cassidy TrumpCare legislation would put all of these gains in jeopardy.