NELSON), and the Senator from Hawaii (Mr. SCHATZ) are necessarily absent.

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

The yeas and nays resulted—yeas 49, nays 44, as follows:

[Rollcall Vote No. 202 Ex.]

YEAS—49

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

NAYS—44

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

NOT VOTING—7

Cochran	Moran	Strange
Hirono	Nelson	
Menendez	Schatz	

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 44.

The motion is agreed to.

The Senator from Arizona.

Mr. MCCAIN. Mr. President, I ask unanimous consent to address the Senate as in morning business.

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

TRIBUTE TO JOE DONOGHUE

Mr. MCCAIN. Mr. President, this week marks 30 years of loyal service to the Senate by one Joe Donoghue, my legislative director—30 years working for the citizens of Arizona and trying to make me a better Senator. During those three decades, he worked his way from the mailroom to a position of considerable importance on my staff. He has made himself something of an expert not only on Senate procedure but on all the many issues our staff has worked on over the years—from budget matters to immigration reform, to national security.

Joe is capable, intelligent, hardworking, and trustworthy—a justifiably proud professional staffer, a pro's pro. He is well liked by staff and Members on both sides of the aisle, especially by those who, like him, have dedicated most of their careers to the Senate. I have come to depend on his professionalism and his counsel. More than that, my wife Cindy and my children treasure his friendship, as do I—as do I.

Joe and I began our Senate careers around the same time. He started sorting mail and performing other entry-level duties in the first year of my first term. He was 18 years old. I wasn't quite that young, but it was a long time ago for both of us.

When he came to work with us, I don't think Joe knew if I was a Republican or Democrat. He just knew he needed a part-time job to pay for books and beer. These were pre-internet and email days, and making certain the immense amount of mail we received from constituents was opened, given to me or to appropriate staff, and answered as quickly as possible was very labor intensive and challenging, but he acquitted himself well, as he has with every responsibility he has accepted on my behalf.

His work ethic and reliability quickly made him indispensable. He worked his way up to legislative correspondent and then to legislative assistant, with the lead responsibility for, among other things, helping me fight years of pitched battles with appropriations bills, targeting wasteful spending, and the practice of earmarking. Those were the days when the Senate actually debated appropriations bills. I have many fond memories of Joe drafting thousands of amendments at my direction to strike wasteful earmarks, although I am not sure they are fond memories for the floor staff who had to process the amendments.

As I mentioned, in addition to his legislative work, Joe was my driver for over 20 years. I travel an awful lot, back and forth to Arizona on weekends, campaigning for colleagues, and on overseas trips. During the week, when the Senate is in session, my nights are often consumed with meetings, dinners, and speeches. Joe worked a long shift in the office during the day and drove me to various appointments day and night—taking me to airports and picking me up, getting me safely and on time through Washington traffic to keep a schedule that was always impossibly crowded.

We spent a lot of hours together—thousands of hours—and Joe was almost always good company, even when I was not. He always made a point on those drives to tell me a joke, and some of them got me in trouble when I repeated them in public.

During my 2008 Presidential campaign, Joe worked as my assistant, traveling from campaign stop to campaign stop, doing all manner of small and large tasks for me, even once holding an umbrella overhead while I gave a speech in the rain in Manchester, NH.

As my legislative director, Joe is someone everyone on my staff looks to for policy guidance and instruction on Senate procedure and for insights into the personalities and priorities of senior staff in other offices and for the leadership. He goes out of his way to make sure each one of my staff knows they are appreciated and an integral part of our office. I am grateful for Joe Donoghue's faithful service to my office, the Senate, the people of Arizona, and to me.

On their behalf and mine, I want to thank Joe. I have barked at you, teased you, laughed with you, and counted on you. We have been through a lot of highs and lows in our 30-year association—good times and bad. The good times were better and the bad times easier because of your help and friendship. Thank you, my friend, my dear friend. It has been quite a ride together. I cannot imagine serving here without you.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, I listened carefully to Chairman MCCAIN talking about his long association with Joe. I thought maybe it was appropriate, I would say to my colleague from Arizona, to point out that he eliminated an awful lot of my earmarks over the years.

Mr. MCCAIN. Great job.

Mr. MCCONNELL. I will have fond reflections as well, in a sense. I want to join you, Senator MCCAIN, in congratulating Joe for a great job for you and for our country for a very long time.

Mr. MCCAIN. Thank you.

The PRESIDING OFFICER. The Senator from Virginia.

HEALTHCARE

Mr. KAINE. Mr. President, I rise to talk about a topic that is consuming much attention—our efforts to improve healthcare for Americans. Before the passage of the Affordable Care Act in 2010, Americans with preexisting conditions faced serious barriers. Since 2010, the rate of uninsured Americans has declined to a historic low, with 20 million more Americans—the combined population of 16 or 17 States—getting access to health insurance coverage.

Over 410,000 Virginians have received care through individual marketplaces just last year. An additional 400,000 would be eligible to receive Medicaid if Virginia ever chooses to expand it. Since being put on the HELP Committee or being notified I would be put on it in December, I visited community health centers, medical schools, behavioral treatment centers, nursing programs all across Virginia talking to people about their healthcare needs. I am committed to working together with my colleagues to improve the healthcare of Virginians and Americans. There is a right way and a wrong way to do it.

After there was the failure of an effort in late July or early August to pass a partisan repeal and replacement of ObamaCare using the budget reconciliation process, the success of which would have taken health insurance away from 20 million Americans, I am disappointed that we haven't learned the lesson about the right way to do this and are apparently poised to explore yet again doing it the wrong way.

There is a proposal on the table that is designated the Graham-Cassidy proposal, and it is just as threatening as the ACA repeal we voted on just 2 months ago. It restructures traditional Medicaid funding using per capita caps and block grants. The core of this bill is an effort to dramatically go after, restructure, and shrink Medicaid, which is critical to so many people.

It ends protections for people with preexisting conditions by allowing States to essentially rewrite essential health benefits. It would eliminate Medicaid expansion and the Affordable Care Act subsidies and replace them with a block grant that would be insufficient to cover the needs of Virginians. Even that block grant funding would end after 2026—as if the need to help low- and moderate-income people afford coverage would dramatically disappear overnight.

The proposal is new and is newly on the floor. There isn't a full CBO analysis of it, but initial indication has led groups like the American Medical Association and the AARP to come out against it. They are worried it will leave insurance out of the reach of millions of Americans. In Virginia alone, more than 301,000 marketplace enrollees would have their tax credits to help them afford insurance jeopardized.

What would it mean for the healthcare system? We are not completely sure. At least on the earlier versions we voted on, we had CBO scores telling us how many millions might lose insurance. There seems to be a desire to rush this through prior to a full CBO analysis. I can't understand why. But we do know it would be devastating to those on Medicaid. Sixty percent of those on Medicaid in Virginia are children, but the majority of spending on Medicaid is for our parents and grandparents, the elderly, and folks with disabilities.

I was just in Bristol, VA, on the Virginia-Tennessee border this weekend. I heard very palpable requests for the need for better healthcare, especially in rural Virginia.

Here is what we know about the Graham-Cassidy proposal, at least based on the analysis of it thus far by my State healthcare officials. We will see a $1.2 billion cut in Medicaid under this plan over the next number of years, and the cuts would impact families like those I visit as I travel around Virginia.

I recently had a roundtable in Northern Virginia with parents of children with severe disabilities who, though they have disabilities, are doing some remarkable things because they receive support from Medicare for assistive technologies and in school programs.

A mother, Corinne, told me about her son Dylan. Dylan has a very rare neuromuscular condition SMARD—spinal muscular atrophy with respiratory distress. He has a tracheostomy tube and relies on a ventilator to breathe. He also gets all of his nutrition through a G-tube. He requires in-home skilled nursing services, and he also requires a nurse to attend school with him. But he goes to public school, and he is a successful student because Medicaid funding enables him to go. Medicaid helps reimburse the school system for the services they provide him.

''For us, affordable and quality healthcare means that Dylan can lead a fairly normal life despite his medical issues.'' That is what his mom said. He can lead a fairly normal life on a ventilator with a tracheostomy tube in a wheelchair with a nurse. He can lead a fairly normal life, despite his medical issues. He can live at home, go to school, and participate in activities any kid his age enjoys. Without the assistance of Medicaid, he wouldn't be able to do those things.

Reducing Medicaid spending would limit States' abilities to provide waivers for medically complex kids. The mother adds that ''the possible return of lifetime caps and limitations on preexisting conditions would be devastating.''

I also met with a mother, Amy, from Richmond, who has a son, Declan. Medicaid covers her son's care, therapy, and medical supplies. Medicaid helps her son have the best quality of life possible and helps him with the prospect she prays deeply for—that one day, despite his medical condition, he can live independently as a productive adult. The Graham-Cassidy funding cuts to Medicaid could take away this protection for countless Virginians, especially these children.

Here is what I ask for: Why don't we have an open process to truly debate improvements to our healthcare system, instead of a rushed, closed, secretive process that threatens mothers like Amy and children like Declan?

After the efforts last summer, I hoped that the colleagues in the world's greatest deliberative body would stop a secretive, harmful rush and, instead, embrace dialogue, hearing from experts and witnesses as we would improve healthcare, attempting to stabilize the individual marketplace, lower premiums, and expand care rather than reduce it.

We gave a standing ovation on the floor of the Senate in late July when our colleague, Senator JOHN MCCAIN, returned from a very difficult diagnosis of brain cancer. We gave him a standing ovation after he spoke to us, and here is what he said. He talked about the fact that we had a challenge on healthcare. He talked about the skinny repeal bill that was on the floor of the Senate. He said:

> We've tried to do this by coming up with a proposal behind closed doors in consultation with the administration, then springing it on skeptical members, trying to convince them it's better than nothing, asking us to swallow our doubts and force it past a unified opposition. I don't think that is going to work in the end. And it probably shouldn't.
>
> Why don't we try the old way of legislating in the Senate, the way our rules and customs encourage us to act. If this process ends in failure, which seems likely, then let's return to regular order.
>
> Let the Health, Education, Labor, and Pensions Committee under Chairman Alexander and Ranking Member Murray hold hearings, try to report a bill out of committee with contributions from both sides. Then bring it to the floor for amendment and debate, and see if we can pass something that will be imperfect, full of compromises, and not very pleasing to implacable partisans on either side, but that might provide workable solutions to problems Americans are struggling with today.

To my great satisfaction, after the skinny repeal bill went down—and this body decided that it didn't want to precipitously take healthcare away from 20 million people—that is the course that this body embraced. It is what our heroic colleague suggested that we embrace. The HELP Committee—which, as a member of this, I am very aware had refused to hold a hearing on any of the proposals in the House or in the Senate around the repeal of ObamaCare—decided finally to do what the HELP Committee should do. The ''H'' is for ''Health.'' To pass a bill reorienting one-sixth of the American economy around the most important expenditure that anybody ever makes in their life without letting the HELP Committee hear from it was foolish to start with.

So now we have embraced doing it the right way. Under the leadership of Senator ALEXANDER and Senator MURRAY, we have had four robust bipartisan hearings. We invited Governors to come from around the country. They had to turn their schedules topsy-turvy to do it—insurance regulators, insurance executives, patients, doctors, hospitals. There were four hearings, each with multiple witnesses. We turned their schedules topsy-turvy. We had them here. We had coffees before each hearing and invited all Members of the Senate, not just those on the HELP Committee, to interact and hear from these experts. We have gotten advice from them on what we need to do to stabilize the individual insurance market and what we can do in the long term to make healthcare better for everyone. We should take advantage of those recommendations.

When the fourth hearing was completed last week, the chairman of the Committee, Senator ALEXANDER, and the ranking member, Senator MURRAY, with the support of this very diverse committee—left, right and center, Democrats and Republicans—have embarked on a bipartisan process to find, after a full and transparent airing of the issues, a way to stabilize the individual insurance market. We are on the verge of doing that.

Yet what we are told is, instead of going through our committee process and hearing and airing it before the public, now there is a new bill that has just recently come out with no full CBO score. The idea is to force that through, with no CBO score, with no full committee process that would enable us to hear from witnesses, with no

opportunity for members of any of the committees—Finance or HELP—to offer amendments, with no meaningful floor debate, and with no opportunity for amendments on the Senate floor.

Why did we give Senator MCCAIN a standing ovation just 6 weeks ago when he suggested that when it comes to something as important as healthcare, we should treat it with seriousness, so we can get it right and not rush and get it wrong?

I stand here—and I hope I am on my feet a good bit more between now and the end of the month—to ask this question: Why backslide? Why go backward when we had embraced a process of bipartisan discussion?

I am fully aware that as a Member of the minority party, I have no power except my ability to convince Republicans that I actually have a good idea. But a one-party process on the floor that tries to end run the relevant HELP Committee is guaranteed to fail. It might pass, but it is guaranteed to fail because it is guaranteed to hurt people. It is guaranteed to have some consequences that are harmful and known and other consequences that are harmful and unknown because it has been rushed, and it hasn't been done in the view of the public with the ability to fully listen to them. Just think about it this way: What does it say about your commitment to your legislation if you are not willing to have it subjected to a normal review by the committees that have jurisdiction over it?

The Graham-Cassidy bill has some provisions in it that are relevant to the Finance Committee's jurisdiction, but Finance is apparently not going to do a markup of the bill, and they are not really going to hear from experts about the bill.

There are other provisions in Graham-Cassidy dealing with essential benefits that are squarely within the jurisdiction of the HELP Committee, but the HELP Committee isn't going to have a hearing either. So in spite of the good recommendation we were given by our senior colleague who was just on the floor—who was characteristically here to talk in kind words about the public service of someone who has worked with his staff for 30 years—we gave him a standing ovation, and we are prepared to violate everything that he just suggested we do.

As I conclude, I will just say this. This isn't about healthcare. Healthcare is important enough. No one ever spends a dollar on anything that is more important than their health. It is the most important thing that anyone ever spends a dollar on—health, my health, the health of my family. I think we can all share that. Nothing is more important. It also happens to be one of the largest sectors of the American economy. Between 15 and 20 percent of America's GDP is healthcare. This is a very important issue. If you are trying to reorient one-sixth or one-fifth of the economy, if you are touching the expenditure of priority that is the single most important priority in anyone's life, that is important enough.

I would argue, in closing, that there is something I think is equally important; that is, this body. We celebrated the 230th anniversary of the Constitution this past Sunday. James Madison and others in Philadelphia, tried to figure out how this government should work. They made a very unusual decision that would be different from the decisions that are made in many countries; that is, they put the legislative branch first.

There are three coequal branches. In most societies, the executive is first, but not here—first among equals. We are meant to really play an A game. We are really meant not to be an article-II-and-a-half branch reacting to a Presidential tweet or encouragement; we are supposed to be an article I branch.

In the legislative branch in article I, the Senate is given a very particular role. We are called the world's greatest deliberative body. We are the saucer into which the partisan heat of the day is poured and allowed to cool, so the decisions made in the Senate are supposed to be more careful and more deliberate.

This is a great body that has been sadly hobbled by partisan gridlock, and we have not achieved what the Senate should achieve. We learn in math as we grow up that the whole is equal to the sum of the parts, but what you find in life is that often the math doesn't work out. Sometimes the whole can be equal to or greater than the sum of the parts in life if teams work well together. But sometimes—and this describes the Senate now—there are 100 wonderful, accomplished people in this body. Yet again and again, and now for years, the whole has been equal to less than the sum of the parts.

We have done very little of meaning, very little of substance. Yet now we are poised to tackle the most important issue that most affects people and the biggest sector of the American economy. If we get it right, we can send a message to the public that the Senate will once again be the Senate. We will once again be a deliberative body. We will once again do what we are supposed to do.

I think this country now needs to see some adults in the room, some group of people willing to work together—Democratic and Republican—to solve problems and do the right thing for the American public. If we do this right, we can send that message. If we do it wrong, we will hurt people, and we will also hurt the credibility of this institution in a way that I think will last for years.

We have a choice. It is up to us. We either follow the advice that our colleague gave us on the floor 6 weeks ago, which we gave him a standing ovation for, and we gave him the ovation because we knew he was right—we either follow that advice or we decide to ignore it and continue the downward spiral of a great body.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Mr. FRANKEN. Mr. President, in May, Jimmy Kimmel shared the story of his newborn son Billy, who was born with a life-threatening condition that required open-heart surgery. Kimmel said that he was fortunate to have had good health coverage and was able to pay for the care that his son needed, something he believed every American deserved.

A few weeks later, as efforts to repeal ObamaCare were gaining steam, Senator BILL CASSIDY explained that the bar he believed any healthcare bill had to clear to get his vote was what he called the Jimmy Kimmel test. He said: ''Will a child born with congenital heart disease be able to get everything she or he would need in the first year of life?''

When Kimmel interviewed Senator CASSIDY a few days later, Kimmel explained the test this way: ''No family should be denied medical care, emergency or otherwise, because they can't afford it.'' Well, I am here to report that this latest version of TrumpCare, offered by none other than Senator CASSIDY himself, fails the Jimmy Kimmel test miserably.

Over the past few weeks, there have been two ongoing conversations about the future of healthcare in the United States. The first has been conducted in an open, bipartisan manner in the Senate Health, Education, Labor, and Pensions Committee in full accord with the traditions of this body. In the HELP Committee, Republicans and Democrats alike have been talking with Governors, insurance commissioners, and other experts on ways to address concerns of States and consumers by stabilizing the individual market and lowering premium costs. That is how the Senate is supposed to work, and the bill that emerges from that process will be one that makes things better, not worse. It will create certainty. It will bring down costs for consumers. It is a bill that any Senator should be proud to vote for.

The second conversation is a model of how things shouldn't work. It has occurred behind closed doors between Senate Republicans and party operatives. It is not about making the system work; it is about passing something—anything that can be said to repeal and replace the Affordable Care Act, and along the way, it destroys the Medicaid Program as we know it. As many of us have argued before, this conversation is an affront to the traditions of this body and, more importantly, to the will of the American people.

I urge my Republican colleagues to oppose the Graham-Cassidy bill—the newest iteration of TrumpCare—which will rip healthcare coverage from tens of millions of people, create higher

costs for consumers, and ensure the destabilization of the individual health insurance market.

While I have worked closely with Senators CASSIDY and GRAHAM on other bills, and I respect them, I have grave concerns with this legislation.

First, the bill undermines protections for people with preexisting conditions.

States could apply for waivers that would allow them to charge people more based on their health status, age, or any other factor other than race or ethnicity. This means premiums would be higher just for being older or sicker or having had an illness in the past. In other words, there would be no protection for people with preexisting conditions.

Additionally, States can also seek waivers to remove the ACA's essential health benefit requirements, which mandate that insurers that are offering plans on the exchanges include coverage for vital services, such as prescription drugs, maternity care, mental health, and substance use disorder services.

While the bill technically requires States to describe—just simply describe—how they will ''maintain access to adequate and affordable health coverage for individuals with preexisting conditions,'' there is no definition of what that means, and there are no enforcement mechanisms. Insurers would still be able to charge people with preexisting conditions more for their care or exclude services altogether. Under this plan, millions of people with preexisting conditions could face much higher costs, if they can get coverage at all. Again, this bill rips away protections for people with preexisting conditions.

Second, the bill would undoubtedly reverse the significant coverage gains we have seen in recent years and drive up the number of Americans without health insurance.

The Graham-Cassidy proposal eliminates the ACA's premium subsidies, eliminates the Medicaid expansion, eliminates cost-sharing reduction payments, and more. Instead of funding these critical aspects of the ACA, the bill would return some but not all of this funding to the States in the form of block grants, which are authorized in this bill from 2020 to 2026.

The bill also proposes to dramatically reduce funds for States that have expanded Medicaid and have successfully enrolled more adults in ACA exchanges—States like Minnesota. Instead of incentivizing success, the bill will reward failure, initially increasing funds for States that refuse to expand Medicaid and have done little to encourage enrollment. But even these States lose out in the end. In fact, the funding stops completely after 2026, resulting in enormous losses for every State, and even prior to 2026, the Center on Budget and Policy Priorities estimates, most States will receive significantly less funding from the Federal Government under this block grant than they do under current law. Minnesota could lose $2.7 billion. Other Senators who have expressed various levels of concern with this legislation could see their States lose significant sums. Those include Arizona, which would lose $1.6 billion; Alaska, $255 million; Maine, $115 million; Colorado, $823 million; and the list goes on. Healthcare isn't free. These shortfalls will mean that families don't get the services they need.

On top of all that, the Graham-Cassidy proposal caps and cuts Medicaid—a program that provides coverage to seniors, families with children, and people with disabilities. In Minnesota alone, that is 1.2 million people facing cuts to their benefits or losing coverage altogether.

I believe many of us truly want to help our constituents access the care they need. As I have said before, the ACA is far from perfect, but it has resulted in significant improvements in millions of people's lives.

I have heard from countless Minnesotans who have literally had their lives or the life of a loved one saved by the ACA—the same way that Billy Kimmel's life was saved by the treatment he was able to receive at the beginning of his life. Take Leanna, for example. Leanna's 3-year-old son, Henry, has been diagnosed with acute lymphoblastic leukemia. His treatment will last until April of 2018. He often needs round-the-clock care to manage his nausea, vomiting, pain, and sleepless nights—a 3-year-old.

Henry's immune system is so compromised that he is not supposed to go to daycare, so Leanna left her job to care for him. Leanna and Henry are supported by her spouse, but they couldn't pay for Henry's treatment on one salary.

Leanna says:

> It is because of the ACA that Henry gets proper healthcare. Henry can get therapy and the things he needs to maintain his health and work towards beating cancer. Henry is still with us because of the ACA.

Let me say that again: Three-year-old Henry is still with us because of the ACA.

Consider Maria's story. Maria enrolled in Minnesota's Medicaid Program after finishing her graduate degree and while looking for full-time employment. Maria was grateful for the coverage because she needed access to treatments for her endometriosis, which was diagnosed a few years prior while she had insurance through her employer.

Soon, Maria found her dream job, but it came with a catch: no health insurance. Days before she was set to move and start work, she decided to go in for one last big checkup. The results were unnerving. At the age of 35, Maria was diagnosed with bilateral breast cancer. Maria had to give up her job offer and aggressively pursue treatment for the cancer.

Fortunately, because Minnesota had expanded Medicaid, all of Maria's treatments were covered, and lucky for her, they worked. Maria's cancer is in remission. Maria said: ''The Medicaid expansion of the ACA literally saved my life.'' She told me that anyone could find themselves on Medicaid. She said: ''Without that comprehensive, affordable, accessible health insurance, I wouldn't be here.''

But now that all of these programs are in jeopardy, my constituents are generally scared. They have come to me in tears, explaining that if the Affordable Care Act is repealed or if draconian changes and cuts to Medicaid go through, they don't know how they will care for their elderly parents, keep their rural hospital open, or afford treatments they or their children need.

I believe it is legislative malpractice to pass partisan legislation that would undermine this progress, people's economic security, and their livelihood, all to achieve a destructive political end—to do it without holding thorough hearings in the committees of jurisdiction, without hearing from experts, and without a complete assessment from the Congressional Budget Office on how this legislation would affect the American people.

I urge my Republican colleagues to once again abandon their efforts to ram through dangerous legislation that would fundamentally restructure our healthcare system. This new iteration of TrumpCare fails the Jimmy Kimmel test. It is the result of a horrible process that is not worthy of this body.

We have a better option. Over the past few weeks, Chairman ALEXANDER and Ranking Member MURRAY have held four bipartisan hearings on individual health insurance market reforms and are working to forge a legislative compromise to reduce premiums for consumers. We have heard from Governors, we have heard from insurance commissioners, and we have heard from experts—all of whom span the ideological spectrum. This is what regular order looks like, and this is the way the Senate is supposed to work.

I have worked with all of my colleagues on this committee in good faith, and I am proud of what we have been able to accomplish so far, but all of that work is in jeopardy because of a destructive, partisan, last-ditch effort to repeal the Affordable Care Act and end the Medicaid Program as we know it.

Do not shortchange those important legislative developments. Do not shortchange the American people. Think of the millions of children and families who need our help right now. Oppose TrumpCare, and, instead, let's work to improve care, lower costs, and ensure access to healthcare when people need it the most. It is within our reach.

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.

Ms. HASSAN. 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. HASSAN. Mr. President, I rise today to oppose the latest disastrous iteration of TrumpCare, the Graham-Cassidy proposal.

It is disappointing that we are here once again. In July, Granite Staters breathed a sigh of relief when the Senate defeated a proposal that would have raised healthcare costs and stripped health insurance away from millions. When that bill failed, I was hopeful that we would move forward on a bipartisan process to make key improvements to the Affordable Care Act. That is exactly the process we have started on in the HELP Committee, focusing on bipartisan solutions to stabilize the health insurance market.

Now, in direct conflict to this important bipartisan work, some of our colleagues are making one last-ditch effort to pass partisan legislation. Make no mistake, Graham-Cassidy is more of the same, and it is every bit as dangerous as the TrumpCare plans we saw this summer, if not worse.

Granite Staters and all Americans should be concerned if this bill is rushed into law. My colleagues are moving so quickly to try to get this bill passed that the CBO says it will not be able to score it by September 30, but it is clear that this bill would make things worse for most Americans.

If you have a preexisting condition, including cancer, asthma, or diabetes, you could once again be discriminated against with higher costs that make health coverage unaffordable. This bill would end Medicaid expansion, a program that Democrats and Republicans in New Hampshire came together on to pass and reauthorize. Medicaid expansion has provided quality, affordable health insurance coverage to over 50,000 Granite Staters. Experts on the frontlines of New Hampshire's heroin, fentanyl, and opioid crisis say it is the one tool we have to combat this epidemic. Ending Medicaid expansion would pull the rug out from under those who need its coverage. It would put thousands of people at risk.

In addition, Graham-Cassidy would cut and cap the Medicaid Program. Those words, ''cut'' and ''cap,'' are really just code for massive cuts to the funding that States receive, including New Hampshire, losing hundreds of millions of dollars in Federal funding for Medicaid over the next decade. This cut would force States to choose between slashing benefits, reducing the number of people who can get care, or, in some cases, having to do both. It would impact some of our most vulnerable citizens—children, seniors who need in-home care or nursing home care, and people who experience disabilities.

Graham-Cassidy would allow States to get rid of important protections in current law—protections called essential health benefits, which make sure that all insurers cover things like maternity care, prescription drugs, and substance use disorder services.

Finally, this bill would continue Republican efforts to roll back women's access to healthcare by defunding Planned Parenthood, which provides critical primary and preventive healthcare services to thousands of New Hampshire women.

As we continue to debate the future of our Nation's healthcare system, we have to understand how things would actually play out on the ground for the people we are trying to serve. Over the course of this year, the people of New Hampshire have laid themselves bare and shared story after story of how they would be impacted by these dangerous attempts to roll back access to healthcare.

It is people like the Keene resident who has a preexisting condition and had health insurance through his job, but when he lost that job, he was able to start a new successful small business all because he knew he would be able to get quality health insurance under the Affordable Care Act. It is people such as the Granite Staters who experience disability but are able to live independently in their home and community as a result of the personal care services they receive through Medicaid and people like the mom from Rochester who is benefiting from substance use disorder services that are included in Medicaid expansion and would be taken away under this bill.

It really shouldn't be necessary for people to have to come forward and share their most personal stories, all in an attempt to get their elected representatives to work together in a bipartisan manner and not take coverage away. We actually should be able to do that in the U.S. Senate on our own.

Now, just as we are starting to work on a bipartisan basis, as our constituents asked us to do, the American people are faced with another harmful, partisan TrumpCare bill that will destabilize our healthcare system, drive up premiums, and make care less affordable.

We must come together to build on and improve the Affordable Care Act and ensure that every American has meaningful, truly affordable access to the type of care each of us would choose for our own family. We must reject this proposal and continue moving forward on the bipartisan path we have started on in the HELP Committee.

I am going to keep standing with my Democratic colleagues, and I urge the people of New Hampshire and all Americans to continue to speak out and to share their stories. Together, we will, once again, defeat this attempt to undermine the healthcare of millions of Americans, and we will make clear that in the United States of America, all of our people must be able to get quality, affordable care.

Thank you, Mr. President.

I suggest the absence of a quorum.

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

The senior assistant legislative clerk proceeded to call the roll.

Mr. BLUNT. 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. BLUNT. Mr. President, I want to talk about healthcare and what it means to families and what it means to communities. It is the most personal thing that families deal with. Every family knows that at some point they are going to deal with not one but multiple healthcare issues as life progresses, as things happen in life—at times you don't expect them to happen in life—and nothing is more riveting or focusing than healthcare.

Somebody told me one time—and I have said this on the floor of the Senate before because I think it is such a good observation about what happens in healthcare. Somebody told me that when everybody in your family is well, you have lots of problems. When somebody in your family is sick, you have one problem.

So it is not like tax policy or energy policy or the intricacies of this or that; it is something that every family and every individual identifies with in a unique way. It is one of the reasons the debate is so passionate, and I think it may be one of the reasons why sometimes we see exaggerated claims about how a plan I may be for is going to cause more people to have healthcare problems than if that plan didn't pass. I certainly wouldn't intend for that to be the case. What we are all looking for is the best plan that addresses this problem in the best way.

In the debate we had 6 weeks ago, I remember looking across the Senate floor at one of my colleagues who stood up and said: If the plan passes that many of my colleagues are going to vote for—he may have said the people across the aisle are going to vote for—health insurance rates are going to go up next year by 20 percent. Missourians have already seen a 145-percent increase, under the plan we have now, in 3 years. The rates that were just filed have ranged from a 35-percent increase to a 47-percent increase. So it is a pretty safe prediction by my friend on the other side who said that if the plan I was for passed, health insurance rates would go up 20 percent.

The plan he had been for—the plan they were defending—is out of control. There is no argument that what we have now is not working.

Families who have coverage don't really have access. So many families with coverage have these high-deductible policies with insurance rates that, first of all, they can't afford the premium. If they are somehow able to scrape the money together to afford the premium—I think the average deductible in the bronze plan was $6,000 per individual, and for almost all of those plans, if you had more than one individual in your family, you had to hit the per individual rate twice if two

people got sick. So you were paying maybe $1,000 or more a month, and that was for insurance coverage. Then, if somebody got sick, you had another $12,000 that potentially would kick in before your insurance plan helped at all.

Not only was that not real coverage, but it clearly wasn't access. It clearly didn't provide the opportunity to go to the doctor and have the kind of healthcare you need so you don't have a tens of thousands of dollars healthcare crisis that arises needlessly. Some of us will have those problems no matter how well we take care of ourselves, but access to healthcare matters, and healthcare that works where you live matters. Frankly, that is the plan Senators CASSIDY and GRAHAM have come up with—a plan that would take the decision making for government-assisted healthcare out of Washington and put it back in the States.

When one of my Congressmen from Southwest Missouri was a freshman Congressman, decades ago in the House of Representatives, he was on the committee at the time that wrote the laws and regulations for Washington, DC. Somebody asked him why he thought he was smart enough to write the laws for Washington, DC. His hometown happened to be Sarcoxie, MO.

He said: In my hometown, almost everybody knows where Washington, DC, is, but here in Washington, almost nobody knows where Sarcoxie is. Does that mean the people in Sarcoxie are a lot smarter than the people in Washington? Maybe not, but it meant they probably knew what was better for Sarcoxie than the people in Washington did.

So what Senators GRAHAM and CASSIDY are talking about is looking at taking all the money we are currently spending in this government-assisted healthcare world and divide it up among the States in a more equitable way. Right now, four of the States get about 37 percent of all the money. You don't have to be a math genius to figure out that means the other 46 States must get about 63 percent of all the money. Now, if 37 percent of all people in the country lived in those four States, that might be a reasonable way to divide up the money or even if 37 percent of people with income and health needs that were so significant they needed more help than everybody else lived in those four States, that might be a reasonable way to divide up all the money, but neither of those things are true. What this plan would do would be to look for a new way to more fairly allocate the money we spend on healthcare and then let State governments experiment with what to do about that.

Jefferson said, in our system, the States had the unique ability to be laboratories for change because they could try things and see if they worked and then share with the other States what worked, but there was no vision at the time that the Federal Government was the best place to do everything. This is really sort of a debate between are you for federalism or are you for government-run everything.

I guess 30 percent of the Democrats in the Senate, just a few days ago, said they were for government-run everything in healthcare. They were for single-payer healthcare. I am not for that. I don't think that is the best way for our system to work or to find the healthcare innovations we need or the access to healthcare people in desperate moments should always have, but I do think we could do a better job serving healthcare needs for people in the 50 States and the territories if, in fact, we gave them more authority to do that.

First of all, in all likelihood, you will get your healthcare in the place you live, and you are more likely going to be able to get access to the same healthcare your local State representative gets, where it is not just me arguing for what is good for Missouri or my colleague in the Senate arguing for what is good for our State or the eight people we have in the House. It takes all 163 house members in our State, the 34 senators, and the Governor leading to have a real understanding of where 200 legislative families get their healthcare and where 200 people who are making that decision—who see people at school and the grocery store—that is a lot different than just seeing 10 people, sending them to Washington, and saying: Why don't we adjust the one-size-fits-all system so it serves our State better.

If you have ever bought any one-size-fits-all clothes, you are a very unique person if they actually fit you. One-size-fits-all almost never fits anybody. Even in a State, it is hard enough to come up with a plan that fits everybody in the State in the best possible way, but we would be much more likely to do that than we would to suggest what happens in Manhattan and what happens in Marshfield, MO, are the same thing because they are not. People in New York are going to come up with a more likely way to address those issues and figure out what healthcare is there, what they need to do to augment it, what they need to do to be sure it is available to the most people in the most cost-effective way, and in Jefferson City, MO, they are more likely to answer all of those questions for our State than, frankly, they are at the Department of Health and Human Services in Washington, DC.

Even if they want to do that—even if they are all Missourians who take over the Department of Health and Human Services, their goal would not be to figure out what is best for where I live. Their goal would be to come up with one plan that is best for the whole country, and it is just not working very well.

First of all, it is not working very well because it is clearly not divided in an equitable way. No matter what formula you put in place, four States having that much of the money spent in their States is not the right kind of system to have. There are ways to adjust for need, there are ways to adjust for location, but those ways are not going to be found in waivers Governors would ask for but are more likely to be found in State capitols than they are here.

This is the classic example of why our government has worked as long as it has in so many areas, but every time we try to become responsible for everything at every level, we mess up. Every time we think different regulations have to be passed by city government, county government, State government, Federal Government, that never works very well.

This is an opportunity to say to States: We are going to let you be responsible for devising a system for people in your State that meets the needs of people in your State, and we are going to do that in a more effective way than has been done in the past. The growth of healthcare programs has never been allowed to be looked at in a way where you look at all the programs and put them together in a way that really works.

So we are going to have an opportunity to make a big decision about the future of healthcare. We are going to be deciding, among other things, do we trust people to make that decision who are closer to the problem or do we think it is better to try to solve the problem further away from the problem. I think the right answer here is, clearly, what we are doing isn't working.

Let's take advantage of the Constitution and the Federal system of government, and let's come up with a plan that uniquely can work—in Florida where you live, in Missouri where I live, in Louisiana where Senator KENNEDY lives—that has a unique opportunity to serve the families where the No. 1 thing they take most personally is the health and welfare of their family. Everybody has to deal with this. Let's try to create an environment where everybody gets to deal with this where there is the greatest opportunity, greatest sensitivity, greatest availability, and greatest understanding of how, if those things aren't working, to uniquely come up with a solution to the problems in that State that are very likely not the problems that need to be solved in the entire country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

TAX REFORM

Mr. KENNEDY. Mr. President, I wish to change the subject slightly. I will be back on the floor next week to defend my good friend and colleague Senator CASSIDY's ideas on the reform of healthcare for America. He received a letter today from our Governor and the Secretary of our Department of Health and Hospitals, which, in my opinion, espouses points of view on healthcare