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Senate

The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. HATCH).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Holy God, who causes wars to cease, bring peace to our Nation and world. Let that peace first begin in our hearts.

Use our lawmakers to bring a spirit of concord instead of chaos to our world. May they set aside time each day to be still in Your presence. Lord, help them to know that time spent with You is never wasted. Permit this daily contact with You to motivate them to exalt You in their lives, as You use them to provide examples of how people can live if they put their trust completely in You.

Lord God of Hosts, continue to abide with us in sunshine and shadows. And Lord, be especially with the people of Puerto Rico.

We pray in Your sacred Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. SASSE). The majority leader is recognized.

HEALTHCARE

Mr. MCCONNELL. Mr. President, last night on television, we saw a stark contrast between two different visions of healthcare in our country. One is an

idea that is gaining increasing currency with our friends on the other side of the aisle. Some call it single payer. Others try to dress it up with poll-tested PR labels.

No matter what you call it, at its core, here is what it is: a massive expansion of a failed idea, a quadrupling down on the failures of ObamaCare, a totally government-run system that would rip health insurance plans away from even more Americans and take away even more of their personal healthcare decisions. The costs of implementing it would be astronomical. The taxes required to pay for it would be sky high. Yet, after years of ObamaCare's failures—its higher costs, diminished choices, collapsing markets—it seems this is the best our Democratic friends can come up with—not a new idea but quadrupling down on an old one that has already failed. What a contrast with the general approach Senators GRAHAM and CASSIDY and many other Republicans have pursued.

We think the American people deserve a better way forward—like returning more power from the Federal Government to the States where Americans actually live, allowing for reforms that can actually lower costs and improve care, and actually moving beyond the growing failures of a failed law called ObamaCare.

As I said, what we saw last night reminds us of this stark contrast in vision. It is an important debate for our country. It is one that will certainly continue.

PUERTO RICO AND U.S. VIRGIN ISLANDS RECOVERY EFFORT

Mr. MCCONNELL. Mr. President, on another matter, we have seen all the serious problems facing the people of Puerto Rico and the U.S. Virgin Islands as a result of recent hurricanes. The damage has been terrible. The latest hurricane was especially devastating.

We want the people of Puerto Rico and the islands to know that we are thinking of them, and, more importantly, we want them to know that we will continue to work with FEMA, the Department of Defense, and the rest of the administration to help in the recovery.

I expect we will hear more soon on what additional resources will be necessary in Puerto Rico and elsewhere in the paths of the storms. The recovery effort is certainly not going to be easy. It is not going to be quick. But we are here to do our part.

RESERVATION OF LEADER TIME

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018—MOTION TO PROCEED

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of the motion to proceed to S. 1519, which the clerk will report.

The senior assistant legislative clerk read as follows:

Motion to proceed to Calendar No. 165, S. 1519, a bill to authorize appropriations for fiscal year 2018 for military activities of the Department of Defense, for military construction, and for defense activities of the Department of Energy, to prescribe military personnel strengths for such fiscal year, and for other purposes.

The PRESIDING OFFICER. The Senator from Illinois.

HEALTHCARE

Mr. DURBIN. Mr. President, over the last few days, three Republican Senators have publicly stated that they

• This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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will vote against the healthcare repeal bill that may come to the Senate this week.

In announcing his opposition, one Republican Senator, JOHN MCCAIN of Arizona, issued the following statement: “As I have repeatedly stressed, healthcare reform legislation ought to be the product of regular order in the Senate.”

Last night, Republican Senator SUSAN COLLINS of Maine stated: “This is simply not the way that we should be approaching an important and complex issue.”

She went on to say: “The fact that a new version of this bill was released the very week we are supposed to vote compounds the problem.”

This should be the end of the Graham-Cassidy repeal debate. Republican leadership should finally scrap this one-sided effort to literally change the healthcare system for America.

There was a hearing yesterday—the only hearing on the bill we are about to vote on. It was a lengthy hearing, but it, frankly, did not entertain all of the witnesses or any amendment process so that Members could really have input into the bill we are going to face.

The Congressional Budget Office is supposed to tell us what this critical legislation will do for America. It issued a preliminary finding yesterday that millions of Americans would lose their health insurance and that those with preexisting conditions, as well as their families, if they could buy insurance, would find it very, very expensive.

At the end of this week, funding for our Nation’s community healthcare centers will run out, as will funding for the Children’s Health Insurance Program. Shouldn’t we be focused on reauthorizing those programs appropriately in a timely way? Let’s allow the HELP Committee, which is the committee of jurisdiction when it comes to healthcare, to do its work. I have faith in two Senators—one Republican and one Democrat—to do the right thing on this. Senator LAMAR ALEXANDER of Tennessee, a Republican, and Senator PATTY MURRAY of Washington, a Democrat, have proven before that they can take complex issues such as Federal funding for education and find a bipartisan compromise.

What would America say if we announced at the end of next week or even this week that we have a bipartisan compromise to make healthcare stronger in the United States, that it is going to pass the Senate, that we are going to send to it the House, and that we are going to get something done this year in the Senate?

First, most Americans would be amazed and skeptical, as they should be, but if we can prove that we are going to do it, they would applaud us for finally reaching a point at which we do something on a bipartisan basis.

That was the process that was underway until last week. Senator ALEXANDER was given orders by the leader-

ship: Step back. Let’s vote on Graham-Cassidy. Don’t do anything more on a bipartisan basis.

Well, this is the week for that vote, and I hope it is the week in which that vote ends in the basic defeat of the approach and a return to bipartisan compromise and bipartisan negotiation.

I don’t know what it will take for the Republicans in the Senate and the House to end this never-ending crusade against so-called ObamaCare. They have voted 50, 60, 70 times. We know how they feel about it, but the American people have said to them: It is not enough to oppose ObamaCare; give us a better alternative. And that is where they have stumbled each time.

Over the weekend, rather than making improvements to fix what is wrong with their bill, many Republicans doubled down in secret meetings, negotiations, and with incentives that were built into the newest version of the bill.

The latest Graham-Cassidy repeal measure would slash funding to the States, decimate the Medicaid Program, eliminate protections for people with preexisting conditions, and basically throw our entire healthcare system into chaos. A few special changes were made for special States, but the changes that have come to Graham-Cassidy in the closing days have not really changed the fundamental problem with the bill in that it diminishes Medicaid coverage.

Medicaid is the health insurance program about which most people say: Well, that is for the poor people of America. To some extent, that is true, but it has reached far beyond that. Two out of three senior citizens in nursing homes and other institutional settings rely on Medicaid for basic healthcare. If the cutbacks in Medicaid take place that Graham-Cassidy calls for, what will these seniors do? What will you do for Mom, for your grandmother, or for your grandfather when it reaches a point at which they cannot any longer count on Medicaid to help them pay their medical bills? Will American families have to step up with their own savings? Will they have to look for alternative settings to those in which their parents and grandparents are today? That is the stark choice Graham-Cassidy will create for many families across America.

No one has had time to properly review this latest proposal, in large part because it was drafted behind closed doors—no input from experts, no support from the medical community. You would think, after saying it over and over again, that the Republicans would challenge the following statement: There is no medical advocacy group in the United States of America who supports the Graham-Cassidy bill. That is the case in my State. The Illinois Hospital Association, doctors, nurses, surgeons, pediatricians, and community health are all opposed to this bill, every single one of them, as they were to the previous versions. It says some-

thing when the bill to change America’s healthcare system is opposed by the people who provide healthcare to America. All of them oppose it. It is that bad.

Republican leaders want to force a vote this week. If that is what it takes, then we have to move to that vote, but I wish they would save some time. I wish they would move to this bipartisan negotiation I referred to earlier.

The Congressional Budget Office is a nonpartisan agency that is supposed to measure the impact of legislation so that, before we vote on it, we know if it is good or bad for the Nation and for the people we represent. Here is what it told us last night in a preliminary review, but it has not had time to review this bill in detail.

In a preliminary review, the CBO told us: “The number of people with comprehensive health insurance . . . would be reduced by millions each year.”

How in the world can we as Senators make a proposal for the United States of America which we know will take health insurance coverage away from millions of Americans—exactly the opposite of what our goal should be?

The CBO went on to write: “Federal spending on Medicaid would be reduced by about \$1 trillion.”

There are some Republicans, fiscal conservatives who say that we have to stop the growth of this program, but none of them—not one of them—can address the fundamental issue: Who will then take care in paying for the delivery of babies to low-income families? Half of the children who are born in my State of Illinois are paid for by Medicaid. Their moms are taken care of by Medicaid until the moment of birth. What will you replace that with if you eliminate Medicaid funding?

What about the disabled who count on Medicaid as their health insurance? If you are blind or face a serious disability, Medicaid is the answer for basic health insurance for you. If you are going to cut \$1 trillion out of Medicaid, what will you say to those disabled Americans who want the same peace of mind that we all want in having health insurance?

School districts all over Illinois and all over the Nation receive Medicaid funds to care for special ed students—counselors, transportation, even feeding tubes. If you take the money out of Medicaid, what will we do for those school districts that are trying their best to give kids a fighting chance, even those with serious disabilities? That is the reality.

The CBO went on to write: “Coverage for people with preexisting conditions would be much more expensive . . . and could become unavailable for many more people.”

This Republican proposal takes us back to that moment in history when health insurance was so expensive and so hard to find—almost impossible for those with preexisting conditions. Why would we ever want to go back to that? There is hardly a family in America

who does not have someone they love, who is part of the family, who has a preexisting condition.

Let me remind those who do not have that circumstance that you are one accident or one diagnosis away from being part of this class of Americans who wants health insurance even though the health of those Americans has not been perfect.

In sum, this bill does not do what its authors say it will. They like to tell the American public that States will magically be able to cover the same number of people and provide the same level of benefits with billions of dollars less in funding. The Governors—Democrats and Republicans—have stepped up and said: This is ridiculous. We cannot be asked to accept the burden of health insurance for generations to come, while the Federal Government continues to cut the money that is necessary to provide that protection.

The CBO rejected the claims that are the basis for this Republican bill. Since the Republicans refuse to wait for the CBO to complete its full analysis, we have asked outside health experts what they think the impact would be of this legislation which is before us this week.

Here is what they say: Within a few years, this bill would likely rip health insurance away from more than 20 million Americans, including 1 million people in the State of Illinois. In a State of 12½ million people, which I represent, 1 million people would lose health insurance because of this Republican proposal that is before us this week.

The average 60-year-old person in Illinois would see his health insurance premiums increase by \$11,700 a year. Almost by \$1,000 a month his health insurance would go up. Why? Because they change a basic formula. In the Affordable Care Act, we see that the disparity in premiums charged between the highest and lowest will be no more than 3 to 1. They change the ratio in their Republican bill to 5 to 1. It means that those over the age of 50 and under 65 are going to see premium increases estimated to be almost \$1,000 a month.

By 2026, Illinois would see its healthcare funding slashed by \$8 billion. By 2036, this number would soar to \$153 billion.

Medicaid, which covers half of all children in Illinois and two out of three seniors in nursing homes, would be decimated. Also, the Medicaid expansion in Illinois, which helps us to combat the opioid epidemic, provide coverage for 650,000 Illinoisans, and bring stability to our hospitals all across the State, would be shut down.

Here is what the Illinois Hospital Association said about this bill:

Illinois cannot absorb additional financial burdens and would be forced to reduce eligibility, covered services, and payments to providers. The magnitude of these cuts and changes to Medicaid is staggering.

Let's also review what this does to people with preexisting conditions. The

Republicans say that this is all about giving flexibility to States. We hear that over and over again. It sure sounds nice until you realize that it is a code word for there being massive funding cuts and the elimination of basic health protection.

In the name of "State flexibility," this bill would allow insurers to charge those with preexisting conditions sky-high premiums the moment they get sick.

Under this bill, "State flexibility" means reimposing annual and lifetime limits on patients, including infants who are born with serious medical problems.

Under TrumpCare, "State flexibility" means charging Americans over the age of 50 up to five times more than younger people. That is exactly why the American Association of Retired Persons, the AARP, has steadfastly opposed these Republican changes.

To my Republican friends, "State flexibility" means tossing out essential health benefits, which is the guarantee that your insurance will cover the basic services your family may need—prescription drugs, maternity care, mental health and addiction treatment.

I spoke to one of my Republican colleagues the other day and asked: What are you driving at here? Are you saying that we can reduce the cost of health insurance if we give people the option of saying that they will not buy coverage for mental illness and substance abuse treatment?

He said: Yes, that is one thing they can do.

I said: Then what happens next month when you discover that your daughter, a sophomore in high school, is now taking opioids and may move to heroin next? You want to intervene. You want to do it, but now you have to pay out of pocket because you didn't buy the essential coverage of mental illness and substance abuse treatment.

It is a shortsighted game to reduce premiums and give up basic essential benefits, but that is what Republicans propose. That is why this measure is opposed by every major medical provider and patient organization nationwide: AARP, the American Hospital Association, the American Medical Association, the American Academy of Pediatrics, nurses, disability groups, the American Heart Association, the American Lung Association, the American Diabetes Association, and the Alzheimer's Association—the list goes on and on. But guess who also came out in opposition to this bill? Insurance commissioners and Medicaid directors. These are the officials who would actually have to implement these cuts. They agree with the Congressional Budget Office that you can't slash the healthcare budget by 20 to 30 percent and expect that States will have "flexibility" to make up the difference. The bipartisan association representing every Medicaid director in the country—every one of them—stated that

Medicaid cuts would "constitute the largest transfer of financial risk from the federal government to the states in our country's history."

Show me a State that can cover as many people with the same benefits if one-third of the money is taken away. That is what the Republican bill does.

Here is what Governor Sandoval, a Republican Governor in Nevada, said:

Flexibility with reduced funding is a false choice. . . . I will not pit seniors, children, families, the mentally ill, hospitals, care providers, or any other Nevadan against each other because of cuts to Nevada's health system proposed by Graham-Cassidy.

This is a Governor speaking in the same clear terms as Governors of both political parties about the impossible dilemma that would be created by this bill.

Enough is enough. The law that we passed, the Affordable Care Act, helped 20 million people get health coverage. People with preexisting conditions were finally protected. Women are no longer discriminated against when it comes to health insurance. Americans get free preventive healthcare, such as cancer screenings. Is it a perfect law? Not by any means, but at 3 percent of the individual market, we need to do better, and we can. We need to improve that market.

First, the Trump administration must do its best to help us, not hurt healthcare in America. If they are setting out to sabotage this healthcare system, they can do it, but I hope they will not. The President will not suffer if they do, but a lot of innocent American families will. It will make it harder for people to enroll in insurance groups. It will slash funding for outreach. It will actively discourage insurers to offer health plans to individuals.

Mr. President, I am going to yield the floor to the Democratic leader.

In closing, I ask unanimous consent that the September 22, 2017, article in the New Yorker by Dr. Atul Gawande be printed in the RECORD.

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

[From the New Yorker, Sept. 22, 2017]

IF THE U.S. ADOPTS THE G.O.P.'S HEALTH-CARE BILL, IT WOULD BE AN ACT OF MASS SUICIDE

(By Atul Gawande)

The fundamental thing to understand about Senate Republicans' latest attempt to repeal Obamacare is that the bill under consideration would not just undo the Affordable Care Act—it would also end Medicaid as we know it and our federal government's half-century commitment to closing the country's yawning gaps in health coverage. And it would do so without putting in place any credible resources or policies to replace the system it is overturning. If our country enacts this bill, it would be an act of mass suicide.

In my surgery practice in Boston, I see primarily cancer patients. When I started out, in 2003, at least one in ten of my patients was uninsured. Others, who had insurance, would discover in the course of their treatment that their policies had annual or lifetime caps that wouldn't cover their costs, or that

they would face unaffordable premiums going forward because they now had a pre-existing condition. When he was governor of Massachusetts, it was Mitt Romney, a conservative, who brought Republicans and Democrats together to make a viable state system of near-universal coverage. That system then served as a model for the A.C.A. The results have been clear: increases in coverage have markedly improved people's access to care and their health. For the last four years, health-care costs in Massachusetts have risen more slowly than the national average—while the national numbers themselves have been at historic lows. I have not seen a single uninsured patient—zero—in a decade. And now comes an utterly reckless piece of legislation that would destroy these gains.

To review how we got to this point: last spring, the House passed a health-care-reform bill that proposed to hollow out the A.C.A.'s funding, insurance mandates, and protections for people with pre-existing conditions. It was immensely unpopular with the public. The problem was not just that twenty-three million Americans would lose their health insurance if the bill becomes law but also the Republicans' vision of a health system where insurance with deductibles of five thousand dollars and more, and little or no primary-care coverage, would become the norm.

This summer, Senate Republicans failed to secure enough votes to pass a modified version of the House bill. Later, in a dramatic late-night session, the Senate also rejected, by a single vote, a "skinny" repeal bill. That bill would have repealed only the parts of the A.C.A. that required large businesses to insure their workers and all Americans to carry coverage. It would have resulted in a mere sixteen million more uninsured people, according to estimates.

The Republican bill currently being rushed to a vote was put forward by a group of senators led by Lindsey Graham, of South Carolina, and Bill Cassidy, of Louisiana. As has become the apparent rule for Republican health-care bills, there have been no hearings or committee reviews of the Graham-Cassidy bill. And, this time, lawmakers and the public do not even have a Congressional Budget Office analysis of the effects the bill would have on the budget, insurance costs, or the uninsured rate.

This is unprecedented: senators are moving ahead with a vote on a bill that would alter the health care of every American family and the condition of a sixth of our entire economy, without waiting to hear any official, independent estimates of the consequences. The irresponsibility is as blithe as it is breathtaking. Before becoming a senator, Cassidy spent twenty-five years working as a physician in hospitals devoted to the uninsured. I find it baffling that a person with his experience would not recognize the danger of this bill. But here we are.

The Graham-Cassidy bill goes even further than the bill passed by the House. It would bring to a virtually immediate end not only the individual and employer mandates but also the whole edifice of the Medicaid expansion, insurance exchanges, and income-based coverage subsidies set up under the A.C.A. Graham-Cassidy expects all fifty states to then pass, and implement, alternative health systems for tens of millions of people within two years—with drastically less money, in most states, than the current law provides. This is not just impossible. It is delusional.

Like the House bill, Graham-Cassidy would cut Medicaid payments for traditional enrollees—the elderly in nursing homes, pregnant women in poverty, disabled children, etc.—by a third by 2026. A portion of the money saved would go into a short-term fund

for states to use for health-care costs. The rationale is that this would give states "flexibility" to design coverage for their residents as they see fit. But the amount of funding provided is, by multiple estimates, hundreds of billions of dollars below what the A.C.A. provides.

The bill also nakedly shifts funds from Democratic-leaning states that expanded Medicaid under the A.C.A. to Republican-leaning states that didn't. Analyses indicate that states like California, Massachusetts, and New York will receive block-grant funding anywhere from thirty-five to almost sixty per cent below the health-care funding their residents would receive under current law. Much of those missing funds would be transferred to states like Texas, Mississippi, and Wisconsin. And special deals to make further shifts from blue states to red states such as Alaska are being negotiated to win votes.

As for what states can do with the funds they do receive, they would not be allowed to use them to enroll people in Medicaid, or able to establish a single-payer system. And states would not be receiving enough to continue Obamacare on their own. The only options for spending are for commercial coverage. States will be permitted to let insurers bring back higher costs for people with pre-existing conditions and to reinstate annual and lifetime limits on coverage. And then, starting in 2026, the funding turns out to only be temporary. Under the bill's provisions, unless further action is taken then, four trillion dollars will be removed from health-care systems over twenty years.

With these massive sums being flung around, it is easy to forget that this is about our health as human beings. The evidence is that health-care programs like the A.C.A. save lives. The way they do so is by increasing the number of people who have affordable access to a regular source of care and needed medications. Such coverage has been shown to produce a substantial and increasing reduction in mortality—especially among those with chronic illnesses, such as heart disease, cancer, or H.I.V.—in as little as five years.

Virtually all of us, as we age, will develop serious health conditions. A critical test of any health reform, therefore, is whether it improves or reduces our prospects of having the continuous care and medicines we need when we come to have a chronic illness. The Graham-Cassidy bill fails this test. It will terminate Medicaid coverage and insurance subsidies for some twenty million people. The entire individual-insurance market will be thrown into a tailspin. Federal protections for insurance coverage will be gone.

Every major group representing patients, health-care professionals, health-care institutions, and insurers has come out vociferously against this plan. Governors from Alaska to Ohio to Virginia have opposed the bill. In a highly unusual, bipartisan statement, the national association representing the Medicaid directors of all fifty states has also opposed the bill. The top health official in Louisiana, Cassidy's home state, has opposed the new plan. There is not a single metric of health or health care that the Graham-Cassidy plan makes better. This bill is a national calamity. It should not even come to a vote.

Mr. DURBIN. Mr. President, I ask unanimous consent that the statement of A.J. Wilhelmi, president and CEO of the Illinois Health and Hospital Association also be printed in the RECORD.

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

[From the Illinois Health and Hospital Association, Sept. 21, 2017]

THE GRAHAM-CASSIDY-HELLER-JOHNSON ACA REPEAL PROPOSAL

(By A.J. Wilhelmi)

The Illinois Health and Hospital Association opposes the latest Senate proposal to repeal the Affordable Care Act, which would do great harm to patients, hospitals, the healthcare delivery system, and our state budget and economy. The Graham-Cassidy-Heller-Johnson bill is even more damaging than the previous Senate and House repeal proposals. Not only will it result in the loss of healthcare coverage for up to one million Illinoisans, but it will erode key protections for patients and consumers and will cut federal healthcare resources to Illinois by more than \$150 Billion.

IHA also opposes changing Medicaid to a capped funding model. Illinois already ranks 50th in the country in federal funding support per Medicaid beneficiary. Capped funding would lock Illinois into low, insufficient federal funding levels and shift costs to the state.

Illinois cannot absorb additional financial burdens that would be imposed on the state and would be forced to reduce eligibility, covered services, and payments to providers. The magnitude of these cuts and changes to Medicaid is staggering.

We were encouraged by recent bi-partisan negotiations to stabilize the individual marketplace. The Graham-Cassidy-Heller-Johnson bill will do nothing in the short or long term to create marketplace stability.

We urge the Senate to reject this proposal, and we implore the members of the Illinois House Delegation to oppose the bill if it passes the Senate. There is a great deal at stake for the health and well-being of the people of Illinois.

Mr. DURBIN. Finally, I ask unanimous consent that the statement by the National Association of Medicaid Directors, to which I referred, be printed in the RECORD.

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

[From the National Association of Medicaid Directors, Sept. 21, 2017]

NAMD STATEMENT ON GRAHAM-CASSIDY

The Board of Directors of the National Association of Medicaid Directors (NAMD) urges Congress to carefully consider the significant challenges posed by the Graham-Cassidy legislation. State Medicaid Directors are strong proponents of state innovation in the drive towards health care system transformation. Our members are committed to ensuring that the programs we operate improve health outcomes while also being fiscally responsible to state and federal taxpayers. In order to succeed, however, these efforts must be undertaken in a thoughtful, deliberative, and responsible way. We are concerned that this legislation would undermine these efforts in many states and fail to deliver on our collective goal of an improved health care system.

1. Graham-Cassidy would completely restructure the Medicaid program's financing, which by itself is three percent of the nation's Gross Domestic Product and 25 percent of the average state budget. Like BCRA, the legislation would convert the traditional Medicaid program into a per-capita cap financing system. All states will be impacted by this change, regardless of their decisions to leverage the Medicaid expansion option under the ACA. It would also incorporate

Medicaid expansion funding and other ACA health funds into a block grant, made available to all states. How these block grants will be utilized, what programs they may fund, and the overall impact they will have on state budgets, operations, and citizens are all uncertain. Taken together, the per-capita caps and the envisioned block grant would constitute the largest intergovernmental transfer of financial risk from the federal government to the states in our country's history. While the block grant portion is intended to create maximum flexibility, the legislation does not provide clear and powerful statutory reforms within the underlying Medicaid program commensurate with proposed funding reductions of the per capita cap.

2. The Graham-Cassidy legislation would require states to operationalize the block grant component by January 1, 2020. The scope of this work, and the resources required to support state planning and implementation activities, cannot be overstated. States will need to develop overall strategies, invest in infrastructure development, systems changes, provider and managed care plan contracting, and perform a host of other activities. The vast majority of states will not be able to do so within the two-year timeframe envisioned here, especially considering the apparent lack of federal funding in the bill to support these critical activities.

3. Any effort of this magnitude needs thorough discussion, examination and analysis, and should not be rushed through without proper deliberation. The legislative proposal would not even have a full CBO score until after its scheduled passage, which should be the bare minimum required for beginning consideration. With only a few legislative days left for the entire process to conclude, there clearly is not sufficient time for policymakers, Governors, Medicaid Directors, or other critical stakeholders to engage in the thoughtful deliberation necessary to ensure successful long-term reforms.

For these reasons, we encourage Congress to revisit the topic of comprehensive Medicaid reform when it can be addressed with the careful consideration merited by such a complex undertaking—as we articulated in our June 26 statement on BCRA.

Mr. DURBIN. Mr. President, what America wants is to solve problems, not create them. The Graham-Cassidy bill will create problems for every American family. Let's do something right. On a bipartisan basis, let's sit down and work out improvements to our healthcare system. Let's stop the partisanship when it comes to healthcare. Let's come together now.

We each have our grievances against one another, one party or the other. The American people are tired of our grievances. They are expecting us to do something positive. We can do it. Let's return to the bipartisan negotiation process.

I think that Senators LAMAR ALEXANDER and PATTY MURRAY, Republican and Democrat, can lead us to a good path to strengthen our healthcare system.

I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

THANKING THE SENATOR FROM ILLINOIS

Mr. SCHUMER. First, let me thank my dear friend and colleague from Illi-

nois for his remarks. As usual, he is one of the most articulate Members of either side. He is also one of the most thoughtful and compassionate, and I hope people will listen to what he has to say.

HEALTHCARE

Mr. President, I would also like to respond to what the majority leader said this morning on healthcare. My good friend Senator MCCONNELL continues to try and create this straw man because he has nothing good to say about his bill. He wants to make this healthcare debate about a false choice between Graham-Cassidy on their side and single payer on our side, but as Senators SANDERS and KLOBUCHAR made clear in an excellent debate last night on CNN, Democrats have a lot of ideas to improve healthcare. There is not just one; there are many, and many Democrats support a bunch of different ideas. Each of our ideas, however, endeavors to increase coverage, improve the quality of care, and lower the cost of care. None of the Republican plans achieve these goals. That is the difference.

The difference is that one side wants to cut healthcare to average Americans, increase premiums, and give the insurance companies far more freedom, and one side wants to increase care to the number of people covered, lower premiums, and provide better coverage. That is the divide.

Our colleagues can't stand and debate that issue. They believe in letting the market have more say. We have learned that, left alone, the poor little consumer against a big market gets crushed in healthcare because there are infirmities. It doesn't work like an ordinary market for a whole lot of reasons. So we are happy to have a debate on the real issues.

Does Graham-Cassidy expand or reduce healthcare? They are rushing this through so we don't get a full CBO report. I am sure my colleagues on the other side of the aisle maybe breathed some relief there. CBO said that costs are likely to go way up for older Americans and Americans with preexisting conditions under Graham-Cassidy. They said that Graham-Cassidy would reduce coverage by gutting Medicaid and reducing subsidies that help Americans afford insurance. So there is, indeed, a contrast between the parties. It is a contrast we welcome.

Every Republican plan this year would cause millions to lose insurance and costs to go up, whereas Democrats are looking at many different ideas about how to achieve the exact opposite.

As my colleague said, we want to work in a bipartisan way to improve the existing system. Senator ALEXANDER and Senator MURRAY have had great negotiations. Once this repeal effort is dead and gone—this repeal and replace—we are willing and eager to sit down and come up with bipartisan improvements and do it in the regular order, as some of our colleagues on the

other side of the aisle have correctly and courageously recommended. Let's do it in regular order.

Senators ALEXANDER and MURRAY have had hearings, called in witnesses, and have had a lot of bipartisan discussions—just what this body is supposed to do. Let's realize that Graham-Cassidy is highly unpopular with the American people, doesn't do what some are saying it does, and cuts healthcare. Democrats don't want to do that, and neither do the American people. Let's move on and try to make our system better.

PUERTO RICO AND U.S. VIRGIN ISLANDS
RECOVERY EFFORT

Mr. President, the main subject I am going to speak on today is that instead of trying to take healthcare away from millions of Americans, the Senate and the White House should focus on a much more pressing matter this week: the desperate situation in Puerto Rico and the Virgin Islands.

After suffering from the winds and rains of Hurricanes Irma and Maria, the island of Puerto Rico is completely devastated. I can't recall in my lifetime a hurricane wreaking such devastation on any part of the United States. There are 3.5 million American citizens facing one of the gravest humanitarian crises in recent memory.

Listen to these facts. Nearly the entire island is without power. The reserves of gas and diesel fuel are dangerously low; there may be a 20-day supply left. I read in the newspaper this morning that 80 percent of the major power lines—the big trunk lines that deliver power—are down. Without power, just think of what that does.

The Governor of Puerto Rico said last night that 40 percent of the people on the island lack potable water; some estimates say it is as much as 65 percent. The food supply is dwindling, so people are without food. Fewer than 250 of the island's 1,600 cell phone towers are operational. People can't find their parents, children, or relatives. There is no way to reach them.

I remember the day of 9/11 when cell phone service went out in New York and I couldn't reach my daughters. This has been going on for days and days and days.

The damage to one of the largest dams on the island has created the need for another massive evacuation, but with 95 percent of the cell phones out of service in that part of the island, the evacuations have to be carried out by officials going door-to-door to the nearly 70,000 residents in harm's way, telling them that they have to leave their homes. Worse still, the damage to Puerto Rico's roads, bridges, and ports have isolated communities and delayed the arrival of aid.

It is not hyperbolic to say that the two storms together have set Puerto Rico back decades. The damage is apocalyptic. It is Biblical.

The situation on the U.S. Virgin Islands is similar. Words and statistics can hardly begin to describe the devastation these Americans are beginning

to grapple with. It has hit home. One of my staffers couldn't find an uncle, and they found him dead on the Virgin Islands last night. So it hits home to all of us and to all Americans. Looking at the pictures and the news reports, the islands now resemble a war zone.

What we need to do now is provide aid to Puerto Rico and the U.S. Virgin Islands as quickly as humanly possible—water, food, power, shelter. They need help and they need it now.

Here is what should happen. First, President Trump must issue a full disaster declaration for all of Puerto Rico. Right now, 24 of the 78 municipalities on the island are not eligible for FEMA grants to rebuild their homes.

President Trump should also waive the local cost-share requirement for emergency funds so that Puerto Rico can rebuild without having to worry about falling even deeper into debt.

While our Nation's Armed Forces—and we salute our Armed Forces all the time—are already assisting Puerto Rico, more needs to be done. As the most experienced part of our government in the movement of food, water, mobile power, and medical supplies, the Department of Defense should immediately determine what additional resources and capabilities can be deployed to aid Puerto Rico. If Secretary Mattis hasn't already met with the Director of FEMA, I hope he will do it today.

Most importantly, the administration should prepare an immediate and interim emergency aid request, and the majority leader should put that package on the floor of the Senate before we leave this week. Anything less would be an abject failure of our duty to come to the aid of our fellow U.S. citizens.

The administration submitted a request for Hurricane Harvey less than a week after the storm made landfall. We are rapidly closing in on that same marker for Maria having hit Puerto Rico. We need to move fast. We need to move now. Lives are at stake.

This morning I saw that President Trump had tweeted that Puerto Rico was in "deep trouble," but relief efforts were "doing well."

With all due respect, President Trump, the relief efforts are not doing well. They are not close to good enough. All any American needs to do is open up a newspaper or turn on a TV to know that Puerto Rico is not doing well.

In his tweets, President Trump also brought up the issue of Puerto Rico's debt. Now, that is a totally different issue, and it pales in comparison to the immediate humanitarian crisis faced on the island.

Again, now is not the time, Mr. President. Puerto Rico needs help from aid workers, not debt collectors from Wall Street. Yes, Puerto Rico needs debt relief, but first they need humanitarian relief—water, food, medicine, fuel.

But this fits a pattern of how our President unfortunately responds to natural disasters. He insists that relief and recovery efforts are "doing well" or "doing great," and sometimes it has

no relation to the facts on the ground, as if this is a public relations campaign and not a rescue, recovery, and rebuilding operation. The time for tweets and talk is over.

The American citizens in Puerto Rico and the Virgin Islands need action and results. The best thing the President can do is to get all of the relevant people in his administration together and come up with an aid package and deliver it to us in the next day or two so that we can pass it before we leave here this week.

Again, instead of trying to take away healthcare from millions of Americans—that is what we are debating now, and that effort seems to be in real trouble—the Trump administration and the Republican majority should put an emergency aid package on the floor before the week is out.

Carmen Yulin Cruz, the mayor of San Juan, said earlier today: "We need to get our act together because people are dying."

The situation is desperate. The need is urgent. It is time to act now.

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

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

HEALTHCARE

Mr. SASSE. Mr. President, until you arrived to relieve me, I had been presiding since the opening of the Senate this morning, and I had the opportunity to listen to lengthy speeches from the Democratic leader and the assistant Democratic leader this morning. I would like to correct the record on three brief items.

First of all, as is common, almost an epidemic around here, there were repeated references to the Republican desire to cut Federal spending on healthcare for the poor and for the sickest among us. That is simply not true. It is an epidemic way of speaking around here, where people act as though, if you want to reduce the rate of growth, that is actually a cut. The fact that people in this body say it all the time doesn't make it true. No normal people ever talk that way. If you are having a debate at your house about your household budget and you are spending beyond your means and somebody proposes that next year you should spend 30 percent more than you spent this year, when this year you already spent more than you can afford, and you have big debate and you say "No. Actually, next year, let's only spend 15 percent more than we spent this year," that is not a cut. You will still spend more money next year than you will this year. Because you have a debate about the rate of growth—that is not the same thing as a cut. It is a fundamentally dishonest way of speaking, and we should stop doing it around here.

The second thing that was said in these speeches that I listened to is that Republicans have a desire to give insurance companies more money. I would love it if some Democrat would come to the floor and explain why the stock prices of all the big health insurers in America have been through the roof since the passage of ObamaCare and why the big health insurance companies are the people lobbying the strongest to keep the current collapsing ObamaCare regime in place and actually asking for even more Federal money for insurance companies.

It isn't the case that the proposals Republicans are making on reforming healthcare are something for which the insurance companies are cheering; rather, the insurance companies want to keep the ObamaCare regime in place and add yet more tax dollars to it.

It would be great if we could have an honest debate around here instead of these sort of made-up stories that the Republican plans are in the interest of health insurance companies.

I will readily admit and have often admitted to this body that the Republican Party has done a bad job of explaining what we are for in terms of replacing ObamaCare. We have done a bad job, and we have not spoken with a clear voice. But speaking for myself, I will say that I actually want to have insurance play a smaller role in the healthcare sector because there are all sorts of things that we are currently insuring against in healthcare that we don't ever conceivably think would be a rational way to build an insurance marketplace in other sectors. If you think of property and casualty insurance, for instance, we don't have any law that mandates that Allstate and State Farm have to buy my gas and schedule my Jiffy Lube appointments. If they did, I submit to you that we would all consume a lot more gas, we would do it less thoughtfully, and we would have Jiffy Lubes that are at the wrong locations, open at the wrong hours, with poor customer service, with a lack of clarity as to what services they are delivering and what quality metrics they have.

We don't try to take in other sectors—the entire sector and swallow it by insurance. Insurance is supposed to be insulation and protection against catastrophic loss in the event of unforeseen, unpredictable, non-behaviorally driven events.

To be clear, I don't think the Republican Party has spoken clearly and spoken with one voice. But for this conservative vocalist, I actually want American healthcare to work better by making clear what things we want to insure against and what parts of the healthcare delivery market we think might work better if moms and dads and local doctors and nurses were more empowered by having to mediate fewer

of their transactions through the insurance space.

So while I am not in favor of cutting Federal spending for the poorest and sickest among us, I am in favor of having a debate about how we get to a sustainable growth rate, not the unsustainable growth rate we are on that is going to bankrupt the next generation.

I am in favor of shrinking the amount of money that goes to insurance companies. The plans being debated here on the floor tend to be debates where a lot of the Democrats actually want to have a conversation about how we can give even more money to insurance companies. They often have Orwellian names like “insurance marketplace stabilization funds,” but make no mistake—what they are really talking about is giving more money to private health insurance companies that have had stock prices go through the roof since the passage of ObamaCare. That is the second falsehood in the speeches this morning.

A third item on which it is important to correct the record—and this is not to pick on in particular the two most powerful Democrats in the body; those just happened to be the speeches I listened to this morning. We have a habit around here of people saying a lot of things that aren’t true. You might ask: Why can you get away with saying things that aren’t true? One of the ways we get away with it is, just as I am doing at this moment—I am speaking to an empty Chamber. The Senator from Arizona is here. He has the duty to preside over the Senate right now. But he is the only person in this Chamber. So everybody at home watching on C-SPAN—I know the camera angle is this wide, and so I am the guy on the screen, but this body has 99 empty desks.

One thing that is very common—and was true of both speeches I listened to this morning—is that there is no one in the Chamber even though, as the speeches are made, there is a lot of gesturing as I beat down this debate partner, and I just one-upped you and I just persuaded you. There is a lot of motioning and gesturing and fake rhetoric that goes on around here where we try to masquerade for the American people and for the 50, 60, 70 people in the Gallery right now. I see people chuckling because they all know that it is true. They are sitting in a body, and there is no one here. Yet, when people come and make their speeches on the floor, they pretend they are winning some grand debate, and then their communication staff rips apart the video and sends it to the local TV stations back home, where people get lots of credit, as if they just won some big debate on the Senate floor. And maybe they said a whole bunch of stuff that wasn’t actually true, but there was no one here to answer them because we are not actually debating big issues very often in this body.

There are a lot of theatrics and a lot of charades and a lot of false deliberation. But right now, I am speaking to an empty Chamber, and both of the speeches that I heard this morning from the Democratic leaders—making up stuff about what the Republican healthcare proposals would do—those were speeches all delivered to an empty Chamber, even though the gestures implied somebody was winning a debate when that was happening.

Once upon a time—there is no golden age in world history; we all live post fall. But once upon a time, this really was the greatest deliberative body in the world. Two hundred forty years ago when the Constitution built a system of three separate but equal branches that checked and balanced one another, the Senate had a unique role. The upper body of article I, of the legislative branch, was a place where debates were supposed to be long so that you could forge consensus—70, 80, and 90 percent consensus—on issues, because people actually were in this body actually debating real issues.

We are not the greatest deliberative body in the world right now, and a lot of people pretend we are. One of the ways we get away with that is by standing in here and pretending there are a lot of people listening to our speeches when no one is here. Again, I am the third speech of the day in the Senate today, and all three of them have had an audience of zero. I submit that most of today on C-SPAN is going to have an empty Chamber with a little ticker at the bottom that says “waiting for Senators to speak.” When the Senator comes to speak, they are going to speak to an empty Chamber, and they are going to pretend they are winning a big debate. It is not a useful way to tackle the biggest public policy problems that face our people and not a great way to restore the Senate. We should make the Senate great again.

Thank you, Mr. President, for the opportunity to correct these three items. 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. KAINÉ. 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. KAINÉ. Mr. President, I rise to speak about the debate this week over the Graham-Cassidy proposal with respect to healthcare that is being considered by the body. I have high regard for both of these colleagues. I serve with each of them on different committees. I oppose the bill and want to talk a little bit about why I do but more specifically about an aspect of the bill that I find puzzling.

It is no surprise to me that there are many in this body who would like to repeal and replace the Affordable Care Act. When the Democrats were in the majority for my first 2 years in the

Senate, I often sat in the chair where the Presiding Officer sits. I heard a lot of people giving speeches on the floor. I was in the Chair during an all-night sort of filibuster by the Senator from Texas about the repeal and replacement of the Affordable Care Act. I get that there are arguments about it. While I support the Affordable Care Act—I strongly did in 2010 and still do—I do want to work with my colleagues to find solutions to improve healthcare. There are differences of opinion about it.

One thing I never heard during all of the speeches that I heard, either as a presider or paying attention on the floor, was Members getting up and saying they wanted to dramatically cut Medicaid. That is not anything that anybody has filibustered about. That is not anything that people speak about.

When President Trump campaigned, he said: I am unique on the forum right now of all these candidates in that I will not cut the Medicaid Program. When the Senate started to consider versions of the ObamaCare repeal and replacement over the summer, after the House acted, what interested me was not the portions of the bill that attempted to replace the Affordable Care Act but the significant changes to the Medicaid Program that were never advertised. There was never this discussion: We are going to repeal ObamaCare, and we want to cut Medicaid. It was always about ObamaCare.

I am puzzled, standing here today, considering a Graham-Cassidy proposal that not only would be a fundamental change of repeal and replacement of the Affordable Care Act but also contains a very significant revision of Medicaid that would hurt my State and would hurt a lot of people I care about. That never seems to be acknowledged, and I am puzzled about why.

As to the Graham-Cassidy proposal, again, I respect my colleagues, and I think they are putting it on the table because they think it would be preferable to the current system. I don’t question their motives. I was a Governor, and the notion of block grants and discretion and dollars back to the State can be a good thing. Quickly, before I get to the Medicaid piece, the problem is if you take the Graham-Cassidy proposal, it takes the dollars that are currently being delivered to the States through the Affordable Care Act, shrinks them by about \$240 billion over 10 years, and then eliminates them. Even with the shuffling of the deck on a block grant that might benefit one State over another, you can’t take \$240 billion out of the system, in my view, without making people’s premiums go up.

The money that is being delivered to States is largely delivered to help people either get a tax credit premium or pay out-of-pocket costs. If you take that much out of the system over 10 years, people’s premiums are going to go up. That breaks a promise of President Trump’s, who said that nobody is

going to lose coverage and nobody is going to pay more. People will pay more, if Graham-Cassidy passes, in the short term, over the next 10 years. Then, when all of the money expires after 10 years, they will pay a lot more. I oppose that.

Second, I also oppose the way this bill treats preexisting conditions. By allowing States to waive essential health benefits, it might be technically true to say that you could get a policy even if you had a preexisting condition, but the insurance company could say to you: I will write you a policy, but you are a diabetic; so the policy will not cover insulin. Or I will write you a policy, but you are a woman of child-bearing age; the policy will not cover maternity care.

If the policy doesn't cover your preexisting condition, then preexisting conditions are not protected. To my read of the 141-page bill—which has been revised a little bit, or so I hear, since I got the most recent version Friday to read it over the weekend—that is exactly what States can do. Because 43 of 50 States did not protect people with preexisting conditions before the Affordable Care Act, handing this power back to the States and allowing them to waive these benefits, I think, would jeopardize the tens of millions of Americans who do have preexisting conditions.

Finally, I don't like the fact that the current bill, as I understand it, ends funding for Planned Parenthood. Planned Parenthood doesn't have a line item in the budget. To the extent that Planned Parenthood gets funding, it gets funding for this reason: It provides primary medical care to women who are Medicaid-eligible, and they get services at Planned Parenthood that are Medicaid-eligible to be reimbursed.

Since Federal funding cannot be used for abortion services, the defunding of Planned Parenthood basically says that if you serve a woman who chooses to go to you for her primary healthcare and she is Medicaid eligible, we will not pay you for that service. That seems, to me, to be wrong. If women are choosing to go to Planned Parenthood, and they think that is the best place to go for primary care, why would we disable them and force them to go elsewhere by disabling Planned Parenthood from reimbursement?

All right. Those are some challenges I have, but I want to get to the real guts of my concern, which is the effort to go after Medicaid.

The Graham-Cassidy bill—and it is similar to the skinny repeal bill and other bills that were on the table that the Senate considered—goes into the Medicaid Program that was passed in 1965, which was long before the Affordable Care Act—long before it—and it puts caps on the program to restrict the growth of Medicaid spending. The estimate is that over the next 10 years, it will take \$1.2 billion out of Medicaid. Yet no description of Graham-Cassidy that I have ever heard a sponsor men-

tion and no description of any of the bills that have been pending on the Senate floor say we are going to repeal ObamaCare and that we want to go into the Medicaid Act of 1965 and dramatically cut Medicaid.

Why is that never made plain as it is a core feature of these bills? I would argue, it is sort of the core within the Trojan horse of the repeal of the Affordable Care Act to go in and change Medicaid. Yet it is never advertised that way, and it is never explained. You could have put a bill on the table to repeal the Affordable Care Act and could have left Medicaid alone. You would have touched the Medicaid expansion that was part of the Affordable Care Act, certainly, but you could have left the core Medicaid Program alone. Why was there an effort to both repeal the Affordable Care Act and cut Medicaid but not to say we are cutting Medicaid?

Maybe it is because, if you were to say that, you would directly counter a promise the President made, "I am not going to cut Medicaid." Maybe there is a concern about, boy, we are taking \$1.2 billion out of Medicaid, and we are about to come up with a big tax proposal that might give tax breaks for the wealthiest. We do not want to take money away from a program that is for the poor, elderly, disabled, or children and then immediately turn right around and increase the deficit by a tax cut.

I find this to be the big mystery of this entire debate, in that every proposal that is on the floor makes massive cuts to the core Medicaid Program even though it has nothing to do with the Affordable Care Act. Nobody ever acknowledges it, and nobody ever explains it, but I am here to both say it is real and to challenge it.

Who are Medicaid recipients? I think there tends to be a little bit of a misconception about who gets Medicaid in this country.

In Virginia, 50 percent of Medicaid recipients are children. The proposal, under Graham-Cassidy, calls for a \$1.2 billion cut in Medicaid in Virginia over the next 10 years and a \$120 billion cut in Medicaid nationally. In Virginia, 50 percent of Medicaid recipients are kids. One in three births in Virginia—one in three births every year—is compensated by Medicaid. Two in three nursing home residents are supported by Medicaid. There are a lot of people with disabilities in Virginia who are supported by Medicaid. The home and community-based waiver programs, under the core Medicaid bill, support nearly 50,000 Virginians in community settings of their own choosing. Medicaid is also the primary payer for behavioral health services—mental health treatment, substance abuse prevention treatment.

That is what this bill goes after even though that Medicaid funding has nothing to do with ObamaCare, nothing to do with the Affordable Care Act. So reducing Medicaid spending by the

\$120 billion-plus over 10 years or more in the out-years would not hand more power to States. No, it would dramatically limit the States' ability to provide the kinds of services that are needed by our most vulnerable—kids, seniors in nursing homes, and people with disabilities.

Later today, I am going to have a meeting in my office with folks who have communicated with me over the course of this debate—really since January when I was added to the HELP Committee. They are coming in to tell me how frightened they are about what will happen if Graham-Cassidy passes.

Samantha and Justin McGovern are parents. They have a girl, Josephine, who is 1½ years old. They are from Springfield, which is right here in Northern Virginia. Josephine is about 18 months old, and she was very premature—24 weeks gestation. She was 1 pound 12 ounces when she was born. That is the size of six sticks of butter. That is how tiny this little girl was. She was hospitalized, after her premature birth, for 407 days, across three units, in two hospitals, in two States. She is home and thriving now, but she is supported by a ventilator 24/7 via a tracheostomy, and she is fed primarily through a gastrointestinal tube.

Her mother Samantha writes:

We are fortunate that we get to focus on her health rather than medical crippling bills. We estimate that her hospital stay would have exceeded \$4 million, and the cost for her monthly medical expenses (baseline . . . not sick) is about \$26,000 a month (if we didn't have insurance or Medicaid coverage).

Here is what she writes:

We are fortunate we have amazing private insurance through our employer. However, if it were legal to have annual or lifetime caps, I don't know what would happen to us. Part of our Medicaid covers private duty nursing so that we can sleep and go to work. Without nursing, one of us would have to leave their job, and there would be no way we could continue to live in our house [or pay our insurance]. If there are caps and we lost our insurance, we would depend on Medicaid even more than we do now, and we would have less coverage than we currently have, making it virtually impossible for Josephine to continue to be followed by the doctors who saved her life.

Basically, if [this bill] passes, life as we know it could fall apart. I don't know how we would be able to support our daughter, how we could keep her home and not in an institution. She deserves to be home. She deserves to have every opportunity to thrive.

I met Rebecca Wood at a forum in Charlottesville. She has a 5-year-old daughter, Charlie. I met them in July.

Charlie's mom says:

Charlie . . . is five-years-old and loves playing outdoors, live music, things with numbers, and anything with animals. Charlie was born more than three months early and, as a result, is developmentally delayed. Currently, Charlie requires physical therapy (PT), occupational therapy (OT), and speech therapy. She has a . . . (feeding tube) and wears orthotics. Affordable care is the difference between independence as an adult or a permanent disability. Due to a three month NICU stay [when she was born], Charlie would have exceeded her lifetime cap before she ever came home for the first time.

Then, she would have been uninsurable due to her birth being a preexisting condition. Also, Institutional Medicaid paid for a large portion of her NICU stay. Upon discharge, a Medicaid waiver helps with out of pocket costs and provides services that [our private] insurance doesn't cover. She would not be where she is without any of these things. The changes in the proposed healthcare bill would cause Charlie to drastically lose access to these services. Receiving healthcare services is her chance to leave a life-limiting disability behind.

The last story I will tell is of Eric Young, from Norfolk, on behalf of his son, Ethan.

Eric has major concerns about Graham-Cassidy. His son, Ethan, has what is called heterotaxy syndrome, which is an incredibly complex congenital heart defect. There are seven defects that are combined in this brave and thriving youngster. Eric said that Ethan has had two open heart surgeries and is having his third in November.

Eric writes:

I anticipate his healthcare charges to surpass the \$1M mark before the end of the year. It's not an "if" for Ethan—it's when. "He" will have spent more on healthcare in his first 2 years of life than most people will during their entire lives. He's the outlier. But he's exactly the type of kid that needs protecting.

Dealing with such a critical issue when your baby is first born is overwhelming—having to worry about whether or not your decisions to save your child will affect whether he . . . [can] even obtain health insurance when he gets to be an adult is just wrong.

Eric writes about the ACA, as Eric works in the healthcare industry:

The ACA is not perfect—it needs to be changed. I work in healthcare—so I have the perspective of seeing it from my job and as a parent. But, we need a real bill that is well thought out, not something just for the sake of passing.

I wanted to come and really just talk about these youngsters. One out of every three children born in Virginia is able to be born in a hospital because of Medicaid, and 50 percent of Medicaid recipients are kids. If you were a child and you needed a wheelchair, your private insurance likely would not cover it. If you get a wheelchair, it is usually Medicaid that pays for it. If you go to school and then you get an individualized education plan and your public school system provides you some services, it is Medicaid that is usually paying the school system to reimburse it for the services that are provided.

My wife used to be a juvenile court judge, and this was the situation she would face all the time with kids in the court. It would be a heartbreaking situation, but there was an answer. You would have teenagers who were working so hard to be successful—not in court because of violating the law, not in court because of trouble but in court because their families were so dysfunctional nobody could take care of them. As a judge, my wife would have to grapple with this: Where is this child going to live? Who is going to help this child get to school? This kid is trying to succeed. Do I have to put the child

in a group home or institutionalize the child because there is no family support there?

What my wife could do as a juvenile court judge—and this happens all over Virginia every day and all over the country every day—is say: OK. The child is capable of success, but the family is dysfunctional. May I send a counselor to the home? May I find an aunt or uncle, and maybe with some support of counseling, provide some stability so this child does not have to be institutionalized and can be successful? When my wife would order that, it was Medicaid that was paying for it.

Medicaid pays for your birth, Medicaid pays for your wheelchair, and Medicaid pays for the services a local school system will provide so you can have a life of independence. If your whole world is falling apart around you and you are doing everything you can to succeed, Medicaid can actually pay for counseling so you can keep it together and graduate from high school and go on and go to college and be successful.

Medicaid is advancing these challenged kids toward lives of independence and success. Yet the bill that is on the floor before us would cut, by the most recent estimate, \$120 billion out of Medicaid over the next 10 years and more beyond. Why? Why is that not acknowledged? Why would you use the bill to cut Medicaid when all of the rhetoric about it is that we have to repeal the Affordable Care Act?

I think the right answer to this question is just staring us in the face, and it was what we gave Senator McCAIN a standing ovation for in July when he came back after getting his tough diagnosis. He came back, and he said: Look, healthcare is just too important. It is just too important. It is the most important expenditure anybody ever makes. It is the biggest sector of the American economy. It is the kind of thing that keeps parents up at night, worrying about what is going to happen to their children tomorrow or in 20 years, when the parents are deceased, and they want to know the children can have independent lives.

We just cannot afford to get this wrong, and the answer about getting it right is staring us right in the face. Let the HELP Committee, on which I serve—the Health, Education, Labor, and Pensions Committee—and let the Finance Committee, which has jurisdiction over Medicaid and Medicare, take up everybody's ideas: the Graham-Cassidy bill and BERNIE SANDERS' bill. I have a bill about reinsurance, but it is so wonky it is never going to be on a bumper sticker. I think it would be a good bill, but I have not been able to have a hearing on it.

Let the committees that are of a Republican majority but with Democrats who know some things about healthcare take up these bills, hear from the parents, hear from the hospitals, hear from the doctors, and come up with a bipartisan set of solutions

that will make healthcare better, not worse.

We were on the verge of doing that in the HELP Committee. We had 4 hearings with about 20 witnesses. We not only had committee members involved, but Chairman LAMAR ALEXANDER and Ranking Member PATTY MURRAY did a good thing—they opened up a coffee before every hearing and said: Hey, if you are not on the committee but you want to meet these witnesses and hear what they have to say, come and talk and ask them questions. We had over 50 Senators participate. We were working on a bipartisan bill and basically had a handshake deal last week to stabilize the individual insurance market for a couple of years. In a deliberate way, in a careful way, we considered Republican and Democratic ideas for improving health insurance.

Then, last Wednesday, the President tweeted out, in working with the Speaker and the majority leader, that they did not want the bipartisan effort to go forward. No. We have to push the Graham-Cassidy bill—the bill that is about the repeal of ObamaCare but that also has within the Trojan horse these massive cuts to Medicaid that will hurt kids.

I don't know why we had to set aside the bipartisan effort. I don't know why we had to subvert the good-faith work of the committee under the leadership of a great chair and a great ranking member. It is my hope that at the end of the week, we will have defeated the Graham-Cassidy bill and that we will go back to being the Senate we should be.

I will just say what I have said a couple of times on this floor. This is one we cannot afford to get wrong. The parents of these kids already have enough to worry about. Why would we make it harder on them? We do not have to. We can be better than that. That is what I ask we do.

I yield the floor.

I suggest the absence of a quorum.

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

The bill clerk proceeded to call the roll.

Mr. FLAKE. 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. FLAKE. Mr. President, the Democrats talked this morning about the Affordable Care Act and what the reform efforts are trying to do and what they are not trying to do. I want to associate myself with the comments made by my colleague, the Senator from Nebraska, earlier today.

A lot of talk has been thrown around about how the new effort would cut Medicaid spending. As my colleague from Nebraska mentioned, here in Washington a cut is not a cut anywhere else. But if you deal with the rate of growth, if you raise spending only by the Consumer Price Index rather than the medical Consumer Price Index—5

percent rather than 6 percent, for example—then you are somehow cutting the program.

We know that the program as it currently stands is unsustainable. I think we all recognize that. So any efforts to deal with and to allow Governors and others at the local level to have more of a say on how these funds are spent and to gain efficiencies that way are frowned upon. It is said that we simply can't do that because it would be cutting Medicaid. That simply isn't the case.

Arizona, for example, has a version of Medicaid called AHCCCS. It is done far more efficiently than some of the other States do it. That is because at the local level they have been able to do what local governments do best. The government that is closer to the people generally spends money more wisely and finds efficiencies that the Federal Government simply can't find.

Let me mention that on the exchange, the Affordable Care Act dealt with a couple of different things. It is a so-called exchange where people who can't get insurance otherwise or don't get it through their employers will buy it on either a Federal exchange or a State exchange. Then you have the Medicaid side. Let me speak for a minute on the exchange side.

Arizona has been ground zero for the failure of the ObamaCare exchange. We have 15 counties in Arizona. In all 15 counties, if you are a family of four and you are buying on the exchange, you are paying more on average for your healthcare premiums than you are for your mortgage. Think about that for a minute. You are paying more for your healthcare premiums than you are for your mortgage in every county in Arizona. In some counties in Arizona you are paying double. In every county it is more, in some counties significantly more, and in a couple of counties you are paying double for your healthcare premiums—much more than what you are paying for your mortgage.

I spoke yesterday with an elected official from Arizona from one of the rural counties. He told me that his healthcare premium, which he simply can't afford anymore for his family of four children, would have been \$2,800 a month. That is what it has gone up to. It has doubled virtually every year. In some counties in Arizona, we saw increases of 116 percent. He owned insurance prior to ObamaCare, was paying a reasonable amount for a premium, and had copays and deductibles that were reasonable as well. But when the Affordable Care Act came in, the promise that you could keep your doctor or keep your plan simply wasn't the case. His premiums have gone up, up, and up until now; he has a premium of \$2,800 monthly for his family of four children.

Keep in mind, as well, that there are the deductibles on top of that. Were he to use that insurance, by the time he satisfies the family deductible, which is about \$12,000, he has paid—or he will

pay if he has any medical issues—between premiums and deductibles, more than \$40,000 before the first insurance dollar kicks in.

So when we hear from the other side of the aisle that there is no problem with ObamaCare, that the only thing we have to worry about is, for some people who have gained insurance, to make sure they keep that—I agree we have to make sure those with pre-existing conditions have access to affordable care. But when you have people on the exchange who simply can't find affordable care and if they do have a policy they can't afford to use it because deductibles and copays are so high, we have a problem.

The latest figures tell us that 155,000 Arizonans woke up this morning without any insurance. Most of them had insurance prior to the Affordable Care Act, but then insurance was priced out of their reach. So 155,000 people are paying a fine to the Federal Government because of their inability to find affordable insurance. They pay that fine, and they still have no insurance. Tell me that is not something we have to fix. We have to fix that. That is what we are responding to here.

This notion that it is all hunky-dory—keep with the plan—belies the fact that 155,000 Arizonans woke up this morning and said: We are paying a fine to the Federal Government because we can't find affordable care, and still we have no care, and we are somehow supposed to be OK with that. Somehow we are supposed to wait until we can find a solution for it all before we address that specific situation.

I submit that we have to fix this. People in Arizona and elsewhere are hurting. Let's stop with the rhetoric that this is somehow a cut and people will be left on the streets. We heard that back in 1996 with welfare reform. It was said that the Governors or others at the local level couldn't participate, couldn't be in charge of this program because people would be dying on the streets. Guess what. Within a couple of years, the welfare rolls had been cut in half. We are doing better, and the Federal Government's obligation in that regard has been sustainable, unlike the current situation we have with the so-called Affordable Care Act.

I hope we can stop the outrageous rhetoric on this and actually fix the problem. Let's fix the problem for Arizonans who are hurting right now.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Ohio.

CFFB RULE

Mr. BROWN. Mr. President, we have the recent fake accounts scandal at Wells Fargo and the massive data breach at Equifax. I don't think any of us can go home and not hear, certainly, about the Equifax scandal that we found out about just a couple of weeks ago. The massive data breach at Equifax and the fake accounts scandal at Wells Fargo drive home the fact that so-called forced arbitration

clauses have become almost unavoidable in everyday life.

Whether it is a credit card or a bank account, whether it is a student loan or a college enrollment, whether it is a nursing home contract, your phone service, or even—now far too often—your job, you have probably signed a contract that forced you to give up your right to a day in court, usually, without even realizing it.

Forced arbitration is a tool that big corporations use to silence victims of corporate fraud and corporate abuse. These victims never get to tell their stories to a judge or a jury of their peers. Why? Because of the small print in these contracts. Victims are pushed into a secret process behind closed doors, where corporations win about 90 percent of the time.

Over the past couple of weeks, I have had an opportunity to hear from some of these victims. Let me tell you about George from Mentor, OH. George's wife suffered physical and mental abuse in a nursing home, but George and his wife have been denied a day in court. He said the lawyers he reached out to for help turned him away because they didn't think he had a chance fighting against the forced arbitration clause in his family's nursing home admittance agreement.

Any family who has been through the transition of admitting a loved one into a nursing home will tell you it is a difficult time in the best of circumstances. Forcing these families to sign away their rights is not only wrong. It is dangerous. Typically, because of all the trauma of moving a family member into a nursing home, you are not even aware that you have signed away your rights.

After the Equifax breach, my office was flooded with calls from scared consumers seeking help. Let me tell you about another one. Bill is from Hamilton, OH, which is at the other end of the State from Mentor. He and his wife are retired, and they worked hard to pay their bills on time. He has had excellent credit, and this is the story of millions of Americans. That was all put at risk when Equifax allowed his family's personal information to be stolen, along with that of 143 million other Americans. It is pretty much half of the country.

This breach was so huge and harmed so many people that the company's CEO, Richard Smith, retired suddenly today. Well, he will probably have a very comfortable retirement. His compensation was millions of dollars a year. The millions of people he has harmed will continue to struggle with the mess that he left behind.

That is bad enough, but Equifax was also demanding that Bill in Hamilton, OH, give up his right to hold the company accountable in court if Bill signed up for their credit monitoring service. Do you remember, after the story broke—I believe it was in July when the executives found out about the 143 million Americans breached, or the 140-

plus million Americans breached—that a couple of executives sold some of their stock. That is interesting. We will see what happens about that. Then it became public in September. So we know that.

Now, we also know that Equifax, then, to make it up to their customers, said that they would give them a free year of credit monitoring. A year ago, I believe it was, when there was another situation like that of a data breach, Congress voted to protect Federal employees and to give them free credit monitoring for 10 years. But Equifax, generously—I believe some used that word, but they probably didn't—gave the 1 year, but they had a forced arbitration clause. It was only because of a staff person on the Banking, Housing, and Urban Affairs Committee, that CORY saw that they had that provision in these contracts—this free year of credit monitoring—and Equifax decided to back off of that.

These forced arbitration clauses are incredibly powerful. To understand them better, big companies use the small print not just against regular families back in Ohio but even against people who could afford top-notch legal teams.

Gretchen Carlson, a well-known news anchor, endured sexual harassment at FOX but was prevented from suing her employer by a forced arbitration clause. She didn't really know that or hadn't thought much about that when she signed her contract. She wrote of forced arbitration: It is “often argued to be a quicker and cheaper method of dispute resolution for employees” but, “instead [it] has silenced millions of women who otherwise may have come forward.”

The power of forced arbitration clauses to silence victims has allowed potentially millions of people to be harmed by big banks and other financial institutions.

Let's take another one, Wells Fargo. In 2013, Wells Fargo used a forced arbitration clause to silence a customer who had accused the company of opening fake accounts in his name. You will remember that Wells Fargo opened as many as 3.5 million fake accounts, meaning they opened an account that the Senator from Texas or that I or others had not given permission to do so. They opened accounts in people's names. Obviously, I am not saying that personally of the Senator from Texas and me, but they opened 3 million fake accounts of customers who didn't even know these accounts had been opened. They subjected their employees to harsh sales goals. They threatened to fire anyone who didn't keep up.

Think about how much damage could have been prevented if that customer was allowed to take Wells Fargo to open court 4 years ago, but they couldn't because of forced arbitration.

Well, Equifax pulled back its use of forced arbitration clauses after the public shaming of what they did, but Wells Fargo seems to have no shame in

continuing to hide behind arbitration following scandal after scandal. You will remember what Warren Buffet, who is a major stockholder in Wells Fargo, said: You rarely find just one cockroach in the kitchen. Well, with Wells Fargo, there was one case after they said: This is it. Then, there was another, and they said: Well, this is it. Then, there was another one. We don't know what is next.

We know that many of the victims of Wells Fargo's scandal were servicemembers. In 2015, Santander Bank illegally repossessed cars from servicemembers and, then, used a forced arbitration clause to silence their claims. So they are willing to go against servicemembers, in the case of Santander. Wells Fargo is willing to do it against servicemembers. Wells Fargo is willing to do it against up to 3.5 million customers for whom they opened fake accounts.

Servicemembers and all Americans deserve to be protected from this shady legal fine print. That is what the Consumer Financial Protection Bureau has done with its new rule on the issue of forced arbitration—a rule that some in this body want to overturn.

It is despicable that Congress is trying to cover for big corporations looking to cheat consumers and overturn this rule. Make no mistake. Voting to overturn the CFPB rule about forced arbitration is simply saying that we support corporations' ability and efforts to cheat their consumers. They simply don't have their day in court.

The American Legion adopted a resolution at its national conference last month opposing repeal of the Consumer Financial Protection Bureau's rule. They understand that the Consumer Financial Protection Bureau did the right thing to protect servicemembers from forced arbitration.

John Kamin, assistant director of the American Legion's veterans employment and education division, said: “Our membership has stated unequivocally that we will not accept a future where our military veterans' financial protections are chipped away to increase the margins of the financial sector.”

Let me say that again: “We will not accept a future”—this is from the American Legion—“where our military veterans' financial protections are chipped away to increase the margins of the financial sector.”

The right to have your day in court is enshrined in the Constitution that our servicemembers fight to uphold. The least we can do is to protect this right for the women and the men who protect our country—to protect this right for the men and the women who protect our country.

How can Members of this body, when this vote approaches, if they support the CRA to overturn the rule of the CFPB, look those servicemen and servicewomen in the eyes and explain that they chose to stand with Wall Street over these people who served their

country and over their families and over hard-working people all across America?

It is our job to protect the people we serve, not to protect Wall Street banks and corporations when they try to scam consumers. Big companies use small print to silence the hard-working Americans they have cheated.

When a resolution to repeal the Consumer Financial Protection Bureau's rule comes to this floor, I urge my colleagues to speak up for the people whom we serve.

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

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

HURRICANE HARVEY RECOVERY

Mr. CORNYN. Mr. President, I am particularly glad to see you presiding today because I came here to report on what you and I saw together in Texas during this last long weekend. Unfortunately, it didn't feel quite like home—not when parts of Texas battered by Hurricane Harvey aren't what they used to be and not when so many cities, towns, and wornout faces don't look like they otherwise would.

As of this weekend, more than 8 million cubic yards of debris still needed to be cleared in Houston alone—the Presiding Officer's hometown and the city of my birth. More than 800,000 people have registered with FEMA for individual assistance. More than 24,000 hotel rooms are still occupied by victims of the flood. Fifty-two public and charter schools sustained “catastrophic damage” and are awaiting funding for repairs. Worst of all, 82 lives were lost as a result of this terrible storm.

One news story that stuck with me came from Port Arthur, where the mayor, Mr. Derrick Ford Freeman, a man of truly steel resolve, can't stop yawning. Well, he is exhausted. He has a good reason. He has been sleeping upstairs in his child's second floor bunkbed because, unlike some other residents, he hasn't had time to strip the first floors of his house that flooded to remove the Sheetrock, destroyed furniture, and all of his personal effects. He has been too busy worrying about others and trying to help pull the pieces back together.

Mayor Freeman spoke of the smell in his house at night. First, it is the flood. Then, it is the mold. Then, it is the mosquitoes. He spoke about the challenges his community faces, and he spoke about the more than 100 schoolteachers and 100 city employees in Port Arthur who still did not have homes ready to return to.

What Mayor Freeman was most worried about, though, is that people will forget. Now, as other natural disasters and news stories begin to occupy the

coverage on television and turn people's gaze away from Texas, to Florida and now to the devastation in Puerto Rico, the mayor's concern makes some sense.

But I want to assure Mayor Freeman—as I know the Presiding Officer would, and as we would to our friends in Florida and the east coast, who were hit by Hurricane Irma, or our friends in Puerto Rico, who were devastated by Hurricane Maria—that we will not forget and that we will stand together to make sure that the Federal Government plays its essential role in helping them recover and in helping them restore their lives.

But I also remember another civic leader, Mayor Becky Ames of Beaumont, and what she said to me right after the storm. Smiling, she declared:

We had a downpour; now we have an outpour. The outpour is coming right into our city.

That is what we saw time and again. Yes, the Federal Government responded. Yes, the State responded, led by Governor Abbott and emergency operations. Yes, the mayors and the county judges responded. But the truth is neighbors helped neighbors. We talked again. I sort of chuckle when I think about the Cajun Navy, but our friends from around the country, including next door in Louisiana, came to help pluck people off the tops of their flooded houses and places of business, and of course many people have lent a helping hand.

I think it is best to combine Mayor Freeman's concerns with Mayor Ames's optimism. In other words, we need to make sure that outpour she was speaking about continues. I know the outpour hasn't dried up places like Friendswood, TX, where the Presiding Officer and I helped Team Rubicon clean up some of the houses that were trashed by Hurricane Harvey. We joined the Speaker of the House, PAUL RYAN—and we are delighted he saw fit to come join us in this effort—as well as the chairman of the House Appropriations Committee and virtually the entire Houston congressional delegation.

We also know the outpour has not stopped in places like Aloe Elementary in Victoria, a school that was severely damaged by the storm. There I saw second graders get packages from their counterparts in West Lafayette, LA. The school may have temporary walls. Certain classrooms and hallways had to be cordoned off as the building continues, but these “Aloe-gators”—the school mascot—are permanently grateful for the help they are getting from children from Lafayette, LA, and Cumberland Elementary in Indiana.

I think we owe it to these youngsters—and the many other Texans we met with in Victoria, Friendswood, and Houston—to explain what we here in Washington are doing to address the storm, which, let's not forget, rained down more water—34 trillion gallons—than any storm in U.S. history. I think

they are wondering if we remember the sheer scale of the disaster zone—an area larger than West Virginia, Delaware, and Rhode Island combined. We want to assure them that the answer is yes.

We have been working hard trying to match the scale of the storm with an appropriate congressional response. Here are just a few of the ways in which the Federal Government has responded:

First, the President—and we thank him for his leadership and initiative—issued a major disaster declaration under the Stafford Act, which is the trigger for the Federal Emergency Management Agency's, or FEMA's, public assistance grants to be provided. This is, to be clear, not a handout. Each State is responsible for part of the cost. Secondly, the U.S. Army Corps of Engineers conducted infrastructure assessments and assisted with State debris management. Third, FEMA has coordinated with the American Red Cross and other local governments to find and provide temporary housing for the displaced.

As I said, these are just a few of the ways the administration has been responding. I realize they are just on the first step. That is why last week I led a bipartisan letter, along with my colleague in the Chair, calling upon the Department of Housing and Urban Development to speed up allocation of relief funds. We were able to appropriate, and the President signed into law, a \$7.4 billion allocation for community development block grants, or CDBG funds, that Congress has decided are appropriate as a downpayment on the recovery from Hurricane Harvey. These CDBG funds, community development block grant funds, will help Texas communities repair their infrastructure, rebuild schools, and reopen the businesses that are integral to recovery. I might add, given Texas's contribution to the national economy, it is really important not just to folks in Texas, this is important to the country that we get our businesses back on their own two feet, opening doors, and helping contribute to the economy while they continue to create jobs.

I am grateful to my colleagues for moving with such dispatch in appropriating the funds. I know Congress's quick action can quickly be undone by delays at the bureaucracy level. We need to make sure that doesn't happen. On the State level, Governor Abbott has announced the Commission to Rebuild Texas, which will be led ably by Texas A&M System Chancellor John Sharp. I met with Chancellor Sharp last week in Texas, and he assured me the commission will be traveling around the State and working to prioritize projects to help restore roads, bridges, schools, government buildings, and impacted communities. The Texas delegation will be working with him as we focus on our response. I know we all look forward to working with the commission and Governor Ab-

bott in the months to come. It will be months, if not years, before the recovery will be complete.

One additional way we can help victims is through targeted tax relief. I want to highlight in this regard a non-controversial section of the Federal Aviation Administration reauthorization bill that House Democrats blocked yesterday. It contained a number of disaster tax provisions, like those that were passed after Hurricane Katrina, that will help hurricane victims get back on their feet. It is unconscionable that the House minority leader held that relief hostage to cater to the most extreme elements of her own political party. If we were talking about earthquake victims in San Francisco instead of hurricane relief in Texas, Florida, and Puerto Rico, surely she wouldn't be playing politics like she is now with this important hurricane relief package.

Spearheaded by Chairman KEVIN BRADY, the legislation would have helped victims keep more of their paycheck, deduct more of the cost of their property damage, and have more immediate access to their retirement savings without penalty. It would also have encouraged even more Americans to generously donate to hurricane relief.

It is imperative the House act a second time later this week to overcome the objection of Ms. PELOSI, to make sure hurricane tax relief is delivered to those in need on a timely basis and without further delay. Shame on those who would play politics with the sort of relief the President and we have all committed would be forthcoming in response to these terrible hurricanes, whether it is Harvey, Irma, or Maria. The fact remains that Federal, State, and local actors will have to continue to work side by side to make sure Texas is made whole again.

Colleagues, let's keep Mayor Ames and Mayor Freeman in mind. Let's remember that those still recovering in their communities and elsewhere need and deserve our support. Let's make sure Texas resembles the home we all have come to know and love following this terribly devastating hurricane.

Mr. President, I yield the floor.

RECESS

The PRESIDING OFFICER. Under the previous order, the Senate stands in recess until 2:15 p.m.

Thereupon, the Senate, at 12:37 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. PORTMAN).

NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2018—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from Rhode Island.

HEALTHCARE

Mr. REED. Mr. President, I wish to talk about the latest attempt from my