

country, as my friend the Senator from Florida, Mr. RUBIO, from across the aisle, did, that these sanctions are a result of past crimes.

We don't need a classified briefing to know what Russia has done in the past. To duck the question and to refuse to commit to continuing these sanctions is tantamount to sweeping Russia's flouting of international laws under the rug. It sort of says: Go ahead, interfere in our elections again; nothing will happen to you. It says the same to China and Iran or to any other country that might try to hack.

Secretary Nominee Tillerson has also not committed to new sanctions. Just yesterday, a bipartisan group of Senators, including the Senators from South Carolina, Maryland, Florida, California, Nebraska, introduced a tough, new sanctions-on-Russia bill for their interference in our elections. I support this effort. I believe the Senate should act soon upon it. I am very concerned that thus far the President-elect, Mr. Tillerson, and Senator SESSIONS have not endorsed these tough new sanctions.

The Senator from Florida—not from my party—also pressed Mr. Tillerson on a series of war crimes committed by the Assad regime and the Russian military in Syria. These crimes have been reported in the press and detailed extensively by people on the ground and discussed at length by my friend, the Republican Senator from Arizona, Mr. McCAIN. Mr. Tillerson will not even acknowledge these violations of human rights and war crimes.

Finally, I am very concerned that despite the fact that we have registered lobbying disclosures from ExxonMobil itself, documenting their involvement in lobbying against Iran sanctions, Mr. Tillerson said this morning that Exxon did not lobby on sanctions, to his knowledge.

This comes on top of recent reports that Exxon avoided Iran's sanctions by dealing with Iran and other state sponsors of terrorism through a European subsidiary. This, too, is very concerning. It raises real questions as to whether the President-elect and his Cabinet are prepared to stand up to Putin, stand up to Iran, and represent the interests of the American people and defend our democratic allies around the world.

My friends on the other side of the aisle have nearly universally criticized this President, Mr. Obama, for his policy on Syria and for not being tough enough on Vladimir Putin. Republicans have always called themselves the party of Reagan. I don't need to remind any of them of his famous speech in West Berlin. Now, it seems, this fundamental tenet of Republican foreign policy, and indeed our national policy for the last few decades, is eroding before our very eyes. Now, it seems, the President-elect and his Cabinet may never address the international security policy challenges posed by Russia and state sponsors of terrorism like Iran

and Syria. If Mr. Tillerson cannot even say that he will support the existing sanctions, what kind of Secretary of State will he be? I am worried.

Madam 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. SCHUMER. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

RESERVATION OF LEADER TIME

The PRESIDING OFFICER. Under the previous order, the leadership time is reserved.

CONCURRENT RESOLUTION ON THE BUDGET, FISCAL YEAR 2017

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of S. Con. Res. 3, which the clerk will report.

The senior assistant legislative clerk read as follows:

A concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026.

The PRESIDING OFFICER. Under the previous order, 3 hours of debate remain on the resolution for the majority and 3 hours of debate remain on the resolution for the minority.

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

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

TRIBUTE TO CHRISTOPHER GAHAN

Mr. TOOMEY. Madam President, I rise this afternoon to bid a very fond farewell to a man whom I have come to like very much and respect enormously. He is Christopher Gahan. He has been my chief of staff for 6 years. After 6 years of extraordinary service, he has decided that he is going to move on to the private sector. I want to say a few words about Christopher's background and his contribution to my office, to our country, and the people of Pennsylvania.

Christopher is actually from New Hampshire. He is a native of Rye Beach. After growing up in New Hampshire, he earned his degree in biology at Brown University and then went on to get a law degree from Harvard. I can assure everyone he has recovered from his educational experience to a very extensive degree.

He went into law and practiced at the law firm of Latham & Watkins in Los

Angeles and Washington. He had a very successful time there, but he decided he wanted to come to Washington and work in government and, specifically, work on the Hill. He went to work for Judd Gregg, Senator Gregg from New Hampshire, and Christopher Gahan, I understand, had almost every job that a Senate office has. He started at the very beginning, but because of his enormous talents and his ability and hard work, he relatively quickly rose and became chief of staff for Senator Gregg.

When I was elected to the Senate in 2010, I got a call within a matter of weeks from Christopher, and he said he wanted to come and meet with me and discuss the fact that I needed a chief of staff. He drove up to Allentown. We had lunch, and I decided almost immediately that this guy would probably do a great job. He clearly had the attributes that I was looking for.

I should also point out some of the things that are perhaps not as widely known about Christopher outside of my office. One is that he is a tremendous athlete. He has been for a long time. When he was in college, he was on the varsity men's water polo team. He was cocaptain at Brown, he was All-Ivy League, and to this day, he gets up at 4 or 5 o'clock every morning and usually goes for a run. He occasionally bangs out a marathon and thinks nothing of it. He has quite a diverse range of talents.

He also has a very peculiar taste in certain things. He loves all things related to cats, except the animals themselves. I don't understand that. Maybe it is an allergy; I am not sure exactly what it is. If you look at his desk area, he has funny photos of cats, little porcelain cats, little masks of cats, and a calendar of cats. He loves all things cats, except the animals themselves. It is quite remarkable.

Having said all of that about his background, what I really want to say is how fortunate Pennsylvania and I have been to have Christopher Gahan serving in this capacity. As I said, from the day that I had lunch with Christopher, I knew he could do a great job. I knew he had that ability. I had very high expectations for what he could do, and he has exceeded those expectations every day. It has really been quite amazing. He is a very intelligent man, but more importantly, he has great judgment and a great ability to work with people.

The role he has played in my office has been absolutely tremendous. For example, he is very knowledgeable about a number of issue areas, but he always understood that his role was to help the legislative assistants who had responsibilities for those areas. Christopher's role was to make sure that they were able to do the work they were assigned to do and to really shine and get a chance to excel and to grow personally. While he could have inserted himself in that dynamic, he never did. He always chose to empower

the people who worked under him, and he created an environment where people loved to come to work every day. They loved to work hard. They wanted to do well for a lot of reasons, not the least of which is they wanted to continue to earn the respect of Christopher Gahan.

Needless to say, he is extremely well liked, both within the office and on the Hill. I know how often other chiefs, other Members, people who come to us with concerns from Pennsylvania—they have praised his even-handed, very thoughtful, very hard-working approach. He has truly enabled us to have a very successful office for these last 6 years, and I am very grateful to him.

He is moving on to the private sector, and I understand that. He has served me and my office, our State and our country very well. He deserves the change that he has embraced, and I think he is going to do very well. I am sure he will, and I wish him every success. My only insistence is that he stay in touch because he has become a very good friend and he is just a great source of advice.

Lastly, he is a great patriot. He loves this country. He has served it well, and we are going to miss him.

Madam 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. DURBIN. Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

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

Mr. DURBIN. Madam President, apparently a number of our colleagues here are having second thoughts about the strategy on the floor. We have before us a budget resolution. It is setting the stage for a budget process called reconciliation. To put it in layman's terms, we are going to be moving from this budget resolution vote to a vote at a time to be announced later, possibly in the next 2 weeks, to repeal ObamaCare.

There has been a lot of speculation about what the impact will be if we don't replace the Affordable Care Act, or ObamaCare, with something very quickly—for obvious reasons. We have seen 30 million Americans who now have health insurance because of the creation of the Affordable Care Act.

We have changed health insurance policies across the United States so that if you have someone in your family with a preexisting condition, you can't be discriminated against when you buy insurance.

Back in the old days, before ObamaCare became the law of the land, health insurance companies could just refuse to insure your family or charge you a premium that was beyond reach. We also eliminated the caps that were built in—the limits that were built into these health insurance policies. People were buying policies which cov-

ered up to \$100,000 in expenses. Then, God forbid, there is a diagnosis of cancer or some serious illness, and \$100,000 evaporates over a weekend.

So those limits are no longer allowed in health insurance policies. We said women should be treated the same as men when it comes to premiums. We also went on to say that, when it comes to these health insurance companies, they have to be focused on keeping premium costs in control, and they have to justify any profits that go way beyond the reasonable.

Then we said: If you are a mother or father with a son or daughter coming out of college and they are looking for a job, they are doing an internship, and they don't have health insurance, they can stay on your family policy until age 26.

That is pretty important for a lot of families. My family has been through that with our kids. To know and have peace of mind that your daughter or son can continue to be covered by your family plan—these things are all built into the Affordable Care Act. Now, simply repealing that, even saying it will happen at a later date, throws into question, if not chaos, our health care system in America.

A lot of people are finally thinking about that. It is not just a protest vote about a President who is going to be leaving office in 9 days. It is a life-and-death decision for health care for millions of Americans. Now many of my colleagues on the other side of the aisle are starting to wake up to that reality.

Senator COTTON of Arkansas said: "It would not be the right path for us to repeal ObamaCare without laying out a path forward."

Yesterday, House Speaker PAUL RYAN said that Republicans want to repeal ObamaCare "concurrently" with a replacement—"concurrently."

Senator LAMAR ALEXANDER, my friend and colleague from Tennessee, who chairs the Health, Education, Labor, and Pensions Committee, responded by saying: "To me, 'simultaneously' and 'concurrently' mean ObamaCare should be finally repealed only when there are concrete, practical reforms in place that give Americans access to truly affordable health care"—Senator ALEXANDER.

Newt Gingrich, the former Republican Speaker of the House, said: "I don't think Republicans want to leave 23 million people out there worried that they are going to lose their insurance."

So you go through the long list of Republican dissenters to this notion of repeal and we will get back to you later: Senators CORKER, PORTMAN, COLLINS, CASSIDY, MURKOWSKI. They have come up with an amendment to this budget resolution, and they have said: Let's postpone this whole effort until we have had time to put some work into it and come up with an alternative to answer some of the basic questions about what a new version of the Affordable Care Act would look like.

But the problem with that approach is that they have had 7 years—7 years—to prepare something, and they have nothing. So what are we going to do in the meantime?

We did the responsible thing, I hope. Let's find a way to make the Affordable Care Act even stronger, better, fairer. Sign me up. Make it a bipartisan effort. Don't repeal it. Sit down and rewrite it in a way that is fair and makes it stronger and better.

The basic things we want to make sure of are that people can have the same basic protection if they wish it in health insurance. Ensure that no one loses their current benefits, whether it is maternity care, mental health care, or substance abuse treatment, which is now required to be covered by health insurance plans. Ensure that no one's premiums or out-of-pocket expenses get out of line. Protect people with pre-existing conditions and don't just simply shift the cost to States—my State included—that could not afford to take this on. Keep drug prices down for seniors.

You see, that is a part I did not mention. Medicare is affected by the Affordable Care Act. Under Medicare, the 60 million Americans under Medicare used to have something called a doughnut hole. It was an odd invention when this bill was written into law. It said that Medicare for seniors would cover the front end of their prescription costs, if they are high, and, then, they have to take the middle part out of their savings, and, then, late in the year, Medicare kicked back in.

It was costing seniors \$1,000, \$2,000 a year. We eliminated it with the Affordable Care Act. Now, if you repeal that, what happens to seniors and their prescription drug costs? Those are legitimate questions which need to be answered before we go blindly into repealing the Affordable Care Act.

Let's work together—Democrats and Republicans—to make this a better law. I have said it before and I will say it again. The only perfect law that I am aware of was carried down a mountain by "Senator Moses" on clay tablets. The rest of the efforts that we put into this are always subject to review, amendment, and improvement. The Affordable Care Act I would put in that category.

If there is a good-faith effort on the Republican side to join with Democrats, I want to be part of it. I also want to salute my colleague, Senator DEBBIE STABENOW, who will be on the floor in a couple of hours to talk about the mental health protections and substance abuse treatment protections in the Affordable Care Act. We used to have this debate on the Senate floor about whether health insurance policies should cover mental illness. We debated that. For the longest time, they did not. People with those problems and challenges have long-term care, in some cases.

But because of the bipartisan effort of Mr. Paul Wellstone, the late Senator

from Minnesota, and Mr. Pete Domenici, the retired Senator from New Mexico—Democrat and Republican—we have included it in there. Senator STABENOW wants to make sure that whatever we write in the future is going to cover mental illness and substance abuse treatment.

Facing mental illness challenges across America, facing an opioid and heroin epidemic, we can do no less. Let me tell you a story about Lori Myers in Freeport, IL. She sent me a letter. Here is what she said:

I am writing to ask you to fight to preserve the ACA . . . it has literally saved our daughter Brienne.

Brienne has been insured through the ACA since its inception. . . . She has multiple health concerns and her prescriptions are insanely expensive without insurance.

Lori writes:

It is imperative that she continue to have health coverage in order to remain a functioning and productive adult. . . . She has excellent policies purchased through the Marketplace—with BlueCross BlueShield, and she receives a subsidy to assist with cost.

The increase in premium this year was offset by an increase in the subsidy. She is actually paying \$20-\$30 less for her policy this year than she did last year for basically the same coverage.

Ms. Myers says:

The election of our incoming President and the Republican-controlled Congress has our family in a panic mode. Paul Ryan and company want to take away programs that are assisting people: like Social Security, Medicare, Medicaid, and healthcare.

She makes this final plea:

I am asking you, as our elected official, to stand strong against any attempt to dismantle the Affordable Care Act and these other extremely vital programs.

What does it mean for seniors—the Affordable Care Act?

Well, the first thing it did was to start to contain the growth in health care costs. That had a dramatic impact on Medicare and its future. Because of the Affordable Care Act and the changes it includes, which give to seniors, for example, free preventive health exams and that sort of thing, and because of prescription drugs now being covered so it does not come out of pocket for many seniors—because of these changes and others—Medicare is now financially solvent through 2028.

ObamaCare, or the Affordable Care Act, added 10 years of solvency to Medicare. That is critically important. What happens when they repeal it? Because we slowed the pace of Medicare costs, seniors are now paying \$700 less each year in premiums and cost sharing, on average. Premiums are down, and Medicare solvency is up. We want to repeal that?

Our health care system now prohibits insurers from charging seniors much higher premiums simply because of age. Seniors were often charged five times what younger people paid for health insurance—banned by the Affordable Care Act. ObamaCare, as I mentioned earlier, closed this dough-

nut hole, saving 11 million seniors an average of \$2,127 on their prescription drugs. They want to repeal that?

Thanks to ObamaCare, more than 30 States have expanded their Medicaid Program. People often forget that the vast majority of money spent on Medicaid is for seniors who are in an institutional or at-home-by-themselves setting. So when you cut Medicaid—and people say that it must be the poor unemployed; it is—but the largest amount of money is going to seniors—mothers and fathers, grandmothers and grandfathers.

The Affordable Care Act has been good for kids across America. Between 2013 and 2015 we saw the largest decline of children uninsured in our Nation's modern history. Today, more than 95 percent of kids in America are insured. We ought to be proud of that. In Illinois, there is a 40-percent decline in the number of children uninsured. Under our current health care system, children can now stay on their parents' plans till age 26, as I mentioned.

The number of young adults ages 19 to 25 without health insurance has declined by over 50 percent since we passed this bill. In Illinois, more than 90,000 young people have signed up. Today, insurance companies are required to cover important health care for children free of charge—vaccinations, vision checks, lead poison screening. Of course, we ended the pre-existing condition provisions. The Republicans want to repeal this. What will they replace that with to protect children and seniors?

When it comes to women, because of ObamaCare, the uninsured rate for adult women in America has declined by 44 percent. Today, women can no longer be charged more than men simply because of their gender. Our health care system now prohibits insurers from discriminating based on pre-existing conditions. There was a time, literally, when health insurance companies said being a woman is a pre-existing condition. We are going to charge you more.

Our health care system now ensures that women can get free preventive health services. Before ObamaCare, 62 percent of individual health plans did not cover maternity or newborn care. Today, it is a requirement.

So when you talk about cutting the cost of health insurance and that we will just take off some of these benefits, understand what you are doing. If you take the basic maternity care out of a health insurance plan, and it is not included and it is needed, that family is going to have to bear that expense.

If they can't pay the bill—some won't be able to—who is going to pay for it? The hospital will deliver the baby and send the mother and baby home happy and healthy, I hope. But the cost will be passed on to everyone else who shows up at that hospital with a health insurance plan. That was the old days. Do the Republicans want to return to that?

In the area of behavioral health, as I mentioned earlier, thanks to ObamaCare, health insurance plans now cover mental health and substance abuse disorders. The law extended protections under the Mental Health Parity and Addiction Equity Act to 60 million Americans in private health plans. This means that insurers can no longer discriminate against individuals with mental illness or addiction.

Our health care system now prohibits insurers from discriminating based on preexisting conditions, including the 44 million Americans with some history of mental illness and 20 million with a substance abuse disorder.

When you repeal this, as the Republicans plan on doing, what will they replace it with? What will they say to the families who have someone with a mental illness or someone suffering from a drug addiction?

Substance abuse and mental health disorders often present in young adulthood, and that is why the provision that families can keep their kids on their plan is at the right time and the right place for many young people.

There is a long list of things that were done by the Affordable Care Act. It is one thing to campaign and say: We will repeal it. People cheer. And then you ask yourselves: What are you going to say, as some of the Republican leaders have said, to the people who are going to lose this coverage, to the people who want their guarantees built into their health insurance plans?

I can still remember—and I will bet many watching this debate can too—the bad old days when you called up that adjuster for the health insurance plan that you owned and wondered how long you were going to sit on hold for the person on the other end and if the person on the other end would even be able to comprehend what you were asking.

These sorts of things don't need to be returned as evidence that we are making progress. If we go back to those bad old days, it is a step in the wrong direction for millions of Americans.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Madam President, I am not going to get into a lot of the things that Senator DURBIN got into about increasing the lifespan of Medicare or issues that revolve around folks who get charged more just because they are a woman. But I do want to approach this health care debate from a standpoint of how it is going to impact rural America because it is going to impact rural America in a huge way.

Before I start my prepared remarks, I just want to say something. For the last 6 years, I have listened to folks stand on this floor and talk about repealing health care, repealing health care, repealing health care. Now the folks on the other side of the aisle can do it if they want. But for the last 6 years, I have never seen a plan to replace the Affordable Care Act, and I

still haven't seen a plan. I am going to tell you that if we repeal this bill without a plan to replace it, we will have big, big problems in this country. And if we repeal this bill without a plan that increases accessibility and affordability across this Nation in urban and rural and frontier areas, we will have big, big problems.

I have been visiting for the last—well, it has been over a year but, more specifically, since the election, with folks across rural America on the impacts of repealing this health care bill. These are folks who work to feed our country, farmers and ranchers. These are folks who work with their hands to manufacture products that have that “Made in the USA” stamp on it. These are folks who teach our children, who help keep our families safe, who operate retail businesses on Main Street. These folks, in my opinion, are the backbone of this country.

I am proud to be a product of that rural America, hailing from a town with a population today of about 600 people, so I am not here talking about what is going on in Chicago or L.A. or New York or any of the other big cities. I am going to talk to you about communities where you know your neighbor; communities where you are driving down the street, and you see that pickup, and you know who is in that pickup; folks who, when you go down to the local grocery store, you know their first name. These are towns where often the hospital is the largest employer and it is the only source of health care, that foundation that keeps families healthy.

I am here to talk to you about how this Affordable Care Act has been so important to those families in rural areas in States like mine. By the way, all of Montana is rural.

Today, more Montanans have health insurance than ever before. That is undeniable. Folks are no longer denied coverage by insurance companies because they have preexisting conditions like diabetes nor are they forced to pay higher premiums because they have common ailments like high blood pressure. Children are able to stay on their parents' insurance policies for a time until they finish their college career or launch lives of their own. Folks who have life-threatening diseases like cancer can now finish the treatments without hitting an arbitrary cap and being kicked off their insurance plan. Now they are required to be able to stay on it. And seniors can get out of the prescription drug doughnut hole faster, which was costing them millions of dollars each and every year. In fact, since the ACA was signed into law, Montana seniors alone have saved \$56 million in prescription drug costs and there is enough money in the bank, as I said in my opening, to keep Medicare above water through 2028.

These reforms have made incredible impacts on people in rural America. But don't just take my word for it; listen to everyday Montanans. I have

been traveling across that State, hearing their stories, hearing their struggles, hearing their successes.

Just this weekend, a man stood up at a public forum I was hosting in Missoula and talked about how the ACA saved his life. He told me that he had a heart attack the previous week. He was home and started having some chest pains. He picked up the phone, called his doctor—a doctor who he had, thanks to the insurance he received under the ACA.

Luckily, he survived his heart attack, was able to get the treatment he needed, and was able to come to my roundtable that I had in Missoula. He told me: I know myself, if I did not have insurance, and I could not afford to get it without the ACA, I would not have called the doctor, and I would have died. As pointedly as that, he would have died.

I have traveled around Montana. I have found that this story is not unique. I can take you to a coffee shop in Havre—population 8 to 10,000—where seniors have told me that they no longer have to choose between prescription drugs and heating their homes.

I can take you to the grocery store in Great Falls, where a man came up to me and said: “I finally have peace of mind that I won't lose my home if I get sick.”

Or I can introduce you to my best friend growing up in Big Sandy, who now lives in Seattle, who no longer can be denied coverage due to the fact that he has diabetes, a preexisting condition.

These are real success stories and real-life impacts across Montana and across this country. But rather than build on the successes of the ACA and fix the problems with the ACA, there are folks in this body who want a full-scale repeal, ignoring any of the progress that we have made.

They want to go back to the old health care system. And here is what that would look like in Montana: 152,000 Montanans with preexisting conditions will be at risk of losing their health care plans; 61,000 Montanans enrolled in Medicaid—just in the last year because that is when the Medicaid expansion actually went into effect—will lose their health care coverage. Montana seniors will lose help paying for their prescription drugs. Insurers will be allowed to subject every Montanan to lifetime and annual caps on their coverage. And women will lose important protections that prevent them from being charged more for coverage than men.

It doesn't stop there, folks. Their plan to repeal health care coverage without presenting a replacement doesn't just impact families. It will wreak damage on our rural hospitals and clinics too.

I will tell you that if we lose these hospitals and clinics—and we all know how rural America is drying up—it is another nail in the coffin of rural

America. Folks will not be able to live there if they are over the age of 50 because they will have no access to health care.

The Affordable Care Act has provided rural hospitals and clinics a level of certainty that, quite frankly, they have never had before. Every day in rural communities, folks rely on their local hospitals and clinics for everything from basic checkups to emergency treatments. I know. And as folks age, they have the peace of mind to know that they can visit their hometown provider without being forced to travel long distances.

But if folks in Congress take us back to the old health care system, they put these local hospitals and clinics at extreme risk.

Take Mineral County in Superior, MT. The county is home to just over 4,000 people—not a lot by national standards but a lot by Montana standards—nurses, schoolteachers, construction workers, all folks who want reliable access to affordable care. According to the Mineral County Hospital CEO, a repeal of the ACA would mean a real loss to that community. The hospital would be probably shutting its doors.

Without a hospital in that community, folks would be forced to travel over 100 miles to deliver their baby or take an expensive air ambulance ride, which is a whole other problem, for emergencies that come down the pike, like a broken arm. And if I am a new parent or senior, I will not be taking that risk. I am going to be moving closer to a hospital. But there are a lot of folks who can't afford to leave their homes—in some cases, homesteads, where their families have lived for generations—to move somewhere closer to medical care.

I can tell you that in my small community, there are a lot of folks, who, when they hit age 65, have to move to a bigger town to be able to have access to the kind of specialty care they need. You can move that age down to age 50 if we lose these hospitals in these rural areas. These rural hospitals not only keep patients alive; they keep communities alive too. A repeal of the ACA—I am told by the hospitals—would kill those rural hospitals which, as I said before, would be another nail in the coffin of rural America.

Let's take, for example, the Billings Clinic, which is Montana's largest health care provider. They are responsible for innovating and providing critical resources to rural areas through things like telemedicine. But the Billings Clinic will not be able to make this large-scale impact anymore if their patients are no longer able to pay their medical bills because they lost their access to Medicaid, cost-free preventive care, or insurance from the marketplace. Repealing the ACA will restrict their ability to provide quality care and jeopardize their standing as a pillar in Montana.

It is not just hospitals either. It is community health centers serving over

100,000 Montanans every year, fully one-tenth of our population. They are at risk of losing 70 percent of their Federal funding.

Let me repeat: If health care progress is repealed, the community health centers in Montana will be at risk of losing 70 percent of their Federal funding. These devastating impacts are not unique to Montana, but this is how it is going to play out across this country in rural areas with hospitals and clinics—more uncompensated care, more trips to the emergency room without insurance, more hospitals facing the grim reality of having to close their doors.

Oftentimes I wonder if it really matters to Congress. It looks as if they intend to go through with their plan, which will have devastating impacts on the patients, and, by the way, it will have devastating impacts on their taxpayers.

Repealing this health care coverage without a replacement will add an additional \$350 billion—\$350 billion—to the deficit and the debt over the next 10 years, and this budget resolution will saddle the next generation with an additional \$9 trillion in debt over the next decade.

You know, it is amazing. When I came to this body, there were folks talking about the debt all the time. In the last 2 years, I have heard little talk about the debt. With the exception of RAND PAUL, everyone who was supposedly a deficit hawk voted to increase our deficit and debt by \$9 trillion over the next decade. This would push our total national debt to nearly \$30 trillion by year 2026. I stand with RAND PAUL on this one. Hamstringing the next generation with additional debt is unacceptable, especially when you are taking away their health care coverage to boot.

As folks try to jam this bill through Congress, I have barely heard a peep about this increase to the deficit. Oh, my, how times have changed.

The folks who are normally card-carrying Members of fiscal restraint are now swiping the credit card of the next generation. I dare those Members to go back home and tell their neighbors that you are going to take away their health coverage, and, oh, by the way, you are going to add about \$9 trillion to the debt too. Try to do that with a straight face.

I will be the first to tell you that the ACA isn't perfect. I have heard that also in my travels across Montana. Costs have gone up. Premiums are rising. Many hard-working middle-class families cannot afford health care. That is unacceptable. So we ought to do something about that.

Let's tackle rising premiums. Let's hold health insurance and drug companies accountable. Let's put patients before profits. But I am telling you, repealing all the progress we have made will not do that. We need to build on the successes we have had in the last few years, not tear them down.

Members of this body, quite frankly, this is not just a debate about health

care. It is a debate about our economy, our growing deficit, the foundation of our rural communities.

The folks in this Congress who are pushing to repeal without a replacement will kick families off their health insurance, close down rural hospitals and clinics, and add \$9 trillion to the debt if they succeed.

Rather than go down this dangerous path, I have a suggestion. Let's roll up our sleeves and work in a bipartisan manner to increase access and affordability, to lower the cost of care, to bring down prescription drug prices. I will tell you, I am willing to work with anyone: Republican, Democrat, Independent, Libertarian, whoever wants to have a serious conversation about improving our Nation's health care system. But I am not going to allow folks in this body to take us back to the old days, the days when our friends and families couldn't afford to get sick.

Members of the Senate, it really is time to listen to what is going on, on the ground. We have an opportunity to build on the progress we have made, and work towards a bipartisan solution that will work for the backbone of this country, the folks in rural America.

I yield the floor.

The PRESIDING OFFICER (Mr. TILLIS). The Senator from New York.

Mrs. GILLIBRAND. Mr. President, I rise in favor of amendment No. 82. This amendment would make it so anyone in Congress trying to destroy the Affordable Care Act would not be allowed to touch women's health care services.

I have been listening to my colleague from Montana and my colleagues in this Chamber speak about health care in our country, and after many hours, I am worried there is a lack of concern. I am worried there is a basic lack of empathy of what is going to actually happen to millions of Americans, and I am particularly worried about what will happen to women and their children and their families. So I want to spend a moment just talking about what the ACA actually provides for women and what actually will happen when it is no longer there.

I am very concerned that we are barely 1 week into the new Congress and too many of my colleagues have already made it clear that their most urgent priority this year is to take our country back to its darker days when women could be denied coverage and charged higher health care premiums just because they are women. I am outraged by this, and I stand with millions of American women and men, moms and dads, sons and daughters who are outraged too. The Affordable Care Act uniquely gave women access to health care on a level that was unprecedented. In fact, 9.5 million more women now have access to basic health care because of that law.

In my State alone, thanks to the Affordable Care Act, women can now have access to contraceptive care, cancer screenings, and mammograms. Millions of women who were pregnant or

survived diseases like cancer are able to keep seeing their doctors without fear that their health insurance companies will take it away, but too many people in this Chamber don't seem to understand that consequence or seem to care about that consequence. After years of talking about it, some of my colleagues now seem determined—even entitled—to take away this lifesaving health care for millions of women.

The election in November was not about women's health care. No one came to Congress with a mandate to take away women's access to mammograms and cancer screenings, but now we are one big step closer to once again making it impossible for millions of American women to see a doctor when they need to in order to access basic medicine and reproductive health care services so they can live healthy, happy, productive lives. For some, there is a very real risk that if they do get cancer or some other life-threatening disease, they will have to declare bankruptcy just to pay for the health care they need. This is something we must stand together to stop. It will show the American people that we understand what is happening to them. The consequences are too real and too dangerous, and for too many families the consequences are actually life or death.

We should never go back to the days when insurance companies can tell a woman: You are no longer economic for us. We can't make money insuring pregnant women. We cannot go back to the days where insurance companies can tell a breast cancer survivor to go elsewhere because their insurance costs too much. I don't think we can ever go back to the days when insurance companies can simply charge women more for the same plan than men. We should not turn back women's basic health care rights.

My amendment makes it very clear that the Senate would be forbidden from directing the committees to cut funding for basic women's health care services. It would ensure that the women's health care protections we put into the Affordable Care Act would stay there and women would have access going forward. It protects vital services such as disease screenings and comprehensive reproductive care that millions of women in my State rely on.

If my colleagues destroy the Affordable Care Act, it will have real, direct, and painful consequences for a lot of women and the families who love them. I think it would be what we call the ultimate overreach by Congress, and it would take years to fix.

I urge my colleagues to not let these protections be taken away from American women and their families, and I urge my colleagues to join me in supporting this very simple amendment.

I yield the floor.

The PRESIDING OFFICER. The minority leader.

Mr. SCHUMER. First, Mr. President, let me thank my dear friend and colleague from New York, not only for her

great remarks today and her amendment but for her passion, intelligence, and success in fighting for equality for women. I very much appreciate those efforts.

SENATOR BOOKER'S TESTIMONY BEFORE THE
JUDICIARY COMMITTEE

Right now Senator BOOKER, my friend from New Jersey, is beginning his testimony before the Judiciary Committee. Senator BOOKER sought to testify before this panel, and it was unprecedented. My friend Senator BOOKER is a leading voice, not just in this caucus but in this body, on civil rights and so many other issues. He speaks with a passion and eloquence and intelligence on these topics and with a knowledge and depth from which we all benefit.

I regret that a sitting U.S. Senator has to fight to earn the right to speak at the Judiciary hearing on Thursday, and I regret the manner in which he was treated—he and his colleagues from the House—being placed on the last panel today. Traditionally, Senators want to speak early on. That was the case, and I am glad he is testifying.

He is speaking right now, and I would urge my colleagues and all of America to tune in and watch because what Senator BOOKER has to say will be very important for all of us to hear.

I thank the Presiding Officer, and I yield the floor.

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

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

CLIMATE CHANGE

Mr. WHITEHOUSE. Mr. President, I have crossed through and beyond 150 "Time to Wake Up" speeches. People sometimes ask me how I come up with the material. It is actually easy, even week after week after week, because it only takes reading the news. If we look back at the headlines and dubious milestones of 2016, we find plenty to talk about.

Last year was hot. NASA and NOAA are expected to certify later this month that 2016 was the hottest year in recorded history, exceeding the previous record set by 2015 and the previous record set by 2014. What this means is, 2014, 2015, and 2016 have each succeeded the last as the three hottest years on record.

The United Nations World Meteorological Organization found that the world was 1.2 degrees Celsius or over 2 degrees Fahrenheit warmer in 2016 than it was before the Industrial Revolution and the dawn of wide-scale fossil fuel use.

We are careening closer and closer to the 2-degree Celsius mark which scientists say brings, to quote Donald Trump in 2009, "catastrophic" and "irreversible" climate effects.

In 2016, climate change continued to make some places almost unrecogniz-

able. Up north in the Arctic things got bizarre. Thermometers spiked in mid-November to almost 35 degrees Fahrenheit warmer than normal, with a 37-year low in the nearby sea ice. The peaks were about 50 degrees above normal, and around Christmas it actually rose above freezing at the North Pole. Imagine, the snow was actually beginning to melt at the North Pole just as Santa was loading his sleigh with Christmas gifts.

In the tropics, undersea forests of once colorful coral stood bone white as the Great Barrier Reef experienced the greatest bleaching and coral die-off on record. What happens is that the superwarm water stressed the corals. That forces them to expel the tiny algae that lives symbiotically with the coral, providing them their food, and that is what gives coral reefs their beautiful color and their life. When the algae go, the coral structures turn ghostly white. They often do not recover.

It is not just the Great Barrier Reef. My clips today included a story from Japan, whose biggest coral reef has just been determined to be 70 percent dead.

The researchers in Australia found severe bleaching throughout the Great Barrier Reef. The Guardian reported in March that "93 percent of the 3,000 individual reefs [had] been touched by bleaching, and almost a quarter . . . [had] been killed by this bleaching event."

By November, around two-thirds of the northern portion of the Great Barrier Reef had died, with some atolls suffering complete devastation. Warming is at the heart of that catastrophe.

We also know from the physical laws of thermal expansion that as ocean water warms, it does something else. It expands. The oceans also are taking in melting water from our shrinking glaciers. Together, those factors are causing sea levels to rise worldwide. Last year, the Proceedings of the National Academy of Sciences predicted that at our current pace, over 90 percent of the world's coastal areas will experience almost 8 inches of sea level rise by 2040. Year 2040 is not that far away. On the Atlantic coast of the United States, it will be more than 15 inches. By 2040, a house that you bought on the coast today could be literally underwater before you paid off your 30-year mortgage. The real estate business is starting to take notice.

Zillow, the online real estate marketplace, has released a tool for users to show how potential sea level rise by 2100 would affect the over 100 million U.S. homes in its database. Around 1 in 50 homes in the United States, or just under 2 million properties, will find their ground floors underwater by 2100 if we don't get ahead of this. Thirty-six U.S. cities would be considered "completely lost"—those are their words—"completely lost," and another 300 cities would lose at least half their homes. This doesn't even include commercial or public properties.

Government-backed mortgage giant Freddie Mac is girding for broad losses from climate-driven flooding. "The economic losses and social disruption may happen gradually," it wrote in an April 2016 report, "but they are likely to be greater in total than those experienced in the housing crisis and Great Recession."

Let me say that again. The economic losses "are likely to be greater in total than those experienced in the housing crisis and Great Recession."

The report says some of the effects of climate change may not even be insurable and, unlike our 2008 housing crash, owners of homes that are subsumed by rising seas would have little expectation of their homes' values ever returning and, therefore, little incentive to continue to make mortgage payments through the crisis, and that, in turn, adds to steeper losses for lenders and insurers.

Remember that Donald Trump signed, along with his children, this full-page ad in the New York Times in 2009. Here is what it said, speaking as Americans:

[W]e must embrace the challenge today to ensure that future generations are left with a safe planet and a strong economy. . . .

He said to the President in this advertisement:

We support your effort to ensure meaningful and effective measures to control climate change, an immediate challenge facing the United States and the world today.

It went on:

Please don't postpone the earth. If we fail to act now, it is scientifically irrefutable—

Let me repeat his words—

scientifically irrefutable that there will be catastrophic and irreversible consequences for humanity and our planet.

That is what Donald Trump and his family said in a 2009 ad, "catastrophic and irreversible."

We have been warned.

President-Elect Trump also pledged to "drain the swamp" here in Washington of corporate insiders and special interests. But we don't see that. We see an alligator pack of climate deniers, oil executives, and Koch brothers flunkies nominated to fill his Cabinet, his White House, and his executive agencies.

The Koch brothers, Exxon, and other special fossil fuel interests stand on one side. On the other side stand our military, our National Labs, and NASA.

Let me put in a little footnote on NASA. They have a rover driving around on the planet Mars right now. Do you think their science might be OK? And, on the other side, also, I think, is every university in the United States of America. That is the choice: The fossil fuel guys, led by the Koch brothers and ExxonMobil, and the whole array of phony baloney front groups that they have stood up to try to mask their hand, or the virtually complete science establishment of the world, every Nation, our military, our National Labs, and all of our universities. Who are you going to believe?

The ones with the huge conflict of interest or the people who know what they are talking about?

Well, too many people in this room have made the wrong choice, but we need to fix it.

In Rhode Island, some good things happened last year. After over 8 years of work, we have the Nation's first offshore wind farm. Thirty megawatts, five turbines came online in December 2016—the Block Island Wind Farm. I am proud of Deepwater Wind for getting it done. I am proud of Rhode Island for establishing a process for siting an approval that is now a national model. It is part of a transformation that happened, emphasized in 2016, and that was jobs in the renewable energy industry taking off.

At the end of 2016, we had 400,000 wind and solar jobs, and by 2020, that number is expected to be 600,000. As employment climbs in these industries, costs for renewable technologies continue to drop compared to fossil fuels.

Last year we saw new records for electricity generation from renewable sources. Texas wind generation hit a record 15 gigawatts in December of last year, meeting 45 percent of the State's power needs, with 18,000 megawatts installed and another 5,000 megawatts under construction.

In Iowa, MidAmerican Energy is planning to add 2,000 megawatts of new wind by 2019. Once installed, 85 percent of the energy MidAmerican generates will be renewable.

We continued to make real progress internationally in 2016 as well. Earth Day was the signing ceremony for the historic Paris climate agreement. Nearly 200 nations pledged to reduce their greenhouse gas emissions. By October, we met the threshold for ratification of that agreement, when over 55 countries officially joined, and the agreement was fully adopted in November.

Just this week, over 630 companies and major investment firms, with a combined 1.8 million employees and \$1.15 trillion in annual revenue, called on President-Elect Trump, us in Congress, and global leaders to continue to participate in and implement the Paris Agreement to “create jobs and boost U.S. competitiveness.”

This is the business community saying that the Paris Agreement will create jobs and boost U.S. competitiveness.

Signatories included food giants General Mills, Kellogg's, Campbell's Soup, and Mars; apparel companies VF Corporation, Nike and Levi's; and other corporate heavy weights like Monsanto, DuPont, Intel, and Johnson & Johnson.

Mr. President, I ask unanimous consent that the “Business Backs Low-Carbon USA” letter be printed in the RECORD at the conclusion of my remarks.

I sure hope President-Elect Trump will heed this call from the leaders of the business community.

Closing word: Secretary of State Kerry, in addition to providing great leadership through this, has also started doing something that I know is precious to him and that is important to me and many of our colleagues; that is, to give oceans the global attention they deserve. In September, more than 90 countries convened here in Washington for the Our Ocean Conference. Nations, nonprofit organizations, foundations, and big corporations all came together pledging over \$5 billion for marine conservation and committing to protect more than 1.5 million square miles of ocean. Secretary Kerry secured the legacy of the Our Ocean Conference by locking in hosts for the conference for the next 3 years.

So 2016 was a year of worsening climate effects but also of heartening climate action. The dramatic changes taking place in the Earth's climate are now undeniable, but so is the growing spirit of action among men and women of good conscience across the United States and around the world. One can hope that 2017 will be the year when we in this Chamber finally wake up.

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

BUSINESS BACKS LOW-CARBON USA

DEAR PRESIDENT-ELECT TRUMP, PRESIDENT OBAMA, MEMBERS OF THE US CONGRESS, AND GLOBAL LEADERS:

We, the undersigned members in the business and investor community of the United States, reaffirm our deep commitment to addressing climate change through the implementation of the historic Paris Climate Agreement.

We want the US economy to be energy efficient and powered by low-carbon energy. Cost-effective and innovative solutions can help us achieve these objectives. Failure to build a low-carbon economy puts American prosperity at risk. But the right action now will create jobs and boost US competitiveness. We pledge to do our part, in our own operations and beyond, to realize the Paris Agreement's commitment of a global economy that limits global temperature rise to well below 2 degrees Celsius.

We call on our elected US leaders to strongly support:

1. Continuation of low-carbon policies to allow the US to meet or exceed our promised national commitment and to increase our nation's future ambition
2. Investment in the low carbon economy at home and abroad in order to give financial decision-makers clarity and boost the confidence of investors worldwide
3. Continued US participation in the Paris Agreement, in order to provide the long-term direction needed to keep global temperature rise below 2 °C

Implementing the Paris Agreement will enable and encourage businesses and investors to turn the billions of dollars in existing low-carbon investments into the trillions of dollars the world needs to bring clean energy and prosperity to all.

We support leaders around the world as they seek to implement the Paris Agreement and leverage this historic opportunity to tackle climate change.

22 Designs, 3P Partners, 3Sisters Sustainable Management, LLC, 475 High Performance Building Supply, 900 Degrees Neapolitan Pizzeria, **Abt Electronics**, Abundance Food Coop, **Acer America Corporation**, Ac-

tive Minds LLC, Addenda Capital, **adidas Group**, **Adobe, Inc.**, Aegis Renewable Energy Agrarian Ales, AJO, **Akamai Technologies, Inc.**, Allagash Brewing Company, **Allianz**, Allumia, AlphaFlow, Inc., Alta Ski Area, Altiz Orchard, Amalgamated Bank, **AMD**, **Ameresco, Inc.**, American Outdoor Products, Inc., Amherst College, Amicus GBC, LLC, Anchor, Ankrom Moisan Architects, Annie Card Creative Services, **Annie's, Inc.** Anthesis Group, Anthropocene Institute, Apricus Inc., Arapahoe Basin, Artemis Water Strategy, As You Sow, Aslan Brewing Company LLC, Aspen Brewing Company, **Aspen Skiing Company**, Athena Sustainable Materials Institute.

Athens Impact LLC: Socially Responsible Financial Services, Auralites Inc., Auralite Consulting, **Autodesk, Inc.**, **Aveda**, **Avery Dennison**, Azzad Asset Management, Baldwin Brothers Inc., Beautycounter, Belay Technologies, Inc., BELKIS Consulting, LLC, **Ben & Jerry's Homemade, Inc.**, Bent Paddle Brewing Co., Bergsund DeLaney Architecture & Planning, Bespoken Corporate Communications, Big Kid Science, Big Path Capital, Biodico, **Biogen, Inc.**, Biohabitats, Inc, BioJam Industrial Research & Development Global, Inc., Biosynthetic Technologies, BKW III, LLC, Blackthorne S&D Consulting, Blogs for Brands, **Blue Cross Blue Shield of Massachusetts**, Blue Moon Wellness, Blue Mountain Solar Inc., Boardwalk Capital Management, Bora Architects, Boreal Mountain Resort/Woodward Tahoe/Soda Springs Ski Resort, Borst Engineering & Construction LLC, Boston Common Asset Management, Bowling Green LLC, Box Digital Media, BR+A Consulting Engineers, Breathe New Hampshire, Breathe Deep, Brewery Vivant, Brit + Co, Broadside Bookshop, Buglet Solar Electric Installation, Bump'n Grind, Bunk House at ZION Bed & Breakfast, **Burton Snowboards**, Business Wisdom, C+C, **CA Technologies**, Califia Farms, California State Teachers Retirement System, Calvert Investments, Calypso Communications LLC.

Cambridge Energy Advisors, **Campbell Soup Company**, Carbon Lighthouse, Carolina Biodiesel, LLC **Catalyst Paper Corporation**, Catalyze Partners, CDI Meters, Inc., CEO Pipe Organs/Golden Ponds Farm, Cerego, CEVIG, Charge Across Town, Che Qualita Enterprises, Inc., Cheryl Heinrichs Architecture, ChicoEco, Inc DBA ChicoBag Company, Christopher Reynolds Foundation, City Brewery, Clean Agency, Clean Edge, Inc., Clean Energy Collective, Clean Energy Investment Management, Clean Technology Partners, LLC, Clean Yield Asset Management, CleanCapital, Clear Blue Commercial, **Clif Bar & Company**, Climate Coach International, LLC, Climate First!, Climate Ready Solutions, Cloudability, Coelius Consulting, Coerver Analytics, LLC, Columbia Green Technologies, **Columbia Sportswear Company**, Community Capital Management, Inc., Confluence Sustainability, Congregation of Sisters of St. Agnes, Congregation of St. Joseph, Connecticut Retirement Plans and Trust Funds, CONTEMPLE8 T-SHIRTS LLC, Cool Energy, Cooper Spur Mountain Resort, Copper Mountain Ski Resort, Copyrose Marketing & Communications, Cornerstone Capital Group, **Craft Brew Alliance**, Creekwood Energy Partners, Crystal Mountain, CTA Architects Engineers, Current Media Group, Cyclone Energy Group, Dahlman Ranch, Inc., Dana Investment Advisors, **Dannon Company, Inc.**

Daughters of Charity, Province of St. Louise, DBL Partners, Deep Green Inc, Deer Valley Resort, Dehn Bloom Design, Deschutes Brewery, Detour, **Dignity Health**, Distance Learning Consulting, Do Good Investing, LLC, Domini Social Investments LLC, Dominican Sisters of Mission San Jose, Dominican Sisters of Peace, Dominican Sisters of

San Rafael, Dominican Sisters of Sparkill, Drew Maran Construction, Inc., **DuPont**, Durango Compost Company, Eaglecrest Ski Area, Earth Friendly Products (ECOS), EarthKind Energy, Earthshade Natural Window Fashions, **Ebates**, **eBay**, Echo Credits, Echo Mountain, **Eco-Products**, Ecogate, EcoPlum, ecoShuttle, Ecosystems Group, Inc. Eighty2degrees LLC, **EILEEN FISHER**, Eleek, Inc., Elephants Delicatessen, Ellenzweig, Emerger Strategies, Empowerment Solar LLC, Endosys, Energy Optimizers, USA, **Entercom Communications Corp.**, Environment & Enterprise Strategies, EOS Climate, Epic Capital Wealth Management, Eskew+Dumez+Ripple, Espresso Parts LLC, Essex Timber Co. LLC, Ethical Markets Media Certified B Corp., ETM Solar Works, Eva Realty, LLC, Everence & the Praxis Mutual Funds, Exact Solar, Fairhaven Runners, Inc., Faller Real Estate, Felician Sisters of North America Inc., Leadership Team, **Fetzer Vineyards**, Fiberactive Organics.

Filtrine Mfg. Co., First Affirmative, Financial Network, Flink Energy Consulting, FOG Pharmaceuticals, Inc., Four Twenty Seven, Franciscan Sisters of Allegany, NY, **Fremont Brewing**, Friends Fiduciary Corporation, Future Energy Enterprises, LLC, Gale River Motel, LLC, **Gap Inc.**, Garmentory Inc., Gauthereau Group, GCI General Contractors, **Genentech, Inc.**, **General Mills, Inc.**, Gerding Edlen, Gerding Edlen Development, Gladstein, Neandross & Associates, Globetrans EC, GO Box, Going Beyond Sustainability, Good Company, Good Energy Guild, Goodmeetsworld, Granlibakken Management Company, Green Alliance, Green Century Capital Management, Green Hammer, Green Heron Tools, LLC., Green Pod LLC, Green Star, GreenBeams, LLC, GREENPLAN Inc., Greentown Labs, **Hackensack Meridian Health**, Hammerschlag & Co. LLC, Hanging Rock Animal Hospital, Inc., Hannon Armstrong, **Happyfamily**, Hello!Lucky, Hemp Ace International LLC, **Hewlett Packard Enterprise**, High Plains Architects, PC, **Hilton**, HJKessler Associates, Holiday Valley Resort, Horse & Dragon Brewing Company, House Kombucha, **HP Inc.**, ICCR (Interfaith Center on Corporate Responsibility), Ideal Energy Inc, IDEAS For Us, **IKA North America Services, LLC**, Impact Bioenergy, Inc., Impax Asset Management.

Independence Solar, Indow, Infer Energy, Innovative Power Systems, Inntopia, INTEGRAL GROUP, **Intel Corporation**, IntelliparkUS, Inc., Interdependent Web LLC, **Interface**, Intersection, Intex Solutions, Inc., ISOS Group, iSpring, Itty Bitty Inn, Jackson Hole EcoTour Adventures, Jackson Hole Mountain Resort, Jacoby Architects, Jantz Management LLC, JF Pontzer, LLC, JGE Global LLC, Jiminy Peak Mountain Resort, LLC, JJ McNeil Commercial, JLens Investor Network, **JLL**, JMJ Construction Group, **Johnson & Johnson**, Jonathan Rose Companies, Joule Energy, JSA Financial Group, JTN Energy, **Jupiter Aluminum**, Just Business, Justice Commission of the Sisters of the Presentation of the Blessed Virgin Mary, Aberdeen, SD, **K2 Sports**, Kayak Media, **Kellogg Company**, KERBspace, Kirksey Architecture, KL Felicitas Foundation, Kleynimals, Kostis Kosmos Inc., Krull & Company, Kuity Corp., **L'Oreal USA**, Law Office of Nancy D. Israel, Lazarus Financial Planning, LLC, Le Pain Quotidien, Leadership Team Sisters of St. Francis of Tiffin, OH, **Levi Strauss & Co.**, LifeWise Community, Liftopia, Inc., LightWave Solar, Linear City Concepts, LiveNeighborly, Livingston Energy Innovations, Locksley, Inc., Long Wind Farm, Lookout Pass Ski & Recreation Area, **Louis Berger U.S.**, Lutsen Mountains Corporation,

Lyft, M.A. Mortenson Company, Mammoth Mountain and, June Mountain, ManpowerGroup, Mars Incorporated, Maryknoll Sisters, Mazzetti + GBA.

Melina/Hyland design group, Mennonite Education Agency, Mercatus, Inc., Merck Family Fund, Mercury Press International, **Mercy Health**, Mercy Investment Services, Michael W. Grainey Consulting LLC, Midwest Capuchin Franciscans, Mightybytes, MILLC, Miller/Howard Investments, MindEase Billing, Minerva Consulting, Mission Cheese, Mobile Data Labs, **Mondelez International, Monsanto Company**, Montanus Energy, Moore Capital Management, MooreBetterFood, Mount Bohemia, Mountain Gear, Inc., Mountain High Resort, Mountain Rider's Alliance, LLC, Mountain Rose Herbs, mphpm design, Mt. Hood Meadows, Mulago Foundation, MyFlightbook, National Foundry, **National Ski Areas Association**, Natural Habitat Adventures Natural Investments, Neighborhood Sun, Neil Kelly, Nettleton Strategies, **New Belgium Brewing**, New Horizon Financial Strategies, New York City Comptroller's Office, New York State Common Retirement Fund, **NIKE**, North Highland Worldwide Consulting, North Ridge Investment Management, North Sound Energy Remodel, LLC, NorthFork Financial, LLC, NorthStar Asset Management, Inc., Northwest Coalition for Responsible Investment, Nurx, Oasis Montana Inc., Octagon Builders, Office of the General Treasurer of Rhode Island, Ogres Ogress productions.

OhmConnect, OLA VIE, Old Bust Head Brewing Company, Omnidian, Inc., On Belay Business Advisors Inc, Oregon State Treasurer, **Organically Grown Company**, Orion Renewable Energy Group, Our Earth Music, Inc., **Outdoor Industry Association**, Outdoor Project, Outerknown, Owens Business & Cnsltg., Llc., **Pacific Gas and Electric Company, Page**, Parnassus Investments, **Patagonia**, Pax World Funds, Payette, PeopleSense Consulting, Pepper Sisters, Inc., **Perkins+Will**, Pitchfork Communications, Planet Cents, PlanGreen, PLC Repair, Portfolio Advisory Board, Adrian Dominican Sisters, Portland Consulting Group, Presbyterian Church U.S.A., Priests of the Sacred Heart, Prisere, Projector.is, Inc., Protterra, Inc., Pure Strategies, Inc., Quest, Quri, RADAR, Inc., Re-Nuble, Inc., **Recreational Equipment, Inc.**, Region VI Coalition for Responsible Investment and Sisters of the Humilityof Mary, ReGreen Inc., RenewWest, Reynders, McVeigh Capital Management, LLC, Reynolds Foundation, Rivermoor Energy, RL Investments, Rockford Brewing Company, Room & Board INC, Roots Realty, **Royal DSM**, RPM Bank, Ruffwear, Rune's Furniture and Carpet, Rutherford + Chekene, s2 Sustainability Consultants.

Salesforce.com, Sarah Mae Brown Consulting LLC, Saris Cycling Group, Sasaki Associates, **Saunders Hotel Group**, Savenia, **Schneider Electric**, School Sisters of Notre Dame Cooperative Investment Fund, Scoville Public Relations, SEA Builders LLC, **Sealed Air Corporation, Seattle City Light**, Sefto Living, Seismic Brewing Company, SEIU Staff Fund, Servants of Mary, **Seventh Generation**, Seventh Generation CRI, SharePower Responsible Investing, Inc., SheerWind, Sheng Ai International, LLC, Shift Advantage, Sidel Systems USA Inc., Sierra Club Foundation, Sierra Energy, **Sierra Nevada Brewing Co.**, Sierra Real Estate, Sigma Capital, Silicon Ranch Corporation, Sisters of Bon Secours USA, Sisters of Charity of Leavenworth, Sisters of Charity of New York, Sisters of Charity, BVM, Sisters of Saint Francis, Rochester, Minnesota, Sisters of Saint Joseph of Chestnut Hill, Philadelphia, PA, Sisters of St. Dominic of Caldwell, Sisters of St. Dominic, Racine,

Wisconsin, Sisters of St. Francis of Philadelphia, Sisters of St. Joseph, Sisters of St. Joseph of Boston, Sisters of the Humility of Mary, Sisters of the Precious Blood, Sisters of the Presentation of the BVM, Sisters of the Sacred Heart of Mary WAP, Skibutlers, Smarter Shift Inc., SMMA, Snake River Brewing Co., SNOCRU LLC, Snow King Mountain Resort.

Snowbird Resort, Sol Coast Consulting & Design, LLC, SolAire Homebuilders, Solar Concierge, Solar Design Associates, **SolarCity**, Solberg MFG, Solitude Mountain Resort, Sonen Capital, South Salem Cycleworks, SouthStar Capital LLC, SPEEDILICIOUS LLC, Spruce Finance, **Squaw Valley/Alpine Meadows Ski Resort, LLC, Staples, Inc., Starbucks Coffee**, Startworks Ventures, LLC, Starvation Alley Farms, State of Maryland Treasurer's Office, Stevens Pass Mountain Resort, Stitch, **STOKE Certified**, StoneWork Capital, **Stonyfield**, Strategic Carbon LLC, Strategic Imperatives Inc., Strong Brewing Co., StudentVox, Stumptown Coffee Roasters, Sugarbush, Sundance Mountain Resort, SunEx Solar, **Sungevity**, Sunsprout Farms, SustainAbility, Sustainability and Impact Investing Group, Rockefeller Asset Management, Sustainability Roundtable Inc., Sustainability Solutions LLC, Sustainable Action Consulting PBC, Sustainable Business Consulting, Sustainable Capital, Sustainable Food Trade Association, Sustainable Health Solutions, Inc.

Sustainable Insight Capital Management, Sustainable Island Products, Sustainable Manufacturing Consulting, Sustainable North Bay, SustainableBusiness.com, Sustrana, SVT Group, Swift Foundation, **Symantec Corporation**, Synapse International, T2 Energy, Taos Ski Valley, Inc., Teak Media + Communication, Tech Networks of Boston, Terra Alpha Investments LLC, Terrapin Bright Green, TerraShares, **Tesla, Tetra Pak**, Tevlin Strategic Communication, The Alchemist Brewery, The Brainerd Foundation, The George Gund Foundation, The Green Engineer, Inc., The Green Suits, LLC, **The Hartford**, The Hivery, The Lion Company, Inc., The McKnight Foundation, **The North Face**, The Pension Boards—United Church of Christ, Inc., The Pretenders, The Refill Shoppe, Inc., The Ruskin Group, The Spotted Door, The Stella Group, Ltd. The Sustainability Group at Loring, Wolcott & Coolidge, The Tofurky Company, Thinkshift Communications, Third Partners, **Thornton Tomasetti**, Three Corners Capital, Thriving Solar, Throwback Brewery, **Tiffany & Co., Timberland**, Toad&Co, TransPower, TransUNImission, Inc, Trap Door Brewing, TreeZero, Tri-State Coalition for Responsible Investment, Trilium Asset Management LLC, **Trinity Health**, Triple Ethos, TripZero, Triskele Collaborative, Truck Trike, Tsoi/Kobus & Associates, UltraCell Insulation, **Unilever**, Unitarian Universalist Association, Unitarian Universalist Service Committee (UUSC), United Church Funds, **United Natural Foods Inc.**

Urban Fabrick, Inc., **US Green Building Council, Vail Resorts, Vans**, Velasquez Family Coffee, Verde Brand Communications, Veris Wealth Partners, **Veritas Technologies**, Vermont Energy Investment Corporation, **VF Corporation**, Vibes, Vigilent, Violich Farms, **Virgin, Virginia Mason Health System**, Vision Realty & Management, VISIONS Service Adventures, Visual Stream Productions, Inc., **VMware, Vulcan Inc.**, Walden Asset Management, Walden International, Wall Law, LLC, Watermen Investments, webShine, LLC, Welch Village Ski Area, Inc, Wespah Benefits and Investments, Wetherby Asset Management, Whitney Inc., Wild Joe's Coffee Spot, Win Before Trial, Windham

Mountain Resort, Winkler Development Corporation, Wisp Resort, Woodsong Property Renovation Partners, LLC, **Workday**, WorkTurbo, **Worthen Industries**, WR Consulting, Inc., Wynkoop Properties, LLC, **Xylem Inc.**, Yodsampa Consulting, Zaurie Zimmerman Associates, Inc., Zero Waste Solutions, Zevin Asset Management, ZipPower.

Note: Signatories in bold > \$100 million annual revenues.

Mr. WHITEHOUSE. Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. GARDNER. Mr. President, I come to the floor today to discuss the continued broken promises of ObamaCare—the Affordable Care Act—that passed in the most partisan of fashions several years ago, and to discuss the process by which we are putting together a repeal-and-replace package and the pieces we will be voting on tonight and over the next several weeks and months.

ObamaCare's failures are simple. The promises that have been broken are clear. While partisan supporters of the administration's plan continue to promote the success of this poorly conceived law, Coloradans know far better.

Time and again, hundreds of thousands of Coloradans have felt the consequences of the Affordable Care Act in their pocketbooks, in their workplaces, in their doctor's offices, and in the choices they have for health care. The past 6 years have been marred by higher costs, fewer choices, and less competition in Colorado and across the Nation.

It is now time that we stand up for the American people to restore reliable and stable health care, as well as health care markets and insurance markets, and to undo the damage done to our health care by the failed law known as ObamaCare.

Let's just review the broken promises we have seen—not just a broken promise that the President himself made to the American people but broken promises echoed by the partisan supporters of ObamaCare. President Obama assured the American people over 35 times: Don't worry about ObamaCare because if you like your plan, then you can keep it, period. It is on video. It is on YouTube, and you can probably find it on Snapchat. It is available to find, this first broken promise.

As Coloradans began to receive cancellation notices, they quickly learned that this promise was far from the truth. In late 2013, nearly 335,000 small group and individual policies in Colorado were canceled due to requirements in the Affordable Care Act. These cancellations also included my family's cancellation, because we had chosen to stay in the private market in Colorado. But in August of 2013, we received the letter that 335,000 others received in Colorado saying that our policy had been canceled thanks to ObamaCare.

But, unfortunately, those cancellations—those 330,000-plus cancellations in August of 2013—were just the beginning, because in January of 2014, the

Colorado Division of Insurance canceled an additional nearly 250,000 plans for the same reason.

Again in 2015, Coloradans were made abruptly aware of the failures of ObamaCare when another 190,000 more plans on the individual and small group market were canceled. In total, according to the Congressional Research Service, over 750,000 health insurance plans were canceled in Colorado between 2013 and 2015.

The promise that if you like your health care plan, you can keep it was so bad—that promise was so broken—that the fact-checking organization PolitiFact named it the “Lie of the Year” for 2013. PolitiFact didn't really need to name it the “Lie of the Year,” because over 750,000 people in Colorado got a letter in the mail telling them it was a lie.

Broken promise No. 2 from ObamaCare: Americans were told that the Affordable Care Act would reduce costs for families, businesses, and our government. In fact, President Obama said that under his new health care law, a typical family would save up to \$2,500 a year on premiums by the end of his first term. Look it up on video, on YouTube. However, hit with the rising costs, Coloradans became acutely aware this too was yet another broken promise. Statewide, premiums in Colorado will rise by 20.4 percent on average for plan year 2017 on the individual market. That number is even higher in some of the more rural areas, like the Western Slope of Colorado. Where is the Western Slope? That is what most people think of when they think of Colorado, an area with mountains, forests, and great beauty. That area has been harder hit than many areas across the country with higher premium increases.

A year prior to this next plan year, in 2016, the Colorado Division of Insurance found that premiums on the individual market rose a whopping 25 percent on the Western Slope, plus the higher than 20 percent premium increases.

One woman living in Colorado on the Western Slope saw her premium rise from just a little over \$300 a month to \$1,828 per month, or nearly \$22,000 a year. Here is her quote:

It's actually like another mortgage payment. I have friends who are uninsured right now because they can't afford it. Insurance is hard up here.

That is the Western Slope of Colorado, where people have seen mortgage-payment-size health insurance bills being added to them because of a bill that the President promised would lower their health care costs.

An increase of nearly 26 percent is devastating for most families, but in 2014 an Americans for Prosperity study showed that nearly 150,000 Coloradans saw their health insurance become 77 percent more expensive. These sharp increases in prices and coverage have left Coloradans reeling, and we have a duty—a duty—to make sure we provide

them with the financial relief they deserve and the health care we know we can put together.

Broken promise No. 3 of the Affordable Care Act was the menu of options that was promised—the choices that the Affordable Care Act would bring to the marketplace. President Obama promised Americans that a greater choice and a menu of options to choose from would be right around the corner as a result of the Affordable Care Act, but Coloradans again found out that wasn't true. Of the 64 counties in Colorado, 14 counties have only one carrier to choose from and 29 counties have only two plans for the year 2017 on the individual market. We can see the plans right here. That is the western part of Colorado that I was talking about seeing such high premiums—77 percent and a higher percentage next year. Here, we can see counties with only two carriers to choose from, and 14 counties only have one to choose from.

So the President's signature health care law failed in this respect to create the menu of options, but it did succeed in creating monopolies.

President Obama also insisted that competition would increase through consumer-run coops. The Federal Government spent a great deal of money to prop up the consumer coops and to make sure they had the marketing in place. Over 80,000 Coloradans felt the impacts of this broken promise when the Colorado health coop was declared to be insolvent by Colorado insurance commissioner Marguerite Salazar. Eighty thousand people had their insurance coops declared insolvent because of the poor Affordable Care Act law.

Not only did the failure of this promise leave 80,000 people scrambling to find coverage, but it forced the coop to default on its Federal startup loan, valued at an estimated \$72 million. So 80,000 people were out of coverage because of the failure of the Affordable Care Act, and \$72 million went out of the American taxpayers' pockets because of the Affordable Care Act—money the American taxpayers will never see again. What is more, it cost taxpayers nearly \$40 million to shut the coop down. Of the 23 original coops, only 6 are remaining and 17 consumer-run coops as a result have failed. The 23 startup insurers received a total of roughly \$2.5 billion in loans under the Affordable Care Act, and only 6 remain. That means that even more money the American people gave to this government to be good stewards of—through their hard-earned tax dollars, through their premium taxes—will never be seen again. This is an unacceptable and egregious use of taxpayer dollars.

But the careless spending under ObamaCare doesn't just stop there. An audit was released 2 weeks ago by the U.S. Department of Health and Human Services, Office of Inspector General, and it found that Connect for Health Colorado, Colorado's State exchange,

misspent and mishandled nearly \$9.7 million in grants to establish its marketplace. The audit concluded by recommending that the marketplace be required to repay the \$9.7 million identified by the Federal Government. The audit found that Connect for Health Colorado did not adequately document \$4.4 million, improperly transferred costs totaling nearly \$300,000, and made \$164,000 in overpayments to subgrantees without identifying a reason.

Furthermore, Connect for Health Colorado spent more than \$211,000 on bonuses to executives without providing performance evaluations. The kicker on the \$211,000 in bonuses—the largest of which was \$18,500 for the CEO—back in 2013, when the exchange was trying to get started, was that the then-CEO of Connect for Health Colorado wanted a raise even though the exchange had enrolled far fewer than half the people it was supposed to. So we have an executive asking for a raise in an exchange that hadn't even met the lowest of the low predictions for what it would do. Here we are, with a new audit from the Office of Inspector General saying that \$9.7 million was fraudulently spent. To quote a member of the board at the time:

Given the poor performance for the first two months of enrollments, I think it's incredibly audacious for the executive director to request a salary increase.

I think most people would feel like if you're a CEO and you are significantly underperforming the goals you helped set, then you lay off on that the money comes from public funds, I think it is highly inappropriate.

I have heard colleagues in the House and the Senate talk about how CEOs are overpaid for the work they do. If the stock prices are low or dividends aren't there, then they shouldn't be as highly compensated as they are. But here we are, a government-funded program from the Colorado health exchange and others around the country using Federal dollars to give bonuses to people who haven't even met the basic projections they were supposed to. It is an unacceptable use of funds.

But the problem is that it is not just funds wasted somewhere else. It is funds wasted that came from the American people's pockets—hard-earned dollars that are being misspent. The Affordable Care Act has had a negative impact on business owners and individuals. Let's talk about some of the effects on businesses. I will share a letter given to me, from a small business owner to his customers, letting them know how the Affordable Care Act impacted his prices.

Dear Valued Customer,

There is never a good time to announce a price increase but we have to. Effective February 1, 2017 we will have a 2% across the board increase for a reason beyond our control.

We've had many challenges over the years but none like this. 100% of this price increase is due to one thing only, the Affordable Care Act.

The Affordable Care Act has caused our health insurance premiums to skyrocket by

42% and our choices of insurance providers to dwindle down to one.

Some of you may be faced with a similar challenge. It seems to be a problem all over the U.S.

So now we have the double whammy on the American consumer. Not only are they required by law to buy insurance they can't afford, but they then go buy consumer goods whose prices have increased as a result of the Affordable Care Act. So they are squeezed at home because they have to pay higher insurance premiums—thanks to the broken promises of ObamaCare, thanks to the lack of choice they have with ObamaCare. Now they have to pay higher prices at the grocery store or the implement dealership—wherever it is—because they have had to increase their prices—the people who make those goods, the people who manufacture those goods, the foundries, the equipment dealers. They have to pay for their insurance premiums that they are required, under a broken law, to search and find.

But it is important that we talk more than just about the business impact of the Affordable Care Act, because, day after day, I hear stories from Coloradans who have felt the brunt of ObamaCare's failures. Whether it is letters or emails to the office or whether it is town meetings across Colorado, I hear stories, and I wish to take this opportunity to share some of these from my constituents that demonstrate the impacts of ObamaCare.

A letter I received from an individual residing in Aurora, CO, said:

Cory—As a business owner who pays for my own insurance, ObamaCare is not working. Last year, my premium went up 20% for less insurance with a higher deductible and less coverage.

This year we just got a cancellation notice that our insurance plan will no longer be offered and we must start looking for a new plan yet again.

I read that more and more insurance companies are pulling out of the Colorado marketplace.

The system is broken, it has only cost us more and more money for lower quality health care.

Please—do everything you can to stop this failed program.

That is from a Coloradan who has struggled under the burdens and broken promises of ObamaCare.

Let's talk about a letter we received from a family living in Lafayette, CO.

I have a "Bronze" HSA plan covering myself, my wife and my two daughters.

I just received my renewal notice from [the] insurer informing me that my premium for 2017 will increase by 38.9%.

To put that in perspective our family went from \$1,200 per month or \$14,400 per year to \$1,667 or \$20,000 per year.

While the premium is increasing, the benefits are reduced as annual deductibles for individual and family plans are increasing to \$5,000 and \$10,000 respectively. This is unconscionable!

The cost of my health insurance coverage has more than doubled in the last three years and benefits have reduced with each successive premium increase.

The ACA needs to be repealed immediately!

That is a letter from a family of four who saw a dramatic increase in price, both from the amount they pay every month to nearly \$20,000 a year, to a deductible that has gone from \$5,000 to \$10,000.

Here is another story from a young woman residing in Colorado Springs, CO:

This is the third time since 2010 that I will be losing my health insurance plan because of Obamacare.

This is the third time. Do remember the promise that if you like your plan, you can keep your plan?

This woman from Colorado Springs already has had her plan canceled three times.

Now I am losing the option of being in the plan I want to be in.

There is the second promise—that if you like your plan, you can keep your plan; you get the choice of keeping your doctor—broken promises.

I must settle for being in an HMO, and still pay 400% what I was paying for premiums in 2010.

I also just learned that my carrier is raising rates by 25% next year on the individual market.

My premiums are already four times higher than they were before the Affordable Care Act. My deductible and out of pocket amounts are also much higher.

Obamacare is nothing but a heavy tax for us. Our income doesn't qualify us for an Obamacare credit.

Since our premiums have quadrupled I figure we are now paying for the insurance for three or four other families when we pay for our premiums.

I am very disappointed in Congress for letting this go on and on and on.

Year after year now my premiums skyrocket and I have fewer choices in plans. Pretty soon there will be no incentive left to work hard and earn money in this country.

The government will take it from you and give it to people [to spend irresponsibly in Washington, DC].

To this young woman in Colorado Springs, we are doing something—finally. Last year, we put on the President's desk a repeal of ObamaCare, and of course it was vetoed. But this week, we will be able to start the process to repeal and replace ObamaCare, signed into law by a President who will indeed sign it.

Another story I would share from a family in Fort Lupton, CO:

It is impossible to afford health care for us.

We are right above the Medicaid limit by \$400, and my husband has gone without health care for 2 years. They keep taxing him.

Soon we will be a family of 4 with no health insurance. We will be paying so much to afford health insurance we will struggle to buy food. We need help and we don't know where to find it.

These stories demonstrate what Americans are experiencing as a result of ObamaCare and its broken promises. No family should have to decide between purchasing health coverage and putting food on the table. We owe it to these struggling families—stories we just heard, about anyone who is sick or might get sick—to roll up our sleeves

and provide real solutions and to recognize that the Affordable Care Act was a failure, it caused calamity, and it continues to destroy and crush our health care market.

ObamaCare was a poorly designed law that was rushed through Congress on the most partisan of votes. Its nearly 20,000 pages of regulations have had a devastating impact on many hard-working Americans. That is why I will continue to work hard to find solutions that will relieve the financial burden this law has imposed on Coloradans and Americans throughout the country.

We need a health care system that promotes competition, increases flexibility, encourages innovation, and puts Americans back in control of their health care—one that gets “Dr. Congress” out of the picture, one that safeguards the doctor-patient relationship, preserves Medicare for our seniors, and one that protects the most vulnerable among us.

I will continue to fight for all of those in Colorado and across the country who are looking for real health care reform, and I look forward to working with my colleagues in Congress to do so.

We have a chance this week to act, and I look forward to replacing ObamaCare with something that actually fixes and makes this system work again.

Mr. President, I yield the floor.

The PRESIDING OFFICER (Mr. COTTON). The majority whip.

Mr. CORNYN. Mr. President, soon the Senate will vote to repeal ObamaCare. This is for at least two reasons. One is that ObamaCare has been an abysmal failure when you look at the promises that were made to sell it and actually what has been delivered in terms of higher premiums, higher deductibles, and more challenges for ordinary Americans. Many Americans now find that their deductible is so high that they are effectively self-insured.

I remember like it was yesterday—actually, it was some 6 years ago—that President Obama said: If you like what you have, you can keep it, in terms of your health coverage. He said: If you like your doctor, you can keep your doctor. He said: The average family of four would see their premiums go down by \$2,500.

None of that has proven to be true. ObamaCare was sold under false claims, false promises. We know that many headlines today demonstrate that premiums are higher than people can afford. They can't keep the insurance plan they had and they liked, and they have to go find another doctor, sometimes as often as each year because the insurance coverage they have is no longer being written because insurance companies simply can't survive in this marketplace. In many instances, they end up having to leave rural parts of the country, particularly rural parts of places like rural Texas.

A lot of this has to do with redtape. A lot of this has to do with the companies that have been forced to pass along higher costs to consumers or leave, and that is exactly the sort of thing that happens when the government intervenes in the marketplace, unintended consequences occur.

I mentioned increased rural access to health care. That was actually supposed to be one of the selling points of ObamaCare, and now it is just another example of how this law has truly failed. Even so, even having acknowledged some of the failures of ObamaCare themselves, our Senate Democratic colleagues are refusing to acknowledge the catastrophe they created because this law was passed on a purely partisan basis, without any votes on the other side of the aisle, and signed by President Obama into law without any participation by Republicans. Now, having created this mess—creating this crisis really—they made clear they want no part of fixing the problem. Apparently, they would rather ignore the harmful effects brought about by ObamaCare and try to then assign blame to those who are trying to rescue the American people from the failure known as ObamaCare.

We are confident the American people know the truth. They know President Obama made promise after promise to get ObamaCare passed. They know the reality is a lot different, and it is a lot dimmer than the picture he painted. In my mind, such widespread public deception amounts to nothing more and nothing less than a simple case or, actually, I should say a colossal case of consumer fraud.

In my former job as attorney general of the State of Texas, we had a consumer protection bureau that went after scam artists and others who deceived the American consumer, Texas consumer, and promised them one thing and delivered another. That is nothing more or nothing less than what happened here where President Obama promised the American people the Moon when it came to health care, and they found out that those promises were hollow indeed.

That is why the American people want ObamaCare to become a thing of the past. One recent poll showed that about 8 out of every 10 Americans wanted to change the law in significant ways or see it replaced altogether. The truth is, ObamaCare is a terrible law that continues to hurt many American families trying to get by.

Americans all around the country are asking for help, asking for relief from this terrible law, and demanding a better health care system that actually delivers results, not just empty promises. We can't get to that replacement until we actually repeal ObamaCare, which will start with the budget resolution we will pass this evening or late tonight.

This is not a rushed or hurried response; it is merely the first step in a deliberative process that Republicans

in both Chambers of Congress have been working on for years. The only difference is now we will soon have a President in office who understands that people are hurting, asking for change, and are in need of promises that are actually delivered.

It is not too late for our Democratic colleagues to work with us to get this job done and move forward with a solid plan that helps all Americans. I understand the temptation, after creating this legislation, this health care debacle known as ObamaCare, to now say it is your baby, you deal with it and then try to assign blame if things don't work out exactly the way we hope. The fact is, we always do better here, and the American people are always better served when we try to work together in a bipartisan way, on a step-by-step basis, to deliver on the promises we made.

This budget resolution that we will be voting on tonight is not about Medicare. It is not about cutting health care for millions of people. Rather, the opposite is true. We are actually going to try to save the American consumer from falling through the cracks or finding out that the promises that have been made to them are simply not true or that they are burdened with health care policies that they simply can't afford.

What we are about is getting rid of a failed policy that now 6 years in is still making life harder for millions of Americans. I am eager to make sure we keep our promise. That is the second part of this. We promised the American people that if they gave us an opportunity by electing a new President, by retaining the majorities in the House and the Senate, as they have, that we would deliver by repealing and replacing ObamaCare. That starts with tonight's vote.

NOMINATION OF REX TILLERSON

Mr. President, this morning I had the honor of introducing Mr. Rex Tillerson, President-Elect Trump's nominee to be Secretary of State, at his confirmation hearing before the Foreign Relations Committee. I was joined by my colleague Senator CRUZ from Texas, former Senator Sam Nunn, and former Secretary of Defense Mr. Gates. All of us said that Mr. Tillerson is an inspired and outstanding appointment by President-Elect Trump.

I have come to learn that Mr. Tillerson is a person whom I both respect and admire the longer I have gotten to know him. He has proven over his decades-long career in the top echelons of a large global company that he has what it takes to represent the United States on the world stage. True, to this point, his responsibility has been toward shareholders of the company he has represented, but I have every confidence he can transfer that same sort of diligence, that same sort of acumen, and those relationships, from which a large multinational corporation has benefited, now to the American people, and the United

States of America can resume its place on the world stage with him as our top diplomat.

I said before that one of my biggest frustrations with the current administration is it regularly ignores our allies while intentionally propping up or strengthening our adversaries. I have every confidence that Mr. Tillerson will flip that narrative, and he will help the United States regain our leadership role in the world by unapologetically supporting our allies and friends while keeping our enemies in check. He is the right man to lead the State Department, and I hope we confirm him soon.

NOMINATION OF JEFF SESSIONS

Mr. President, let me add, today we are engaged in the second day of hearings before the Senate Judiciary Committee regarding the nomination of Senator JEFF SESSIONS, our colleague of longstanding, to be U.S. Attorney General.

Some people who haven't had the benefit of working with Senator SESSIONS know him by his record. Frankly, given some of the testimony, I don't recognize the person who is being described by those who, for various reasons, are opposing his nomination. We know that he has an outstanding record of service, both to the people of Alabama, to the United States as U.S. attorney, and then in the U.S. Senate for the last 20 years.

It is ironic that we are having a hearing before the Senate Judiciary Committee on the qualifications of Senator SESSIONS to serve as Attorney General, a committee on which he has served for 20 years. Our colleagues across the aisle don't need to have a hearing to know JEFF SESSIONS because they already know him well. They know him to be a man of honor, a man of principle, a man who is true to his word, and who believes, above all, that the role of the Attorney General is to enforce the law of the land—something we have not seen in the last 8 years during the Obama administration, where the Justice Department has become a political arm of the White House.

I have every confidence that Senator SESSIONS, as the next Attorney General of the United States, will restore the reputation of the Department of Justice and the Office of Attorney General to one that respects the rule of law and dispenses equal justice under the law.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, over the past few days, we have been listening to the health care horror stories from across the country, such as families earning an annual income of \$50,000 who opted for high-deductible coverage and are facing up to \$6,000 or, in one case, \$10,000 of out-of-pocket costs before their coverage even begins. That is not affordable insurance.

Nearly 7 years after the enactment of ObamaCare and 3 years into implemen-

tation, one thing is crystal clear: ObamaCare has failed, but Republicans are working to fix the damage. Over the past several years, it is clear that this law is simply unworkable for millions of hard-working Americans. Insurance markets are collapsing, premiums are soaring, and health care choices are disappearing, but the answer isn't to ignore the problem. With ObamaCare getting worse by the day, it is time for us to act. The repeal resolution we are debating this week promises relief from ObamaCare and provides the tools necessary to immediately repeal this failed law while ensuring a stable transition period to a patient-centered health care system that gives Americans access to quality, affordable care. The resolution includes instructions to authorizing committees so that repeal legislation can move through a fast track process and can pass with a simple majority in the House and Senate. These instructions to committees are provided to allow immediate action on repeal with the intent of sending legislation to the new President's desk as soon as possible.

Headlines from across the Nation highlight the urgent call to action. The New York Times says: "Obamacare Premiums Set to Rise Even for Savvy Shoppers." The Wall Street Journal says: "Insurers Move to Limit Options in Health-Care Exchange Plans." The Baltimore Sun says: "Marylanders face hefty rate increases for ObamaCare." The Omaha World Herald says: "Health insurance rate increases may have some Nebraskans in sticker shock." The Miami Herald says: "Florida's ObamaCare premiums to rise average 19 percent in 2017, the State says." And the Bergen County Record says: "New Jersey left with just two ObamaCare health providers for 2017."

My own State of Wyoming is down to one insurer in the individual market, both on and off the exchange. That is a national scandal. We have heard from people who talked about counties where there are no insurers. We have heard people talk about the costs they have both for the premiums and the deductibles. And just talking about the premiums, in New Mexico they had some counties where the average cost of a house payment is less than the monthly cost of their health care—much less, about 50 percent less in one instance.

It is also important to look at the facts surrounding ObamaCare. Some on the other side of the aisle like to focus on how many people are insured under the law, but let's look at how many are not insured. Almost 28 million Americans remain without insurance under ObamaCare. Even with insurance, many still can't afford the care due to surging deductibles. If you can't afford the deductible, you really don't have insurance. If you can't afford the insurance, you don't have insurance. And it isn't the insurance that is important; it is the availability of providers that can take care of you. Most of the newly

insured gained coverage only through a flawed Medicaid program that is providing inferior quality and threatening to bankrupt States across the Nation.

According to research from the architect of ObamaCare, Jonathan Gruber—he explicitly said that most of the newly enrolled beneficiaries were actually eligible for Medicaid before ObamaCare. In fact, his research showed that two-thirds of new people signing up for Medicaid were brought into the program, not through ObamaCare but by increased Medicaid advertising.

As America soon discovered, the President and congressional Democrats focused exclusively on coverage and mandates that were handed down from Washington instead of patient-centered reforms. Coverage was the silver bullet for them because coverage equaled health care. They forgot a key detail though: The cost of the plans that were mandated made it nearly impossible for many to pay for the insurance or, if they had coverage, to pay for care with the sky-high deductibles. I know that some people on my staff had health savings accounts that gave them catastrophic coverage. They didn't have to worry about going bankrupt over health care. Their deductibles were lower than the ones that we have with this health care.

Focusing on and highlighting the number of people now enrolled in ObamaCare doesn't translate into anything more than phantom insurance, which, for users plagued by inadequate coverage, is coupled with huge out-of-pocket costs. We are seeing families now having to forgo medical care, not because they don't have insurance but because it is simply too expensive to go to the doctor with their ObamaCare health plan.

Normally I would say that you get what you pay for. But with ObamaCare, you seem to just pay without getting much at all. It is kind of like buying a bus ticket, but when you show up for the trip, they tell you that to get a seat, you are going to have to spend a little bit more, and then you have to chip in for the gas.

For years, Republicans have pledged to repeal this disastrous law. Passing this resolution is just the first step in keeping that promise, clearing the way for consideration of repeal legislation that will be signed into law by the new President. While providing immediate relief from ObamaCare, Republicans will ensure it is a stable transition in which those with insurance will not lose access to health care coverage. This will allow the Nation to move to a patient-centered health care system that gives hard-working Americans access to quality, affordable care. The goal is a more modern health care system where there is innovation to improve the health of all Americans, where insurers are offered new and affordable options, and where families have a more direct say over their own health care decisions.

Unwinding partisan gridlock to make these changes will not be easy. As I noted in my earlier remarks, our Nation has made great strides in improving the quality of life for all Americans, but these transforming changes are always forged in the spirit of bipartisan compromise and cooperation. We still need health care reform, but it has to be done the right way. Passing this resolution will start building a bridge from ObamaCare's broken promises to better care for each and every American.

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. CARPER. 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. CARPER. Mr. President, I come to the floor with a lot of other folks to talk about the health care in this country. I think one of the goals we all share—and maybe we are not sure how to get there—is how to make sure that everybody who needs access to health care has it, that it is affordable, and that they get reasonably good quality, whoever they are and wherever they come from.

When I was a naval flight officer, we used to fly a lot of missions out of Japan during the Cold War. I have a special interest in Japan, and I like the folks there. They are pretty remarkable in what they have achieved over the years. One of the things they have achieved over the years is providing pretty good health care for a fairly modest amount of money.

We started working on the Affordable Care Act 7 or 8 years ago. One of the things I learned about Japan was that they were spending 8 percent of their gross domestic product for health care in their country. We were spending 18 percent. As it turns out, they were getting better results. They had lower rates of infant mortality and higher rates of longevity. People lived longer. Newborns died less frequently than we did. On top of all that, in Japan they covered everybody. Everybody was covered for health care. We had about 40 million people—over 40 million people at the time—whose health care coverage was to get into an emergency room of a hospital, try to get in line, and get someone's attention.

I know how smart the Japanese are, but I don't think they can be that smart and we can be that dumb. That is sort of where we were 6, 7 years ago. So we said: What are we going to do about it?

I think almost every President—maybe since Truman—had a goal of making sure everybody in this country had access to health care. A lot of folks talked about it and maybe tried to do something. The first time we had a serious effort to do that was during the

Clinton administration, not led by President Bill Clinton but led by First Lady Hillary Clinton. What she came up with and worked on was something called HillaryCare.

The Republicans came up with an alternative to HillaryCare introduced by the Republican Senator from Rhode Island, John Chafee—a really good guy, a very able guy. I actually served with his son Lincoln in the Senate. But in 1993, 1994, when most people focused on HillaryCare, John Chafee introduced legislation with 20 or so Republican cosponsors. A couple of them are still here, I think. Senator ORRIN HATCH was one of them, and Senator CHUCK GRASSLEY of Iowa was one of them—maybe a couple of Democrats, as well. But 20 to 25 Senators, mostly Republican, cosponsored the Chafee legislation.

This chart mentions the Chafee bill and what was included in the Chafee legislation. One of the things included was the individual mandate—basically, that everybody had to get coverage.

Second was the employer mandate, which basically said that employers had to provide health care coverage for their employees—maybe not for everyone, maybe not for the smallest businesses—but getting employers to meet what Senator Chafee and other Senators thought were the employers' obligations, their responsibilities.

In the Chafee legislation there was a ban on preexisting conditions.

In the Chafee legislation there were subsidies for purchasing insurance. Purchasing it where? Purchasing it in State exchanges. The idea of creating large purchasing pools—there were folks who didn't have health care coverage who could get their health care coverage in a large purchasing pool. If their income was low or relatively low, they would be eligible for tax credits to buy down the cost of their health care coverage. They would get theirs from the exchanges and the purchasing pools.

Those were all ideas in Senator Chafee's legislation in 1993. Do you know what? I am a Democrat and probably shouldn't say this, but I thought they all made sense.

The legislation didn't go anywhere. In the end, HillaryCare didn't go anywhere. But long before we had serious debate on the Affordable Care Act, people were talking about the same thing.

You go over here—RomneyCare in 2006. Individual mandate: Got it. Employer mandate: Got it. Ban on preexisting conditions? Yes. Subsidies for purchasing insurance? Yes. Establish State purchasing groups? Yes. Those are all in RomneyCare.

I have always given Governor Romney credit for the idea of the individual mandate, but apparently that was wrong. It was in Senator Chafee's legislation as well. Governor Romney took the handoff, if you will, from Senator John Chafee and introduced what they call RomneyCare in Massachusetts. It was introduced in 2006.

When it first was introduced, they had real good success in getting people covered. It was successful in terms of getting people covered. Where they were not so successful initially was affordability. They had to work on affordability. Part of the problem there was it took a while for the healthier, younger people who did not think they needed health care coverage because they were young and invincible. It took a while for them to start.

They said: The fine keeps going up year after year after year. Maybe I should get some health care coverage and not pay the fine. Ultimately, I think RomneyCare did a much better job on affordability.

If you take those five key provisions, the individual mandate, employer mandate, ban on preexisting conditions, subsidies for purchasing insurance, and establishing the State exchanges—key provisions in the Chafee bill—they are in RomneyCare. Believe it or not, they are in the Affordable Care Act.

I know some of our Republican friends think that nobody listened to them when we wrote the Affordable Care Act. Actually, these are your ideas. These are your ideas. Some of the provisions or aspects of the Affordable Care Act that our friends across the aisle have been most critical of are things that were originally their idea—originally their idea.

Then we changed this thing. Senator SANDERS who has joined us on the floor. We added to that. We expanded Medicaid. We said to States—we didn't make them expand Medicaid, but we said: If you do, the Federal Government will pay the lion's share of the increased costs in Medicaid. I think initially maybe 24 States signed up and said: We will do that, including the District of Columbia. Later on, another seven or so, eight States—I think Indiana is one of those that decided, under then-Governor Pence, to expand Medicaid up to about roughly 135 percent of poverty from maybe closer to 100 percent of poverty for most States.

That is a little bit of a good history lesson. I think we have another chart we can look at. It is a pie chart. Sylvia Matthews Burwell came by—the Secretary of Health and Human Services came by a month or two ago and talked to our Democratic Senate caucus. One of the things she said to us that I thought was especially informative was she talked about this pie chart.

What she said is: Think of this pie chart. It includes about 300 million Americans who get health care, at least those who get some kind of health care other than emergency room. She told us that roughly half of the people, a little bit more than half of the 300 million people among the Americans who are getting health care—a little over half, 57 percent—get their coverage through employer coverage. The employers provide that as a condition of employment. Another roughly 22 percent—that is this area, sort of the brown area—is Medicaid and

the S-CHIP program, the Children's Health Insurance Program, a bipartisan idea. Bill Roth worked on that, the Clintons, and others. I even worked on it as Governor. About 15 percent—this area right here, the green—is Medicare. Then down here you have the individual markets, the marketplaces, and so forth.

There are roughly 5 or 6 percent down here where people are getting their coverage. A lot of the attention, a lot of the criticism of the delivery of health care in the last 6 or 7 years by our friends on the other side has been down here with the marketplaces, the exchanges. Those were their ideas.

One of the nice things the Affordable Care Act has done—not many people know this—but the Medicare trust fund, which is in danger of running out of money, the life of that trust fund has been extended by 12 years because of the Affordable Care Act. The Medicaid pieces have been—the Secretary of Health and Human Services, Sylvia Matthews Burwell, has negotiated with a number of Governors to try to give them the opportunity to sort of customize their Medicaid programs.

I think maybe in Indiana they wanted to have a small copay for the people who participated in Medicare. That is what they got. So it is not all one size fits all, but there is some differentiation between Medicaid. Now we have roughly two-thirds of the States that have signed up for Medicaid expansion.

So that is just a little visual. Do we have another chart here? The question is, Who gets hurt by repealing the Affordable Care Act? If we just repeal the Affordable Care Act, and we don't replace it at the same time we repeal it or change it, a lot of people will get hurt, including a lot of people who are in the exchanges and getting health care coverage maybe for the first time in a long time, and actually folks who are not in the exchanges, people who get their health care coverage in all kinds of ways, including employer provided, Medicare, and Medicaid, or privately purchased.

We don't need the kind of uncertainty, the lack of predictability that would be created by repeal without having a very clear picture of what we are going to replace it with at the same time—not a year from now, not 2 years, not 3 years, not 4 years from now but at the same time. That is what we ought to do.

I will close with this. I note one of my colleagues from a big State up to

the northeast of us has a few things he wants to say. I welcome hearing him.

My dad used to say to my sister and me when we were kids growing up, a little younger than our pages—we would do some bone-headed stunt, and he would say to my sister and me: Just use some common sense. That is what he would say. Just use some common sense. He said it a lot. We must not have had much.

Well, just repealing the Affordable Care Act and not having something to replace it with immediately that provides coverage just as good—affordable, comprehensive coverage—that would not be very good common sense. We can do better than that. We can do better.

I hope our Republican friends, with this rush to judgment to repeal and replace 2 or 3 or 4 years down the line, can come around and say: No, that does not make much sense. I hope they will listen to some of their colleagues and some of the rest of us who say: If we are going to repeal the Affordable Care Act, let's know what we are going to replace it with, and make sure we do that on day one.

With that, I am happy to yield the floor to my friend from Vermont.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I thank my friend from Delaware for yielding. When we talk about the health care crisis in this country, it is not just health care, it is also the outrageously high cost of prescription drugs. I know in my State of Vermont, and in fact throughout this country, millions of people today are unable to afford the medicine they need.

In fact, almost one out of five Americans who go to the doctor and get a prescription are unable to afford to buy the medicine their doctors prescribe. Frankly, that is insane because what happens if you don't take the medicine your doctor prescribed, often you are going to get sicker. Sometimes you may die. Sometimes you may end up in the emergency room. Sometimes you may end up in the hospital. It is literally beyond comprehension that almost one out of five Americans today are unable to afford the medicine they need.

Meanwhile, while so many of our people cannot afford the medicine they need, the top five drug companies last year made \$50 billion in profit—\$50 billion in profit. The top 10 CEOs in the pharmaceutical industry earned over \$300 million.

So what we have is a scenario in which the American people pay the highest prices in the world for prescription drugs. Millions cannot afford the medicine they desperately need, but at the same time the drug companies make out like bandits, and their CEOs earn exorbitant compensation packages.

I happen to live 50 miles away from the Canadian border. A number of years ago, I took a busload of Vermonters across the Canadian border, not just to do some sightseeing in Montreal, which is a beautiful city, but to go there to purchase the same exact medicine that Vermonters, many of whom were dealing with breast cancer, were buying but yet buying it in Montreal, Canada, for a fraction of the price they were paying in the United States.

In fact, on that particular trip, many of the women who were dealing with breast cancer purchased the medicine they needed for one-tenth of the price they were paying in Vermont—one-tenth of the price. Let me take a moment today to review the costs of some of the exact same drugs sold in the United States compared to their costs in Canada.

Here in the United States, EpiPen, as we all know, costs more than \$600 a set. That price has skyrocketed in recent years. In Canada, the same exact set costs \$290, less than half of what we pay in the United States.

Crestor, a popular drug to treat high cholesterol levels, is \$730 here but \$160 across the border. We are not talking about generics. We are not talking about another drug. We are talking about the same exact same drug manufactured by the exact same company.

I may be mispronouncing it, but I think it is Abilify, a drug for depression, is more than \$2,600 for a 90-day supply here in the United States but only \$436 in Canada.

I can go on and on and on. By the way, let's be clear—

Mr. President, I ask unanimous consent to have printed in the RECORD a chart of drug prices around the world which will show that prices in the United States are not only almost always higher than in Canada but higher than in the UK, Spain, and the Netherlands as well.

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

USA—THE HIGHEST DRUG PRICES IN THE WORLD

	CANADA	U.K.	SPAIN	NETHERLANDS	U.S.A.
ENBREL	\$1,646	\$1,117	\$1,386	\$1,509	\$3,000
CELEBREX	51	112	164	112	330
COPAXONE	1,400	862	1,191	1,190	3,900
CYMBALTA	110	46	71	52	240
GLEEVEC	1,141	2,697	3,348	3,321	8,500
HUMIRA	1,950	1,102	1,498	1,498	3,048
NEXIUM	30	42	58	23	305

Mr. SANDERS. Mr. President, perhaps people then will ask a simple

question: How does it happen? How does the same exact same medicine

sold in the United States sell in countries around the world for a fraction of

the price that we have to pay? The answer is severalfold. No. 1, we are the only major country on Earth, of course, that does not have a national health care system guaranteeing health care to all people. We are the only major country on Earth not to have that.

As part of that problem, we are the only major country not to negotiate drug prices with the pharmaceutical industry. You can walk into a drug store today, and the price could be double or three times what you paid a year ago. There is no law to stop them. They can and they will raise prices as high as the market will allow. If people die as a result of that, not a problem for them. If people get sick, not a problem for them.

Perhaps next to Wall Street, the pharmaceutical industry is the most powerful political force in this country. They have spent more than \$3 billion on lobbying since 1998, and they have 1,400 lobbyists on Capitol Hill. We have 100 Senators. There are 435 Members of the House. Yet the drug companies have 1,400 lobbyists on Capitol Hill. They have lobbyists all over the country in every State capital.

These are no small-time lobbyists. These are former leaders of the Democratic Party, leaders of the Republican Party, people who have enormous contacts. So the drug companies are able to raise prices to any level they want because we as a nation, uniquely among major nations, do not negotiate prices with them. The reason we do not negotiate prices with them is they got lobbyists and they make very hefty campaign contributions to make sure Congress, in fact, does not pass legislation which will lower drug prices in this country.

The pharmaceutical industry is an industry that is not only incredibly greedy, but they have a business model which is largely based on fraud. Like Wall Street, their business model is largely based on fraud. Almost every major drug company, not widely known—but almost every major drug company in this country—multi, multibillion-dollar corporations—have been fined for illegal activities and for cheating consumers in our country and all over the world.

Since 1991, with lax enforcement—it is not like we have a vigorous Attorney General's office that really goes after these guys. With relatively lax enforcement policies, drug companies over the years since 1991 have paid over \$35 billion in fines or reached settlements for fraud and misconduct. Imagine that. This is just when they are caught, and I suspect that most of the times they cheat, they don't get caught—but \$35 billion in fines or settlements since 1991 from the major drug companies in this country.

Let me give you just a few examples of some of the settlements and fines the major drug companies have made in recent years.

In 2013, the Justice Department ordered Johnson & Johnson to pay \$2.2

billion in fines because they “recklessly promote drugs for uses that have not been proven to be safe and effective.”

According to the U.S. attorney handling the case, Johnson & Johnson's “promotion of Risperdal for unapproved uses threatened the most vulnerable populations of our society—children, the elderly, and those with developmental disabilities.”

In 2010, AstraZeneca Pharmaceuticals paid \$520 million to resolve allegations that it illegally marketed the antipsychotic drug Seroquel for uses not approved as safe and effective by the Food and Drug Administration.

In 2009, Eli Lilly was fined over \$1.4 billion for its off-label promotion of another antipsychotic product known as Zyprexa. According to Federal investigators, Eli Lilly's “illegal activity increases patients' costs, threatens their safety and negatively affects the delivery of healthcare services to the more than nine million military members, retirees and their families who rely on” TRICARE.

Very interestingly—and I am sure many of the Members saw it—President-Elect Trump had a press conference this morning, and in his press conference, he said that pharma is “getting away with murder.”

Mr. Trump: Pharma is “getting away with murder.”

Do you know what? Mr. Trump is exactly right. Pharma is getting away with murder. Pharma has gotten away with murder for many decades.

The interesting issue is, with a Republican President-elect telling the truth, that pharma is getting away with murder, will the Republicans, will all the Democrats have the guts finally to stand up to the pharmaceutical industry and their lobbyists and their campaign contributions and fight for the American consumer and end the disgrace of having our country pay, by far, the highest prices in the world for prescription drugs?

The good news is—I say to my fellow Republicans and to Democrats—the good news is that tonight you are going to have that opportunity because as part of the so-called vote-arama, I will be offering a very simple amendment which I hope wins strong bipartisan support. In fact, there have been a number of Republicans over the years—in the House and in the Senate—who have supported the concept of reimportation for many years.

What this amendment will do is allow pharmaceutical distributors and pharmacists and those involved in the pharmaceutical industries—those people who sell drugs—to import low-cost medicine from Canada and other countries which will be FDA-approved. In other words, all over this country people ask a very simple question: We can eat fish and vegetables that are grown all over the world, but somehow we cannot get into this country brand-name prescription drugs manufactured by some of the largest drug companies

in the world from an advanced country like Canada? The reason we can't do that is for one reason and one reason alone, and that is the power of the pharmaceutical industry.

I would hope that tonight, both Democrats and Republicans will stand together and demand that this country be able to import safe, low-cost medicine from Canada and from other countries.

I should also mention that I will be introducing legislation with Representative ELIJAH CUMMINGS from Maryland in the coming days on this very issue, on the issue of reimportation and also another issue that Mr. Trump touched on, I believe, today; and that is, the need for Medicare and the government, in general, to negotiate prices with the pharmaceutical industry. The VA does it. Clearly, Medicare should be doing it as well. I believe we are going to have an amendment on the floor tonight. I would hope people support that amendment. I will be introducing legislation on that issue as well as reimportation.

When we talk about the health care crisis in America, one of the issues of concern to most Americans is the outrageously high cost of prescription drugs. The question is whether the Congress has the guts to take on an enormously powerful industry, the pharmaceutical industry, with all of their lobbying and all of their campaign contributions. I certainly hope we will do the right thing, and tonight we can begin that process.

With that, I yield the floor.

The PRESIDING OFFICER (Mr. TOOMEY). The Senator from Louisiana.

Mr. CASSIDY. Mr. President, as we continue to debate health care, there are some things that are kind of being debated that I call monkey dust. When two gorillas fight, they try to confuse each other by throwing dust up in the air. It has nothing to do with the substance of the fight but rather is only meant to distract the other side. That is part of what this kerfuffle, if you will—people raise per-beneficiary payments as if that is something pernicious, something that should be avoided, something which is bad.

First, we are setting this kind of in the perspective of Medicaid.

Let me speak about per-beneficiary payments. For those who are in the Federal Employees Health Benefits Plan, the Federal Government makes a per-beneficiary payment to the insurance company to cover that Federal employee. For those States which have a Medicaid managed care company contract, the State makes a per-beneficiary payment to the Medicaid managed care company. That is a per-beneficiary payment. The reason I like this is because, inherently, the dollar follows the patient.

Now we are speaking about this in the context of a Medicaid reform program. Why should Medicaid be reformed? That is the question. Let's speak about our current Medicaid system. It is bankrupting States and the Federal Government.

In 2009, for the first time, the amount of money spent by States on Medicaid exceeded what they spent on education. Ever since then, Medicaid's expenditures are going up, and education expenditures are going down. Despite all this money, we get poor outcomes. Medicaid typically pays physicians below their cost of seeing a patient.

I pointed out in my speech yesterday that the week ObamaCare passed the House of Representatives, Robert Pear, the New York Times journalist, wrote an article in the New York Times following cancer patients on Medicaid in Michigan. What Mr. Pear found was an oncologist who had so many Medicaid patients she was going bankrupt. Indeed, she had to begin to discharge those patients from her practice because she could not pay her bills. We tracked down one of those patients who was featured, and she died 2 weeks after being discharged from the practice.

Medicaid pays so poorly that physicians cannot afford to see large numbers.

That said, it isn't just an anecdote from this New York Times article. There is a study out of MIT for the National Bureau of Economic Research. I believe it is, that found that with all the money spent on Medicaid, the beneficiary only receives 20 to 40 percent. The rest goes to institutions.

If we speak about a per-beneficiary payment, substantially all of that money goes to the patient. Under the current scenario, out of an MIT study, only 20 to 40 percent does.

Go back to the oncologist who couldn't afford to see the patients because her reimbursements were so low. What if the rest of that money, which was not being attributed to the patient, instead could go to pay her doctor, then the patient would have never been discharged.

By the way, on average, States spend 17 percent of their State dollars on Medicaid. In my own State of Louisiana, it is 19 percent, and in my State this has increased, nearly doubling from the year 2000.

Let's go back to the per-beneficiary payment, where the dollar follows the patient, as in, by the way, the insurance plans that people have under ObamaCare on the exchanges. There is a subsidy that goes to the insurance company that then provides for the patient. The dollar follows the patient. So the per-beneficiary continues to do that.

Folks say: Well, there is not enough money in Medicaid; therefore, we have to somehow do things differently. The models we use in private insurance will not work in the Medicaid population.

We looked up the SEC report for a Medicaid managed care company, and the Medicaid expansion population, they get \$6,000 per enrollee. I just met today with an insurance company that was discussing the rates they are going to give on the exchanges next year. It is going to be roughly \$5,500 per enrollee will be a year's premium.

So think about this. Those in the Medicaid expansion population have more Federal dollars going to support them than those citizens, those fellow Americans who are receiving their insurance on the ObamaCare exchanges. Yet we continue to hear from the Medicaid patients that they have problems accessing specialists.

There is more money in Medicaid than in the private insurance market, but the Medicaid patient can't see a specialist because the patient's specialist is being paid below cost and cannot afford to see the patient. There is something incredibly wrong here.

By the way, I should also point out that in States in which Medicaid is expanded, another MIT study found that 60 percent of those who go on the Medicaid expansion dropped private insurance—dropped private insurance—which means they go from kind of paying their own way to the taxpayer paying for them.

My own State of Louisiana recently expanded Medicaid. It might not have been 60 percent of those on the Medicaid expansion dropped their insurance, but I am told by the chief insurance company that I think about 70 to 80,000 people dropped private insurance to go on Medicaid; 60 or 70 or 80,000 people stopped paying for themselves and asked taxpayers to pay for them.

That is OK if you are the person going on Medicaid. You no longer have a deductible or a copay. I understand ObamaCare exchanges have \$6,000 deductibles, and maybe that is what they had to do, but if we are going to come up with a sustainable system, that is not an answer.

What I do is encourage that there be a per-beneficiary payment, that the money follow the patient. Again, for those who say it is some terrible thing to have a per-beneficiary payment, they are ignoring all the evidence of how it is good. Think of the Federal Employees Health Benefits Program. Probably if somebody is watching on C-SPAN, their spouse or their own policy they get through their employer, the employer pays the insurance company a certain amount of money per employee and per employee family member.

We could also do what Indiana has done. In their Healthy Indiana Plan 2.0, they made per-beneficiary payments, if you will, to Medicaid enrollees, giving them a health savings account and covering their catastrophic expenses. They found that the Hoosiers who enrolled in this used 40 percent less charity care than those with traditional insurance. These are all Medicaid patients.

Folks say: Oh, my gosh. Health savings accounts per-beneficiary payments can never work for the poor.

In this case, 70 percent of those enrolled in this program were below the Federal poverty level. Yet, nonetheless, they contributed to their own HSA. They continued making those contributions and altered their behavior to become more cost-conscious, better consumers of health care.

I always say don't underestimate patients. In my own practice, for 30 years, I worked in a hospital caring for the uninsured, and although the uninsured don't have some of the advantages in life that others have, they can take care of themselves. They know what is right and what is wrong in terms of their own interests.

So let's make those per-beneficiary payments. Let's not be distracted by those who somehow make this a bad thing. Let's believe in the American people, that they can handle their own health care and that they don't need a Washington bureaucrat to tell them how to live their health care lives.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. ISAKSON. Mr. President, first of all, I want to acknowledge the great intellect that the Senator from Louisiana brings to the debate, the experience he has in the health care field, how much I personally have learned from him on the committee in the work we do, and I thank him for the contribution he makes to the Senate.

I rise to talk a little bit about how we got to where we are today, what we are about to do, and where we need to end up. It will be short, and it will be sweet, but it will be to the point.

I was here in 2009 when we passed ObamaCare. In fact, as the Presiding Officer will remember, it was at 9 o'clock in the morning on Christmas Eve in 2009. I opposed it at that time for a particular reason. The reason was that I saw it driving us toward a single-payer health care system, which I personally opposed. But the votes were there. It passed, and it passed on the promise that if you liked your doctor, you could keep him; if you liked your insurance, you could keep it. And because everybody is going to be insured, rates will go down and everything is going to be wonderful.

What has happened over the last 8 years has been pretty incredible. Rates have gone up tremendously. People have not been able to keep their insurance. We find ourselves on the cusp of being forced to a government single-payer health care system because the private markets are collapsing.

In my State of Georgia, where we have 159 counties, up until this year every county had at least two or more providers providing health insurance. Today in 2017, 96 of our 159 counties have one carrier. Next year half of them will be down to no carrier, and we will be forced into a system that we don't know what it will look like. Prices have gone up not just by a little bit, but they have gone up by an awful lot. The end-user market in Georgia is approaching the breaking point.

I will give you a couple of examples. Two parents in Georgia picked the least expensive plan available this year to their family of four. It comes out to be a \$6,500 deductible and \$2,400 a month for premium—unsustainable.

A couple in their sixties had a similar plan but were just outside the subsidy limit of \$96,000 for their family. So they are paying over 50 percent of their income for health insurance.

Hard-working families deserve better. Although President Obama promised this law would reduce premiums and make health care more available, it has done the opposite. ObamaCare is unsustainable. Now, that is the practical answer, and that is exactly what got us to where we are today.

We are in the process of attempting to get the budget reconciliation act before us so that we can repeal ObamaCare, but we must also talk about what we replace it with because repealing it without a replacement is not an acceptable solution. It is not a solution. It is a conundrum.

We must prioritize returning the oversight of individual markets to the States and provide them with the flexibility to design their Medicaid programs in ways that enable them to cover most people and tailor benefits to meet the needs of the unique populations in their States.

We have proven in the past that regulation by the State insurance commissioners work. We need to return association health plans to be competitive in the United States. We need to allow the sale of interstate insurance across State lines and stop the prohibition against that. We need to open the opportunity for entrepreneurship in the private sector to fill the void that is being filled by the vacuum that has been created by the mandates of ObamaCare.

We need to also preserve those things in ObamaCare that made sense—pre-existing condition, absolutely; insurance coverage up to the age of 26 while staying at home with a parent, absolutely. Those things can be done, and we ought to do them because they were the right thing to do when we did them, and they are the right thing to preserve now. But it is absolutely essential that we see to it that we return insurance to the private sector and regulation to the States. If we fail to do so, we will have higher premiums or no premiums at all and no plans at all.

So as we talk about repealing, we must also end up landing on a replacement. It is unsustainable and impractical, and it is wrong for us to say we are going to repeal ObamaCare without replacing it with a plan that we know works and has the opportunity. Let's address that which caused ObamaCare to happen. Let's fix the breaks that have taken place. Let's bring back competition, State regulation and authority, and let's see to it that health care in America is accessible and is affordable. It is important for us to do it. It is essential for us to do it, and I plan to commit myself to seeing to it to do my part to repeal ObamaCare. We replace it with a sustainable program, we return the program to the States, wherever possible, and we see to it that Americans have health insurance coverage at a competitive and fair price.

I yield back.

The PRESIDING OFFICER. The Senator from Michigan.

Ms. STABENOW. Mr. President, I want to talk specifically for a few minutes about mental health care and about an amendment that I will be offering this evening. But I do want to start off by stepping back for a moment and indicating that, from my perspective, I know those of us on the Democratic side of the aisle understand that we have work to do together to continue to bring down costs for health care and, in some areas where there is not enough competition, in fact, to create that competition. Affordable health care is the goal for all of us. I have concerns in looking at my small business community that we continue to do things that support them. That is different than what we are being asked to vote on here.

What we are being asked to vote on is a repeal of health reform that touches every American and all of the patient protections that we put in place that have moved total control from insurance companies to people with insurance so that we can't quit a job if we get sick. If you have a preexisting condition, are a diabetic, or have heart disease or you had some other challenge or your child has, you know that you will have confidence that you will continue to be able to find insurance and see your doctor. There are all of the provisions that are here—young people up to age 26, all of the efforts that we put in place to make sure that you have the confidence and the ability to know that you have insurance. We need to ensure that if someone has cancer, they are not going to be capped with the amount of care they can get.

Yesterday in the capitol in Lansing, MI, there were physicians and pediatricians working with cancer patients, with children and their families, who were talking about the fact that, because of the Affordable Care Act and taking off the caps on the amount and kinds of treatment that children with cancer can get, literally, lives have been saved. Parents are now looking at this body and the Congress as a whole and the new President and are saying: Why in the world would we want to go back to a situation where people can't get the level of care, the quality of care, or, in some cases, the care at all for themselves or their families?

So we are proposing that, rather than repealing health reform, which unravels the entire health care system because part of it is Medicare, part of it is prescription drugs going back up—it weakens the Medicare system, and it weakens the Medicaid system, where most of the dollars are going to seniors in nursing homes. It creates a situation where someone who is working very hard at a minimum-wage job and hasn't been able to have insurance because their employer didn't provide it can now have the assurance that they can care for themselves and their families and see a doctor without using the

emergency room for regular treatment, which, of course, is the most expensive way to get health care and drives the costs up. What is being proposed is that we unravel all of it and literally create chaos in the system. We are for affordable health care, and we are willing to work with anybody at any time. I, certainly, will be ready and willing to do that. But I reject the idea that we are going to repeal and unravel the entire health care system and create chaos for families, businesses, and communities. There are many communities where the hospital system is the major employer in the community. Health care is one-sixth of the entire economy and is going to be impacted by this.

I want to specifically speak about the importance of accessible and affordable mental health services and what we have been able to achieve with protections established by the Affordable Care Act that ensure people can receive care. We have come a long way since over 50 years ago when President John F. Kennedy signed the Community Mental Health Act and put down a marker about the importance of treating health issues above the neck as well as below the neck. Comprehensive health care should affect every organ, every part of the body, every kind of disease. We have made major steps in that direction. We have a long way to go to get the comprehensive care we need in the community, but we have made major steps forward, including bipartisan efforts here related to the Cures Act, as well as the efforts that Senator ROY BLUNT and I have been working on to make sure the payments for providing services in the community are the same for mental health and substance abuse services as well as physical health. So we have made steps forward, but the reality is that repealing the Affordable Care Act will take us backwards in a major way.

I have introduced, along with colleagues who are also champions on this issue—Senators CARDIN, MURPHY, DURBIN, and a number of other Democratic colleagues—an amendment that would help to prevent passage of any legislation that would reduce or eliminate services and access to mental health care. This is an amendment that should not even be necessary, particularly given the fact that we have worked in a bipartisan way on other pieces of legislation to move forward.

I don't know why we would ever pass something that reduces or eliminates access to mental health or substance abuse services such as opioid treatment. Why in the world would this body come together and jeopardize work we have already done, essentially ripping it apart? The repeal of the Affordable Care Act and the cuts to the Medicaid Program do exactly that.

Why is this important? Well, nearly one in five adults in our country has a mental illness. About 4 percent of adults have serious mental illness. Unfortunately, even now, with work we have been doing, we still have over 60

percent of people who don't receive the full treatment they need. We should be working together on that, not taking away the access to treatment that people already have.

This touches all of us in one way or another. I think all of us—our families, our friends—know someone. In my case it is very personal. I grew up with a loving, wonderful father who became ill when I was in elementary school. He was misdiagnosed and mistreated for years, and finally was accurately diagnosed as being bipolar, meaning he had a chemical imbalance in the brain. So contrary to other people who may have a sugar imbalance and they take their insulin because they are diabetic or they may have some other chemical change or imbalance where they can get treatment that has been covered under health insurance, if it is a chemical imbalance in their brain, up until the Affordable Care Act, it was not required to be covered under health insurance. It was not required, even though we passed policies stating that there should be mental health parity. For the first time, in the Affordable Care Act, we said in every definition that, when we talked about health care, it would include behavioral health, mental health, and substance abuse. As a member of the Finance Committee, that was a top priority for me. I indicated to the chairman at the time that I would not support any health care reform that did not define essential health care benefits as including mental health and substance abuse services. We know that definitions drive every new system, and we were successful in making sure that, in every part of health reform, we defined health care in a comprehensive way for the first time.

Mental health used to be considered a preexisting condition—not any more. Health insurance companies can no longer deny you coverage or raise your rates because you need mental health treatment. My dad struggled with that throughout his life. When he was finally diagnosed correctly and got the medications and the help that he needed, he never went back into the hospital again. I have seen what happens when someone doesn't get the help they need and when they do and the challenges to the families as well, and I am committed to making sure that services and treatment are available for every family.

Americans now have coverage for preventive services like depression screenings with no cost-share. You can see your doctor to get help without breaking the bank. Mental health and substance abuse are also now guaranteed benefits, as I mentioned before. They are covered as essential health care benefits. Why in the world would we not want to do that? Why would we say we want people to have access to health care, but it depends on what part of the body your disease is in?

That makes absolutely no sense. The Affordable Care Act makes sure that

our law defines comprehensive health care from your head to your toes. It is the right thing to do.

These are all commonsense reforms, and we cannot afford to roll this back. A Harvard Medical School and New York University study released just this morning shows that if the ACA were repealed, 1.2 million Americans with serious mental disorders and 2.8 million Americans with substance abuse disorders would lose some or all of their coverage. This is 4 million people losing treatment that is allowing them to get help, move on with their lives, and be productive citizens as we all want to be and as we all want to have available to our family members.

Think of all the millions more who could again be in a situation of not being able to afford insurance once relabeled with a preexisting condition. The opioid treatment gap—the gap between the number of people who seek services and those who can find or afford—would increase by 50 percent if the ACA is repealed. There would be 50 percent more people unable to find or afford services.

We just had major debate on the floor and passed grant funding to help with this very serious issue. But why in the world should we say for a critical part of health care affecting every family, one out of five Americans, that it will be only around grants and not a part of our comprehensive health care system?

What happens now? The grant runs out: Gosh, I am so sorry you are sick. I am so sorry that you need to see a therapist or that you need medications. I am so sorry the grant ran out.

I don't think we would do that to somebody who had a heart attack: I am so sorry you have had a heart attack. You need surgery, but the grant ran out.

But with mental health illness, that is what happens every day. That is what happens.

Frankly, it is outrageous that we don't have a comprehensive health care system that is completely treating and responding in every way and reimbursing physicians and nurses for all of the different kinds of treatments, services, and medical help they provide.

We have put into law in the ACA that insurance companies cannot discriminate, you cannot have larger copays, you cannot have caps on services, you cannot have larger premiums—and this is a fundamental baseline right that we have placed into law as it relates to access to mental health and substance abuse services. To see that ripped away from Americans across the country is unbelievable to me. It is totally unacceptable.

The amendment we are offering would create a budget point of order against any legislation that comes to this floor that reduces access to mental health services for children, for adults, for seniors in this country. I would hope that all of us could join together and state through our votes that we understand how important these serv-

ices are and what a difference they have made. Right now, repeal of the ACA means 4 million people will lose those services, not counting all of the others that would be blocked because of future access problems and pre-existing conditions and caps on services and all of those patient protections that go away.

I hope that we will join together in a bipartisan way, as we have done on bills such as the Cures Act and others, to say we understand this is the fundamental piece. It starts with mental health parity. To me it is incredibly hypocritical to talk about these issues and want to provide grant funding when the fundamental question of whether mental health and substance abuse services covered under your insurance are ripped away, which is what will happen with the repeal of the Affordable Care Act.

I urge my colleagues to support our amendment.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Arkansas.

REMEMBERING STANLEY RUSS

Mr. COTTON. Mr. President, my home State of Arkansas lost one of its great statesmen last week with the passing of former State Senator Stanley Russ.

Stanley was a man of the soil. Born in Conway, he grew up on a dairy farm just outside the city. He went through the public school system and earned a degree in agriculture from the University of Arkansas. Although he spent the bulk of his career in the life insurance business, over the years he continued to raise cattle. Even when he was an old man, you could find him clearing brush on the road to his house. That is how we thought of him—always keeping busy, always working, and always in touch with the needs of the land and its people.

As a veteran, I have to say that one of the things I most admired about Stanley Russ was his military service. He served in the Army for 2 years, completed Officer Candidate School, and became an instructor in artillery. After being discharged, he served as a company commander in the Arkansas National Guard for several years. In 1995, Stanley was inducted into the U.S. Field Artillery OCS Hall of Fame at Ft. Sill, OK.

His true calling in life was public service. Stanley represented Conway for 26 years in the Arkansas State Senate. More impressive than his lengthy tenure was his unimpeachable integrity. Stanley Russ was universally known as good, sturdy stock. The story is often told that during his first campaign, one of his opponents had some of his poll watchers thrown in jail. But Stanley won the race anyway and went on to pass legislation protecting the rights of all poll watchers. He served in the senate with distinction, championing quality education for all of Arkansas' students and eventually rising to the office of president pro tempore.

Stanley Russ was a model for all of us in public service. I got to know Stanley well in my first campaign. He remained a friend and trusted source of advice and support until he passed away.

I have heard Stanley died peacefully, surrounded by his loving family as his granddaughter sang the hymn, "Great is Thy Faithfulness." In his words, he considered himself "greatly blessed, highly favored, imperfect, but a forgiven child of the King."

But perhaps the best summing up was given by the man who now holds his seat, State Senator Jason Rapert. As Senator Rapert put it, Stanley Russ was "the kind of man that God made only one time."

As I stand on the Senate floor, I wish to say on behalf of our grateful State: Stanley Russ, rest in peace.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Mississippi.

Mr. WICKER. Mr. President, I rise this afternoon to join my colleagues in expressing support for S. Con. Res. 3, the budget resolution which, as most Americans now know, is the vehicle we will use to begin the repeal and replacement of ObamaCare.

This is a matter of keeping our word to the American people. This is a matter of keeping our promises that we have made, not only during the last campaign cycle but repeatedly since I voted against this bill some 8 years ago. It was enacted in January of 2010.

Republicans on this side of the aisle and many Americans repeatedly opposed the ObamaCare expansion of Federal power. We said it wouldn't work. We said the President would not be able to keep his promises to the American people and when we got a chance to go back into the majority, we would repeal that act. On this side of the aisle, this is a followup on years and years of determination on our part to right this wrong, to keep our promises, and come up with a better plan to help Americans have coverage they can afford and a doctor they can keep.

I intend to support the chairman of the Budget Committee in the votes we will have today and tonight. We have what some people call the vote-arama tonight. A number of votes will be taken in rapid succession, and we don't know how many will actually be offered by our friends on the other side of the aisle. I believe I will be able to vote against all of these amendments because I think keeping a clean bill makes it more likely we will be able to pass this legislation, send it to over to the House of Representatives where it can be tweaked but passed and get back to us for final approval, and actually get a bill to President-elect Trump after he takes office, repealing ObamaCare so we can replace it with something that works.

This is our opportunity to keep our campaign promise. This is our opportunity to help the President-elect and the Vice President-elect keep their

campaign promises and show to the American people that elections have consequences and that at least this group of public officials intends to keep our word with regard to this piece of legislation. It was well intended, no doubt, but it could not possibly have worked to do the things that President Obama said it could do.

In 2009 and 2010, the President told us: If you like your health plan, you get to keep it. It turns out that is a promise that was not kept because it could not be kept.

The President said: If you like your doctor, you can keep that doctor. Again, this is a promise this administration and our Democratic friends on the other side of the aisle were unable to keep. That is why so many people around the country are opposed to keeping ObamaCare. They want it to be repealed. They want a drastically different approach involving market principles to be put in its place so it will work for patients and work for the American people.

ObamaCare is not working. It is not working in my home State of Mississippi. It is not working for millions of Americans who lost their health insurance. It is it is not working for millions of Americans who saw their premiums rise and their deductibles go to unimaginable heights.

Of course, I know the Presiding Officer and I have heard from constituents at home, and I am going to take this opportunity to share with you some of the views I have heard from people in Mississippi who are looking to us in the House and in the Senate to rectify this situation with regard to this disastrous piece of legislation.

A 62-year-old individual from Madison, MS, wrote to me saying:

Please explain the term "affordable" in the Affordable Care Act. . . . I recently went to Healthcare.gov to look at possible health insurance plans. . . . The estimates range from over \$18,000 to over \$26,000 per year. That is anywhere from 13.5% to 18.6% of our gross salary. So forget about saving for retirement. The system is flawed.

Another Mississippian wrote to me:

I have read in many publications about the increases in premiums for ObamaCare, but that is actually a moot point when the only insurance . . . that my doctor and my wife's doctor will take is PULLING out (of the exchange) leaving my wife with no choice but to possibly return to work just for the insurance.

A third constituent from Saltillo, MS, wrote:

I just applied at the market place for health insurance. My quote was \$415 monthly with a deductible of \$6850. I work less than 30 hours a week in retail. There is no way that I can afford that.

This constituent from Saltillo goes on to say:

What am I supposed to do? I have a car payment and I need to eat.

Well, I think help is on the way. The action we are going to take this week in sending this resolution over to the House of Representatives is a form of keeping our promise and providing assistance to this constituent of mine.

These stories go on and on. For a woman in Gulfport whose husband lost his job, the cheapest plan in the ObamaCare exchange was \$1,042 with a \$13,000 deductible. This constituent calls ObamaCare "legalized extortion."

A 60-year-old constituent was understandably upset when his insurance went up by \$113 a month. He then noticed that coverage he didn't request had been added to his policy without wanting it or needing it. Pediatric dentistry and birth control were required on this plan, two things neither he nor his wife want to use or want to pay for.

So I want to remind my colleagues that ObamaCare is hurting individuals—individuals who have written to me, and individuals who have written to all of my colleagues, but it is also hurting small businesses in Mississippi and small businesses in Pennsylvania and around the country. I would remind my colleagues that most jobs in the United States are created not by large corporations, not by the big-ticket manufacturing plants that come into our States and districts that we like to have, but by small businesses—businesses of under 200 people.

A small business owner in South Mississippi wrote to me. Following her husband's retirement, she had to find health care through the exchange. Her county borders Louisiana, and many Mississippians travel across State lines for work. The health care network that she has used for 20 years is no longer an option for her because ObamaCare policies do not allow beneficiaries to use networks in different States. That is also something we need to address when we finally put in place the replacement portion of this mechanism.

The plan for this nonsmoker, with no preexisting conditions, under the exchange cost her \$900 a month in premiums and she was not able to keep her doctor.

It is not just constituents in my more or less Republican State, among my more or less Republican constituents in the State of Mississippi who are telling the truth about ObamaCare. I want to quote Bill Clinton, speaking on behalf of his wife in Flint, MI, on October 4 of last year. Former President Bill Clinton said this:

You've got this crazy system where all of a sudden 25 million more people have health care, and then the people who are out there busting it, sometimes 60 hours a week, wind up with their premiums doubled and their coverage cut in half. It is the craziest thing in the world.

President Bill Clinton said that just last year in Flint, MI.

I think if we come to grips with this, we will admit that this is a crazy system. It was well intended by some of my Democratic friends but one that has failed; one that has failed the American people and one that has failed to keep the promises that were solidly made when the bill was rammed through on a strictly partisan basis. Every Democrat was supporting it. No Republicans were supporting it at all.

There was no Republican input, no bipartisan input on overhauling one of the most significant systems in our country.

It is time for us to move forward, and tonight is a step forward. We certainly aren't going to get it all done in one fell swoop, and even when we get the bill signed into law by our new President Donald Trump, it will take a while for it to be put into place. Tonight we show that we meant what we said and we said what we meant, and we are going to follow through. We are going to pass this resolution tonight and begin the process of keeping our promises to the American people to repeal ObamaCare and replace it with something that works for the millions and hundreds of millions of Americans out there who depend on us for good policy.

Seeing no other Members seeking recognition, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

The PRESIDING OFFICER (Mrs. ERNST). Without objection, it is so ordered.

RUSSIA

Mr. DURBIN. Madam President, the most popular dictionary defines an act of war as an act of aggression by a country against another with which it is nominally at peace. Let me repeat, an act of aggression by another country against another with which it is nominally at peace.

On Friday, America's intelligence community issued a damning, detailed assessment concluding that Russian strongman President Vladimir Putin ordered an attack on our Nation's electoral system to sow mistrust and favor one candidate over another. The evidence was sweeping, overwhelming, and troubling.

The key findings, quoted directly from the public version of this report from the intelligence agencies, said as follows:

Russian efforts to influence the 2016 U.S. presidential election represent the most recent expression of Moscow's longstanding desire to undermine the U.S.-led liberal Democratic order, but these activities demonstrated a significant escalation in directness, level of activity, and scope of effort compared to previous operations.

We assess Russian President Vladimir Putin ordered an influence campaign in 2016 aimed at the U.S. presidential election. Russia's goals were to undermine public faith in the U.S. Democratic process, denigrate Secretary Clinton, harm her electability and potential presidency. We further assess that Putin and the Russian Government developed a clear preference for President-elect Trump.

We also assess Putin and the Russian government aspired to help President-elect Trump's election chances when possible by discrediting Secretary Clinton and publicly contrasting her unfavorably to him.

They go on to talk about the types of influence Moscow inspired.

I am not going to stand here and argue that if the Russian efforts had not taken place, there would have been a different outcome in the election. No one will ever know that. And when asked directly, the intelligence agencies, despite these strong statements, say there is no evidence of direct vote tampering or tampering with election equipment, thank goodness. That isn't the point.

The point is, Vladimir Putin and the Russians did what they could to influence our election. Americans should stand up and listen because what is at stake is the sovereignty of our Nation and the reliability and integrity of our election process.

What the Russians did was truly staggering and momentous—a foreign adversary intentionally manipulating America's democracy and election. I don't know if it is an act of war by classic definition. It is an attack on our Nation by any definition. It should not go unanswered.

For those who have been following Vladimir Putin's bullying actions over the last several years, this is no surprise. Instead of building a modern global economy based on the great talents of the Russian people, he and his closest neighbors have created false enemies in the West, sadly and dangerously creating a narrative that domestic Russian problems are really the result of NATO, the United States, and the West.

He has tried to discredit the West and its Democratic free market institutions. He has used manufactured enemies of Russia to rally domestic support for his tactics and leadership.

It is, ultimately, a tired narrative that when combined with domestic political repression and manipulation, helps keep Putin in power.

Let's not be fooled into thinking his actions are merely annoying. The threats are real and dangerous, and they go directly not just at the United States but many of our strongest allies.

I have a list which I ask unanimous consent be printed in the RECORD in detail.

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

April–May 2007 Estonia: Angered by an Estonian plan to move a Russian World War II memorial and Russian soldiers' graves, Russia disabled Estonia's internet with a particular focus on government offices and financial institutions.

June 2008 Lithuania: Similarly, when the Lithuanian government banned the display of Soviet symbols, Russian hackers defaced government web pages with hammer-and-sickles and five-pointed stars.

August 2008 Georgia: After Georgia's pro-Western government sent forces into a breakaway Russian-backed region, Russian hackers shut down the country's internal communications to coincide with a military seizure of Georgian territory.

January 2009 Kyrgyzstan: As part of an effort to persuade the president of Kyrgyzstan

to evict a U.S. military base, Russian hackers shut down two of the country's four internet service providers. Kyrgyzstan in turn removed the base and received \$2 billion in Russian aid.

April 2009 Kazakhstan: After Kazakh media published a statement by the country's president that criticized Russia, a Russian-attributed attack shut down the publication's site.

August 2009 Georgia: Russian hackers shut down Georgian Twitter and Facebook on the first anniversary of the 2008 Russian military invasion.

May 2014 Ukraine: Three days before Ukraine's presidential election, a Russia-based hacking group attacked and disabled the country's election commission, including its backup system. Ukrainian officials say the arrested hackers were trying to rig the results in favor of the pro-Russian candidate.

March 2014 Ukraine: As in Georgia, Russian allegedly coordinated military and cyber attacks, disabling the internet in Ukraine while Russian-armed proxies seized control of Crimea.

May 2015 Germany: German investigators discovered hackers had penetrated the computer network of the German Bundestag, the most significant hack in German history. Security experts said hackers were also trying to penetrate the computers of Chancellor Angela Merkel's Christian Democratic Party.

December 2015 Ukraine: Hackers believed to be Russian took control of a Ukrainian power station, locking controllers out of their own systems and cutting 235,000 homes from power.

October 2015 Netherlands: Security experts believe Russia tried to hack into the Dutch government's computers to remove a report about the downed Malaysian airliner over Ukraine. The Dutch Safety Board eventually concluded that the passenger plane was brought down by a Russian-made missile fired from an area held by pro-Russian rebels in eastern Ukraine.

January 2016 Finland: A security firm announced that it believes Russian hackers were behind attacks on Finland's Foreign Ministry several years before.

December 2016 Germany: The head of German intelligence warned last month, "There is growing evidence of attempts to influence the federal election next year," specifically citing Russia as the source of the attacks, adding, "We expect a further increase in cyber-attacks in the run-up to the elections." Experts believe Russia wanted to undermine Chancellor Merkel who has supported sanctions against Russia for its actions in Ukraine.

Mr. DURBIN. Madam President, NBC News compiled a document of activity by Russia and Vladimir Putin. It starts in April of 2007 in Estonia, where the Russians were disabling their Internet; in June 2008, in Lithuania, where the Russian hackers were defacing government Web pages; in August 2008, in Georgia, where the Russian hackers shut down the country's internal communications system; in January 2009, in Kyrgyzstan, as part of an effort to persuade the President there to evict a U.S. military base, the Russian hackers shut down two of the country's four Internet service providers.

April of 2009 in Kazakhstan. After Kazakh media published a statement by the country's president that criticized Russia, Russian-attributed attacks shut down the publication's Web site.

August 2009 in Georgia, there was similar activity; May 2014 in Ukraine; March 2014 in Ukraine; May 2015 in Germany; December 2015 in Ukraine; October 2015 in the Netherlands; January 2016 in Finland; December 2016 in Germany.

Of course, there was also the Russian military seizure of sovereign territory in the nation of Georgia in 2008 and their invasion of Ukraine in 2014. In fact, Russian forces and their proxies still hold captured land in Georgia and Ukraine, and from that spot in Ukraine separatists shot down a civilian airliner 2 years ago, murdering 283 innocent passengers, including 8 children.

This is our adversary. This is the man who is trying to undermine the American electoral system. We cannot take it lightly.

Twenty years ago, when I was elected to the Senate, I was a member of the Government Affairs Committee. The first hearing we had was a lengthy investigative hearing. What was the basis of it? We had just concluded a Presidential campaign, and allegations were made that the Chinese Government 20 years ago was trying to insert itself into the Presidential campaign of the United States, specifically in support of the Clinton-Gore ticket.

Fred Thompson was chairman of that committee, a pretty well-known man who has since passed, but he was a pretty outstanding lawyer in addition to being a pretty famous actor. He was my chairman. He spent months in public hearings investigating whether the Chinese tried to insert themselves in any way, shape, or form in the election of Clinton-Gore. They found virtually no evidence, other than a handful of Buddhist nuns writing checks to the campaign, which nobody ever really explained. But there was no evidence that the Chinese Government was involved in this in any specific way. We spent months on that theory in open hearings, and then published reports—conflicting reports on conclusions from that committee. We took it that seriously 20 years ago.

What are we doing about this? Well, Senator McCONNELL, the Republican leader, said that we will do the regular order; we will let the regular committees go about their business and figure out what might have happened in the course of that. That is not good enough. Regular order may put this investigation in the Intelligence Committee. Do you know what that means? It means you are not going to see their hearing. You are not going to be able to see their witnesses and listen to their testimony, and much of the evidence that is going to be presented will never be shared with the public.

I understand the need to protect classified material. We must do that. I insist on that. But at the same time, we need to answer some basic questions about what Russia tried to do in this last election and to make it clear to them and to the world that the United States is not going to be a sucker. We

are not going to allow anyone who can hack into our systems to try to undermine the electoral system of the United States. We are proud Americans. We will handle our own elections, thank you. Keep your hackers out of business in the United States.

Recently, we have had allegations—and I underline the word “allegations”—of other involvement of the Russians with the Trump campaign and the preparation of certain documents, which have not been collaborated as of this date. They may lead to nothing, but they certainly deserve investigation so that we know what the facts may be.

Yesterday at the Senate Judiciary Committee, I asked Senator JEFF SESSIONS of Alabama, a man who is aspiring to be Donald Trump’s Attorney General, if he could recuse himself from investigations into Russian connections with the Trump campaign. He had just said earlier he was going to recuse himself from investigations involving Hillary Clinton. Senator SESSIONS said, “I would review it and try to do the right thing as to whether or not it should stay within the jurisdiction of the attorney general or not.”

I hope that Senator SESSIONS, if he in fact becomes the Attorney General, will have some second thoughts. It is far better to consider a special counsel in the Department of Justice in light of the political circumstances of these allegations.

Secondly, we need to have a select committee—not the Intelligence Committee—of either the House or the Senate that will meet and consider this information and investigate it in a responsible way. In fact, I think it is of such gravity that we ought to consider a public-private commission—a commission of elected officials, as well as private citizens, whom we respect. I think of the names of General Colin Powell and former Supreme Court Justice Sandra Day O’Connor as chairs and cochairs of that effort, people of unquestionable integrity who will make the right findings for America and not for any political reasons, as far as I am concerned.

Today, I asked Michael Mukasey, former Attorney General under President George W. Bush, whether the Attorney General has the authority to shut down an FBI investigation, and he answered very simply, “yes.” So we need more information. We need to make sure that this is taken seriously and that we address it in a serious manner because it is a serious issue.

What, in fact, has been the response from the other side of the aisle? With a few notable exceptions, that party of Ronald Reagan, the 40th President—who really understood the old Soviet regime—has greeted this information with near silence. That is right. Except for a few voices—my colleagues Senators GRAHAM and MCCAIN in particular—there has been near silence.

How in the world did an attack ordered by a former Soviet KGB official

on our Nation become a partisan issue that is largely ignored by a majority of one of our Nation’s two great political parties? How did the Republican Party, which now controls both Chambers of Congress, decide that repealing health care insurance for millions of Americans was the most urgent, first priority to deal with amid this sweeping evidence of a Russian attack on our democracy? Ronald Reagan must be rolling in his grave.

Does anyone remember his clarity about standing up against attacks on the West and its allies when the Soviets shot down a civilian Korean airliner in 1983? This is what President Reagan said:

And make no mistake about it, this attack was not just against ourselves or the Republic of Korea. This was the Soviet Union against the world and the moral precepts which guide human relations among people everywhere. It was an act of barbarism born of a society which wantonly disregards individual rights and the value of human life and seeks constantly to expand and dominate other nations.

There was a time in this town when national security issues were truly bipartisan, when security meant patriotically putting aside partisan agendas. Can anyone here imagine for a second—just one second—the debate we would be having here now if the situation were reversed? The House alone spent millions of dollars on countless and ultimately fruitless investigations into the tragic events of Benghazi. Here we are, with overwhelming evidence of an actual attack on our Nation, and the majority party is largely silent. That is incredible. It is quite simply an abdication of political responsibility not to address a verified national security threat to our Nation.

With the release of Friday’s report, I urge my colleagues to read both the public and classified reports. The classified version contains the same damning and sweeping conclusions I mentioned here today from the public document, but it goes into detail. As such, I urge this body to come up with an appropriate response to this attack. I have joined in bipartisan Russian sanctions legislation with Senators CARDIN, MCCAIN, MENENDEZ, GRAHAM, SHAHEEN RUBIO, KLOBUCHAR, SASSE, and PORTMAN. We urge that we quickly advance as an urgent priority Russian sanctions to make it clear that what they have done is reprehensible, unacceptable, and will not be tolerated.

This Congress can also do what many tried to do in the past and failed—which is certainly timely—and that is pass meaningful cyber security legislation.

We have to maintain our strong NATO Alliance, stand firm against Russian meddling or attacks, and tell our friends in the Baltics and Poland, in particular, that we stand by their side, that nothing has changed, and that our friends in Ukraine can trust that we will be with them as they establish democratic sovereignty. We must work with the new administration to fully accept and counter this

Russian threat. We must work to undermine any such future attacks at home and against our allies. We should get to the bottom of the extremely troubling allegations that have been made recently.

Yes, ultimately we must work with Russia where those efforts serve our global interests—and I think there will be some common areas—but we must not do so from a position of weakness. We will never be taken seriously by Putin or our adversaries otherwise.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from South Carolina.

CONGRATULATING CLEMSON ON WINNING THE COLLEGE FOOTBALL NATIONAL CHAMPIONSHIP

Mr. GRAHAM. Madam President, there are a lot of pressing issues going on in the country and in the world. These are tough, turbulent times. But Senator SCOTT and I are going to take a moment or two to talk about a topic that I think millions of Americans appreciate: college football.

In the South, where TIM and I come from, it is as close to being a religion as you can get, and we are here to celebrate Clemson University becoming the national champion in college football, beating Alabama in the best college football playoff game I have ever witnessed in my life.

To the people of Alabama: You had one heck of a ride, a 26-game winning streak, something you should be proud of.

To the Tigers: You beat the best team in the country, and, to me, the way you won is as important as the outcome.

DeShaun Watson is probably going to go in the very top of the draft to the NFL. I would say he is the best college football player in America. What DeShaun has won for Clemson is unbelievable. The way he has done it is even more unbelievable. He graduated in 3 years. He is one of the nicest young men I have ever met in my life. His faith means a lot to him.

He threw the ball to Hunter Renfrow, who was a walk-on—a young man from a small town in South Carolina who walked on to the Clemson University team. Because of Coach Dabo Swinney, he had a shot at making the team and wound up catching the winning pass to win the national title.

How is this possible? It is possible because of leadership at the top. President Clements, our new president, has a vision of Clemson University as aggressive and bold off the field as Dabo has had on the field. I think Dabo Swinney represents the best in college sports. The Clemson team is truly a family. If I had a son, I would want him to play for Dabo.

If you are looking for a place to go to school where you would be academically challenged, go to Clemson. If you are looking for a place to go to school or to be a part of a community, something bigger than yourself, go to Clemson. If you are looking for a place to watch sports at the highest level possible, go to Clemson.

So I congratulate the Tigers. Who you beat was impressive, but more impressive is how you have conducted yourself over the last couple of years.

The Clemson program is a model for college athletics. Dabo has an uncanny ability to take people from different backgrounds and mold them into a team. He loves his players and they love him.

I live 5 miles from Clemson University and went to the University of South Carolina, and most of you don't know what that means: the biggest rivalry.

I am proud of Clemson. I grew up in the shadow of the university, 5 miles from the stadium. I have been around the Clemson Tiger family all my life. They conferred an honorary degree upon me a couple of years ago. Given the academic standards at Clemson, that is the only way I would have ever graduated from Clemson.

So I want to tell the Tiger Nation that all of us in South Carolina are so proud of your victory on the field, but equally proud of the way you conduct yourself off the field. Clemson University is in the top 20 public schools in the country, with no end in sight.

Next year, if I were an Alabama fan, I would be very optimistic. This young freshman quarterback is coming back. He is an incredible talent. The people of Alabama should be proud of their football team and their coaching staff because you have been on top of the mountain for a very long time. I hope you believe that Clemson is a worthy successor.

Dabo said it best, "The [tiger] paw is flying on the top of the mountain" of college football, and that is saying a lot.

Go Tigers.

The PRESIDING OFFICER. The Senator from South Carolina.

Mr. SCOTT. Madam President, I ask unanimous consent to display my Clemson flag.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. SCOTT. Madam President, I think it is important for us to realize and note that while Senator GRAHAM did in fact grow up just a few miles from Clemson—which means his affinity for the university is natural—it is consistent with his upbringing. For me, it is very different. When you are born in South Carolina, and you are born on the coast near the Atlantic Ocean, the likelihood of your being a Gamecocks fan and wearing garnet and black is about 75 percent. So I must concede that I still pull for the Gamecocks. That is a controversial position to be in when you are talking about the new national champions.

I would also like to say to Senator SHELBY—a man of integrity, character, and long service—thank you for making the bet. I am so glad you lost.

I would also say to the Clemson Tigers—the "Tigers Nation"—we are so incredibly proud of what you have ac-

complished. It is amazing, not only the successful season that you have had on the field but the character that has been the focus of so much of the conversation off the field.

We have talked specifically about No. 4, Deshaun Watson, and the amazing story about his relationship with his mother. I have a special relationship with my mom. So I appreciate his focus and determination to honor her when he is on the field and to continue to honor her when he is off the field. That story is a remarkable story that deserves more attention. It really does.

As to Coach Dabo Swinney, is an amazing coach, without any question, but he is also an Alabama alum. Having won the national championship as a part of the Alabama football team—I believe it was 1992—you have a champion come into Clemson University and making champions by loving compassionately, by challenging on the field, and by embracing these men and the entire apparatus around the university and college athletics. He has done a fabulous job.

I think of the walk-on receiver that Senator GRAHAM mentioned. In every facet of the team—whether you are the so-called water boy, whether you are the athletic trainer, whether you are a physical therapist—people win because of the team that they are on. There are no self-made success stories.

We should remember that as we focus on these young athletes. I know their lives will be meaningful because of the team they played on and not simply the victories they celebrated.

I do want to take a few seconds and mention the president, Jim Clements, who is a fantastic guy and one of my dearest friends. Jim and I were having a conversation through text before the game, and I decided, since we can't use our phones on the floor of Senate—I know they frown on that kind of stuff, technology; it is an interesting concept here—I decided to print the text. This was a Wednesday evening around 10 p.m. I had just predicted that Clemson would win, 27 to 24. Jim Clements said:

Seriously if we play like we did last week then we win! I believe it will happen!! 35-31. Go Tigers.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

Mr. LEE. Madam President, I rise today to give voice to some of my fellow Utahns, including a few of my fellow Utahns who are suffering because of the health care law passed by this body nearly 7 years ago. These are not stories from wealthy Utahns who have simply had to pay higher taxes, nor are these stories from low-income Utahns who already have insurance through Medicaid.

These are letters from the too often invisible victims of ObamaCare—those middle-class families who used to be able to afford health care when they needed it but are now forced to pay for it and to pay for what amounts to, in some cases, one of their largest payments or even their largest payment they make each month for a so-called insurance plan that never seems to pay out because of high deductibles.

Jenica from Davis County, UT, writes as follows:

I am an ordinary mother raising my kids and striving to live within my means. For the first time, my family is facing a year with no health insurance. Our gross income falls a few hundred dollars per month too high for us to receive help through CHIP or UPF programs, but we cannot afford to purchase health insurance through my husband's work or through the Marketplace. After this year's premium increases, the most inexpensive plan offered to us on the Marketplace is a full quarter of our gross income per month (before taxes), and if we put that into our budget we will not be able to save any money to pay deductibles as healthcare needs arise.

We face the same problem with my husband's work insurance; it would be even more expensive, and we cannot wisely budget a quarter or more of our income toward health insurance premiums.

I know this problem is not limited to my family, and I want you to be aware of those of us who are falling in the gap this year. We earn barely too much to receive any assistance, but not enough to actually pay for insurance premiums. It seems the wisest course for us is to withdraw from insurance and save our money to pay for medical expenses in cash, as well as saving to pay the fine on our taxes next year.

It is a decision I do not make lightly, as I know that the insurance companies need more people, not less, to participate to make the system work. However, my family cannot afford to participate this year.

I know you will represent us well and take our needs into consideration as you work with the other members of Congress to make our country's healthcare system work for all of us. Thank you for serving our state and our country. May God bless you in your efforts.

May God bless you, Jenica. May God bless you for having the courage to write these things down and to share them with your fellow Utahns and your fellow Americans.

I promised Jenica that I will do everything I can, everything within my power, to make sure that you and families like yours are not forgotten when we repeal this law and replace it.

Trevor from St. George, UT, had a similar story. He writes:

I recently got a new job and I'm trying to get healthcare. None of the 3 plans my employer offers are affordable to me, even though the government claims they are. Even if I were to buy the cheapest plan, I would never be able to use it because of the high deductibles.

I do not qualify for Medicaid, and earn \$1,000 per year too much to qualify for subsidies.

In a nutshell, I can't afford to buy insurance from anywhere, and by not buying it, I can't afford the penalty levied by the federal government. What is someone in my position supposed to do?

The ACA is not helping the very people it was designed to help and is in fact throwing

a terrible burden upon me and my family. We need a new healthcare system. This one is not working. Please share my story so that others will be aware that people in my position (and there are many of us) are struggling.

I will share your story, Trevor, and soon we will be one step closer to a new type of system, a system that will put patients and doctors back in charge of health care decisions rather than having those decisions made by government bureaucrats in Washington.

The last letter I would like to share today comes from Washington County, UT. Ron from Washington County writes as follows:

Today I received a letter from my health insurance carrier indicating that the premium for me and my two kids—yes, only three people—is increasing from \$1,020 per month to \$1,706 per month, an increase of slightly over \$8,200 per year. My annual income for 2017 will not be increasing, let alone to cover eight grand.

Later this afternoon, I am contacting my travel agency (a local small business) and asking Judy to cease her research into my family vacation for the summer of 2017. Why would I cancel my vacation and also take away revenue from a local small business? The answer is "67.26%." That is the percentage increase for my health care insurance.

I need you to see that this is real. It greatly and negatively impacts my family and it subsequently impacts local businesses as more of my money is drained from the economy. I make roughly \$60,000 per year. My medical premium is now one third of my gross income! Plus, I still have to pay out deductibles and copays.

Even the bronze programs, which are worthless, are designed to bankrupt a family and end up costing more in the long-run, have exceeded the cost of the mortgage I took out on my St. George home in 2014. More than my mortgage! Repeat more than my mortgage. That should send shivers down anyone's spine.

One of the most important aspects of America's middle class is the ability for a family to purchase a home. Now that insurance premiums have exceeded the mortgage payment of a median priced home in the US, I suspect that the dream is now slipping out of the hands of many Americans.

Ron, you are absolutely right. Thanks to ObamaCare, the American dream is now slipping out of reach for far too many families throughout the State of Utah and throughout the entire country. These are not just the stories of a few isolated Utahns. These are not just stories from a few statistical outliers. There are fewer affordable options for Utahns throughout the State.

In 20 out of Utah's 29 counties, Utahns can only choose a health plan from one insurance company. They have just one company to choose from, and the options available are not always as robust as they should be. Within those options that they have, the costs have risen far too much each year. For 2017 plans, insurance rates across Utah increased at least 30 percent, on average. This is after multiple years of substantial premium increases in the other years leading up to this.

Fortunately, help is on the way. Thanks to President-Elect Donald

Trump's victory this November—and thanks to the outcome of House and Senate races throughout the country—we now have the opportunity to uproot this ill-conceived health care law, root and branch.

The old system, to be clear, is far from perfect. After we repeal ObamaCare, we still have much work to do unbundling health care from employer-provided health insurance so doctors, nurses, patients, and innovators can do the work of bringing down prices and increasing quality. That is what happens when we allow the free market to operate. We get competition. When people compete, two things happen that are important for consumers: Prices go down and quality goes up.

That is what the American people have come to expect and basically every other sector of our economy. Sadly, we have seen the opposite become true with respect to our health care system under ObamaCare because we have restricted free market forces, and we have impeded competition. As a result, prices have gone up and quality, in some cases, has gone tragically down.

Step one involves repealing this health care law. Trevor, Jenica, and Ron, I want you to know that I hear you. I hear you and I hear all Utahns who have contacted me to share their experiences with this health care law. My colleagues in the Senate have heard you too. We will repeal this health care law and we will bring reform and competition to our Nation's currently broken health care system.

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

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

Mr. DAINES. Mr. President, today is the day when we will begin to repeal and replace ObamaCare. Repealing and replacing this disastrous law is one of the top jobs that citizens elected us to get done. In many ways, it is why Donald J. Trump will be sworn in next week as the 45th President of the United States.

I think what is most helpful is to recap why repealing ObamaCare is so important to so many American families. Montanans were promised that with this bill you could keep the health plans that you liked. That was wrong and millions of Americans lost their plans.

Montanans were assured that coverage under ObamaCare would be affordable. For millions of Americans, for thousands of Montanans, nothing could be further from the truth. Montanans were guaranteed that ObamaCare would lower health care

costs. We witnessed premiums skyrocket since ObamaCare's implementation.

Finally, Montanans were assured that ObamaCare would create more competition in the marketplace, but now Americans in one-third—one third—of the counties across our entire country have but one plan to choose from. Let's not forget, supporters of ObamaCare paid for these failed programs by raiding Medicare of over \$700 billion. Seniors and people with disabilities in Montana and across our country deserve much better.

Over the past several years, I have heard from countless Montanans about how ObamaCare has failed them. Take, for example, Terry from Choteau, MT, who wrote:

We just got a letter from Pacific Source that our premium is going up \$260 per month and our deductible is going up to \$1000. This is \$1025 per month and a \$7500 deductible for 2 healthy adults [with] (no preexisting conditions). For a ranch family this is a huge hit, especially in these times with low commodity prices. Something needs to change.

Jeff from Kalispell, MT, said this:

I am married with 5 children. I live in Kalispell. I bought Blue Cross Blue Shield of MT PPO Gold insurance plan #104 for the 2016 year. My premium was \$1,477.28 per month. In early November 2016 [2 months ago] I received notice that my same plan would increase to \$2,820.00 per month. That is a 91% increase. . . . If keeping the same rate hikes, my insurance will be \$5,500 in 2018, then \$10,000 per month in 2019.

That was from Jeff in Kalispell, MT.

I have Anthony from Bozeman. That is my hometown. I went to college in Bozeman. A fellow Bozemanite writes this to me. He says:

I have never been able to afford Obamacare insurance. With quotes of over \$400 a month for a single healthy male I found it easier to pay the penalty. So now not only can I not afford to have medical insurance but I am getting fined for not making enough money to pay all of my bills and give a 20% tithe to the medical insurance industry.

Here is another Bozemanite, Kenneth. He writes this:

For 2014 we had med insurance from Pacific Source for my wife which was adequate and filled our needs. For 2015 Pacific Source canceled that policy, citing Obamacare rules, and best alternative was 150 percent more expensive.

We did it for 6 months and then canceled; it just took too much from our budget. The IRS fined us \$584 for missing insurance for 6 months. We are doing without coverage for 2016 again because of the outrageous costs for this high-deductible policy. Our IRS fine will probably be about \$1500.

The list and the heartfelt stories go on. They all share one common theme: ObamaCare is not working. This ObamaCare hardship did not just impact Terry, Jeff, Anthony or Kenneth. Montanans, on average, face premium increases between 27 and 58 percent just this last year. This is year-over-year numbers.

Last evening, I had a telephone tele-townhall meeting where thousands of Montanans joined me, thousands across the entire State. Every corner of our State was on the call last night. I

asked a simple question. I asked: How many of you would want to repeal ObamaCare? An overwhelming 82 percent said they support the repeal of ObamaCare.

The reason why is quite simple. They did not get what was promised to them on this very floor of this Chamber back in 2010. ObamaCare is failing because it is a massive intrusion by the Federal Government. It is centered on raising taxes, huge spending increases, and heavy regulations from Washington, DC. It is straight from the Big Government, Washington-knows-best playbook, and that is what happens when Congress doesn't listen to the American people.

You know, Montanans have very good horse sense. They know when somebody from Washington, DC, shows up and says: We have this 2,700-page bill from Washington, DC, led by NANCY PELOSI, Harry Reid, and President Obama—Montanans know better. They know they should run for cover.

And that is exactly what ObamaCare is and what is happening now to the American people.

ObamaCare can't be tweaked. It has to be repealed. It needs to be replaced with better reforms. And we need to make sure that we do as much as we can as soon as we can so folks aren't having to deal with ObamaCare for much longer. People are hurting. It is time to replace it.

I urge my Democratic colleagues to work with us. Don't use scare tactics.

Unlike 2009, we are focused on a path forward that conveys practical benefits, not hopeless ideology. I ask them to accept the reality that ObamaCare is irreversibly flawed, it must be repealed, and it must be replaced with effective policies.

I know there are comments out there about a plan and what is next. Well, for me, it is not that complicated. It is getting the costs down. You have heard the stories. The American people are asking for relief.

For the generation of Americans just now entering the workforce—and that would be my kids; they are just entering the workforce—health care costs have increased by 77 percent. This is outrageous. It is unacceptable. These are supposed to be the easiest people to insure, yet ObamaCare seems intent on placing health care out of their reach.

I believe there are policies that are fundamental to any health care system, and it will be working and fighting for provisions that provide access to affordable insurance, that protect people with preexisting conditions, that allow young adults to stay on their parents' coverage until age 26, that return decisionmaking authority back to the States, that will eliminate these harmful Washington regulations and mandates, that will empower the American people with greater access to health savings accounts.

That was part of the health care system that was actually working pre-ObamaCare, and ObamaCare moved in

and slashed health care savings accounts.

We need to make it easier to purchase health insurance across State lines, encourage and incentivize work among able-bodied Americans, and uphold fiscal responsibility by preserving and protecting Medicare for our seniors.

I very much look forward to working with the nominee for the U.S. Department of Health and Human Services, Dr. TOM PRICE. I served with Dr. PRICE in the House. There is not a better leader at this point in time in our Nation's history to assume the leadership of the Department of Health and Human Services. He is a doctor, has served in Congress, and will be able and ready to lead from day one.

We will work together to find the best solutions, Montana solutions, solutions that work for our respective States, for people like Terry, for Jeff, for Anthony, for Kenneth, and for the thousands of other Montanans who have been harmed by this law.

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

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

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. SCHUMER. Mr. President, I wish to speak briefly and pointedly about the budget resolution before us which will, at some late hour, culminate in a final vote. Whether that vote is tonight or in the dark hours of early morning, with it, Republicans are taking their first step into a box canyon.

Now, I hear my Republican colleagues talking more and more about doing repeal and replace together, but let me be very clear. This budget resolution is not repeal and replace. It is one thing and one thing only: the first step of repealing the Affordable Care Act, ripping health care away from tens of millions of Americans, and throwing our health care system into chaos. It will, as many have repeated across the land over the last few weeks, make America sick again.

Over the past few weeks, this fact has made some of my more thoughtful colleagues nervous. I understand that. I would be nervous if I were them too. My friends, the Senators from Maine, Arkansas, Tennessee, and Kentucky, have all quite forcefully voiced their concern with repealing health care reform without a scrap of a plan of what to do next.

Now the President-elect has tweeted that they should do repeal and replace at the same time. Today he said Republicans would repeal and replace the law essentially simultaneously, but that is not what this budget resolution would do.

We are here because the Republicans are flummoxed. It is a bit like an

Abbot and Costello show. Republicans in Congress and the President-elect are pointing at each other, waiting for the other one to come up with the plan—"You do it. No, you do it"—because no one can come up with a repeal plan that keeps the benefits of ACA.

This confusion of the Republicans makes sense because the Republicans are in a pickle and driving into that box canyon. They promised every conservative group and audience in the country for the past 8 years that they would repeal health care reform "root and branch," but actually it is only their base that wants repeal. Most Americans want us to keep the law and work to improve it.

In a recent Politico/Morning Consult poll, only 28 percent of Americans support repealing the law if there is no current plan for replacing it—less than one-third. This is the Republican base.

Two-thirds of Americans support the provisions that prevent insurance companies from denying coverage to patients with preexisting conditions, 63 percent support letting kids stay on their parents' plan until they are 26, and there are similar numbers on the other major benefits of health care reform. Those are the key features. Those aren't extraneous. Those are the heart and soul of the Affordable Care Act. The Republicans are in a pickle. They cannot please their base and the broader public at the same time so President-Elect Trump says to Congress: You come up with replace.

The Congress says to the President: You come up with replace.

Abbot and Costello.

No replace. We haven't seen one yet, and it has been 6 years.

From a policy perspective, our Republican friends can't repeal a law and keep in place the provisions that are overwhelmingly popular with the majority of Americans. That is why they are in such a pickle.

The Affordable Care Act is not despised by the American people, only the hard right of the Republican base, which is fervently anti-government. It is an ideology. It doesn't matter how much ACA helps people. If the government did it, we don't want it. They oppose health care because they oppose everything that government does. They oppose Medicare, Medicaid, even Social Security.

If Republicans go forward with this plan, they may mollify their base—the base will stop complaining—but they will ostracize and hurt the American people and ultimately lose in the court of public opinion.

There is a much more responsible course of action that I urge my friends on the other side of the aisle to consider: abandon repeal.

We Democrats are willing to work with our Republican colleagues on improving the existing law. We will even look at a comprehensive replacement plan if they can come up with it. We don't care about credit. You can call it McConnellCare or Republicare or

RyanCare or TrumpCare. It doesn't matter so long as it covers as many people as the ACA, so long as it helps bring health care costs down, and so long as it doesn't move our health care system backward.

We haven't seen one so far. I am skeptical that we ever will, but we will look at one if they can come up with it. Unfortunately, that is not the road we are on. The vote tonight is the first step on the road to repeal, which leads straight into that box canyon.

I just want to sincerely urge my Republican colleagues, especially those who have rightly expressed concern about the very serious consequences of repealing without replacement: Vote against this resolution. Put this irresponsible and rushed repeal plan aside. Work with us Democrats on a way to improve health care in America, not set it back 8 years. Don't make America sick again. Don't put chaos in place of affordable care, which is what you will do if you follow through on this resolution.

The consequences of throwing our system into chaos, which the Republican plan will do, are enormous: denying 30 million Americans health coverage, blowing a \$1 trillion hole in our deficit, depriving the college graduate from staying on their parent's plan, preventing women from getting fair treatment, and telling the family whose daughter has a preexisting condition that they can't get coverage, and they will have to watch her get sicker.

That—all of that—falls entirely on the shoulders of my Republican colleagues. I think that is a scenario we all would like to avoid. So turn back before it is too late because you will regret going forward.

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 legislative clerk proceeded to call the roll.

Mr. SANDERS. 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. SANDERS. Mr. President, tonight is an important night because it allows what is very rare here in the Senate—for Members of the body to bring forth amendments and ideas that are very important to them, and that, unfortunately, don't often get debated or voted upon here on the floor.

I know I speak for virtually all Democrats in saying that we have deep concern about the Republican proposal that would repeal the Affordable Care Act without having any alternative plan in place. We think the idea of throwing some 30 million Americans off of the health insurance they have and significantly reducing funding for Medicaid will not only be very, very problematic for lower income people but also impact middle-class people

who depend upon Medicaid to help pay for the nursing home care their parents get. We are deeply concerned about the possible privatization of Medicare, making Medicare into a voucher program. We are concerned about the increase in prescription drug costs for seniors that would occur. If the Affordable Care Act were repealed, seniors would have to pay far more than they are paying right now, at a time when many seniors cannot today afford the high cost of prescription drugs. What we find is outrageous is that, in the midst of all these attacks on the middle class and working families of this country, the Republican repeal of the Affordable Care Act would end up providing hundreds and hundreds of billions of dollars in tax breaks for the top 2 percent. I believe there are very few people in America who think we should devastate the health care programs that millions of Americans depend upon and at the same time give huge tax breaks to the very, very wealthy.

Tonight we are going to hear a number of Senators on the Democratic side come down to the floor and offer very, very important amendments which I hope can receive bipartisan support.

We are going to hear Senator MANCHIN talk about the need to protect rural health. As a Senator from a rural State, I understand very clearly that if the Affordable Care Act is repealed, it will be devastating to rural hospitals all across this country.

Senator NELSON is going to talk about the high cost of prescription drugs and what the repeal of the Affordable Care Act would mean in raising prescription drug prices. Senator BALDWIN will be talking about the need to make sure that, as is currently the case, young people 26 years of age or younger can continue to stay on their parents' health insurance. Senator TESTER is going to be offering an amendment which will oppose limiting veterans' ability to choose.

I will be offering an amendment making certain the people in our country do not have to pay more for medicine than the people in Canada and in other countries. Senator CASEY is concerned about protecting individuals with disabilities and chronic conditions. Senator KING is concerned about protecting health insurance for people, many of whom are working in very dangerous occupations.

Senator MENENDEZ is concerned about protecting Medicaid expansion. Millions of Americans have received health care, in some cases for the first time in their lives because we were able to expand Medicaid.

Senator GILLIBRAND is concerned about protecting women's health. The Affordable Care Act has gone a long way in terms of equity for women, in terms of the health care they receive, and I hope nobody wants to see that disappear.

Senator MANCHIN will address a very important issue about the opiate epidemic that exists in West Virginia and all across this country.

Senator STABENOW will be speaking about the need to protect mental health services. We have a major crisis in mental health care in this country. We need to do a lot more than we are currently doing, and we certainly do not need to do less.

Senators CANTWELL and CARPER will be talking about the need to protect delivery system reform. Senator BROWN will be talking about the need to protect the Children's Health Insurance Program. Senator COONS will be talking about the need to make sure there are no limits on the health insurance people with serious illnesses receive.

So there are a lot of very, very important amendments that will be offered, and I look forward to an interesting evening of discussion.

I would just conclude my remarks to say that I find it beyond comprehension that at a time when we are the only major country on Earth not to guarantee health care to all of our people—we are the only one—that at a time when we pay significantly more per capita for health care than do the people of any other nation, that at a time when we pay by far the highest prices in the world for prescription drugs—what we need is to have a health care system that protects the needs of the middle class and working families of our country, not just the insurance companies and not just the drug companies. In fact, the votes tonight are really about whether we are prepared to stand up for ordinary Americans or whether we are going to continue to kowtow to the insurance industry and the pharmaceutical industry.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, while we are waiting for the unanimous consent agreement that will kick off the evening, I feel compelled to make a couple of comments.

I don't want people to be confused as the evening goes on. This is not the bill that repeals ObamaCare. This is the bill that sets up the process that will repeal ObamaCare. This is a preliminary step that is necessary in order to do what everybody is claiming will be done tonight, and that is not accurate.

So we will hear a bunch of things that people are concerned about, but this bill in it has budget numbers. The budget numbers reflect where we are—not where we would like to be and not where we have been. They are just the numbers of where we are. Then, in the resolution, there is a requirement that the Finance Committee save \$1 billion, and the Health, Education, Labor, and Pensions Committee save \$1 billion, and they get to do that with some privileged legislation, as long as we keep it privileged. There will be a number of

attempts tonight to see if they can get rid of the privilege by using corrosive or nongermane amendments. Consequently, we will have to vote down some of those amendments. It might sound logical, and it is because they are not in the bill.

I guess we are still waiting for the unanimous consent agreement so at this point I will yield the floor.

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

Mr. ENZI. Mr. President, for some additional information of what is happening, we are organizing lists of what tranche the votes will be in. Just because they are not listed in this first group, doesn't mean they are not going to be considered. In fact, under a budget resolution, we have what is called a vote-arama. Actually, any amendment can be turned in until we finish voting. Unlike other activity that we usually have where we know what votes there will be well in advance, this is a special exercise and it is handled a little differently and it is a lot more confusing.

We will begin in a while. We will begin processing these amendments one at a time. For debate, just so people know for sure which amendment we are on, the proponent for the amendment will get 1 minute and the opponent for that amendment will get 1 minute. At the end of those 2 minutes, we will vote. The first vote is supposed to take 15 minutes. The Senate is seldom held to 15 minutes. After that, we often go to 10-minute votes, which in the Senate usually only takes about 30 minutes.

That is the way we do it here. We make sure everybody gets their chance to vote. We hope people will be around so they can get here punctually and cast their vote. We think the amount of time from 10 minutes can be reduced if people are interested in reducing the amount of time to do them.

I got the signal that we now have the final list.

Mr. President, I ask unanimous consent that it be in order to call up the following amendments and have them reported en bloc: Manchin, No. 64; Nelson, No. 13; Baldwin, No. 81; Tester, No. 104; Klobuchar, No. 172; Casey, No. 61; King, No. 60; Menendez, No. 83; Gillibrand, No. 82; Manchin, No. 63; and Stabenow, No. 94.

You will see, in spite of that listing, we are going to have some additional consent needed here.

I ask unanimous consent that those be on the list for now.

I further ask unanimous consent that at 6:15 p.m., all time be yielded back and the Senate vote on the amendments in the order listed, except for the following amendments, which will be voted on first: Nelson, No. 13; King, No. 60; a Barrasso side-by-side amendment, the text of which is at the desk; Manchin, No. 64; that there be no second-degree amendments in order to these four amendments prior to the votes; finally, that there be 2 minutes, equally divided between the managers

or their designees, prior to each vote and that all votes after the first in this series be 10 minutes in length.

The PRESIDING OFFICER. Is there objection?

Mr. SANDERS. Reserving the right to object—and I will not object—I have one mild correction.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Amendment No. 172 is Klobuchar-Sanders.

Mr. ENZI. Klobuchar, No. 172?

Mr. SANDERS. Yes. Klobuchar-Sanders. I know that because I am SANDERS.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

AMENDMENTS NOS. 64, 13, 81, 104, 172, 61, 60, 83, 82, 63, AND 94 EN BLOC

Mr. SANDERS. Mr. President, I ask that the amendments be called up as under the previous order.

The PRESIDING OFFICER. The clerk will report the amendments en bloc.

The bill clerk read as follows:

The Senator from Vermont [Mr. SANDERS], for others, proposes amendments numbered 64, 13, 81, 104, 172, 61, 60, 83, 82, 63, and 94 en bloc.

The amendments are as follows:

AMENDMENT NO. 64

(Purpose: To create a point of order against legislation that would harm rural hospitals and health care providers)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD FINANCIALLY HARM RURAL HOSPITALS AND HEALTH CARE PROVIDERS BY REDUCING THE NUMBER OF PEOPLE IN RURAL COMMUNITIES WITH ACCESS TO HEALTH INSURANCE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report if the Congressional Budget Office has determined that it would—

(1) cause an increase in the rate of uninsured individuals and families in rural communities by an amount sufficient to substantially weaken the financial viability of rural hospitals (including small hospitals), clinics (including community health centers), or other health care providers; or

(2) reduce Federal funds upon which rural hospitals and community health centers rely.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 13

(Purpose: To create a point of order against legislation that would repeal health reforms that closed the prescription drug coverage gap under Medicare)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD REPEAL THE HEALTH REFORMS THAT CLOSED THE PRESCRIPTION DRUG COVERAGE GAP UNDER MEDICARE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment,

amendment between the Houses, or conference report that would repeal health reform legislation that closed the coverage gap in the Medicare prescription drug program under part D of title XVIII of the Social Security Act (42 U.S.C. 1395w–101 et seq.).

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 81

(Purpose: To create a point of order against legislation that makes young people sick again)

At the end of title IV, add the following:

SEC. 4 . . . DON'T MAKE YOUNG PEOPLE SICK AGAIN.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would make young people sick again.

(b) **LEGISLATION THAT MAKES YOUNG PEOPLE SICK AGAIN.**—For the purposes of subsection (a), the term “would make young people sick again” with respect to legislation refers to any provision of a bill, joint resolution, motion, amendment, amendment between the Houses, or conference report, that would—

(1) reduce the number of young Americans enrolled in public or private health insurance coverage, as determined based on the March 2016 updated baseline budget projections by the Congressional Budget Office;

(2) weaken dependent coverage of children to continue until the child turns 26 years of age as afforded to them under Patient Protection and Affordable Care Act (Public Law 111-148);

(3) weaken access to care by increasing premiums or total out of pocket costs for young Americans with private insurance.

(c) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 104

(Purpose: To create a point of order against legislation that would limit veterans' ability to choose VA health care)

At the end of title IV, add the following:

SEC. 4 . . . POINT OF ORDER AGAINST LEGISLATION THAT WOULD WEAKEN THE ABILITY OF THE DEPARTMENT OF VETERANS AFFAIRS TO DIRECTLY FURNISH HEALTH CARE TO VETERANS.

It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that authorizes funding for non-Department of Veterans Affairs-provided care, funded by the Department of Veterans Affairs, which would reduce the availability of services directly provided by the Department of Veterans Affairs, including primary health care, mental health care, rural health care, and prosthetic care.

AMENDMENT NO. 172

(Purpose: To establish a deficit-neutral reserve fund relating to lowering prescription drug prices for Americans by importing drugs from Canada and other countries)

At the end of title III, add the following:

SEC. 3 . . . DEFICIT-NEUTRAL RESERVE FUND RELATING TO LOWERING PRESCRIPTION DRUG PRICES FOR AMERICANS BY IMPORTING DRUGS FROM CANADA AND OTHER COUNTRIES.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to lowering prescription drug prices, including through the importation of safe and affordable prescription drugs by American pharmacists, wholesalers, and individuals with a valid prescription from a provider licensed to practice in the United States, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

AMENDMENT NO. 61

(Purpose: To create a point of order against legislation that would make people with disabilities and chronic conditions sick again)

At the end of title IV, add the following:

SEC. 4 . . . POINT OF ORDER AGAINST LEGISLATION THAT WOULD MAKE PEOPLE WITH DISABILITIES AND CHRONIC CONDITIONS SICK AGAIN.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would—

(1) limit, reduce, or eliminate access to care for anyone with a pre-existing condition, such as a disability or chronic condition, as provided under section 2704 of the Public Health Service Act (42 U.S.C. 300gg–3), as amended by the Patient Protection and Affordable Care Act (Public Law 111-148);

(2) place a lifetime or annual cap on health insurance coverage for an individual with a disability or a chronic condition, as provided under section 2711 of the Public Health Service Act (42 U.S.C. 300gg–11), as amended by the Patient Protection and Affordable Care Act; or

(3) allow a health plan or a provider to discriminate on the basis of an applicant's physical health, mental health, or disability status to increase the cost of care, provide for fewer benefits, or in any way decrease access to health care as afforded under title I of the Patient Protection and Affordable Care Act.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 60

(Purpose: To create a point of order against legislation that would reduce health insurance access and affordability for individuals based on their occupation)

At the end of title IV, add the following:

SEC. 4 . . . POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE HEALTH INSURANCE ACCESS AND AFFORDABILITY FOR INDIVIDUALS BASED ON THEIR OCCUPATION.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce health insurance access and affordability for individ-

uals based on their occupation, unless legislation is enacted to provide comparable benefits and protections for such individuals.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 83

(Purpose: To create a point of order against legislation that would eliminate or reduce Federal funding to States under the Medicaid expansion)

At the end of title IV, add the following:

SEC. 4 . . . POINT OF ORDER AGAINST ELIMINATING OR REDUCING FEDERAL FUNDING TO STATES UNDER THE MEDICAID EXPANSION.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would eliminate or reduce funding to States available under law in effect on the date of the adoption of this section to provide comprehensive, affordable health care to low-income Americans by eliminating or reducing the availability of Federal financial assistance to States available under section 1905(y)(1) or 1905(z)(2) of the Social Security Act (42 U.S.C. 1396d(y)(1), 1396d(z)(2)) or other means, unless the Director of the Congressional Budget Office certifies that the legislation would not—

(1) increase the number of uninsured Americans;

(2) decrease Medicaid enrollment in States that have opted to expand eligibility for medical assistance under that program for low-income, non-elderly individuals under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII));

(3) reduce the likelihood that any State that, as of the date of the adoption of this section, has not opted to expand Medicaid under the eligibility option established by the Affordable Care Act under section 1902(a)(10)(A)(i)(VIII) of the Social Security Act (42 U.S.C. 1396a(a)(10)(A)(i)(VIII)) would opt to use that eligibility option to expand eligibility for medical assistance under that program for low-income, non-elderly individuals; and

(4) increase the State share of Medicaid spending under that eligibility option.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 82

(Purpose: To create a point of order against legislation that makes women sick again)

At the end of title IV, add the following:

SEC. 4 . . . DON'T MAKE WOMEN SICK AGAIN.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that makes women sick again by eliminating or reducing access to women's health care, including decreases in access to, or coverage of, reproductive health care services including contraceptive counseling, birth control, and maternity care, and primary and preventive health care as

afforded to them under the Patient Protection and Affordable Care Act (Public Law 111-148).

(b) **LEGISLATION THAT MAKES WOMEN SICK AGAIN.**—For the purposes of subsection (a), the term “makes women sick again” with respect to legislation refers to any provision of a bill, joint resolution, motion, amendment, amendment between the Houses, or conference report, that would—

(1) allow insurance companies to discriminate against women by—

(A) charging women higher premiums for health care based on their gender;

(B) allowing pregnancy to be used as a pre-existing condition by which to deny women coverage;

(C) permitting discrimination against providers who provide reproductive health care benefits or services to women; or

(D) otherwise discriminating against women based on their gender;

(2) reduce the number of women enrolled in health insurance coverage, as certified by the Congressional Budget Office; or

(3) eliminate, or reduce the scope or scale of, the benefits women would have received pursuant to the requirements under title I of the Patient Protection and Affordable Care Act (Public Law 111-148) and the amendments made to that title.

(c) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 63

(Purpose: To create a point of order against legislation that would reduce access to substance use disorder treatment and worsen the opioid abuse epidemic)

At the end of title IV, add the following:

SEC. 4 . . . POINT OF ORDER AGAINST LEGISLATION THAT WOULD REDUCE ACCESS TO SUBSTANCE USE DISORDER PREVENTION, TREATMENT, AND RECOVERY SERVICES AND WORSEN THE OPIOID EPIDEMIC.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would reduce the expansion of access to substance use disorder prevention, treatment, and recovery services established through the expansion of the Medicaid program under section XIX of the Social Security Act (42 U.S.C. 1396 et seq.) and the consumer protections in the health insurance market, including protections for individuals with pre-existing conditions, the establishment of mental health and substance use disorder services as essential health benefits, the requirement that preventive services such as substance use disorder screenings be covered without cost-sharing at the point of service, and the expansion of mental health parity and addiction equity law to cover health plans in the individual market, and in so doing, worsen the opioid epidemic.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 94

(Purpose: To create a point of order against legislation that would reduce or eliminate access to mental health care)

At the end of title IV, add the following:

SEC. 4 . . . POINT OF ORDER AGAINST REDUCING OR ELIMINATING ACCESS TO MENTAL HEALTH CARE.

(a) **POINT OF ORDER.**—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that the Director of the Congressional Budget Office determines would reduce access to mental health care and services or reduce the number of individuals with mental illness enrolled in insurance coverage, relative to the Congressional Budget Office’s March 2016 updated baseline, by means such as—

(1) eliminating or reducing Federal financial assistance currently available to States under section 1905(y)(1) or 1905(z)(2) of the Social Security Act (42 U.S.C. 1396d(y)(1), 1396d(z)(2)) or otherwise eliminating or reducing mental health protections established by the Affordable Care Act, including the addition of mental health services to the list of services covered under section 1937(b)(5) of the Social Security Act (42 U.S.C. 1396u-7(b)(5)); or

(2) reducing the affordability of coverage established by the Affordable Care Act’s consumer protections, including—

(A) the expansion of mental health parity and addiction equity law to individual health insurance coverage;

(B) the prohibition on discriminating against enrollees with pre-existing conditions such as mental illness;

(C) coverage of preventive services like depression screenings without cost-sharing; and

(D) the establishment of mental health services as an essential health benefit.

(b) **WAIVER AND APPEAL.**—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 173

Mr. ENZI. Mr. President, I call up amendment No. 173 and ask unanimous consent that it be reported by number.

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

The clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for Mr. BARRASSO, proposes an amendment numbered 173.

The amendment is as follows:

(Purpose: To establish a deficit-neutral reserve fund relating to rural health and repealing and replacing Obamacare)

At the end of title III, add the following:

SEC. 3 . . . DEFICIT-NEUTRAL RESERVE FUND RELATING TO RURAL HEALTH AND REPEALING AND REPLACING OBAMACARE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports

relating to strengthening Social Security and repealing and replacing Obamacare, which may include step-by-step reforms providing access to quality, affordable coverage for all Americans, maintaining access to critical rural health care services, and safeguarding consumer protections, without raising new revenue, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

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

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

AMENDMENT NO. 13

There is now 2 minutes of debate on Nelson amendment No. 13.

The Senator from Florida.

Mr. NELSON. Ladies and gentlemen of the Senate, if you really want to rile up the senior citizens of this country, then you start taking away their prescription drugs. If that is what you want to do, then you better vote against my amendment. If you take away the ACA, they are going to end up paying \$1,000 per year, out of pocket per senior citizen, on their prescription drug benefits. So if you want to support the seniors, you better support this amendment.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is corrosive to the privilege of the budget resolution. That means that it is outside the scope of what is appropriate for this budget resolution. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare. In other words, a vote in favor of this amendment is a vote against repealing ObamaCare.

In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution. The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet that standard required by budget law, a point of order would lie; as such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 47, nays 51, as follows:

[Rollcall Vote No. 7 Leg.]

YEAS—47

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

NAYS—49

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

NOT VOTING—2

Feinstein	Sessions
-----------	----------

The PRESIDING OFFICER. On this vote, the yeas are 47, the nays are 51.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

AMENDMENT NO. 60

There is now 2 minutes of debate prior to a vote on King amendment No. 60.

The Senator from Maine.

Mr. KING. Mr. President, I call this the Protect Workers in Rural America amendment. One of the lesser known provisions of the Affordable Care Act is that it doesn't allow insurance companies to discriminate against people because of their occupations.

Before the Affordable Care Act, if you were a logger or a farmer, a fisherman, a miner, you could get exorbitant rates decided by some bureaucrat at an insurance company somewhere, and this is wrong.

So what I am trying to do is prohibit discrimination by occupation. We are trying to save an important part of this law. My distinguished chairman said this isn't germane. I don't see how

it cannot be germane since the stated purpose of this bill is to begin the process of repealing the Affordable Care Act.

I ask my colleagues to vote with me. This is protecting workers in rural America.

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

The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is outside of the scope of what is appropriate for this budget resolution. It is corrosive to the privilege of the budget. Any inappropriate amendment could be fatal to the privilege of this resolution, which would destroy our efforts to repeal ObamaCare. In other words, a vote in favor of this amendment is a vote against repealing ObamaCare.

In addition, this amendment is not germane to this budget resolution. This budget resolution is much more focused than a typical budget resolution.

The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard required by law, a point of order would lie; as such, I raise a point of order under section 305(b)(2) of the Congressional Budget Act of 1974.

Mr. KING. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 48, nays 50, as follows:

[Rollcall Vote No. 8 Leg.]

YEAS—48

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

NAYS—50

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

NOT VOTING—2

Feinstein	Sessions
-----------	----------

The PRESIDING OFFICER. On this vote, the yeas are 48, the nays are 50.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

AMENDMENT NO. 173

There will now be 2 minutes of debate prior to the vote on Barrasso amendment No. 173.

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, this is a side-by-side amendment to the Manchin amendment. As a doctor, I understand how ObamaCare has been a disaster for patients and for health care providers. Because of this law, Americans have been left with higher premiums and fewer choices. This budget is an important first step in giving Americans better and more affordable health care.

I am especially aware of the importance of helping folks in rural America, people who have been especially hard hit by the policies of the Obama administration. Since 2010, more than 70 rural hospitals have closed across the United States and Ezekiel Emanuel, who is the architect of Obamacare, wrote a book, and he said that 1,000 hospitals have to close in the United States. That is what he called for, 1,000. We are talking about rural hospitals all around this country.

So for people in small towns all across the Nation, the closures we have already experienced, these 70 closures, have had a devastating impact. My amendment says that Congress is ready to help all Americans but especially those living in rural America who have been hurt by ObamaCare.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I urge a strong "no" vote on the Barrasso amendment. The language calls for strengthening Social Security, but we all know what strengthening Social Security means. It means cutting Social Security. It means cutting Medicare. It means cutting Medicaid. We are into Orwellian language. "Strengthening" is not cutting programs, it is not throwing 20 million Americans off health insurance, it is not privatizing Medicare, it is not raising prescription drug costs for senior citizens. I urge a "no" vote on the Barrasso amendment.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, I am rising because I oppose this amendment because this is not the way this body should work. The politics of the people spoke loud and clear. Politics is not going to be accepted. I have an amendment with a point of order, and this amendment was pushed in in front of this vote so it would be a Republican vote and not a Democratic, and I can tell you, I am sick and tired of it, and the people of America are too.

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

The question is on the Barrasso amendment.

Mr. MANCHIN. Mr. President, I raise a point of order that the pending amendment is not germane to the underlying resolution and therefore violates section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of that act and applicable budget resolutions for purposes of amendment No. 173, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a second?

There is a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 51, nays 47, as follows:

[Rollcall Vote No. 9 Leg.]

YEAS—51

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

NAYS—47

Baldwin	Coons	Heinrich
Bennet	Cortez Masto	Heitkamp
Blumenthal	Donnelly	Hirono
Booker	Duckworth	Kaine
Brown	Durbin	King
Cantwell	Franken	Klobuchar
Cardin	Gillibrand	Leahy
Carper	Harris	Manchin
Casey	Hassan	Markey

McCaskill	Reed	Udall
Menendez	Sanders	Van Hollen
Merkley	Schatz	Warner
Murphy	Schumer	Warren
Murray	Shaheen	Whitehouse
Nelson	Stabenow	Wyden
Peters	Tester	

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 47.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Vermont.

AMENDMENTS NOS. 143, 86, AND 126 EN BLOC

Mr. SANDERS. Mr. President, I ask unanimous consent that the following amendments be called up en bloc and reported by number, and that they be considered following disposition of the Stabenow amendment No. 94: Cantwell amendment No. 143; Brown amendment No. 86; and Coons amendment No. 126.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report the amendments by number.

The senior assistant legislative clerk read as follows:

The Senator from Vermont [Mr. SANDERS], for others, proposes amendments numbered 143, 86, and 126 en bloc.

The amendments are as follows:

AMENDMENT NO. 143

(Purpose: To create a point of order against any changes to the Medicare program, the Medicaid program, or the number of Americans enrolled in private health insurance coverage, in a manner that would result in reduced revenue to hospitals, health care centers, and physicians and other health care providers, thereby reducing their investments in health care delivery system reforms that improve patient health outcomes and reduce costs)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST ANY CHANGES TO THE MEDICARE PROGRAM, THE MEDICAID PROGRAM, OR THE NUMBER OF AMERICANS ENROLLED IN PRIVATE HEALTH INSURANCE COVERAGE, IN A MANNER THAT WOULD RESULT IN REDUCED REVENUE TO HOSPITALS, HEALTH CARE CENTERS, AND PHYSICIANS AND OTHER HEALTH CARE PROVIDERS, THEREBY REDUCING THEIR INVESTMENTS IN HEALTH CARE DELIVERY SYSTEM REFORMS THAT IMPROVE PATIENT HEALTH OUTCOMES AND REDUCE COSTS.

(a) FINDINGS.—The Senate finds the following:

(1) The Affordable Care Act is moving the health care system of the United States from a fee-for-service system that frequently incentivizes the overutilization of health care services and wasteful health care spending to a value- and performance-based health care system that promotes patient-centered and team-based care to keep Americans as healthy as possible, improve health outcomes, and lower health care costs.

(2) Because of the investments in health care delivery system reforms made by the Affordable Care Act, a third of Medicare payments to health care providers are now based on the overall quality of patient care and health outcomes achieved by such providers.

(b) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill,

joint resolution, motion, amendment, amendment between the Houses, or conference report that would change the Medicare program, the Medicaid program, or the number of Americans enrolled in private health insurance coverage, in a manner that would result in reduced revenue to hospitals, health care centers, and physicians and other health care providers, thereby reducing their investments in health care delivery system reforms that improve patient health outcomes and reduce costs.

(c) WAIVER AND APPEAL.—Subsection (b) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (b).

AMENDMENT NO. 86

(Purpose: To create a point of order against legislation that would undermine the historic coverage gains the United States has made in children's health, which have resulted in the lowest uninsured rate for children in the Nation's history)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD UNDERMINE ACCESS TO COMPREHENSIVE, AFFORDABLE HEALTH COVERAGE FOR AMERICA'S CHILDREN.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that makes changes to the Medicaid program under title XIX of the Social Security Act (42 U.S.C. et seq.), the Children's Health Insurance Program under title XXI (42 U.S.C. 1397aa et seq.), or Federal requirements for private health insurance coverage unless the Congressional Budget Office certifies that such changes would not result in lower coverage rates, reduced benefits, or decreased affordability for children receiving coverage through the Medicaid Program, the Children's Health Insurance Program, or the private insurance markets established under the Patient Protection and Affordable Care Act.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

AMENDMENT NO. 126

(Purpose: To create a point of order against legislation that would permit lifetime limits on health care coverage)

At the end of title IV, add the following:

SEC. 4. POINT OF ORDER AGAINST LEGISLATION THAT WOULD PERMIT LIFETIME LIMITS ON HEALTH CARE COVERAGE.

(a) POINT OF ORDER.—It shall not be in order in the Senate to consider any bill, joint resolution, motion, amendment, amendment between the Houses, or conference report that would permit lifetime limits on health care coverage.

(b) WAIVER AND APPEAL.—Subsection (a) may be waived or suspended in the Senate only by an affirmative vote of three-fifths of the Members, duly chosen and sworn. An affirmative vote of three-fifths of the Members of the Senate, duly chosen and sworn, shall be required to sustain an appeal of the ruling of the Chair on a point of order raised under subsection (a).

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENTS NOS. 167 AND 176 EN BLOC

Mr. ENZI. Mr. President, I ask unanimous consent that following disposition of the Manchin amendment No. 64, the Senate vote in relation to the following amendments in the order listed, with all other provisions of the previous order remaining in effect; further, that there be no second-degree amendments in order to the amendments listed; and, finally, that the Heller amendment No. 167 and the Flake amendment No. 176 be called up and reported by number en bloc.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The clerk will report the amendments by number.

The bill clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for others, proposes amendments numbered 167 and 176 en bloc.

The amendments are as follows:

AMENDMENT NO. 167

(Purpose: To establish a deficit-neutral reserve fund relating to strengthening Social Security and repealing Obamacare, which has increased health care costs, raised taxes on middle-class families, reduced access to high quality care, created disincentives for work, and caused tens of thousands of Americans to lose coverage they had and liked, and replacing it with patient-centered, step-by-step health reforms that provide access to quality, affordable private health care coverage for all Americans and their families by increasing competition, State flexibility and individual choice, and safeguarding consumer protections that Americans support)

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO STRENGTHENING SOCIAL SECURITY OR REPEALING AND REPLACING OBAMACARE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to strengthening Social Security or repealing and replacing Obamacare, which may include step-by-step health reforms providing access to quality, affordable coverage for all Americans, safeguarding consumer protections, strengthening Medicare, and improving Medicaid, without raising new revenue, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

AMENDMENT NO. 176

(Purpose: To establish a deficit-neutral reserve fund relating to enhancing health care and housing for veterans and their dependents by repealing Obamacare, facilitating medical facility leases, and prohibiting the Secretary of Veterans Affairs from employing individuals who have been convicted of a felony and medical personnel who have ever had their medical licenses or credentials revoked or suspended)

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO ENHANCING VETERANS HEALTH CARE, HOUSING, AND THE WORKFORCE OF THE DEPARTMENT OF VETERANS AFFAIRS.

The Chairman of the Committee on the Budget of the Senate may revise the alloca-

tions of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to improving veterans' housing and health care for veterans and their dependents, which may include repealing Obamacare, facilitating medical facility leases, reforming veterans housing programs, and prohibiting the Secretary of Veterans Affairs from employing individuals who have been convicted of a felony and medical personnel who have ever had their medical licenses or credentials revoked or suspended, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

AMENDMENT NO. 64

The PRESIDING OFFICER. There is now 2 minutes of debate prior to a vote on Manchin amendment No. 64.

The Senator from West Virginia.

Mr. MANCHIN. Mr. President, basically, if you are concerned about your rural hospital or health care system centers, this is the amendment that will save them. This is the amendment that will protect them. You can go home and say, basically, that we have made sure that no matter what happens with the Affordable Care Act, we are going to make sure we protect our rural hospitals and rural clinics. That being said, all of us have rural areas in our States. I urge the adoption of this amendment and the support of this amendment. It has the teeth of the budget point of order.

So I urge everybody: If you care about your health care providers—the economic engine, the protection of your people in your areas that have very poor health care coverage right now—make sure you vote in support of this amendment.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is not germane to this budget resolution. This budget resolution is focused on defeating ObamaCare. So anything other than that is outside of the scope of the repeal resolution.

The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment doesn't meet the standard required by budget law, a point of order would lie.

So I am compelled as chairman of the Senate Budget Committee to raise a point of order against the amendment under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from West Virginia.

Mr. MANCHIN. Mr. President, pursuant to section 904—

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, making a clarification that the numbers of the amendments done in the unanimous consent are Heller amendment No. 167, Baldwin amendment No. 81, Flake amendment No. 176, and Tester amendment No. 104.

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

The Senator from West Virginia.

Mr. MANCHIN. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b)(2) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 51, nays 47, as follows:

[Rollcall Vote No. 10 Leg.]

YEAS—51

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

NAYS—47

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

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 47.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

AMENDMENT NO. 167

The PRESIDING OFFICER. There is now 2 minutes of debate prior to a vote on Heller amendment No. 167.

The Senator from Nevada.

Mr. HELLER. Mr. President, amendment No. 167 is a side-by-side. This amendment makes good on two promises to the American people. One is to

repeal ObamaCare, which has increased costs, limited health care choices, and has raised \$1.1 trillion in taxes on the American people in the middle class.

It also makes good on a second promise; that is, Congress will replace ObamaCare with health care reforms that provide access to quality, affordable health care coverage, not just to dependents under the age of 26 but to all Americans—women, children, seniors, and disabled. We shouldn't be choosing winners and losers.

A vote against this amendment is a vote against affordable, quality health care for all, and I urge my colleagues to support it.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I would like to divide the time, claim 30 seconds, and then yield to Senator SANDERS.

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

Ms. BALDWIN. Mr. President, if Members of this body care about insurance coverage for young people, young adults up to age 26, then they should vote no on the Heller side-by-side and take the opportunity to support my amendment that we will vote on immediately following the disposal of this amendment.

In this Nation, we had an uninsurance crisis among young people before the Affordable Care Act was passed—one of the most uninsured demographics in America, and we have an opportunity to protect those young people through my amendment later this evening, but I urge a "no" vote on an amendment that would do nothing to protect these young people.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, this amendment should be aptly called the Orwellian amendment because it says one thing and does something very much the opposite. It talks about strengthening Social Security, affordable coverage for all Americans. What is really going on is a desire to cut Social Security benefits and throw 20 million Americans off of health insurance. I urge the defeat of this amendment.

The PRESIDING OFFICER. The Senator from Nevada.

Mr. HELLER. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of that act and applicable budget resolutions for the purposes of my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I raise a point of order that the pending amendment is not germane to the underlying resolution and therefore violates section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 51, nays 47, as follows:

[Rollcall Vote No. 11 Leg.]

YEAS—51

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

NAYS—47

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

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 47.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

AMENDMENT NO. 81

Under the previous order, there will be 2 minutes of debate equally divided prior to a vote on Baldwin amendment No. 81.

The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, my amendment protects the Affordable Care Act benefits for young people, including the provision that allows young adults to remain on their parents' health plan until age 26. It will safeguard our future generations by blocking Republican efforts that would weaken dependent coverage, increase premiums or out-of-pocket costs, including the premium tax credits, or reduce the number of young adults who are currently insured.

As someone who didn't have access to quality health insurance until I was in

my 20s, I championed the provision that allows young people to stay on their parents' health insurance during my time in the House of Representatives. Before we passed health care reform, I heard from countless young adults and college-age students in Wisconsin who are just starting out in the workforce, many of them in jobs that had no health care.

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

Ms. BALDWIN. I urge my colleagues to stand with me and vote in support of this amendment to protect our future generations with health care coverage.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, this amendment is not germane to this budget resolution. The Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order would lie against it.

I am compelled as chairman of the Committee on the Budget to raise a point of order against this amendment under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b)(2) of that act for the purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There is a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 48, nays 50, as follows:

[Rollcall Vote No. 12 Leg.]

YEAS—48

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

NAYS—50

Alexander	Capito	Cotton
Barrasso	Cassidy	Crapo
Blunt	Cochran	Cruz
Boozman	Corker	Daines
Burr	Cornyn	Enzi

Ernst	Kennedy	Rounds
Fischer	Lankford	Rubio
Flake	Lee	Sasse
Gardner	McCain	Scott
Graham	McConnell	Shelby
Grassley	Moran	Sullivan
Hatch	Murkowski	Thune
Heller	Paul	Tillis
Hoeven	Perdue	Toomey
Inhofe	Portman	Wicker
Isakson	Risch	Young
Johnson	Roberts	

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 48, the nays are 50.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained, and the amendment falls.

AMENDMENT NO. 176

There is now 2 minutes of debate prior to the vote on Flake amendment No. 176.

The Senator from Arizona.

Mr. FLAKE. Mr. President, I rise in favor of Flake amendment No. 176.

We have had problems, obviously, with the VA. Phoenix, AZ, has been kind of ground zero for that. Part of the problem is that the VA has no strong prohibition against hiring felons, and we have had example after example around the country of their continuing to hire felons or those who have been disciplined by the profession. So this would simply require that they fire felons who are on their rolls.

I urge support and yield the floor.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, the Flake amendment is going to really result in less access for veterans across this country.

The VA already has some hiring challenges due to a severe national shortage of medical personnel. This amendment is going to set the VA back even further.

I will tell you why. It is going to prohibit the VA from hiring any medical professional who has ever had their license or credentials suspended. That means if it was done by administrative error, with that suspension, they wouldn't be able to be hired. If it got lost in the mail, they wouldn't be able to be hired. If they moved States and forgot to fill out the paperwork, those medical professionals wouldn't be able to be hired.

It is really going to undermine the VA's ability to attract some of the most topnotch medical professionals and take care of our veterans.

We have a medical workforce shortage in Montana. I am sure they do in Arizona. Why would we make the VA a less attractive place to work? Why would we want to do this? I would encourage a "no" vote.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, I raise a point of order that the pending amendment is not germane to the underlying resolution and, therefore, violates section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Arizona.

Mr. FLAKE. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of the act and applicable budget resolutions for purposes of amendment No. 176, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 50, nays 48, as follows:

[Rollcall Vote No. 13 Leg.]

YEAS—50

Alexander	Fischer	Murkowski
Barrasso	Flake	Paul
Blunt	Gardner	Perdue
Boozman	Graham	Risch
Burr	Grassley	Roberts
Capito	Hatch	Rounds
Cassidy	Heller	Rubio
Cochran	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	Moran	

NAYS—48

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

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 50, the nays are 48.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that following the disposition of the Tester amendment No. 104, the Senate vote in relation to the Casey amendment No. 61 with all of the provisions of the previous order re-

maining in effect; further, that there be no second-degree amendments in order to the amendment.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

AMENDMENT NO. 104

There will now be 2 minutes of debate prior to the vote on Tester amendment No. 104.

The Senator from Montana.

Mr. TESTER. Mr. President, today I offer an amendment on behalf of the Nation's more than 21 million veterans and the more than 100,000 veterans who reside in the State of Montana. As I travel across my State, I hear from veterans who say: We don't want the VA privatized. As I talk to my friends on both sides of the aisle, they talk about the fact that we do not want the VA privatized.

Here is an amendment you can vote for; in fact, it should pass by unanimous consent. What it does is bring a budget point of order against any provision that would limit the veterans' ability to choose VA health care. It is as simple as that. It needs to happen so we don't privatize the VA. The veterans I talk to, once they get through the door, love the care the VA provides them. I would encourage a "yes" vote on this amendment.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I am hoping we can do something for the veterans in a bipartisan way under a bill that Senator ISAKSON worked on for a long time, but on this amendment, the Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment doesn't meet the standard required by budget law, a point of order would lie, so I would raise a point of order against this amendment under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Montana.

Mr. TESTER. Mr. President, I would contend that it is germane, but I will not debate that now. Pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b)(2) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 48, nays 50, as follows:

[Rollcall Vote No. 14 Leg.]

YEAS—48

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

NAYS—50

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

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 48, the nays 50.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Wyoming.

Mr. ENZI. Mr. President, after the Casey vote, we expect that the next three votes that we are still working to lock in after this vote will be Barrasso No. 181, Hatch No. 179, and Menendez No. 83. We are not asking for a unanimous consent agreement at this point. We just want people to be aware of the paperwork that is being done so that they can be ready for votes on those when we do lock them in.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, reserving the right to object, and I won't, I would appreciate it if we could add to the end of that tranche the Klobuchar-Sanders amendment. Would that be all right?

Mr. ENZI. I didn't ask unanimous consent. I was just announcing, and I assume you are just announcing as well.

Mr. SANDERS. OK. If we could add Klobuchar-Sanders as the fourth amendment of that tranche—it is all right. OK. Thank you.

AMENDMENT NO. 61

The PRESIDING OFFICER. There is now 2 minutes of debate prior to a vote on Casey amendment No. 61.

The Senator from Pennsylvania.

Mr. CASEY. Mr. President, this amendment deals with three basic issues. The first is the issue of pre-

existing conditions, the second is the issue with regard to discrimination as it relates to health status, and the third issue is with regard to caps on coverage.

The first issue is we want to make sure no action is taken in the Senate that would have the effect of limiting access to care for those individuals with preexisting conditions. That is No. 1.

No. 2, we want to make sure we don't place any lifetime caps on health insurance coverage for individuals with a disability or with a chronic condition.

No. 3, we want to make sure health plans will not discriminate on the basis of either the individual's physical health, their mental health, or their disability status.

This is the right thing to do for health care, and I urge an affirmative vote on this amendment.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, the Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard raised by budget law, a point of order would lie. As such, I raise a point of order against this amendment under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Pennsylvania.

Mr. CASEY. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive section 305(b)(2) of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

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

[Rollcall Vote No. 15 Leg.]

YEAS—49

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

NAYS—49

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

NOT VOTING—2

Feinstein Sessions

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

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that following the disposition of the Casey amendment No. 61, the Senate vote in relation to the following amendments in the order listed, with all other provisions of the previous order remaining in effect; further, that there be no second-degree amendments in order to the amendments listed. That would be Barrasso No. 181, Hatch No. 179, and Menendez No. 83.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, I also ask unanimous consent that Senator CORKER be recognized to offer amendment No. 106 and that the amendment be reported by number. I further ask that there then be 2 minutes of debate on the amendment to be controlled by Senator CORKER or his designee, and following the use or yielding back of time, the amendment be withdrawn.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The Senator from Tennessee.

AMENDMENT NO. 106

Mr. CORKER. Mr. President, we have had a number of discussions about how to go about repealing and replacing the health care bill that is now law in our country. We have had a number of very thoughtful discussions on our side. I know a date has been put in this reconciliation of January 27, and we realize that is not a real date. That is a placeholder. That is the earliest they can come back.

In talking with leadership and working through this, we understand that everyone here understands the importance of doing it right, giving TOM PRICE, the new HHS person, the time to weigh in and help us make this work in the appropriate way. For that reason, we plan to withdraw this amendment and place our faith in the fact that we are going to do this in a manner that works well for the American people.

I yield to Senator PORTMAN.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, our amendment was about ensuring that the second step in improving the health care system for our constituents was done in a thoughtful way. We now have assurances from leadership that certainly is their intent and that this date is not a date that is set in stone. In fact, it is the earliest we could do it, but it could take longer. We believe that it might.

With that, we would like to withdraw the amendment, with assurances that we will have this time to be able to put together something that will, in fact, ensure that our constituents can better deal with the broken health care system.

Mr. CORKER. Mr. President, if there is any time, I would like to also say there have been a lot of concerns about the fiscal nature of this—making sure that we do it in a manner that does not waste taxpayer resources. There has been another concern—obviously, making sure that these health care plans stay in place during transition. Both discussions have been very thoughtful, very helpful, and I think that everyone understands what is at stake in this process, and hopefully we will move through it in a way that will reflect the fact that we want this to work for the American people.

I yield the floor.

Ms. COLLINS. Mr. President, one of my top priorities as a Senator has been to expand access to affordable health care for all Americans. I have always believed that the key to achieving this goal is to bring down the cost of health care, so more Americans can afford to purchase the health insurance that they need. During debate over the Affordable Care Act, I raised the concern that the bill's cumbersome "one size fits all" approach would do more harm than good and would result in an even more expensive, broken, and unsustainable health care system.

Unfortunately, my fears are now reality. According to the Kaiser Family Foundation, premiums for employer-sponsored family health plans now top \$18,000 per year, up nearly \$5000 since 2009. Deductibles have also been rising: in 2009, only one in five workers enrolled in single-coverage employer plans faced a deductible over \$1000. Today more than half do.

In Maine, premiums on the Exchange will rise an average of 22 percent this year, and many States are seeing even higher premium hikes. Meanwhile, fewer insurers are willing to write policies, leaving few choices for consumers who are looking for insurance.

Some of the ACA's provisions—especially its consumer protections—enjoy bipartisan support and should be retained; however, its Washington-centric approach must be changed if we are ever to truly reform our broken health care system. Nevertheless, this task must be undertaken with care.

There is growing understanding that we cannot simply repeal the Affordable

Care Act now and then wait 2 or 3 years to put reforms in place. Doing that would risk harming consumers who rely upon the current system for their insurance and would exacerbate the turmoil in the insurance markets. If we want a smooth transition from a broken and unaffordable system to a system that finally delivers on the promise of reform, we must carefully plan how we intend to get from where we are today, to where we need to be tomorrow.

Thus, we are called to act quickly, but not in haste. That is why I joined Senators CORKER, PORTMAN, CASSIDY, and MURKOWSKI in offering an amendment that would change the reporting date for the bill reported pursuant to the budget resolution's reconciliation instructions from January 27 to March 3. While I continue to much prefer the later date, I have received assurances from Senate leaders that the January 27th date is not binding and that there is a shared commitment that we will take the time necessary to proceed thoughtfully with legislative reforms to replace and reform Obamacare.

Few issues are as important to the American people as fixing our broken health care system. As we move to repair the ACA, I look forward to continuing to work with my colleagues on responsible alternatives that can put us on a path to a health care system that is truly sustainable and affordable.

The PRESIDING OFFICER. The clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Tennessee [Mr. CORKER] proposes an amendment numbered 106.

The amendment is as follows:

(Purpose: To set an appropriate date for the reporting of a reconciliation bill in the Senate)

On page 45, line 15, strike "January 27" and insert "March 3".

AMENDMENT NO. 106 WITHDRAWN

Mr. CORKER. Mr. President, I withdraw the amendment.

The PRESIDING OFFICER. The amendment is withdrawn.

The Senator from Wyoming.

AMENDMENTS NOS. 181 AND 179 EN BLOC

Mr. ENZI. Mr. President, I call up Barrasso No. 181 and Hatch No. 179 and ask unanimous consent that they be reported by number.

The PRESIDING OFFICER. Without objection, the clerk will report the amendments by number.

The legislative clerk read as follows:

The Senator from Wyoming [Mr. ENZI], for others, proposes amendments numbered 181 and 179 en bloc.

The amendments are as follows:

AMENDMENT NO. 181

(Purpose: To establish a deficit-neutral reserve fund relating to strengthening Social Security and repealing Obamacare, which has increased health care costs, raised taxes on middle class families, reduced access to high-quality care, created disincentives for work, and caused tens of thousands of Americans to lose coverage they had and liked, and replacing Obamacare with patient-centered, step-by-step health reforms that provide access to quality, affordable private health care coverage for all Americans, including people with disabilities and chronic conditions, and their families, by increasing competition, State flexibility, and individual choice, and safeguarding consumer protections, such as a ban on lifetime limits, that Americans support)

At the end of title III, add the following:
SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO STRENGTHENING SOCIAL SECURITY AND REPEALING OBAMACARE.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports, relating to strengthening Social Security and repealing and replacing Obamacare, which may include step-by-step reforms providing access to quality, affordable coverage for all Americans, including people with disabilities and chronic conditions, and safeguarding consumer protections such as a ban on lifetime limits, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

AMENDMENT NO. 179

(Purpose: To establish a deficit-neutral reserve fund relating to reforming housing and Medicaid without prioritizing able-bodied adults over the disabled or raiding the Medicare Trust Funds to pay for new government programs, like Obamacare, which has failed Americans by increasing premiums and reducing affordable health care options)

At the end of title III, add the following:
SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PROTECTIONS FOR THE ELDERLY AND DISABLED.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to reforming housing and Medicaid, which may include returning State regulation of health insurance markets to the States, without raising new revenue, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over either the period of the total of fiscal years 2017 through 2021 or the period of the total of fiscal years 2017 through 2026.

The PRESIDING OFFICER. The Senator from Wyoming.

AMENDMENT NO. 181

Mr. BARRASSO. Mr. President, this is a side-by-side amendment to Casey amendment No. 61, which was just defeated.

As many in this body know, my wife Bobbi is a breast cancer survivor. I understand the importance of ensuring

that everyone has access to health care. This is especially true for patients with ongoing medical conditions.

Also, I spent 25 years practicing medicine, working every single day to ensure all patients received high quality care. That is why I am passionate about enacting health care reform to put patients first, unlike the Obama health care law, which put government ahead of patients and health care providers.

As I travel around the State of Wyoming, I hear from many hard-working folks who have lost their insurance coverage that they liked and that worked for them and their families. We are going to help those who have been hurt by ObamaCare. We will also ensure that people with serious medical conditions receive the care they need.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

The Senator from Vermont.

Mr. SANDERS. Mr. President, the repeal of the Affordable Care Act will throw perhaps up to 30 million people off of health insurance.

I would yield to my friends if they will tell me now what the replacement is. How many of those 30 million people are going to die? What is your plan to cover them, plus the other 28 million people who have no health insurance? How are you going to end the international embarrassment of the United States being the only major country on Earth not to guarantee health care to all people?

They don't have a plan. I understand Senator CORKER wants more time. Maybe they will develop a plan. Right now what they are talking about is repealing legislation which has brought millions of people health care, and they have no substitute.

I would urge the defeat of the Barrasso amendment.

Madam President, I raise a point of order on Barrasso amendment No. 181, that the pending amendment is not germane to the underlying resolution and therefore violates section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. BARRASSO. Mr. President, pursuant to section 904 of the Congressional Budget Act of 1974 and the waiver provisions of applicable budget resolutions, I move to waive all applicable sections of that act and applicable budget resolutions for the purposes of Barrasso amendment No. 181, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 47, nays 51, as follows:

[Rollcall Vote No. 16 Leg.]

YEAS—47

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

NAYS—51

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

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 47, the nays are 51.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

AMENDMENT NO. 179

The PRESIDING OFFICER. The Senator from Utah

Mr. HATCH. Madam President, ObamaCare exacerbated financial pressures on the Medicaid Program at a time when many States were already facing difficult choices. Even before ObamaCare, Medicaid was plagued by quality issues and the law did nothing to address these problems. Instead, under ObamaCare, able-bodied adults not previously eligible, including some prisoners, are now covered by Medicaid which has strained already limited resources at the State level.

Republicans are committed to working with States, stakeholders, and the American public to improve the quality of the Medicaid Program, ensuring its long-term sustainability. That is reflected in my amendment. My amendment would create a reserve fund to allow for reforms to Medicaid and ensure the program has the right priorities.

I urge my colleagues to vote for my amendment and against the Menendez amendment, which is simply designed to prevent the repeal of ObamaCare

and enshrine its flawed approach to Medicaid in a budget point of order.

The PRESIDING OFFICER. The Senator from New Jersey.

Mr. MENENDEZ. Madam President, this is not an amendment to protect the elderly and disabled. It guts Medicaid's opportunity by going into a block grant or per capita cut that would sharply cut Federal funding over time and eliminate the States' flexibility to innovate.

Instead, this proposal only gives States flexibility to make draconian cuts, leaving millions of seniors and individuals with disabilities who rely on Medicaid without the access to needed health care. Instead of the State-Federal partnership that gives States broad flexibility to run their programs but do so with Federal minimum standards that are important consumer protections like mental health parity, early and periodic screening, diagnosis, and testing for children, and network adequacy protection will go to block grants.

Do you know what happens when there is no more entitlement and you go to a block grant? You cut the block grant, and before you know it, you have no Medicaid.

This is not protecting seniors, children, and the disabled. I urge a "no" vote on the amendment.

I raise a point of order that the pending amendment is not germane to the underlying resolution and therefore violates Section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Utah.

Mr. HATCH. Madam President, I move to waive the applicable provisions of the Budget Act with respect to my amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 51, nays 47, as follows:

[Rollcall Vote No. 17 Leg.]

YEAS—51

Alexander	Cotton	Hatch
Barrasso	Crapo	Heller
Blunt	Cruz	Hoeven
Boozman	Daines	Inhofe
Burr	Enzi	Isakson
Capito	Ernst	Johnson
Cassidy	Fischer	Kennedy
Cochran	Flake	Lankford
Collins	Gardner	Lee
Corker	Graham	McCain
Cornyn	Grassley	McConnell

Moran	Roberts	Sullivan
Murkowski	Rounds	Thune
Paul	Rubio	Tillis
Perdue	Sasse	Toomey
Portman	Scott	Wicker
Risch	Shelby	Young

NAYS—47

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

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 51, the nays are 47.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Wyoming.

Mr. ENZI. Madam President, I ask unanimous consent that following the disposition of the Menendez amendment No. 83, the Senate vote in relation to the following amendments in the order listed, with all other provisions of the previous order remaining in effect; further, that there be no second-degree amendments in order to the amendments listed: Alexander amendment No. 174, Klobuchar amendment No. 178, Wyden amendment No. 188; finally, I ask unanimous consent that the Klobuchar amendment No. 172 be withdrawn.

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

AMENDMENT NO. 83

The PRESIDING OFFICER. There is now 2 minutes of debate prior to the vote on the Menendez amendment No. 83.

The Senator from New Jersey.

Mr. MENENDEZ. Madam President, my amendment is to protect the health insurance of 11 million low-income men, women, and children who are currently benefiting from the Affordable Care Act's Medicaid expansion.

This amendment establishes a point of order requiring the CBO to certify that no legislation increases the overall number of uninsured, decreases enrollment in Medicaid in expansion States, or increases State spending on Medicaid.

There are currently 32 States that have expanded Medicaid, half of those States with Republican Governors. These Republican Governors—from Louisiana to Nevada, to Arkansas, Iowa, and even my own State of New Jersey, to name a few—understand that not only is Medicaid expansion a literal lifesaver to millions of children and families, but it has resulted in substantial economic growth and budget

savings, a reality that directly contradicts the outcries from Republicans who seek to destroy Medicaid and strip coverage away from 11 million of the most vulnerable among us.

I urge my colleagues to vote “yes” to protect those 11 million Americans.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Madam President, the Congressional Budget Act requires that amendments to a budget resolution be germane. Since this amendment does not meet the standard required by budget law, a point of order lies against it.

I am compelled, as chairman of the Committee on the Budget, to raise a point of order against the amendment under section 305(b)(2) of the Congressional Budget Act of 1974.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Madam President, pursuant to section 904 of the Congressional Budget Act of 1974, I move to waive all applicable sections of that act for purposes of the pending amendment, and I ask for the yeas and nays.

The PRESIDING OFFICER. Is there a sufficient second?

There appears to be a sufficient second.

The question is on agreeing to the motion to waive.

The clerk will call the roll.

The senior assistant legislative clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: The Senator from Alabama (Mr. SESSIONS).

Mr. DURBIN. I announce that the Senator from California (Mrs. FEINSTEIN) is necessarily absent.

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

The yeas and nays resulted—yeas 48, nays 50, as follows:

[Rollcall Vote No. 18 Leg.]

YEAS—48

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

NAYS—50

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

Sullivan	Tillis	Wicker
Thune	Toomey	Young

NOT VOTING—2

Feinstein Sessions

The PRESIDING OFFICER. On this vote, the yeas are 48, the nays are 50.

Three-fifths of the Senators duly chosen and sworn not having voted in the affirmative, the motion is rejected.

The point of order is sustained and the amendment falls.

The Senator from Tennessee.

AMENDMENT NO. 174

Mr. ALEXANDER. Madam President, this amendment is an amendment I believe almost every Senator will want to vote for because this is an amendment that guarantees that when you walk into the local drugstore, your medicine is safe because you know that it has been approved by the Food and Drug Administration.

This amendment clarifies the current law, which says that if you sell a prescription drug in the United States, it has to be approved by the Food and Drug Administration. It may be made overseas—and many are, and they are sold here—but they are approved by the Food and Drug Administration.

I have the privilege of being the chairman of the HELP Committee, and I can't tell you the number of impassioned speeches I have heard from my Democratic friends about the importance of drug safety and the gold standard for the Food and Drug Administration. So if you are for the gold standard of the Food and Drug Administration, if you are for making prescription drugs approved by the FDA, vote yes. If you are against it, vote no.

The PRESIDING OFFICER. Does the Senator wish to call up his amendment?

Mr. ALEXANDER. Madam President, I call up my amendment No. 174 and ask unanimous consent that it be reported by number.

The PRESIDING OFFICER. Without objection, the clerk will report the amendment by number.

The legislative clerk read as follows:

The Senator from Tennessee [Mr. ALEXANDER] proposes an amendment numbered 174.

The amendment is as follows:

(Purpose: To strengthen Social Security and Medicare without raiding them to pay for new government programs, like Obamacare, that have failed Americans by increasing premiums and reducing affordable health care options, to reform Medicaid without prioritizing able-bodied adults over the disabled, and to ensure that any importation does not increase risk to public health according to the Secretary of Health and Human Services)

At the end of title III, add the following:

SEC. 3. DEFICIT-NEUTRAL RESERVE FUND RELATING TO PERMITTING IMPORTATION OF PRESCRIPTION DRUGS ONLY UNDER CERTAIN CIRCUMSTANCES.

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution for one or more bills, joint resolutions, amendments, amendments between