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.
Spirit of God, descend on our hearts. For apart from You, we live our lives in vain. May our Senators walk in Your ways, keeping Your precepts with such integrity that they will never be ashamed. Lord, incline their hearts to Your wisdom, providing them with the understanding they need to accomplish Your purposes in our world. Let Your mercy protect them from the dangers of this life, as they learn to find delight in Your guidance. Keep them ever mindful of the fewness of their days and the greatness of their work. Remove from them any bitterness or resentment that corrodes their peace. Deliver them from the tyranny of trifles, as they strive to accomplish Your work on Earth.
We pray in Your great 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. STRANGE). The majority leader is recognized.

HEALTHCARE
Mr. McCONNELL. Mr. President, Americans have been hurting under ObamaCare. Senators took a big step toward moving beyond its failures with the motion-to-proceed vote earlier this week. It allowed the Senate to proceed with this important debate. It allowed the Senate to work through an open amendment process. Senators have considered proposals already, including some procedural motions from across the aisle. Senators will have the opportunity to consider many, many more amendments tonight. I know that colleagues in both parties are eager to do so. I encourage Senators with healthcare ideas—whether Republicans, Democrats, or Independents—to bring their amendments to the floor. We have heard many different ideas on healthcare in recent months. Not every idea, of course, is a good one.

One idea from the Democratic leader is simply to throw money at insurance companies—no reforms, no changes, just a multimillion-dollar bandaid.

Another idea from many other Democrats is to quadruple down on ObamaCare with a government-run single-payer system. It is called single payer because there is one payer, or insurer, the government. Nearly every healthcare decision would be directed by a Federal bureaucrat. Taxes could go up astronomically. The total cost could add up to $32 trillion, according to an estimate of a leading proposal.

We will vote on single payer this afternoon, and we will find out what support it enjoys in the Senate—especially on the other side of the aisle. We all know this is likely to be a very long night. It is part of a long process that has taken a lot of hard work from a lot of dedicated colleagues already.

One phase of that process will end when the Senate concludes voting this week, but it will not signal the end of our work—not yet. Ultimately, the goal is to send legislation from Congress to the President—legislation that can finally move us beyond ObamaCare’s years of failures.

The President is ready to sign legislation. Congress will keep working to pass it because we know the American people deserve better than ObamaCare. They deserve better than ObamaCare and its skyrocketing costs. They deserve better than ObamaCare and its plummeting choices. They deserve better than the job-killing regulations, crushing mandates, and collapsing markets ObamaCare has given them.

We all know this. We all know that the ObamaCare status quo hasn’t been working for the people we represent. We have seen it work for literally years.

Many of us committed to voting for a better way on healthcare. That is what every Senator who supported the motion to proceed voted for on Tuesday.

Let’s finish our work. Let’s not allow this opportunity to slip by. We have made important progress already. We can build on it now.

The moment before us is one many of us have waited for and talked about for a very long time. It is a moment that can’t come soon enough for the people we represent. I urge everyone to keep working hard so we can get this over the finish line. It is what our constituents and our country deserve.

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.

AMERICAN HEALTH CARE ACT OF 2017
The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 1628, which the clerk will report.

The senior assistant legislative clerk read as follows:
The PRESIDING OFFICER. Under the previous order, the time until 2:15 p.m. will be equally divided between the leaders or their designees.

If I understand the time, time will be charged equally to both sides.

The Senator from Delaware.

Mr. CARPER. Mr. President, I spent many years of my life in Navy airplanes. I am a retired Navy captain. Senator ALEXANDER said something the other day about the fact that a pilot doesn’t start up and take off in an airplane unless he or she knows what the destination is. I thought that was pretty interesting. It is true.

With respect to healthcare in this country, we have actually known for a long time what the destination is, and the destination is a combination of three things: better healthcare coverage — and cover everyone. That is really our destination. It is not just the destination this year in this Congress; it has been our destination really since Harry Truman was President.

For many years, we have argued and disagreed about how to get to that destination. I don’t think anyone would argue about the need to get to that destination, but the question is how.

In 1993—I mentioned yesterday in my remarks on the floor—Hillary Clinton was a brandnew First Lady and worked on something called HillaryCare. In response, Republicans came up with something that really has its roots and origin from the Heritage Foundation. They have a market-based approach, which called for every State having their own exchange, where people without coverage could get healthcare coverage. There would be a sliding scale tax credit that would help buy down the cost of premiums for folks who got the coverage in their State’s exchange. Low-income people got a bigger tax credit. Higher income people had a smaller tax credit that would eventually fade away.

The fourth piece of the Republican alternative to HillaryCare was the idea of an individual mandate, which basically said that everybody has to get coverage. If you don’t, we can’t make you, but you have to pay a fine. Over time the fine would go up.

The fourth piece of the Republican proposal in 1993 was that employers of a certain size with a certain number of employees would have to make sure they provided coverage for their employees. I don’t remember a lot of specificity of what that coverage would include, but if they had quite a few employees, they would have to provide coverage for them, make it available.

The last piece was the idea that health insurance companies would say at that time: If you have a preexisting condition, sorry, we are just not going to cover you. The Republican proposal said: That is verboten. You can’t do that, insurance companies.

So that was their idea that was introduced here. There were, I think, about 23 cosponsors, led by John Chafee, who was a former marine, former Governor of Rhode Island, U.S. Senator, and highly regarded. The legislation he introduced in 1993 had 20, 22 cosponsors, I think, including some people who are still here—Senator HATCH, Senator GRASSLEY, and a number of others. That idea became RomneyCare.

In 2006, Governor Romney sought to cover everybody in the State of Massachusetts before running for President. It was a pretty good idea. It was such a good idea that when we worked on the Affordable Care Act, that idea was one of the major principles, one of the two major pillars of the Affordable Care Act.

Now—I said this yesterday—Barack Obama gets credit for coming up with that approach to provide healthcare. He is a smart guy, but that wasn’t his idea. I think the idea that I didn’t come up with that. Governor Romney didn’t come up with that. I don’t think Senator John Chafee, beloved Senator from Rhode Island—neither he nor Senator HATCH nor Senator GRASSLEY could think it was an idea from the Heritage Foundation. It is probably hereyes, as a Democrat, to say this, but it was a good idea.

It was a good idea in 1993. It was a good idea in 2006 in Massachusetts, and it was a good idea when we folded it into the Affordable Care Act as one of the major pillars.

I want to go back and revisit 2009 just for a little bit. There are those who believe that there was no bipartisan involvement in the Affordable Care Act. It was just hustled through without a lot of thought or debate. As it turns out, I think we spent 80 days all total in the U.S. Senate in that Congress in 2009, debating the bill in committees—the two committees of jurisdiction. I served then and I serve now on the Finance Committee. We spent a heck of a lot of time in debates and markups where people had a chance to offer amendments, debate them. The Health, Education, Labor, and Pensions Committee passed that bill, in 2009, similarly in bipartisan hearings, with bipartisan amendments, debate.

All totaled, I believe, over 300 amendments were offered in Senate committees of jurisdiction, and I am told that 160 amendments were approved by Republican Senators were adopted and made part of the legislation.

I know our Republican colleagues believe that they were shut out of the process, but I think a closer review of that process in history would suggest that just wasn’t so. Was it a perfect process? No. Could it have been better? Sure. You can always do things better. But it was a process that we went through in order to address this concern.

In 2008, during that year’s election, one of the things I learned was that we were spending in this country, as a percentage of GDP for healthcare, 18 percent. It was 8 percent. Think about that. Well, maybe we got better results; maybe people live longer in this country or we have lower rates of infant mortality than the Japanese. No, it is not true. They got better results. They spent half as much, and they got better results.

Well, maybe a lot of people in that country didn’t have coverage and we covered everyone. Actually, just the opposite is true. They covered everyone. We had 40 million people who went without healthcare coverage, and for a lot of them, access to healthcare coverage was the emergency room of a hospital.

As you all know, as we know, when people get sick enough, they will get covered in this country. It may not be cost-effective care. It may be expensive care because it is not just an emergency room visit. In many instances, it is the admission to the hospital and a stay that could last for days or even weeks. We do have so much in it costs to stay in the hospital. It is hugely expensive. Eventually, people would get healthcare coverage or healthcare attention, but a lot of times it costs an arm and a leg, literally and figuratively. So the question was, could we do better than that?

What we came up with is a multifaceted approach, which includes that Heritage Foundation idea of the exchanges where people didn’t have access to healthcare, that would not be just on spending money on people when they were sick, but to save us—not to have so much a sick care system, but to have a healthcare delivery system that focuses more on helping people stay healthy and well, but a lot of times it costs an arm and a leg, literally and figuratively. So the question was, could we do better than that?

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She said: No, no, no. She didn’t like that, didn’t want to do that. It costs a lot of money, and so she just didn’t do it.

We have other people who, over the years, have not had prostate screenings for one reason or another, and we have these people who didn’t have breast cancer screenings because, in some cases, it is unpleasant and, in some cases, just because it can cost a lot of money, and a lot of that was out of pocket, so people would forego that. We have changed that. We have people to get the screenings and to be able to get those screenings and find out and make sure that they are not going to get sick and cost a lot of money.

My friend’s mother was sick for many months. I can’t imagine how much it cost—and all that for maybe a $1,000 colorectal screening that was not taken.

We don’t do that stuff in this country much anymore. We actually offer the screenings. They are free. With our focus on wellness and prevention and things like annual physicals, we want to catch problems when they are small.

One of the reasons healthcare coverage in Japan was a greater success than the war in Vietnam and the fact that we are getting to see the end of World War II was the access to primary healthcare close to where people live. In Japan was the access to primary healthcare close to where people live. There are a lot of people in this country who still smoke—not as many as before—but that is another predictor of people who are obese or on their way to being obese. Obesity is a great precursor, which says that this person is going to have healthcare problems and costly healthcare problems. There are a lot of people in this country who are obese or on their way to being obese. Obesity is a great precursor, which says that this person is going to have healthcare problems and costly healthcare problems. There are a lot of people in this country who still smoke—not as many as before—but that is another predictor of people on whom we are going to have to spend a whole lot of money.

The other thing that caught my eye in Japan was the access to primary healthcare close to where people live. In addition to the neighborhood, and here in this country—the Mayo Clinic, the Cleveland Clinic, and places like that—one of the secrets of their success, better results for less money, is the idea of coordinating the delivery of healthcare—coordinating the delivery of healthcare.

My mom, now deceased, lived until she was 82. She had dementia. She had arthritis. She had congestive heart failure. She had any number of ailments. My dad had passed away several years earlier. We lived near Clearwater, FL. We had people—my sister had people living with her to take care of her until later in her life. At one time, my mom was seeing five or six doctors. They were prescribing a total of 15 medicines for her. I remember we had in her home something that looked like a fishing tackle box—my dad’s fishing tackle box. You may have seen these—people to get the screenings and to be able to get those screenings and find out and make sure that they are not going to get sick and cost a lot of money.

The focus we had on the Affordable Care Act, with coordinated delivery of healthcare among different doctors and different specialties and with hospitals, nursing homes, federally qualified community health centers, and the VA, we do a much better job at coordinating delivery of healthcare.

In Delaware, we just don’t have electronic health records for healthcare—no more than anywhere else. When we have them all over the country now. One thing that came out of the Affordable Care Act was we put the pedal to the metal and said we want a whole lot more electronic health records being used that talk to each other for coordinated delivery of healthcare—better care. Delaware took it a step further. In Delaware, we have something called the Delaware Information Network, which I signed into law, authorizing it in my last term as Governor. I had no idea really what the potential was of what we were doing, but with some help from the Federal Government, we have now just a terrific utility, a terrific mechanism to help us take this idea of coordinating delivery of healthcare and put it on steroids to further improve the quality of healthcare.

I have been approaching this day with real concern. I am an optimistic guy. I am a glass half-full guy, but I have been troubled a lot more than not. I went home last night and my wife met me at the door and she said: You don’t seem yourself. I said: I am troubled, and she said she was too. She had been watching too much TV. There are a lot of concerning things going on in this city, at the White House, and even in this building. We are at our best when we work together. We Democrats didn’t create Social Security by ourselves. The GI bill—I was a beneficiary of the GI bill—Democrats didn’t create them by themselves, Republicans didn’t create them by themselves. We worked together to create that landmark, which I think legislation and programs that all of us would agree are good for this Nation and good for our people.

When you are dealing with a subject that involves maybe everybody in the country and perhaps one-sixth of our population, this is one we ought to do together. We ought to do this together. JOHN McCAIN and I served during the Vietnam war. We were in the House of Representatives together, and we worked on normalizing relations with Vietnam. He was a Senator with John Kerry, and I was a House Member with a bunch of my colleagues over there.

JOHN McCAIN stood right over here a couple days ago. We were all happy to see him back. We welcomed him back because we need him and his leadership. He said a number of times during his remarks that what we need is regular order.

I guess people who might have been watching on C-SPAN are wondering what is regular order.

We have a new crop of pages here. Let me just say to our pages who are rising juniors and coming up. They represent all over America and actually do a great job of helping make sure this place doesn’t get too messed up in more ways than one, regular order is when people have a good idea, whether it is in healthcare, defense, or agriculture and want to introduce it as good idea and introduce legislation. I try to introduce legislation most times with bipartisan support. I have learned you get better results in the end if you do that.

The idea of regular order is introducing legislation that reflects and addresses a need or an issue. That bill is introduced here in this Chamber. It is assigned by the Parliamentarian to the committee of jurisdiction. The sponsor or sponsors of the bill go see the chair of the committee where the bill is assigned and ask for a hearing. If they convince the chair of the committee it is a good bill, with a good idea, then there is a good chance they will have a hearing. At that hearing—are expert witnesses, stakeholders. Those witnesses will say: I like this about that bill or I see a problem with that bill, and there are changes that should be made to the bill. In some cases, we invite the Congressional Budget Office, sometimes Senators or House Members to come in and testify as well.

On an issue that is this important, we need regular order because what rising juniors and coming up. They represent all over America and actually do a great job of helping make sure this place doesn’t get too messed up in more ways than one, regular order is when people have a good idea, whether it is in healthcare, defense, or agriculture and want to introduce it as good idea and introduce legislation. I try to introduce legislation most times with bipartisan support. I have learned you get better results in the end if you do that.

We are at our best when we work together. We Democrats didn’t create Social Security by ourselves. The GI bill—I was a beneficiary of the GI bill at the end of the Vietnam war, and so was my father at the end of World War II. There have been good ideas like Medicare. Democrats didn’t create them by themselves, Republicans didn’t create them by themselves. We worked together to create that landmark, which I think legislation and programs that all of us would agree are good for this Nation and good for our people.

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Another thing we found that worked is, in some countries and literally here in this country—the Mayo Clinic, the Cleveland Clinic, and places like that—one of the secrets of their success, better results for less money, is the idea of coordinating the delivery of healthcare—coordinating the delivery of healthcare.

One of the reasons healthcare coverage in Japan was a greater success than the war in Vietnam and the fact that we are getting to see the end of World War II was the access to primary healthcare close to where people live. In Japan was the access to primary healthcare close to where people live. There are a lot of people in this country who still smoke—not as many as before—but that is another predictor of people on whom we are going to have to spend a whole lot of money.
we do, spending half as much money and they can cover everybody—why is that?

I am proud of much of what we do in this country with respect to healthcare; in many ways, we are on the move as I said last night, as fast as I can do it. I know I can do better. We can sure do a better job on healthcare.

Last thought. I see we have been joined by the Democratic leader, and I will say a few words before yielding the floor to my dear friend Senator McCain.

We met our sons over there two summers ago. After going to a seminar, we went out across the country, had a chance to just see an amazing—for those who have never been there, and I never spent much time in Africa, it was an incredible experience, all the life and animals and nature and it was beautiful and incredibly exciting. One of the many things I learned there was this proverb, and it goes something like this:

African proverb: If you want to go fast, go alone. If you want to go far, go together.

If you want to go fast, go alone. If you want to go far, go together.

We need to hit the pause button. We need to fix the exchanges in every State to stabilize the exchanges. There are three easy ways to do it: make clear that the individual mandate is going to be maintained or replaced by something that at least as effective as a doctor reinsurance program that will help stabilize the program, much as reinsurance was used as a mechanism to stabilize and make successful the Medicare Part D Program; and, finally, we should make clear that the cost-sharing arrangements we have, the subsidies that help reduce the costs, the copays and deductibles for people getting their coverage in the exchanges, just make it clear they are not going to go away and the insurance companies tell us, if we would do those three things—secure the individual mandate or something as good as the individual mandate, reinsurance, and address the cost-sharing arrangements, that they are not going away—if we do those three things, they tell us the cost of premiums across the country would drop by as much as 25 percent to 35 percent.

Think about that. What you would have is the insurance companies not fearing they are going to lose their shirts because of not having a pool of people they can insure. They are fearful of having a pool of people to insure in the exchanges that are sick, crippled, and there are not a lot of young, healthy people who create a mix that can actually, effectively and predictably, be insured by insurance companies. The great thing about reducing premiums by 25 to 35 percent in the exchanges is this. People who get the coverage in the exchanges benefit. They save money.

Do you know who else saves money? Uncle Sam, because we are paying a significant amount of support to help make sure the exchanges envisioned all those years ago by the Heritage Foundation—to make sure they work.

That sounds like a pretty good step: hit the pause button; stabilize the exchanges in every county and bring down the premiums by 25 percent to 35 percent; provide certainty and predictability for the insurance companies. With that predictability and certainty, we have more competition. The insurance companies get into the game, and they say we are going to offer policies as well.

After we have done that, let’s pivot and address, as Democrats and Republicans working together, fixing those parts of the Affordable Care Act that need to be fixed and preserve the parts that need to be preserved. Let’s do that together.

With that, I yield the floor.

RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The minority leader is recognized.

THANKING THE SENIOR SENATOR FROM DELAWARE

Mr. SCHUMER. First, let me thank my colleagues, the senior Senator from Delaware, not only for his remarks but for his constant, conscientious concern about this country in just about every area. Whenever he speaks, he has a great deal of thought behind it because he really cares about making this country better.

Mr. MCCONNELL. Absolutely. And I am thinking while he sleeps at night. He has so many thoughts. It also comes from a good soul and a good heart because he really cares about making this country better and is working together in a bipartisan way to do that whenever he can. I thank my colleague.

Mr. President, it is likely, at some point today, we will finally see the majority leader’s final healthcare bill, the bill he intends to either pass or fall. Meanwhile, we have been walking through a pretense, defeating Republican bills that never had enough support even within their own caucus to pass. Repeal and replace has failed. Repeal without replace has failed. Now we are waiting to see what the majority leader intends for the Republican plan on healthcare. If the reports in the media are true, the majority leader will offer a skinny repeal as his final proposal.

As I mentioned last night, Democrats will offer no further motions or amendments until we see this skinny bill, but make no mistake, once we do see the bill, we will begin preparing amendments. In the event the bill fails, we can move directly to the NDA bill, and out of deference to my dear friend Senator McCain, we will move to that piece of legislation quickly.

If the skinny bill passes, remember, Democrats have an unlimited right, after it passes, to offer an unlimited amount of amendments. Now, many of my colleagues have many amendments on healthcare. They have just been waiting to see the final bill. Leader McConnell will bring to the floor.

I want to put my colleagues on both sides of the aisle on notice, my Democratic and Republican colleagues, that they should prepare for numerous Democratic amendments if the skinny bill passes. With the skinny bill passing, hope it doesn’t, but if it does—it will not be the last vote. There will be many more after that to change it and to modify it. I want everyone to understand that.

I also want everyone in this body to understand that as my colleague, the senior Senator from Delaware, pointed out, that if the skinny bill passes, remember, hope it doesn’t, but if it does, it will not be the last vote. There will be many more after that to change it and to modify it. I want everyone to understand that.

TO MY COLLEAGUES

Mr. MCCONNELL. And I want everyone in this body to understand that as my colleague, the senior Senator from Delaware, pointed out, that if the skinny bill passes, remember, hope it doesn’t, but if it does, it will not be the last vote. There will be many more after that to change it and to modify it. I want everyone to understand that.
promise the American people that you would raise premiums on everyone? I didn’t hear that in the promises. That is what a skinny repeal does. Did you promise the American people that you would take healthcare away from tens of millions? I did not hear that. That is what the skinny bill does.

No, the Republicans not only promised to repeal the Affordable Care Act, but they promised to replace it with something better. I do not know why, but, somehow, the first promise is more important than the second. The skinny plan manages to anger everyone—conservatives, who know it is a surrender and know it does not come close to the full repeal they promised, and moderates, who know that it will be terrible for their constituents.

Is this the one plan that finally unites the Republican Senate—a plan that angers everyone—conservatives, moderates, and, perhaps, most of all, the American people? I cannot believe that, and I hope it will not.

If the Republicans pass such a devasting plan, either one of two things could happen. The House could simply take up the skinny bill repeal, making all of those terrible possibilities a reality. It would go up in January, and insurance markets would collapse. In fact, if the House passed this skinny bill, our entire healthcare system could well implode. Everyone who voted for it, regardless of motivation, will regret it.

Or they could take it to conference, which is a pathway to full repeal. In conference, the Freedom Caucus will demand a full repeal—or something close to it—with all of the associated cuts to Medicaid and tax breaks for the wealthy, which so many here in the Senate have labored months to undo.

So this thing is turning into a game of hot potato. The House passed a bill that they do not like. They had to hurry to do it twice and pass the hot potato to the Senate. Senator MCCONNELL is juggling that hot potato. He cannot get the repeal, and he cannot get repeal and replace.

So he comes up with this plan that no one likes, but they say: OK, we can send the hot potato back to the House.

How many more months is this going to go on, when we could be sitting down, in a bipartisan way, as my good friend from Arizona has recommended, and work together in the committee process.

In the gym this morning, I saw LAMAR ALEXANDER, the head of the HELP Committee. We see each other just about every morning in the gym. I was wearing, I think, my Syracuse T-shirt, and he was wearing his Tennessee Volunteers T-shirt.

I said to LAMAR: If this skinny bill goes down, as it should—and I spoke to PATTY MURRAY, our ranking member—we will sit down and work in a bipartisan way to improve ObamaCare. We know that ObamaCare needs some work. We do not deny that. Let’s do it in a bipartisan way instead of passing this hot potato back and forth, back and forth, and not getting anything done.

While our leaders are passing this hot potato, insurers will be setting their rates for 2018. That means that insurers will lock in rates for the next year, with this massive uncertainty hanging over their heads, leading to huge rate increases or decisions to pull out of markets. A skinny repeal as a way to get to conference is a recipe for disaster. Beyond that, it is a shameful way of doing business.

My Republican friends should listen to the wonderful speech that the man whom we admire gave—JOHN MCCAIN—when he came back. We should be working in a bipartisan way. My Republican friends, you should not be passing a bill that you do not support or believe in, that you pray will not become law. If you believe that this bill should become law, vote yes, but if you do not believe that the bill should become law, vote no. Then we can resume in the Finance Committee and in the HELP Committee a bipartisan process of making the present healthcare system better, which needs to be done.

You do not advance terrible legislation and hope that it will magically get better in conference. Let’s not forget that, months ago, many House Republicans justified their voting for their nightmare bill because they thought that it would get better in the Senate. It has not gotten any better. In fact, it has only gotten worse, and a conference will be no different. Voting yes on a bill that you do not support just to get it to conference is an unseverer way of legislating, particularly on this issue, but that is, so far, what the Republican leader is doing.

There may be no better example than the amendment offered by Senator DAINES, which favors Medicare for all. I cannot believe that this is happening, because all of the Republicans are going to vote against it. It is just pure cynicism, pure politics, and is not a serious effort to legislate and make things better when people need help.

Senator DAINES does not support the bill. He just wants to get Democrats on the record. The majority leader has made pending an amendment that both he and the author of the amendment will oppose, and that is the very definition of a phony amendment.

We Democrats are not going to go along, because this is not a game. This is not a joke. It is not hot potato. We are talking about people’s lives. We do not have time for phony amendments or phony bills. You do not play games with the healthcare of the American people.

As I said, anyone who listened to the eloquent words of my dear friend from Arizona should blush at this process. His was a clarion call that both sides of the aisle can do better. He criticized this side for being partisan, and he criticized our side for being partisan. He is right on both counts. We all can do better. Let’s start. The Daines amendment does not do that. That is for sure. The only answer is to start over together, to work together through regular order, and to get some legislation that we can all live with.
understand his concern about the healthcare issue and the amendments and the process for moving forward and the necessity for doing so. I made my views very clear; I won’t repeat that eloquent speech I made. I would just like to say to Senator from New York that we do have a bill that passed through the committee 27 to 0—not a single person against it—after many days of debate, amendments, discussion, including a couple hundred amendments that were disposed of in the tradition of the Armed Services Committee. I believe it is in everybody’s interest to go ahead and take up the Defense bill so that we can go to conference and resolve other issues, such as sequestration, etcetera.

I understand the frustration my friend from New York feels, but where I have a disagreement with my friend from New York is saying that these two issues are inseparable. I believe that to go to the Senate and women in the military is transcendent. I understand the frustration of the Senator from New York. I was here when, with 60 votes, the bill was rammed through Republican objections without a single amendment. I understand his frustration.

What the majority leader and I are asking for is just that tomorrow we take up the NDAA bill. We can get it done in a few hours. We can send it to conference, take care of the equipment, training, all of the things the men and women who are serving in the military need.

By the way, I understand the emotion on the other side. I felt the same emotion on this side some years ago, and I haven’t forgotten it yet. So I would hope—and I know the Senator from New York has to go back to his state, we passed this bill 27 to 0 through the Armed Services Committee. We fight. We argue. But the fact is, we come out with a product that we are proud of, and then it’s up to the Senate and the House to reconcile.

So all I am asking of the Senator from New York is if we could go off of this for a few hours, because we have basically an agreement on amendments, and get this thing to the President. I ask so that he can protect and defend this Nation. That is all I am asking.

Mr. SCHUMER. Mr. President, I would simply say once more to my colleagues briefly—the Presiding Officer.

The PRESIDING OFFICER. The Democratic leader.

Mr. SCHUMER. We can do both. We can do both. It is very simple. It is just what my dear friend from Arizona asked about 2 days ago: regular order on both. We can have both.

You can’t ask—it is unfair, in my judgment—and I have great respect—to ask for one and then continue to tie our hands on reconciliation on healthcare.

I yield the floor.

Mr. MCCAIN. Mr. President, very quickly, that is equating these two issues at the same level of concern. I would argue that defending this Nation and the men and women who are serving it is our first priority. I don’t wish to debate the Senator from New York.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

Mr. MCCONNELL. Mr. President, this is becoming overly complicated. The chairman of the Armed Services Committee and I are talking about what comes next after we finish the healthcare debate. The discussion in my office a few moments ago, the chairman would like to turn to NDAA next. Healthcare, whether our friends on the other side like it or not, will come to a conclusion here at some point. The issue is what comes next.

As the chairman of the Armed Services Committee has pointed out, this is a totally separate issue and, as he pointed out, a bill that came out of his committee 27 to 0. As we all know, he is available to manage that bill this week.

What I am saying to my colleagues on both sides of the aisle is when we...
finish healthcare either the way I would like to finish it or the way our Democratic friends would like to finish it, we are going to try to turn to NDAA and accommodate the chairman’s schedule and give him an opportunity to finish that bill while he is here. That is what I want to do.

So I hope we will be able to work our way toward that when we finish healthcare. I will ask unanimous consent—not now, but I will be asking for unanimous consent to turn to the National Defense Authorization Act. I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, last Wednesday at the White House, President Trump invited Republican Senators there, and he recommended to us that we repeal and replace ObamaCare at the same time, simultaneously. He said that before in his inter-Minutes’ in January—we should repeal and replace ObamaCare simultaneously, which means, to me, at the same time.

That is one reason I voted yes on Tuesday for us to proceed to the House of Representatives’ bill, because it would repeal and replace ObamaCare at the same time. That is one reason I voted on Tuesday for the Senate healthcare bill, which would have replaced and repealed ObamaCare at the same time. I agree with the President—we should repeal and replace ObamaCare at the same time. The House voted to do that, the President recommended we do it, and I agree we should repeal and replace at the same time.

Why would I say it needs to be done at the same time? There was a time in the past where we might have just repealed it and said: In 2 years, we may come up with an answer. But we can’t do that now. Conditions have changed in Tennessee. Our State insurance commissioner, Julie McPeak, says our individual insurance market is “very near collapse.” That means that up to 350,000 individuals in our State—songwriters, workers, farmers—who buy their insurance on the individual market are sitting there worrying in July and in August whether they will have any option to buy insurance in 2018.

So I don’t think we can wait 2 years to repeal and replace ObamaCare, which will happen twice on Tuesday, to do it now and why I voted against an amendment yesterday that said: Repeal it now and replace it in 2 years, if you can. I don’t think Tennesseans would be very comfortable canceling insurance for 22 million Americans now and saying, trust Congress to find replacement in 2 years. Pilots like to know where they are going to land when they take off, and so should we.

We are proceeding ahead with our debate on the healthcare bill. It may be a little provocateur people watching from the outside, but it is fairly straightforward. The House of Representatives has gone through a series of processes in committees and votes, and it passed a bill to repeal and replace ObamaCare now, to do both now. The Senate has been working for 6 months not just to repeal ObamaCare but to repeal and replace it now.

There is some concern about this. We have millions of Americans who are worrying they may not be able to buy insurance in 2018. That is a very personal worry for millions of Americans. They want us to address it now, not 2 years from now.

How do we do that? Well, later today we will have an opportunity to vote for a bill which will take us to the place called a conference committee with the House of Representatives, where we can get a solution to our goal of repealing and replacing ObamaCare now. It is being called a skinny bill because it won’t have much in it. It is not a solution to the Affordable Care Act problems, but it is a solution to how we get to a place where we can write the solution to those problems. It is wide open. For those who want to watch late into the night or early into the morning, we are here. We will be offering amendments. People can see that. When we move to the conference committee, the House and the Senate bill, which I recommend we do it, and I agree we should replace and replace at the same time.

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Mr. PETERS. Mr. President, life is at its core a series of votes. We forget the mundane choices: what we wore to work or what we had for lunch last week. We remember the momentous choices: taking a new job or starting a family.

My colleagues in this Chamber on both sides of the aisle are here because they chose to answer the call of public service, and folks in our States chose us to represent them. Week in and week out, we choose how we will vote in committees, on the floor, on nominees, as well as on legislation. We choose to cooperate when we find common ground, and we choose to resist when we don’t.

For those who want to watch late into the night or early into the morning, we are here. We will be offering amendments. People can see that. When we move to the conference committee, the House and the Senate bill, which I recommend we do it, and I agree we should replace and replace at the same time.

The Senate has been working for 6 months not just to repeal ObamaCare but to repeal and replace it now. The Senate has been working for 6 months not just to repeal ObamaCare but to repeal and replace it now.
life. Stefanie chose to jump. She sustained serious injuries, including a broken back and a shattered foot. Her total treatment costs came close to $700,000—an amount which would surely bankrupt nearly all Americans if they did not have health insurance. Because of the Affordable Care Act, Stefanie was able to receive treatment for her injuries and have a second shot at life.

Last week, Stefanie traveled to Washington, DC, and I had the honor of meeting with her in my office and with others in Congress firsthand. I can’t imagine how painful it is for Stefanie to relive this trauma, but she chooses to share because she wants others to have access to the same care she had.

Any mother, father, sister, son, or daughter could someday face an unexpected emergency, just like Stefanie. Nobody chooses to get sick, and nobody should be denied health insurance when they need it.

Having health coverage afforded Stefanie a new lease on life. Instead of filing for bankruptcy due to her medical bills, Stefanie now plans to go back to school and become a paralegal. Stefanie and others just like her—like you and me—deserve to know that when they get sick or when we get hurt, we still have a shot at life.

My colleagues on the other side of the aisle face a very different choice of their own. They can choose to do what is politically expedient by passing legislation tonight to repeal parts of the Affordable Care Act. This would cause millions more Americans to go without insurance, create chaos in our insurance markets, and risk skyrocketing premiums. But my Republican colleagues can still do the right thing: Vote to pass a flawed bill or finally put forward tonight, start over, work across the aisle in a bipartisan manner, keep what works, and let’s fix what doesn’t work.

I urge my Republican colleagues to think about people like Stefanie who will be hurt by repealing the Affordable Care Act. I urge them to choose to work with us on a bipartisan healthcare plan that helps people by lowering premiums while expanding access to care. I urge my colleagues to stop this partisan process that is sure to hurt people and choose a path that improves healthcare for all Americans.

Mr. President, I yield the floor.

The PRESIDING OFFICER. Who yields time?

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

Mr. President, I wish to withhold my suggestion of an absence of a quorum.

The PRESIDING OFFICER. If no one yields time, the time will be charged equally to both sides.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. SANDERS. Mr. President, let me begin by taking a moment to kind of summarize for the American people where we are in this enormous discussion which is causing a great deal of anxiety all over Vermont and all over America.

Several months ago, the Republican-led House passed by, I believe, three votes legislation that would throw 23 million Americans off of the health insurance they currently have—23 million Americans, men, women, and children, people who are struggling with cancer, heart disease, diabetes, and with other life-threatening illnesses. They would simply be thrown off of the health insurance they have.

That legislation also cut Medicaid by $800 billion over a 10-year period. That means children with disabilities in Alaska or Vermont who are now on Medicaid might no longer be able to get the help they need in order to survive or to live a dignified life. At a time when Medicaid provides two-thirds of the funding for nursing homes all over this country, it means that if the Republican legislation were to succeed, we would lose hundreds of thousands of all over this country with Alzheimer’s, with terrible illnesses, who are now in nursing homes would be thrown out of their nursing homes.

Where would they go? Nobody really knows. When you cut Medicaid by $800 billion and Medicaid funds two-thirds of nursing home care, needless to say, people in nursing homes would be forced to leave, to go—nobody knows where.

Right now in my State of Vermont and across this country, we are dealing with a massive heroin and opioid crisis. Every day, people are dying from heroin, opioid overdoses. It turns out that what Republicans have in mind is a device of funding in terms of treating heroin and opioid addiction.

If you make massive cuts to Medicaid, the impact in States like Vermont, West Virginia, Kentucky—States that are struggling with opioid and heroin overdoses—would be horrendous. People would no longer be able to get the treatment they need.

I recall, during the campaign, Donald Trump said that he was the champion of working families; he was going to stand up for workers, take on the establishment. If the Republican House bill were to be passed, older workers—people who are 60, 62 years of age—would see, in many cases, at least a doubling of the premiums they pay. In many cases, they would go from $1,000 a year today to over $8,000 a year. That is not being a champion or a friend of the working families.

My Republican friends, and you hear them even today, talk about freedom, choice. They love choice. They love freedom. People in America should have the right to get healthcare anywhere they want. It should be a right to have any insurance policy they want.

Two and a half million women have made a choice. The choice they have made is they want to get quality healthcare through Planned Parenthood. If the Republican bill in the House were to pass, those 2.5 million women would be denied their choice.

You have a Republican bill in the House that throws 23 million off of health insurance. How many of those people will die? My Republican friends get very nervous when I raise that issue because they say—and I understand it—nobody here wants to see anyone die unnecessarily. No Republican does, no Democrat, no American does.

According to study after study, including studies done at the Harvard School of Public Health, when you throw 23 million people off of health insurance—people with cancer, people with heart disease, people with diabetes, people with life-threatening illnesses—what do you think will happen? What these studies show is that thousands and thousands of Americans every year will die unnecessarily because they will not have the treatment they need to deal with their life-threatening illnesses. That is the reality. That is not BERNIE SANDERS talking. That is study after study. PolitiFact, TrueVeto, all of the studies. They said: Yes, thousands of people will die. That is the result.

In the House bill, after you throw 23 million people off of health insurance, raise deductibles, defund Planned Parenthood, after you force people pay more for healthcare, $800 billion in cuts to Medicaid, what else is in the bill?

Oh, there are some people who will do well in the bill—not the children, not the elderly, not the sick, not the poor. But there are some people—and we have to acknowledge that—who would do well under the Republican bill; that is, if you are in the top 1 percent. Congratulations. Republican legislation, throwing disabled children off of Medicaid, congratulations—you are going to get a massive tax break.

Who in America believes that it makes sense to throw disabled children off of health insurance and tell people with cancer that they can’t continue to get the treatment they need in order to get $300 billion in tax breaks for the top 1 percent and hundreds of billions more in tax breaks for insurance companies and drug companies? Who do you who know who our Republican colleagues may think that is a good idea. That is not what the American people believe. The latest poll that I saw, the USA Today poll, had 12 percent of the American people thinking that was a good idea. I can only believe those 12 percent had not really stopped at this issue. There is massive opposition from Republicans, Democrats, and Independents to this absurd Republican proposal.

This is not just the American people who think that it is absurd to give tax breaks to the rich and throw 23 million Americans off their health insurance. It is not just the American people. It is
those people who are most engaged in healthcare in America—the people who know the most.

It is important to understand that throughout this process, whether in the House or in the Senate, virtually every major health care organization in America—the people who treat us every single day are opposed to this Republican legislation.

One might think that maybe my Republican colleagues would say: Well, wait a second. What is going on when those in the American Medical Association—our doctors, the people who treat us—think this legislation is a mistake? Doctors say no. The American Hospital Association says no because they understand that when you make massive cuts to Medicaid, rural hospitals in Vermont and all over this country may go under. Then what happens to a rural community that no longer has its hospital?

The American Hospital Association is opposed to this legislation. The American Cancer Society is opposed to this legislation. They know what its impact will be for folks who are struggling with cancer. The American Heart Association, the American Academy of Family Physicians, the American Academy of Pediatrics, the American Psychiatric Association, the Federation of American Hospitals, the Catholic Health Association, the American Lung Association, the Cystic Fibrosis Foundation, the March of Dimes, the American Nurses Association—one might think, when virtually every major national healthcare organization in this country is opposed to legislation, that maybe, just maybe, my Republican colleagues might think twice about going forward.

In this process, they have not had the opportunity, amazingly enough, to hear from doctors, to hear from hospital administrators, to hear from patient advocates. As you well know, despite the fact that we are dealing with an issue that impacts every single American—which is what healthcare does—an issue that impacts one-sixth of the American economy, over $3 trillion a year, there has not been one hearing, one public hearing on this bill. This bill has been written behind closed doors. Senator MCCAIN the other day made that point.

How do you deal with one-sixth of the economy and their desire to transform the American healthcare system without listening to one doctor, without listening to one hospital administration, writing a bill with a few Republican Senators behind closed doors?

This is, as I am sure you would say, a travesty for healthcare. On those grounds alone, what every Member of this Senate should agree to—and Senator MCCAIN made this point; this process has been awful. Kill it now. Go back to what is called regular process, regular order. Go back to the committee and start this discussion. Please do not throw 22, 23 million people off of health insurance without hearing from doctors, patient advocates, hospital administrators.

No, that is not where the Republicans are today. They want to rush this through behind closed doors and get a quick vote. What is going to happen to those people?

Interestingly enough, as I understand it, Senator DAINES of Montana today is going to introduce legislation for a Medicare-for-all healthcare system. That is very interesting. I hope this is not a right-wing part of my Republican colleagues. I very much hope they finally recognize that maybe the United States of America should join every other major country on Earth in guaranteeing healthcare to all people as a right and not a privilege.

I hope that when Senator DAINES comes down here, he will say: No, it does not make sense to throw 23 million more people off of healthcare, but, in fact, we have to move forward, do what Canada does, what Germany does, what France does, what every major country on Earth does, and guarantee healthcare to all people as a right. I hope very much that is what Senator DAINES will be saying.

Do you know what? I kind of think that is not what he will be saying. I kind of think that in the midst of this discussion in which millions of Americans are wondering whether they are going to continue to have healthcare, whether they need to get their kids off of the pediatricians, what is going to happen to their parents, I suspect what Senator DAINES is doing is nothing more than an old political trick: trying to embarrass Democrats. Will they support the Medicare-for-all bill introduced by Congressman JOHN CONYERS?

At a time when we are engaged in a very serious debate about the future of healthcare, I think this is not a time for political games. If Senator DAINES is genuinely interested in the Affordable Care Act, let's work together, but now is not the time for political games. Senator DAINES, as I understand it, is going to offer an amendment, but we don't even know what is in the legislation the Republicans will bring forward.

How do you amend something when we don't even have a base bill to amend? This is, I suspect—I hope I am wrong. Sometimes Senator DAINES has seen the light, but I suspect not, and I suspect it is just a political game. I do hope, by the way, at some point within this debate, if we can—if not, certainly in the near future—to, in fact, be introducing a Medicare-for-all single-payer system, let's work together, but now is not the time for political games.

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health outcomes in those countries, are better than our country. They live longer. The life expectancy is longer. Their infant mortality rate is lower. In some particular diseases, they do better in treating their people. Here is a simple example on this issue; he is looking hard at countries around the world—all of which have one form or another of national healthcare programs, all of which said healthcare is a right, whether you are rich or you are poor. Here’s on this issue, he is learning something, but, no, we have not had one hearing in order to discuss why we spend twice as much per capita on healthcare and why we pay the highest prices in the world for prescription drugs.

You know why we haven’t had any hearings on that, fellow Americans? Because it might get the insurance companies a little bit nervous. Insurance companies pour hundreds of millions of dollars in campaign contributions to political processes. The pharmaceutical industry spends a huge amount of money on campaign contributions and lobbying efforts. I say to my colleagues in the Senate, maybe, just maybe we might want to stand up for working people and the middle class rather than for the owners of the insurance companies and the pharmaceutical industry.

It is interesting. One never knows what is going on in the President’s head. Every given day there is another adventure out there, but a couple of months ago, the President met with, I believe, the Australian Prime Minister. That was in May. President Trump said during that meeting: Australia has a “better healthcare system” than the United States. That is what Donald Trump said. To my Republican friends here who support President Trump, listen to what he said. On this one instance—he is not right very often—but I will not go into detail, he is right. In Australia, everyone is guaranteed healthcare as a right. Australia has a universal healthcare program called, ironically, Medicare, that provides all Australians with affordable, accessible, and high-quality healthcare. While the United States has the most expensive, bureaucratic, wasteful, and ineffective healthcare system in the world, Australia, it turns out, has one of the most efficient.

President Trump was right. In 2014, Australia’s healthcare system ranked sixth out of 55 countries in efficiency. The United States ranked 44. Not only does Australia guarantee universal healthcare coverage, it spends less than half what we spend on healthcare per capita. In 2015, they spent $1,500 while we spent almost $10,000. While the Australian Government spent 9 percent of its GDP on healthcare, the United States spent nearly double that, 17 percent. Further, many healthcare services are far cheaper in Australia. An MRI costs about $350 in Australia versus $1,100 in the United States. One day in a hospital costs about $1,300 in Australia versus $4,300 in the United States. An appendectomy costs about $5,200 in Australia versus roughly $14,000 in the United States. et cetera.

Not only does Australia guarantee universal healthcare, spend less on healthcare, but let’s look at something, than we do for many health services, they have better health outcomes. In 2014, the average life expectancy in Australia was 82.4 years compared to 78.8 years in the United States. They live longer in Australia. For context, according to a 2014 report from the World Health Organization, Australian men have the third longest life expectancy and Australian women have the seventh longest life expectancy in the world. The United States doesn’t even crack the top 10 for life expectancy, despite spending so much more than any other country on healthcare.

What all of this comes down to is the fact that America is the wealthiest country in the world. The question we have to ask ourselves—and I hope Senator Daines will address that question as he introduces his Medicare-for-all bill—is how does it happen that in Canada, every man, woman, and child is guaranteed healthcare? The same is true in the UK, in Germany, France, Australia, Japan, and every other major country on Earth. How does it happen that every industrialized country under-stands that healthcare is a right of all people, because all of us get sick? All of us have accidents, not just the rich. How does every major country on Earth say healthcare is a right except the United States? How is it today we have 28 million without any health insurance—more who have high deductibles and high copayments, who are underinsured—and the response of our Republican friends is to say: Twenty-eight million uninsured? That is not enough. Let’s throw another 22 million people off of health insurance. Our response should be to move forward and guarantee healthcare to all people, not throw another 22 million people off of health insurance. I don’t have the time to go into great detail as to why our wasteful and bureaucratic healthcare system ends up spending almost twice as much per capita as systems around the world. That is a subject for a lot of discussion, and I intend to play an active role in that discussion, but let me just give you some examples: because we have such a bureaucratic and complicated system; because hospitals in America have to deal with this person who has a $5,000 deductible, that person who has an $8,000 deductible; this person who has this, that person has that—they have to deal with dozens and dozens of different configurations for insurance. It requires an enormous amount of time, energy, and manpower to deal with those myriad of insurance companies. The result of which is that we spend far more on hospital administrative costs than most other countries. These costs accounted for one-quarter of total U.S. hospital spending from 2010 to 2011, more than $200 billion—over twice what was spent in Canada and in Scotland.

What I would hope—if we don’t sit around just worrying about the profits of the pharmaceutical industry, the CEOs of insurance companies, the CEOs of drug companies—what I would hope is, all of us would agree that when we spend a dollar on healthcare, we want that dollar to go to doctors, to nurses, to medicine. We want that dollar to go to the provision of healthcare, not to drug companies, not to profitting, not to dividends, not to outlandish CEO insurance company salaries but to the actual provision of healthcare which keeps us well. Yet we do that worse than any other major country on Earth.

The large health insurance and drug companies are making hundreds of billions of dollars in profits every single year, and they are rewarding their executives with outrageous compensation packages. Once again, the function of healthcare, in my mind, is to provide quality care to all in a cost-effective way, not to make CEOs of insurance companies and drug companies even richer than they are today.

In 2015, the top 58 health insurance companies made $24 billion in profits. Should the function of healthcare in America be to allow insurance companies to make huge profits or should we make sure all of our people get quality healthcare? Not only do the insurance companies make huge profits, but their CEOs make outlandish salaries, while 28 million Americans have no health insurance at all, and others have very high deductibles. In 2015, Aetna’s CEO made $17.2 million in compensation. Now, Aetna, like every other insurance company, spends half their life trying to tell people they are not covered for what they thought they were covered, but they do manage to find $17 million in salary compensation for their CEO. Cigna’s CEO made $17.3 million in compensation. UnitedHealth Group’s CEO made $14.5 million in compensation. Anthem/Wellpoint’s CEO made $13.6 million. Humana’s CEO made $10.3 million. Is the function of healthcare in America to make CEOs of insurance companies outlandishly wealthy, or is it to provide healthcare to all people? It is not just the insurance companies. If you ask people in my State of Vermont what their major concern is—any Vermont who is listening, for example, in Vermont what their major concern is—any Vermont what their major concern is, they would say: I am sick and tired of being ripped off by the drug companies. I go into my pharmacy, have a medicine I have been using for 10 years, and suddenly the price has doubled, tripled, for no particular reason other than the pharmaceutical industry could get away with it.

We are the only major country on Earth not to control the prices of the pharmaceutical industry. The result is that this is an outrage, and it speaks to everything that should be discussed but which is not being discussed in the Republican bill—is that
today, one out of five patients under the age of 65 who gets a prescription from their doctor is unable to afford that prescription. How crazy is that? What kind of dysfunctional healthcare system allows somebody to go to a doctor because they are sick, they are writing a prescription, and one out of five Americans can’t even afford to fill that prescription. What happens to that person? Well, the likelihood is they get even sicker, and then they end up in the emergency room at outrageous costs as they move on, they end up in the hospital. How crazy is that?

I have not heard one word—not one word—from our Republican colleagues about addressing the absurdity of Americans paying by far the highest prices in the world for prescription drugs. I have a chart over here that just deals with half a dozen drugs, but we can list many, many more.

Lantus, a diabetes drug, costs $186 in the United States. Diabetes is a very serious problem. Lantus costs $186 in the United States and $47 in France. It is the same drug.

This is a healthcare reform debate. I have yet to hear one Republican raise that one of the points we think the people in Iowa and the people in Vermont want us to raise that issue.

Crestor, a popular drug for high cholesterol, costs $86 in the United States and $29 in Japan.

Advair, which is used to treat asthma—another very serious problem—costs $155 in our country and $38 in Germany.

The list goes on and on and on. That is why millions of people, by the way, are now buying their medicine in Canada and other countries, because they are sick and tired of being ripped off by the pharmaceutical industry—an industry that spends billions of dollars over a period of time on lobbyists here and obstructing the passage of it.

You might think—just might—that when we deal with healthcare reform, one Republican—just one—might stand up and say: Well, you know, maybe we might want to stand with the elderly and the sick in this country and not just with the pharmaceutical industry. I have not heard one Republican in this debate talk about that issue.

To give an example of the greed of the pharmaceutical industry—and I can say on and on. They are the greediest, maybe with the exception of Wall Street. It is hard to determine which one of these industries is more greedy, but the pharmaceutical industry certainly can make a claim for being the greediest industry in this country. Out in California a few months ago, there was an effort to lower the cost of prescription drugs in their state. It is called proposition 61. The big drug companies spent $131 million to defeat that ballot initiative. The $131 million to defeat a ballot initiative in California that would have lowered the cost of prescription drugs. And all over this country, the American people cannot afford the medicine they need, but the drug companies had $131 million to spend just on one initiative.

Meanwhile, while the American people are getting sicker and sicker and sometimes dying because they cannot afford the medications they need, I have received—and I think every Member of the Senate has received—communications from oncologists, people who are dealing with patients who have cancer. Who if their patients cannot afford the high cost of cancer medicine. And it is not just cancer, of course.

While the American people are getting ripped off by the drug companies, in 2015 the five largest drug companies in America made over $50 billion in profits—five companies, $50 billion in profits. Yet one-fifth of the American people cannot afford to buy the prescriptions they need. How outrageous is that? An injectable cancer drug that costs are telling us they are dealing with healthcare reform without mentioning one word about the high cost of prescription drugs. Give me a break. You are dealing with many things, but you are not dealing with healthcare reform.

Again, it is not just the pharmaceutical companies that are making huge profits; we are seeing executives from these large drug companies making outrageous compensation. In fact, in 2015, the top 10 pharmaceutical industry CEOs made $327 million in total compensation. Elderly people walking to the drugstore can’t afford the prescriptions they need, and yet CEOs of major drug companies are making $327 million in total compensation.

Former CEO of Gilead, John Martin, became a billionaire because his drug company charged $1,000 a pill for a drug that sold for $1 to manufacture and can be bought in India today for just $4. In this country, it sold for $1,000 a pill, and he became a billionaire as a result of it. That is a healthcare system out of control.

I know it is a radical idea here in the Senate, but maybe—just maybe—we might want to represent the American people and not the CEOs of the drug companies and the insurance companies.

Some of my Republican colleagues have been spending the last few days using words like “freedom,” “choice,” and “opportunity” to try to convince the American people about their abysmal healthcare legislation. This is the same language that rightwing ideologues, like the billionaire Koch brothers, use when they try to discredit government programs and move to privatize them. What the Koch brothers and their friends believe is their own freedom. And by the way, they are the second wealthiest family in America, worth some $80 billion. What they mean by “freedom” is their own freedom to profit off the misery of ordinary Americans who rely on government programs that make life bearable and, in some cases, even possible.

I want to say a word about freedom. This is a 203-foot yacht. This is a yacht owned by a billionaire that costs about $90 million to purchase. Like everybody else, I think, in this Chamber, I think the American people—every American should have the freedom to purchase this yacht. And I would urge all Americans to go on the internet, find out where the yacht stores are—wherever they sell yachts—and go out there and say: Hey, I got the freedom to buy this $90 million yacht. We might believe—that. You got the money; you buy it.

Here is a picture of a home, and this home is worth tens and tens of millions of dollars. It looks to me like it has 30 or 40 or 50 rooms, probably 5, 10 bathrooms. It is a very nice house, and it is owned by a billionaire.

You know, I think every American who wants to own a home worth tens and tens of millions of dollars, go to your local Realtor. You go out and you buy that home.

What we are talking about today in terms of freedom is not freedom to buy a yacht or freedom to buy a mansion; we are talking about the freedom to stay alive, the freedom to be able to go to the doctor when you are sick, the freedom not to go bankrupt if you end up in the hospital with a serious disease.

So when my Republican friends talk about freedom of choice, freedom of all agree. You got the money; you go out and buy any big house you want or buy any big yacht you want. But where there is a serious disagreement is, we say that the children of this country who have serious illnesses have the freedom to stay alive even if their parents do not have a lot of money; that older people who are now in nursing homes should have the freedom to get dignified care in a nursing home even if they have Alzheimer’s and even if they have a lot of money. Healthcare is not another commodity. Healthcare is not a mansion. Healthcare is not a yacht. Healthcare is whether we stay alive or whether we don’t, whether we ease our suffering or whether we don’t. And I believe—I think, unfortunately, many of my Republicans—that right to get healthcare when you need it is something every American should be able to get.

Here in the Senate, we have good health insurance. Over the last 10 years, a number of Senators have had serious illnesses, and they have gotten some of the best care in the world. If it is good for the Senate, it is good for every American. Healthcare must be a right of all people, not a privilege. Quality care must be available to all, not just the wealthy.

Senator DAINES is going to come down here in a while to offer a Medicare-for-all proposal. Again, I hope this is a breakthrough. I hope our Republican colleagues understand that we have to join the rest of the industrialized world. And if Senator DAINES comes down here and is prepared to...
vote for that legislation, prepared to get his other Republican Senators prepared to vote for that legislation, my God, we can win this vote overwhelmingly and move this country in a very different direction.

But I have a hunch that is not what Senator Daines has in mind. I think this is another joke, another game, another sham as part of a horrendous overall process. So I will not be supporting that amendment, unless Senator Daines and Republicans vote for it as well. I will do what we have to do to run this debate—and I hope I have the opportunity—or in the very near future, I will offer a Medicare-for-all, single-payer program which finally has the United States doing what every other major country on Earth does—guarantee healthcare to every man, woman, and child in a cost-effective way. And when we do that and when we eliminate the need for families to spend $15 or $20,000 a year for health insurance, we will salvage middle-class family substantial sums of money. I yield the floor.

The PRESIDING OFFICER (Mrs. Ernst). The Senator from Kansas.

Mr. MORAN. Madam President, I come to speak about Healthcare and I begin by paying tribute to our colleague from Arizona, Senator McCain, on his return earlier this week. I wish him the very best as he begins a process of cure, treatment, and a bright future in his life. I appreciate the remarks he indicated that were so heartfelt to his colleagues here in the Senate. We welcome him back and thank him for his service to the Senate, to the people of Arizona, to the people of America, but I also thank him most especially for his service in the U.S. military.

Another great hero in my life and in our country’s history is my predecessor in the Senate, Senator Bob Dole, who earlier today celebrated his 94th birthday. Service to Kansans and all Americans exemplify Bob Dole’s life. While I admire him for his time in the Senate, I respect him even more so for his service to our country during World War II and for his efforts ever since then to care for those who have come into harm’s way as a result of their service. I often see him at the World War II Memorial when there is an Honor Flight from Kansas or across the country, and he is such a role model for the people of Arizona, to the people of America, in which we saw fake waiting lists and the belief that there were veterans who died as a result of not obtaining the care that they were entitled to in the VA system.

The Choice Program has helped thousands of veterans across the country, especially those in rural communities, where distance remains a problem. I have heard from many veterans in my State as to how important the Choice Program is to them. Instead of driving for 4 hours to see a physician at the VA, they can drive 4 minutes to see a physician in the private sector.

This Choice Program is set to expire on August 7 of this year. Just a few days from now, it is scheduled to come to an end. At the start of 2017, the VA estimated that there would be more than $1 billion remaining in the Choice account that the VA told us would last until January 2018. Rather than letting those funds expire, I joined Senator McCaul, Senator Isakson, Senator Tester, and the other senators and the Senate Armed Services Committee to bring back a Choice expansion bill to remove that August 7 deadline and sunset the program until the funds expired, which, as I said, was believed to be in January of 2018.

The President signed that bill on April 14, but less than 6 weeks later, we learned from the VA that the VA had made unfortunate miscalculations. As a result of poor budgeting and finance, the dollars for the Choice Program are not going to last until January and are in jeopardy to last the next few days. Demand for the Choice Program is up 30 or 40 percent, and it is clear by that increase in demand that veterans need Choice, that they like Choice, that it is working for them, and we need to make certain that the VA veterans to make certain that the Choice Program continues and that the funds are available to accomplish that goal.

With Choice, the funds that they had anticipated, today, and tomorrow, January 1, will run out sometime in August—we think in the next couple of weeks. Those depleted funds will mean that Kansas veterans and veterans across the country who have been using the Choice Program will no longer be able to, and it means that those who could use the Choice Program into the future will be without that option. We run the real risk—the likelihood is almost a certainty—that the Choice Program will be discontinued in a matter of days.

I chair the Appropriations Subcommittee that funds the Department of Veterans Affairs, and when I learned of the budget miscalculations, we immediately contacted the Secretary of the Department to get his understanding of the circumstance that we were in. We only learned of the shortfall after we learned that veterans at home were being impacted by the Choice Program. The Secretary had made a decision to reduce those veteran interventions that are eligible. We asked him to withdraw that guidance to his regional officers across the country, and he did. Mr. Shulkin of the VA recognized that their projections and budgeting was not accurate, and must be fixed. I hope that turns out to be the result and that we have a better ability at the Department of Veterans Affairs to make the calculations necessary for Congress and the Department to make wise decisions. The system has to be fixed, and it has to be fixed quickly. There is an immediate crisis.

One of the things that now happens as a result of reduced use of Choice is that the networks that were created to support Choice—the third-party administrators of the Choice Program—because of a lack of volume, are no longer financially viable to stay in the business of being the network to connect the VA, the private sector, and the veterans. If we don’t get those veterans to go to the Choice Program, they will not be able to care for those veterans at home were being denied access to the VA.

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Early in the Choice Program, many veterans were discouraged because of the bureaucracy and paperwork associated with Choice. Providers then were not often paid in a timely fashion, and they became discouraged by the program. In recent months, the confidence veterans had retained as veterans were beginning to get their care at home, and providers were being paid for the services that they provided veterans. Now, if the third-party administrators—the network—go away, we will put the money back in veterans and to those who wish to serve them—the healthcare community—that the program is not a viable or a valuable one.

Fortunately, both the House and Senate have been working to fix this situation. Since June, my colleagues on the Senate Veterans' Affairs Committee have joined me in working to find a solution that protects access to community care for veterans. The Choice Fund is funded by mandatory spending. We have also been working with the House as they have tried to develop a solution that maintains Choice and that is fiscally responsible.

There has been a lot of back and forth the past few weeks, a lot of talk, and a lot of negotiations going on, and I support the efforts of our chairmen and ranking members of the Veterans' Affairs Committees, both in the House and Senate, who are trying to work out a moment to come together for our Nation’s veterans. I would hope and I expect that a bill will come from the House yet this week.

My point to my colleagues here today is that we do not have the luxury of them trying to figure out something different to do than what the House sends us. We need to have our plan in place, and we need to have something that can pass both the House and Senate in the next 2 days. I want to motivate my colleagues to do what is right for veterans and set aside the differences that have prevented the necessary cooperation to see that we have one bill that can pass both the House and Senate and save Choice.

I stood here in 2014 to implore my colleagues to support the passage of the Choice Act in the first place, and I stand here again today to implore my colleagues to come together and support the passage of this critical funding for veterans of the Choice program and community care for veterans. I am here to make certain that we end the delays and find a way to understand the differences and accept that we must act quickly on behalf of veterans. It has to happen immediately. We owe our veterans better than what we have been providing them.

I am, once again, partnering with the Senator whom I honored in my opening comments—Senator McCain—and others in the legislation that will put funding back into the Choice Program and make sure that our veterans do not experience a lapse of care at home or a termination of the program.

We are working hard with our colleagues across the aisle and in the Senate to determine the future of this program and what community care will look like. While we work to create that system that will serve future generations of veterans for years to come—how we make Choice better—we cannot allow the program to expire at this critical point in time. Taking care of veterans must be a priority above any one specific “ask” or “must have” in the funding. Not acting is not an option.

Upon his return to the Senate, Senator McCain’s words remind us of the importance of this task and many others before us. I am honored to work with him on this effort to save Choice and to serve our veterans. I ask my colleagues to help us save this important program that benefits rural and urban veterans, that makes care more timely, that provides care in the circumstances in which the VA does not have the capability, either in a timely or a quality fashion, to provide the services to veterans.

This does not diminish the role or necessity of the Department of Veterans Affairs or their hospitals and clinics across the country. The VA does allow veterans to use VA hospitals, and they continue to use our outpatient clinics, but we ought not allow for the elimination of the third opportunity for veterans’ care—the Choice Program—that serves so many veterans in so many communities.

Again, I thank Senator McCain for his leadership and his bipartisan work that originally created this program—this opportunity—with Senator Sanders.

We seek bipartisanship to put veterans first and to put their healthcare access above everything else. I am urging my colleagues today to know that this issue exists, not to walk away from it, to make certain that we accomplish our goal, and that this critical funding be provided before we depart for the weekend.

Preserving this important benefit honors our heroes—Senator Dole, Senator McCain, and the thousands of Americans who did not ask about whether it was Republicans who served the country or Democrats who served the country. They are those who believe that having served their country is what motivated them to see that their families were safe and secure and to see that America had a bright future. We ought not deny them that kind of service today.

Madam President, I thank you for the opportunity to address the Senate. The PRESIDING OFFICER. The Senator from Arizona.

WOUNDED OFFICERS RECOVERY ACT OF 2017

Mr. FLAKE. Madam President, I come to the floor to pass the Wounded Officers Recovery Act. This legislation comes after last month’s terrible shooting at the Republican practice for the annual Congressional Baseball Game.

As many of you already know, U.S. Capitol Police DPD Special Agents Crystal Griner and David Bailey were both wounded in the line of duty as they successfully fought off and subdued the gunman. I witnessed firsthand the unbelievable bravery and heroism of the Capitol Police on that morning. It is not at all an exaggeration to say that, if not for their actions, I probably would not be here today.

I and my colleagues certainly have a special place in our hearts for them and an appreciation for what they did on that fateful morning. It is a privilege to be able to help them out now. They had our backs, and now we need to have theirs.

This bill amends the policies of the United States Capitol Police Memorial Fund to expand eligibility to include U.S. Capitol Police employees who have been injured in the line of duty. This will enable Special Agents Griner and Bailey to access funds raised for victims of the congressional baseball practice shooting.

Previously, the fund only allowed donated funds to be given to the families of officers killed in the line of duty. I am hopeful all of my colleagues will agree that this issue should rise above any partisan wrangling.

Special Agents Crystal Griner and David Bailey have our gratitude, and we ought to be able to help them. I am grateful for their sacrifice. I hope we can speak with one voice in support of the brave men and women of the Capitol Police and pass this bill without delay.

I wish to thank the cosponsors here in the Senate, including Senator Paul, Senator Donnelly, Senator Murphy, and all of those who played in the congressional baseball game, also in the House, the managers of the Republican and the Democratic teams respectively, Joe Martin and Mike Doyle.

The congressional baseball game is one of the best institutions in Congress—one of the most bipartisan institutions. We are able to raise a lot of money for needy causes as well as the Capitol Police. We want to make sure a lot of the money that was raised this year—a portion of that money—can go to these deserving individuals who helped us out in a very real way and saved our lives.

Madam President, I ask unanimous consent that the Committee on Rules be discharged from further consideration of H.R. 3298 and the Senate proceed to its immediate consideration.

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

The clerk will report the bill by title. The senior assistant legislative clerk read as follows:

A bill (H.R. 3298) to authorize the Capitol Police Board to make payments from the United States Capitol Police Memorial Fund to the families of the United States Capitol Police who have sustained serious line-of-duty injuries, and for other purposes.