

of the Chair on a point of order raised under subsection (a).

**SA 1752.** Mr. REED submitted an amendment intended to be proposed by him to the concurrent resolution H. Con. Res. 14, establishing the congressional budget for the United States Government for fiscal year 2025 and setting forth the appropriate budgetary levels for fiscal years 2026 through 2034; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_\_. DEFICIT-NEUTRAL RESERVE FUND RELATING TO MODERNIZING SCHOOL INFRASTRUCTURE.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution, and make adjustments to the pay-as-you-go ledger, for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to modernizing school infrastructure, which may include direct grants to States or tax credit bonds, by the amounts provided in such legislation for those purposes, provided that such legislation would not increase the deficit over the period of the total of fiscal years 2025 through 2034.

**SA 1753.** Mr. REED (for himself, Mr. WYDEN, Mr. PADILLA, Ms. WARREN, and Mr. SCHATZ) submitted an amendment intended to be proposed by him to the concurrent resolution H. Con. Res. 14, establishing the congressional budget for the United States Government for fiscal year 2025 and setting forth the appropriate budgetary levels for fiscal years 2026 through 2034; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_\_. RESERVE FUND RELATING TO BUILDING 5,000,000 NEW HOMES.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution, and make adjustments to the pay-as-you-go ledger, for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to building 5,000,000 new housing units, which may include investments in the Housing Trust Fund established under section 1338 of the Federal Housing Enterprises Financial Safety and Soundness Act of 1992 (12 U.S.C. 4568) or the HOME Investment Partnerships program under subtitle A of title II of the Cranston-Gonzalez National Affordable Housing Act (42 U.S.C. 12741 et seq.) or investments to lower regulatory barriers to new home construction, by the amounts provided in such legislation for those purposes.

**SA 1754.** Mr. REED (for himself, Mr. BOOKER, Mr. PADILLA, Ms. WARREN, and Mr. SCHATZ) submitted an amendment intended to be proposed by him to the concurrent resolution H. Con. Res. 14, establishing the congressional budget for the United States Government for fiscal year 2025 and setting forth the appropriate budgetary levels for fiscal years 2026 through 2034; which was ordered to lie on the table; as follows:

At the appropriate place, insert the following:

**SEC. \_\_\_\_\_. RESERVE FUND RELATING TO REDUCING HOMELESSNESS.**

The Chairman of the Committee on the Budget of the Senate may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution, and make adjustments to the pay-as-you-go ledger, for one or more bills, joint resolutions, amendments, amendments between the Houses, motions, or conference reports relating to reducing homelessness for veterans, families, and individuals, which may include investments in the Homeless Assistance Grants program, the Housing Choice Voucher program under section 8 of the United States Housing Act of 1937 (42 U.S.C. 1437f), the Department of Housing and Urban Development Veterans Affairs Supportive Housing program, or other Federal programs, by the amounts provided in such legislation for those purposes.

**AUTHORITY FOR COMMITTEES TO MEET**

Mr. MARSHALL. Mr. President, I have six requests for committees to meet during today's session of the Senate. They have the approval of the Majority and Minority Leaders.

Pursuant to rule XXVI, paragraph 5(a), of the Standing Rules of the Senate, the following committees are authorized to meet during today's session of the Senate:

**COMMITTEE ON ARMED SERVICES**

The Committee on Armed Services is authorized to meet in open and closed sessions during the session of the Senate on Thursday, April 3, 2025, at 9:30 a.m., to conduct a hearing.

**COMMITTEE ON BANKING, HOUSING, AND URBAN AFFAIRS**

The Committee on Banking, Housing, and Urban Affairs is authorized to meet in executive session during the session of the Senate on Thursday, April 3, 2025, at 10 a.m.

**COMMITTEE ON FOREIGN RELATIONS**

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, April 3, 2025, at 10:30 a.m., to conduct a hearing on nominations.

**COMMITTEE ON FOREIGN RELATIONS**

The Committee on Foreign Relations is authorized to meet during the session of the Senate on Thursday, April 3, 2025, at 10:30 a.m., to conduct a business meeting.

**COMMITTEE ON HOMELAND SECURITY AND GOVERNMENTAL AFFAIRS**

The Committee on Homeland Security and Governmental Affairs is authorized to meet during the session of the Senate on Thursday, April 3, 2025, at 9:30 a.m., to conduct a hearing on nominations.

**COMMITTEE ON THE JUDICIARY**

The Committee on the Judiciary is authorized to meet during the session of the Senate on Thursday, April 3, 2025, at 10:15 a.m., to conduct an executive business meeting.

**PRIVILEGES OF THE FLOOR**

Mr. GRAHAM. Mr. President, I ask unanimous consent that the following

staff members: Caitlin Wilson, Lilly Meadows, Scott Graber, Mike Jones, Melissa Kaplan-Pistiner, Josh Smith, and Tyler Evilsizer—sorry about that, Tyler; you know who you are. I didn't mean to butcher your name. I ask that all the staff on the list from Senator MERKLEY's staff be given all-access floor passes to the Senate floor during consideration of H. Con. Res. 14.

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

**APPOINTMENT**

The PRESIDING OFFICER. The Chair, on behalf of the Democratic Leader, pursuant to the provisions of Public Law 107-252, Title II, Section 214, reappoints the following individual to the Election Assistance Commission, Board of Advisors: Dr. Barbara Simmons of California.

The PRESIDING OFFICER. The Senator from Kansas.

**ORDERS FOR FRIDAY, APRIL 4, 2025**

Mr. MARSHALL. Madam President, I ask unanimous consent that when the Senate completes its business today, it stand adjourned until 8 a.m. on Friday, April 4; that following the prayer and pledge, the morning hour be deemed expired, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, morning business be closed, and the Senate resume consideration of Calendar No. 38, H. Con. Res. 14; further, that all time during adjournment and leader remarks count equally between proponents and opponents on the current resolution.

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

**ORDER FOR ADJOURNMENT**

Mr. MARSHALL. If there is no further business to come before the Senate, I ask that it stand adjourned under the previous order following the remarks of my Democratic colleagues.

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

The Senator from Wisconsin.

**H. CON. RES. 14**

Ms. BALDWIN. Madam President, I rise this evening once again to highlight the stories of Wisconsinites who would be impacted by cuts to Medicaid that my Republican colleagues are proposing.

Earlier this evening, I talked about children, babies, our most vulnerable. Now I would like to talk about older adults.

I rise to share the story of Renee. Renee is a 60-year-old woman. She lives in Milwaukee, WI. In October 2023, Renee was diagnosed with stage IV breast cancer. It had metastasized to her brain, her lungs, and her liver.

She depended upon Medicaid for that diagnosis through a program that Congress created, and she also depends on Medicaid—or BadgerCare, as we call it in the State of Wisconsin—for her treatment.

Without Medicaid, she said, “[I] would be forced to ration or forgo cancer treatment—hastening my death—or send me and my husband into bankruptcy trying to keep me alive.”

In March, last month, I brought Renee to President Trump’s State of the Union Address to show this President who his massive cuts to Medicaid will hurt.

Medicaid provides health coverage to 7.2 million seniors nationwide. That is millions of Americans just like Renee who rely on Medicaid for the lifesaving treatment they need.

I also heard from Linda. Linda lives in Viroqua, WI, where her husband and she run a dairy farm that they bought nearly 22 years ago. Linda served her community for 30 years as a registered nurse, working primarily with new moms and babies, before she was forced to retire due to chronic health issues. Since then, she and her husband have relied on Medicaid and he on Medicare for their healthcare because they cannot afford other types of insurance.

Like so many dairy farms in the State of Wisconsin, Linda and her husband work on very tight margins, made even tighter by Trump’s first-term tariffs, which, according to Linda, “put us into poverty.” This was in Trump’s first term. Now they are staring down another Trump trade war and wondering how it is going to impact their dairy operation.

She wrote:

I am not proud that I have to use Medicaid and Medicare for insurance, but at 63 years of age, it appears that I will not be able to work at a job that provides health coverage or a living wage. If the cuts in Medicaid become a reality, not only will we be homeless . . . but we will not be able to access the healthcare and drug coverage we need to have quality of life. We never thought we would need government healthcare, but here we are, and the outlook has darkened considerably for many dairy farmers since January.

This fight to protect Medicaid for seniors is personal to me and dozens of Wisconsinites. My own mother relied on Medicaid at the end of her life to afford nursing home care, as do the majority of Wisconsinites in skilled nursing homes. Six in ten residents in our State’s nursing homes use Medicaid, or over 10,000 seniors who might not be able to otherwise afford to have a safe roof over their heads.

Medicaid also supports more than 43,000 elderly or disabled adults who receive long-term care at home in our community. That includes people like Tammy in Monona, WI, whose father Bud battled dementia at the end of his life. Medicaid allowed Tammy’s dad to stay in his home for the last 5 years of his life with the support of at-home caregivers.

She wrote to me:

People should be able to choose where and how they spend their last days in life. Medicaid allowed my dad to stay in his own home, with familiar surroundings that helped ground him when his dementia was the most challenging for him. Please continue funding Medicaid to be able to help other frail elders stay in their own homes.

There are so many pleas that I hear from my constituents in every corner of our State, and it is these constituents that I hope President Trump and congressional Republicans are listening to when they think about ripping away Medicaid to pay for their tax cuts for big corporations and billionaires.

Seniors like Renee and Linda know that Medicaid is a lifeline for Americans who otherwise would have nowhere to turn. It is Wisconsinites—who will face bankruptcy just to stay well—who will pay for Donald Trump’s giveaway to the top 1 percent.

I cannot believe that my Republican colleagues are even considering a plan that is so backward and so cruel for hard-working Wisconsinites and seniors. This is wrong, and we must continue to fight back and say loudly and clearly: Hands off Medicaid.

I yield the floor.

The PRESIDING OFFICER (Mr. MARSHALL). The Senator from Rhode Island.

Mr. REED. Mr. President, well, we are back here again with another variation of the Trump plan and the Republican plan to do further damage to our economy and to the working men and women of this country. It has been sliced and diced and repackaged and unpackaged, but it still boils down to a very simple equation: big tax cuts for the very, very wealthy and cuts to Medicaid and other key programs that are essential to Americans.

This resolution is going to cost a lot of money—about \$5.8 trillion with a “t.”

Yesterday, President Trump unveiled his tariff policies and today, the markets reacted. They lost \$2.5 trillion of value. He is just taking a sledgehammer to our economy and a sledgehammer to the working families who depend upon these programs like Medicaid and a sledgehammer to our universities and medical schools and research laboratories, which have made us the premier center for research innovation and healthcare in the world. And with these sledgehammer blows, I don’t think we can maintain that status.

These proposals by the President and my Republican colleagues are designed to take away the healthcare coverage from millions of Americans—seniors, kids, veterans, individuals with disabilities—and they particularly seem to focus on Medicaid.

Medicaid provides essential healthcare services for the most vulnerable populations in the country. It covers nearly 80 million people, if you combine those covered by the Children’s Health Insurance Plan, CHIP.

In my home State of Rhode Island, over 300,000 people—and that is about

one-third of my State—depend on Medicaid. And the Republicans are talking about cutting this program by at least \$880 billion, which would be devastating. Looking at the Medicaid recipients in Rhode Island. It is interesting. One in five adults ages 19 to 64 are covered; one in three children are covered. And we all know how critical healthcare is for children because a childhood problem left untreated can lead, often, to much more serious health consequences as they grow older—much more dependency on social programs, which are paid for by us. Good healthcare as a child guarantees, in many, many, and most cases, success in school, success in life, and a healthy life—one in three children in Rhode Island need Medicaid.

Five in eight people residing in nursing homes in my home state are also receiving Medicaid. Let me tell you what is going to happen when Medicaid is cut by this extraordinary amount of money, \$880 billion. A lot of nursing homes will close because their margin, the difference between opening the doors and closing them, is the Medicaid money they receive. When that goes, where are you going to put your ailing mother or grandmother?

I will tell you what you do. You are going to do it like they did it before Medicaid. When I was a young kid, it was not unusual to go visit someone, and in the front room there would be the hospital bed, the grandmother, and the mother was taking care of the person and that was healthcare back then. But after Medicaid, we were able to create a much more effective healthcare system.

And this will touch not just the very poor; this touched working families. It is the only way they can keep, really, their mother or father or older relative or a child with a very serious illness in a safe, protected place where they can receive appropriate care.

Three in seven Medicaid recipients in Rhode Island are working-age adults with disabilities. This is a situation where these people, because of their physical limitations, cannot work and need assistance. Some are severely disabled, others are significantly disabled, and they are going to be left, literally, out in the cold.

I must say there is a corollary here because just a few days ago, the President announced that he was going to take the IDEA education program and move it into the Department of Health, which at the same time is trying to shed thousands and thousands of workers. So my fear, of course, is that—again, going back into my youth, the fifties and the sixties—that children with disabilities will be sitting in the back of the room by themselves trying to keep themselves occupied because what we have created through IDEA—a system of education tailored to the individual child’s disability—will be unsupportable.

And that is the kind of damage he is doing. It is the working people. It is

the families. It is the kids. It is, I think, inexcusable. Throughout the country, 38 million children rely on Medicaid. And 2.3 million children with disabilities, as I said, throughout the country, rely on Medicaid. And also, as I have said, throughout the country, not just Rhode Island, 7 million seniors count on Medicaid to afford nursing home care or other health care services.

So we are in a situation now where we are basically undercutting our healthcare system, and it is not just these people who feel it. Everyone will feel it. If these Medicaid cuts go through, it will create so much turmoil in my State that our healthcare delivery system will be under great pressure—but, I think, so much pressure that it will not work.

Where do people go when they don't have healthcare? They go to the emergency room. So if you or I or somebody who might even have healthcare insurance and we have a serious problem, well, we can go to the emergency room and just get in the back of the line that is going all the way around the block and through the parking lot and everywhere else because these hundreds of thousands of people without healthcare, that is where they will have to go when it is so painful they can't go to work.

This is a disaster in the making. And, again, we saw last week and weeks before, President Trump talking about, "I am going to put tariffs in and we are going to fix the whole economy." Nonsense. It is a disaster. It is killing our markets.

And, once again, "Oh, I am going to go in there and take out Medicaid," et cetera, et cetera. It will be a disaster. I think we must avoid it.

We are better off because of Medicaid—better healthcare outcomes in this country. It is a different country, literally, than it was prior to the introduction of Medicaid, and we are better for it. It provides healthcare coverage, for example, for 17 million women of reproductive age so they can have the healthcare they need. And it helps families grow and prosper. And by making seniors and people with disabilities get the care they need, we are, I think, living up to the aspirations of this country, which is to ensure that those who need care get care.

You know, there have been a lot of men and women who served in the Armed Forces of the United States. I was proud to do it myself. And they weren't risking their lives so that a very wealthy individual could have five Mercedes rather than four. They were risking it so kids could have healthcare who needed it, so that their mother and father could have a place to be when they were sick and ill in their older years. And what we are doing? We are forgetting that sacrifice. We are saying: No, we are just here to pay off the rich people, the rich people who paid so much through the President's campaign to get him elected.

The one thing I want to emphasize, which is very important and often overlooked—going back to Rhode Island—74 percent of adults on Medicaid are working in my state. There is this insidious notion that this is just a free giveaway to people who don't work, who don't deserve it, et cetera. That is why we can get rid of it.

Seventy-four percent of the adults in Rhode Island on Medicaid are working, and they are working very hard. By the way, my guess is they are not getting a big benefit from these tax cuts because they are minimum wage or a little bit more.

So we are really doing something that is so unjust and, I believe, un-American in rewarding the wealthy—some of whom have worked hard to get it, some of whom just were lucky enough to be born to the right parents. And we are giving them a fortune, and we are taking away basic healthcare from working men and women.

We are in a very, very difficult situation. I don't think we can touch Medicaid, for the moral reasons I tried to suggest and for the economic reasons.

If those 74 percent of Medicaid adults in Rhode Island who are working can't get to work because they are ill, how do we get the jobs done? We don't.

The impact on the Nation in terms of these cuts is going to be horrendous, and this impact is going to be everywhere in the country. I have talked a lot about Rhode Island, but one of the ideas the Republicans are advancing to cut Medicaid is to eliminate the Medicaid expansion provided for under the Affordable Care Act.

Now, according to the Urban Institute and the Robert Wood Johnson Foundation, this cut would cost 41 States over \$44 billion. States would have to increase their share of Medicaid spending by 25 percent. States like North Dakota, Indiana, Montana, and Nebraska would see their costs go up by more than 30 percent.

So I hope my colleagues from these States are ready, willing, and able to go out and tell their constituents: Your healthcare costs are going up 30 percent.

Now, obviously, I oppose this resolution that is being proposed. We have to do more, not less. And it is not just about the moral commitment I feel we have to people who need healthcare coverage; it is about the economics of caring for people early before it becomes more expensive, providing facilities for people who need those facilities rather than letting them languish at home.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Nevada.

Ms. CORTEZ MASTO. Mr. President, I am joining my colleagues today because Nevada's healthcare and America's healthcare is really not up for negotiation.

On Wednesday—and I want to recognize this—Senate Republicans released their budget plan to pay for President

Trump's billionaire tax cuts. You have heard everybody talking about that. We have been on the floor. This is so important for the American public to understand what is at stake because, really, we can't let them fool you with some bureaucratic language to make them seem less devastating than these impacts really are or to use some sort of math gimmick.

Here are the facts—and let me say, on April 3, 2025, we just received from the Joint Committee on Taxation that which shows that President Trump and his Republican followers in the Senate really want to add almost \$7 trillion to our national debt. The Republican plan to extend the 2017 Trump tax law will cost \$5.5 trillion, including interest, and the budget resolution Senate Republicans introduced this week allocates an additional \$1.5 trillion for tax breaks to be crafted by the Finance Committee, Republicans, and the Trump administration. This brings a total cost for over 10 years of the Republican tax plan to about \$7 trillion—\$7 trillion in deficit and debt. They are doing this to give tax cuts to billionaires. In order to pay for it, one of the things—and you are hearing us talk about this—is they want to slash Medicaid in this country by almost \$1 trillion. You have heard this term "\$880 billion" because that is what the House has sent to their committee to say we need to find some way to pay for these \$7 trillion in tax cuts that we want to give to billionaires.

Now, Nevadans and so many across the country are being told these cuts are going to come from cracking down on waste, fraud, and abuse in Medicaid. Well, that would be great if it were true. Let me just put the fine print on this. I am all for getting rid of waste, fraud, and abuse within government programs, and I know that many States—actually, all States—including the Attorney General's Office in the State of Nevada, actually have a Medicaid fraud unit that goes after that fraud and waste that we see across the country. Every State has one.

But here is the simple truth: We are not going to find \$880 billion in pay-fors by only cutting waste, fraud, and abuse in Medicaid. To shrink this essential program down by nearly \$1 trillion, President Trump and his Republican allies in Congress actually have to gut Medicaid. There is no other way around it. That is what they have to do. And that is not just a talking point from the Democrats. The nonpartisan Congressional Budget Office—their analysis—confirmed that Republicans would have to make the largest cuts in Medicaid history to meet their budget's \$880 billion target.

Now, here is what I know—and you are hearing from all of our colleagues tonight, and you will hear this as we go into the votes that the Republicans want to take on this. I don't care whether you are from a red State, a blue State, or if you live in an urban area or in a rural area. Medicaid cuts

to pay for billionaire tax cuts would hit everyone hard. It would be devastating. Nearly 800,000 people in Nevada would be devastated by this because they depend on Medicaid to keep themselves and their families healthy. This includes one in six adults, three in eight children, four in seven nursing home residents, and one-third of people with a disability. I also know that 66 percent of adults in Nevada who benefit from Medicaid work for a living and that 43 percent of our births are covered by Medicaid. In Nevada, 17,600 Medicaid enrollees use home- and community-based services and long-term services to support them—these are seniors; these are people with disabilities—and nearly 40 percent of all children in Nevada are covered by Medicaid and CHIP.

You heard my colleague from Rhode Island say this, and I also want to dispel this notion that people on Medicaid are somehow lazy, and they don't want to work, and they are just somehow milking the system. Let me be very clear: Nearly half of all Nevada Medicaid enrollees—that is 380,000 people—are people with jobs and their dependents.

Now, I want to put a fine point on this because I have to just call this out. This is just a crazy notion because I have met these families. I met a woman. She and her husband are working. They are both working full time. Their daughter has a rare disease. Without Medicaid, they would not be able to afford the medication and access to healthcare that she needs.

I have visited, in my State, clinics—FQHCs, clinics—federally qualified health centers—in the north and the south. I was in the Northern Nevada one just 3 weeks ago. I was looking at the individuals who were coming in for care, and I asked them: How would you be impacted by Medicaid? Not only would it devastate this health center, but I said: Who are these people who are coming to you? Do you know who they are? They are people who are working at Amazon. They are people who are working at Amazon and Walmart who have to get Medicaid because the billionaire owners of these organizations don't care enough to provide them healthcare. This is outrageous, but these are the people whom we are talking about.

Let me just say, last month, I met with a group of obstetricians from Northern Nevada. Medicaid is the largest payer for maternity services in my State. In 2023, there were 13,206 babies and their mothers who had access to essential healthcare. Nevada Medicaid does postpartum coverage up to 12 months, thanks to the American Rescue Plan, and now the Republicans and Donald Trump want to take it all away.

I know I am not the only State that is dealing with this, and I will tell you—and some of my colleagues I know, and I have talked to them. Whether you are Republican or Demo-

crat, we have talked about this. It is devastating for our urban areas, and it would devastate my rural communities and every rural community across this country. If you live in a rural community in my State, you have very little access to healthcare so you want to keep those clinics open because, if you don't, then you are driving 4 hours just to get your healthcare somewhere if—if you have the ability to get there and to drive there.

So I know it is not unique, and my hope is that my colleagues and my Republican colleagues who care like I do—and I know they do about their constituents—are going to address this issue, and we are going to work together so we can protect Medicaid.

But I would like the opportunity to engage in a colloquy with one of my colleagues who is here today, the Senator from Michigan.

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

Ms. CORTEZ MASTO. To the Senator from Michigan, Senator SLOTKIN, I know, like my State, they call it a swing State. It is a swing State. We have voters we represent who are Republicans, Democrats, Independents. It really isn't about your party; it is about healthcare and access to healthcare in this country. So, to my colleague from Michigan, I am curious what she is seeing and the impact that the Medicaid cuts that we are talking about would have to your constituents, the people you represent in Michigan.

Ms. SLOTKIN. Thank you, Senator.

I mean, I think what we are all here talking about into the dead of night is this idea of whom we want to be as a nation when it comes to providing healthcare.

Do we believe that the greatest country in the world should be able to treat the people who need help in our country or are we OK with the poorest among us, the weakest among us—those who are disabled, those who are elderly, those who are children—just not having access to care?

As the Senator said, when you look around at the math—right?—this isn't a political statement. The math of needing to find \$880 billion with a “b”—the math just doesn't work without gutting Medicaid. I think it is important to understand, at least in my State, that this isn't just about people who have Medicaid as their primary insurance, right? We have 10 million people in Michigan, and 2.6 million people are on Medicaid. The vast majority are children, right? They are people who can't live up to work requirements, people who just happen to be young, people who happen to be born where they were born. Thirty-seven percent of all of our births in Michigan are handled and covered by Medicaid, and two out of every three of nursing home elderly are covered by Medicaid. So it is not just about the people who are receiving direct care; it is about what Medicaid reimburses in funds.

It is the idea that 65 percent of our nursing homes could potentially go

under if they don't get this funding. It is the idea that our rural hospitals from Hillsdale to Marquette, MI, have come to see me, and they say: Look, this is—we are not Democrats; we are conservative people, but if you take away this reimbursement, we will collapse. They were already suffering after COVID, and they are barely hanging on. So access to rural hospitals is something we are deeply, deeply worried about.

I think the bigger question is, Who do we believe we are, and do we have a commitment to serve and protect and provide basic healthcare to people in our States?

Now, you mentioned this, but I think it is important to realize that, with a number that big, we are not just talking about Medicaid. There is a real risk of Medicare Part D being touched—the prescription drug piece of that—and the Affordable Care Act, which so many people depend on, the many, many people being cut off from that at the end of the year. The math just doesn't work.

So what we are really talking about is, in the State of Michigan and in the United States, the potential for either people to lose their coverage or to have the price of their coverage go up because everyone who is talking about these Medicaid cuts back home has also mentioned, by the way, if we don't get the Medicaid reimbursement at our hospital, I am just going to charge more to the people who have insurance. There are going to be more people in my ER. I am going to have to pass that expensive cost off to customers who do have health insurance.

So it is just important to understand the full spectrum of what we are talking about here. Now, I am sure you have heard a ton of personal stories, right? It is important to understand that we are giving a talk on the Senate floor, and we are talking about numbers, but at the end of the day, these are human beings, and I am sure your phones are as flooded as mine are with people who want to tell their personal stories.

I will say, for me, it feels like “Groundhog Day” because I decided to run in 2018 for the very issue of healthcare because I happened to live through my mother getting stage IV ovarian cancer without having insurance. She had no insurance.

That first month of that terminal diagnosis, where you are desperate to get her tests and coverage and some kind of emergency surgery, you are using your credit cards, you are doing whatever you can while you are just feeling completely lost that you know your mother is going to die. That feeling is the worst feeling I have ever experienced, and it is what we are proposing to millions of additional Americans by the end of this year.

I am sure you heard a lot of personal stories on your phones. I don't know if you want to walk through a couple of

those stories, but I think it is important to make it a human issue, not just a numbers issue.

Ms. CORTEZ MASTO. That is right. And I thank my colleague from Michigan because it is true. I mean, I can tell you, in February, I spoke with Madison from Nevada. She has stiff-person syndrome. This is the disease that impacts all her muscles and her breathing, and she has had to be on a ventilator seven times. She wouldn't be here today without Medicaid, which provides her with home healthcare.

Madison's sister Trisha was with her that day when she had to deal with such—and this is trauma. Healthcare is trauma in somebody's life. If Madison's Medicaid coverage ends, she would have to go live with her sister and depend on her for care. She would be forced to move away from her community and her whole life. Madison needs, really, Medicaid to live her life to the fullest.

Like my colleague from Michigan says, these are real people that will be impacted. And I know she is seeing the same.

I do want to pose for her this thought, though, that it is not just the individuals. We know there is real-life impact, and we see it. We hear it in our offices. We are getting those calls. We are meeting with individuals. We know them. We know them. They are our neighbors. They are our friends. We know them when we are home.

Here is what people forget, though. I know in Nevada we already don't have enough providers in Medicaid. We don't have enough providers in the program to begin with.

Expanding the number of healthcare providers in Nevada really has been a priority of mine. That is why I am leading legislation—bipartisan legislation—with my colleague Senator CASSIDY from Louisiana to support graduate medical education programs.

But here is the deal: If Medicaid funding in Nevada is cut, not only will those rural health clinics close that I talked about, but here is the thing people forget: We would have fewer providers because they would not be incentivized to come to my State and treat patients. They are going to figure out where they can go and still survive. Remember, our providers have still to survive and make a living, and they want to treat patients. So we are going to have a provider issue in my State.

I don't know if that is an issue for Michigan, but it is something that goes hand in hand with Medicaid cuts because I hear from my providers as well.

Ms. SLOTKIN. Yes. We talked about rural hospitals. I think, again, even if you are not on Medicaid, you have never signed up, you have never been in a low point in your life where you have needed a bridge, you have never had a child with a disability, you have just never touched the system, I guarantee you the hospitals that you depend on, the clinics that you depend on, the nursing homes that you depend on for

your mom, your dad are dependent on Medicaid. I guarantee it.

And what we are hearing from our rural hospitals is: Look, we are the only hospital in 3 hours where you can get care. If we go, where do our people go? Where do we tell them to go?

If you are delivering a baby and you have to come off the Upper Peninsula into the Lower Peninsula of Michigan, there is just no way that we can function that way. So it is not just about, as you say, individuals—although, those stories are striking—it is about access to care for everybody.

I was talking to a doctor from the Lansing Care Free Medical Clinic. It is completely Medicaid covered. It is the folks who are left out of the system. He will just close. We will have clinics just close. So I think we are talking about something that, again, comes to the heart of who we are as a community.

I will also just say, I think it is important to put a warning label on it, and then I will turn it to you to maybe finish out.

There is a lot of magic math going on right now on the other side of that.

How do you take a group of people who both want to cut Medicaid in a devastating way, want to cut other healthcare in a devastating way, and match them up with a bunch of people who say, "I can't," colleagues on the other side of the aisle who say, "I can't accept cuts like that"? How do you balance two completely different factions in the same party? And it happens. Right?

What, normally, we would see is tough choices being made, right? Either the other side of the aisle is going to acknowledge we have to make these devastating cuts, or they are not going to cut them. But what we see now is that third secret option, which is magic math, which is: We are going to tell you we are not cutting anything, but we are going to quietly make the math just work so that we are actually cutting all these things, we are able to reap the benefits, or we push those cuts out to the outyears. So you don't notice them today, but maybe later, maybe after other elections, you are going to feel those Medicaid cuts.

So I guess my big warning label on the whole story here is that there is magic math going on from beginning to end on this package.

And don't be fooled. They are coming for your healthcare. You are either going to be paying more, or you are going to lose your coverage. That is just a fact based on the math that they put out publicly and voted on today.

So I thank my colleague for the opportunity to do my first colloquy. I didn't know this was a thing that we could do. Thank you for giving me that opportunity, and I will let you finish us out.

Ms. CORTEZ MASTO. Thank you, the great Senator from Michigan.

Let me say, I am so pleased that she brought this up because it is a gimmick. It is a gimmick that they are

playing right now that somehow the \$7 trillion in tax cuts that they want to give to billionaires is not going to add to our deficit or debt.

Remember, these are the Republicans, the party of fiscal responsibility, and it is not going to add to our deficit or our debt.

This is the perfect example. I have read this in the papers—a perfect example of what this means. This is like you are a parent, and you have put your daughter through college for 4 years. She comes home, and she says: Oh, well, you are already paying for it. So it is not really an additional cost for you. So I am just going to stay home and not work, and you just continue to pay the same amount that you were paying for college, and I will just live off of that. That was a great example one of our papers put out—a journalist put out—because that is exactly what the Republicans are trying to do here. This is it.

And, remember, they are next going to come and try to lift the debt ceiling—more debt—to pay for this. This is the party of fiscal responsibility—think about this—at a time when our economy is already in a free fall because of these crazy tariffs.

And, by the way, if you care about your retirement and your 401(k), you are watching that stock market because that is in free fall. That is what this administration, that is what these Republicans are bringing you.

But, remember, when they started, they got handed an economy from the previous administration that was going strong. They had just come out of a pandemic and were trying to turn everything around. Was it perfect? No. But we were working on addressing the challenges facing this country.

I know. I know my colleague from Michigan knows this. Our family's prices are too high. Costs are high. We have got to focus on them. We have to lower those costs. These tax cuts should be about them, more money in their pocket.

We started doing that around healthcare, capping the cost of insulin, making sure that those Big Pharma companies would negotiate with us, and we can keep those prescription drugs down. We started that process. We have more to do. I know that.

But when President Trump came into office, the first thing he said was he was going to lower those costs for our families. That is not his priority, and that is not what he is doing. And that is why we have to shine a light on this.

That is why I am so proud of my colleagues for standing up and making sure the American public knows that they are coming after your healthcare, and they are coming after your retirement, and they are coming after you so that they can pay for these tax cuts for billionaires.

With that, I yield the floor.

THE PRESIDING OFFICER. The Senator from Wisconsin.

Ms. BALDWIN. Mr. President, I rise today for the third time this evening

on behalf of Wisconsinites in rural communities whose access to healthcare will be devastated by cuts to Medicaid.

Earlier this evening, I talked about the impact that cuts to Medicaid would have on children and babies and then about the impact that cuts to Medicaid would have on seniors and older adults.

But in my home State of Wisconsin, about a quarter of the population lives in rural areas, or roughly 1.4 million people do. And across the United States, about 60 million people live in rural areas.

When I travel around Wisconsin, I hear about several challenges that our rural communities face, from the lack of high-speed broadband to ensuring businesses have enough workers to thrive. But the No. 1 challenge that I hear about, time and again, is about rural access to healthcare.

Wisconsinites in rural communities face long drives and wait times to see a doctor. And for specialized healthcare, many of my constituents are looking at hours in the car just to get the care that they need and that they deserve.

That is why I have made it my mission to lower healthcare costs and expand care across the State, but especially for critical-access hospitals in our rural communities.

I am proud of our work because I know what a lifeline our rural hospitals are for Wisconsinites, from emergency care to having a place to get regular checkups. But I know we have work to do.

In the past 10 years, 120 rural hospitals have either closed or ceased offering inpatient services across this country. That is 120 communities and hundreds of thousands of people whose healthcare options have diminished or vanish overnight.

Most recently, in the State of Wisconsin, the closure of two HSHS hospitals and more than a dozen—well, over a dozen—clinics in Western Wisconsin left 1,400 workers out of a job and thousands of Wisconsinites with less access to emergency care, inpatient beds, mental health care, treatment for opioid addiction, and labor and delivery services.

Nearly half of all rural hospitals nationwide operate at a deficit, especially in States like Wisconsin that have not taken up the Affordable Care Act Medicaid expansion option for adults.

In a struggle to keep their doors open, many rural hospitals opt to close less lucrative units, such as maternity wards. That means women driving further for prenatal checkups or to give birth.

For the hospitals left and places that provide care, there has largely been one saving grace: Medicaid. Medicaid—and Medicaid expansion, in particular—is a crucial funding source for cash-strapped rural hospitals. And it makes sense. Children and people in rural areas are more likely to be enrolled in Medicaid than those in suburban and urban areas.

In 10 States and Territories, more than half of Medicaid and CHIP enrollees live in rural areas, including 1 in 3 children in Wisconsin's rural communities.

Medicaid ensures access to a critical range of services for people living in our rural areas, including covering nearly half of all births.

And, like other States, our rural hospitals are already too few and far between. Closing any more down would be devastating for people's health and our economy. But those are the consequences we face if Donald Trump and Republicans cut Medicaid to pay for their billionaire tax cuts.

It is not just blue States. It is not just big cities that should be bracing for impact if Republicans get their wish.

Massive cuts to Medicaid will undoubtedly force more rural hospitals to shutter. That means more Americans suffering from a stroke or heart attack not getting the lifesaving care they need until it may be too late. That means more children in rural communities not getting to regular checkups, and it means more expectant mothers facing roadblocks to getting prenatal care.

Let's be clear. The health and lives of rural Americans are on the chopping block if Republicans and Donald Trump pass their plan to gut Medicaid—and all to make superwealthy Americans even richer. It is wrong, and I for one plan to fight back.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

Ms. KLOBUCHAR. Mr. President, I rise in strong opposition to our colleagues' budget, the Republican budget, the Trump budget and plan where billionaires win and families lose.

We are voting on this budget resolution because our colleagues are once again telling us whose problems they are focused on solving, and—spoiler alert—it is not the problems of everyday Americans. Two-thirds of these tax cuts go to billionaires.

After an election where the American people sent a clear message that they were concerned about the high price of essentials like healthcare, my Republican colleagues are focused on another round of tax cuts for billionaires. This proposal gives the top 0.1 percent of income earners a new tax break worth an average of \$180,000. It gives a \$50 million tax break to Elon Musk over the next 10 years. That is right—10 years, \$50 million. I bet a lot of Americans would like that, but it is going to Elon Musk. And it pays for it by threatening the healthcare of 80 million Americans, including 31 million children.

This is not what Americans signed up for when they voted. I have heard this from constituents. I know because some of the people who—a number of them, a lot of them—voted for Donald Trump and me—what did they want? They wanted us to work on costs. They wanted us to bring down the cost of

groceries and bring down the cost of healthcare, bring down the cost of everything from housing to childcare. They wanted us to stand up for them. Instead, we get this billionaire tax scam bill.

So let's talk about Medicaid. It is not maybe the first word on everyone's minds when they wake up in the morning because sometimes people don't know that Medicaid is helping their parents and their grandparents pay for their assisted living.

In my case, I knew that my dad was in assisted living that was paid for by his savings—he had late-onset Alzheimer's—and I knew the exact day when that savings would run out. He got married three times. That is another story. But he had limited savings, and the savings would get him through a certain date, and then Medicaid would kick in. That was the date when he was going to actually have to move, and I found another place for him.

He actually died a year before that happened. We miss him every single day. But I knew that Medicaid was there for him when those savings ran out, that he had a place to go. It might not have been the place that he had been at for a few years, but it was a place that was safe for him.

Medicaid provides healthcare for 20 percent—one in five—of the people in rural Minnesota, and it provides the long-term care for one out of two—50 percent—of the people in my State who are in long-term care. It is pretty important.

About 2 weeks ago, I went on a 14-county tour in rural Minnesota. I went to a number of senior facilities and assisted living facilities and heard their stories. So many of them needed Medicaid. But this partisan budget would force rural hospitals to shut their doors, and it would be particularly dangerous for people with chronic conditions and families caring for a child with a rare disease—all to pay for more than \$2 trillion in tax cuts for the wealthiest people in our country.

Slashing Medicare and Medicaid would devastate families across our country. These are programs that millions of people rely on, like our neighbors, like our parents, like our grandparents. This is real, and I think people know that. They understand that.

I think about a constituent from Inver Grove Heights, MN, who told me that Medicaid helps her to afford the cost of her father's memory care. She said:

I'm not sure what we will do if we cannot receive this benefit.

I think about what I heard from another constituent—a working mom of two—whose parents rely on Medicaid for healthcare. She told me she doesn't think it is fair to shift the cost of care to families like hers to pay for tax cuts to the wealthy.

You know, that is the incredible thing about democracies: People write



in, they send emails, they call our offices, they show up at townhall meetings, and they tell us what they think.

In this email, she said:

We need to draw the line and say this is enough.

I couldn't agree more.

Today, the day has been a really hard time. I was on a TV program earlier, and there were a lot of major Wall Street traders—Jim Cramer—who are experts on Wall Street, and they talked about what a devastating day this has been. This was actually the toughest day, the biggest tumble the stock market has taken since 2020 in the pandemic. But this was not a pandemic. This was not a global pandemic. This was a self-inflicted wound from the President of the United States, and it, sadly, affected people not just on Wall Street but on Main Street.

We call this the Trump tariff tax, TTT. Easy to remember: Trump tariff tax. Estimates are now, based on the announcement made yesterday, that this is a \$4,000 tax per average American family; it is a \$20,000 additional fee on every single home that someone wants to buy—that is the average; thousands of dollars for a car. Why? Because our supply chains are forever integrated with the rest of the world. We get stuff from Canada.

We were able to see four of our colleagues stand up and vote with all Democrats to say that the basis for the Trump tariff tax on Americans, based on Canada, was wrong.

And we actually made a statement last night, and then what happens? We see the effects of the Trump tariff tax: 4 percent down in the stock market. Some of it is 5 percent down.

The Republican budget doubles down on this because while we are seeing this assault on Americans' savings and on average American families who work hard every single day, we are also now hearing about a budget that would add, in 30 years, \$37 trillion to the debt—\$37 trillion to the debt—while cutting Medicaid.

Why do I say that? Because in order to meet the targets that were outlined over in the House, the Congressional Budget Office, which has long been nonpartisan—used by Democrats and Republicans in Congress—has made it clear that this would have to involve cuts to Medicaid. Add that to the firings at the Department of Health and Human Services that will undercut health services and research.

I just met with a man this weekend from a small town right close to Brainerd, MN, whose wife had just died in January. In order to figure out the death benefit, what he got under Social Security, he first emailed. He is very much with it at age 79. It took too long. On and on. He called—hours and hours. He went into the office. He drove 30 miles. He was asked to show his ID online. It went on and on and on for days, until he called our office, and we got involved and tried to help him—a man who is grieving, who just lost

his wife. That is what these cuts are going to mean for regular people.

Yes, it is a disaster for Wall Street, but it is more of a disaster on Main Street.

For decades—and here is one example—Big Pharma companies had a sweetheart deal written into law that allowed them to charge seniors whatever they wanted for lifesaving prescription drugs. Along with many of my Democratic colleagues, I led the bill to have, finally, Medicare negotiations under Medicare Part D.

What happened? The last administration took this on, the top 10 drugs—everything from Eliquis, to Januvia, to Xarelto, to Jardiance. They finally negotiated the prices and negotiated prices for those 10 drugs—which went down 60 percent, 70 percent—and will save 9 million seniors \$1.5 billion in out-of-pocket costs in just the first year alone. No one has refuted these stats because this was the negotiation.

Now this torch, this incredible effort to finally bring down pharmaceutical prices, has been passed on to this administration. They have been given 15 drugs—that is the next allotment—including Ozempic, to negotiate the prices down for seniors. They also have to do it the year after that and the year after that.

There is no sign, based on testimony in the Health Committee, based on what we have seen out there, that they are going to have the wherewithal to do this. I hope they do, but there is no sign that they are going to do this.

I see that Senator WELCH just entered the Chamber. He was the lead author on this bill in the House of Representatives and understands exactly what I am talking about.

That is an example, when you look at Medicaid and the use for, yes, children with disabilities, kids throughout our land, but also our seniors for nursing homes and assisted living, then you look at Medicare and how important that is, then you look at the progress we have made on things like prescription drugs—all of these are on the line at the same time Americans have seen the biggest drop to their savings, the biggest drop to the stock market, a self-inflicted wound, a reckless act based on things that Donald Trump has said to his—I don't know—the people he hangs out with, his friends.

Well, the people that voted for him in my State did not sign up for this.

Instead of building on our progress, Republicans are driving up costs by not standing up on these tariffs—although four of them did—on Canada, by not standing up when it comes to this assault on programs for our seniors, like Medicaid.

This is unacceptable, and we should not be here advancing policies that are going to force more Americans to have to choose between filling their prescriptions and putting food on their table. Too many Americans struggle with the cost of healthcare. Instead of looking out for billionaires, let's look out for them.

I yield the floor.

The PRESIDING OFFICER. The Senator from Vermont.

Mr. WELCH. Mr. President, I am really delighted to be here with my colleagues Senator KLOBUCHAR and Senator WARNOCK. I know it is an incredibly important issue for all of America. It is not a red State, blue State situation. It is about something that is near and dear to the heart of the Presiding Officer, the doctor from Kansas: That is healthcare.

Healthcare is in jeopardy, particularly Medicaid. Medicaid is healthcare. It is healthcare for kids. It is healthcare for many low-income seniors. It is healthcare for 80 to 90 million Americans. It is healthcare for folks who must live in nursing homes. They are at that stage in life where what keeps them alive and allows their kids to visit are Medicaid paid-for nursing homes.

In fact, in Vermont, two out of three of our seniors who are in nursing homes are there only because of Medicaid. So this is important to families, to kids, to seniors. It is part of our healthcare system.

And what is of concern, I think, to all of us—and I really want to emphasize I think it is all of us, not the Democrats versus the Republicans—is wanting to have a healthcare system that is going to be there when people need it, that people are not denied access to healthcare because they are poor kids, that they are not denied access to nursing home care because they have run out of their lifesavings.

We want to make certain that the healthcare needs of our children and our seniors, disabled children, disabled adults—we want to make sure those healthcare needs are met. We have to do that. It is the mark of a functioning and caring society.

There is not anybody on either side of the aisle that doesn't want to do the best we can, not just for our kids but for the kids that live in our community; that want to do the best we can, not just for our parents but for all the parents that live in a community; that want to do the best for all folks who are disabled and need the special requirements that go along with life with a significant disability.

But here is where there is a difference: The tax bill that is being proposed that will lower taxes is going to be paid for, in significant part, by drastic cuts to the Medicaid budget, maybe up to \$800 billion. And in fact, in the House version of the reconciliation bill, the Energy and Commerce Committee, on which I served when I was in the House and has jurisdiction over Medicaid, was instructed in that resolution to come up with about \$800 billion in savings.

What is the purpose of those savings? It is not to lower the national debt. It is not to invest in research and development. It is not to provide universal affordable childcare for a family in medical need—things that I think all of us absolutely need.

It is to fund a tax cut. Literally, it is to fund a tax cut. So then the question becomes: tax cut for whom? We have millions of taxpayers in this country with all different incomes, and that includes everyone from folks who are making 7 or 8 bucks an hour to \$15 an hour, to middle-class families maybe with two folks working—a firefighter maybe and a teacher—might be making \$150,000, and they have a couple of kids, still trying at the end of each month to pay the bills, put aside a little money for college, put a little money aside, hopefully, for a 2-week vacation at some point.

Or that tax cut can be designed so it goes to folks who have really been riding the wave of the financialization of the economy, folks who have become billionaires—God bless them—multinational corporations that have extremely strong balance sheets and really strong profits, companies that already saw a tax cut in the last tax bill that has exceeded what they even asked for.

So the question that is really before this Congress has to be put in very concrete terms. It is not, Are you for a tax cut? It is not, Are you for Medicaid? Because probably every single one of us on both sides of the aisle would say yes to a tax cut, and we would say yes to Medicaid.

But we have got to be candid with one another and with the American people that the tax cut that the majority is proposing, more than half of it is going to go to billionaires, multimillionaires, and to very, very profitable multinational corporations.

In the design of the “pay-for,” \$800 billion is going to be taken away from the healthcare that provides essential healthcare to kids and to seniors and to disabled people.

So this is not really a question of, Are you for a tax cut? We all are. It is not really a question of, Are you for Medicaid? We all are. It is a question of the specific bill that is being proposed, which is a tax cut that is designed to lower taxes for very wealthy people who won't notice one way or the other at all whether they do or don't get yet another tax cut. They won't know it. It won't affect them. It won't in any way have an impact on how they live their life day-to-day. It won't have any impact on their ability to put money aside for their kids to go to college. It won't have any impact on their ability to put money in a trust fund so their children and their grandchildren can live with total economic security. It will have no impact on that.

It will certainly have no impact on the improvement of our economy because that money won't be spent or saved rather than invested in the childcare that working families need. It won't be invested in the family leave that a parent needs when a spouse or a child becomes sick. It will have absolutely no impact on that.

So the question for us is, Why would we design a bill that is going to give a

tax cut to folks that don't need it—in some cases, haven't even asked for it. It is not going to be reinvested in the economy to improve the well-being of our society through education or childcare or family leave.

But then we have the pretense that would be fiscally responsible and “pay for” the tax cut, but the way we are going to pay for the tax cut is taking away healthcare from people who desperately need it and can't afford it. That is what is up here. That is the question. It is not rhetoric. It is not about political principles.

This is about day in and day out survival for many American families who have absolutely no capacity financially to take care of a parent who is now in a nursing home or a parent—parents of a disabled child whose only lifeline to be able to care for that child is Medicaid.

Folks with a disabled child, as we know, it is an incredible challenge for them, and they meet it. It is amazing that a person, a family, they have the bad luck of having a disabled child, but they have the good heart that they can love that child as though it is the best child in the whole wide world. That is how they are. That is how Americans are. They accept what God gives them, and they love that child.

But it makes a difference whether they can live their life if they have Medicaid that helps get that wheelchair, that may help them with a van so they can go out as a family. That is literally what we are talking about. This is real. This is consequential. This is not about polls and who is ahead and who is up and who is down.

This is about a society, through the U.S. Senate, at this moment, that is making the decision that we are going to give tax cuts to people who don't need them, haven't asked for them, but whose political supporters here are demanding them on their behalf and give tax cuts to corporations that have had record profits at the expense of taking away the healthcare that families in your community and mine totally depend on.

This is wrong. This is wrong. The most elemental thing that a family needs is some security if they have a child or they have an elderly parent. They are not going to leave them out on the street and kick them aside. That is what is being proposed in this bill. That is what is being proposed.

I hope we come to our senses here, and we just start with the proposition that whatever it is we do, whatever tax policy we believe is in the best interest of the American people, we start with the commitment that however we implement that policy, it will do no harm to the children in your community and mine, to the folks in nursing homes in your community and mine. We will do no harm.

That, Mr. President, is why it is so essential that we defeat this proposal.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. WARNOCK. Mr. President, I rise tonight in strong opposition to this awful, and, frankly, immoral budget. Recently, I was appointed to the Finance Committee of the U.S. Senate, and the reason why I wanted to serve on that committee is because I wanted to get a chance to shape the Nation's budget.

As I thought about all of the things that I have fought for long before I came to the Senate, access to healthcare, access to learning and early education for all of our children, ensuring that people could retire with dignity—as I thought about the things that I cared about, I wanted to serve in a place where I might have an impact on our Nation's budget.

And that is because, for me, a budget is not just a fiscal document, it is a moral document. It is not just numbers and figures. It is not just dollars and cents.

Show me your budget, and I will show you who you think counts and who doesn't. Show me your budget, and I will show you what you think matters and what doesn't. Show me your budget, and I will show you your priorities.

Jesus said:

Where your treasure is, there your heart will be also.

And I have to say that if this budget that is being proposed were an EKG, it would suggest that the U.S. Congress has a heart problem and is in need of moral surgery. Why else would you propose, among other things, to cut up to \$880 billion from Medicaid?

I could talk about many aspects of this budget tonight, but I will just stick with Medicaid, programs that provide healthcare to the most vulnerable citizens, the children, to the severely disabled, to seniors in nursing homes. In fact, 71 percent of all Medicaid enrollees in Georgia are children—71 percent. And I think it is important to underscore that because sometimes when we use these terms “Medicaid,” there may be folks at home wondering, well, who are we talking about? Who are these people? Well, 71 percent of them are your children.

And so this budget is dangerous. It is cynical. It is wrong-headed. I believe in addressing waste and fraud and abuse, and I would sign up quickly to deal with that in our government.

But there isn't enough waste, fraud, and abuse to cut \$880 billion out of Medicaid. And that is not just me saying that. The nonpartisan Congressional Budget Office said that the proposed GOP budget would require cuts to the Medicaid people rely on. So don't be fooled. Don't be tricked by the funny math, by the games to cover up what is really happening here. And if I were them, I would be ashamed of it and trying to hide it too.

But they can't hide from the fact that they are about to take healthcare away from children. It is really that simple. And so why? Why are we cutting access to healthcare? A human



right to 1.3 million children in Georgia, quarter of a million Georgian seniors, over 37 million kids nationwide, 9.3 million seniors nationwide—why should they go to bed tonight wondering if the Congress is getting ready to pull the rug out from under them?

Well, the answer is, sadly, very simple: to pay for tax cuts to the richest of the rich, all while adding \$5 trillion to the Nation's debt. Think about that. A plan that would cut healthcare to our most vulnerable citizens, including children living in the dawn of life and elders living in the twilight of life, while adding \$5 trillion to the Nation's debt, \$37 trillion potentially over 30 years, and so we are taking healthcare for children and then burdening them with the consequences of this terrible decision.

And so I rise tonight just to say that America is better than this. This is not who we are at our core. And the data demonstrates that the people—the people at home, ordinary folks don't want this. This is symptomatic of the ways in which the people's voices have been squeezed out of their democracy and the folks who are sent here to represent them are representing other interests.

And that is why every Sunday I return to my pulpit at Ebenezer Baptist Church. I am blessed to stand there. I am the preacher, but it is good to be in that atmosphere. It reminds me what ordinary people look like and their concerns and their needs. And sometimes, when I stand in that pulpit, I am reminded that Martin Luther King, Jr., who was copastor, said that of all the injustices, inequality in healthcare is the most shocking and the most inhumane.

It is the honor of my life to be able to stand there and preach every Sunday. The Gospel tells us about a man who healed the sick, even those with preexisting conditions, and never billed them for his services. And that is why I am a Matthew 25 Christian. My work is informed by the words of that Gospel.

For I was hungry and you gave me food, I was thirsty and you gave me something to drink, I was a stranger and you welcomed me, I was naked and you gave me clothing, I was sick and you took care of me, I was in prison and you visited me.

And some asked the Master, when were You hungry? Lord, when were You thirsty? When were You a stranger? When were You sick?

And the answer came:

Truly, I tell you, just as you did it to one of the least of these who are members of my family, you did it also unto me.

This is not for me simply a policy argument; it is a moral discussion. It is about who we are fundamentally. What is the character of our Nation? To center the 41 percent of Georgia children who rely on Medicaid, I think that is what keeping the faith looks like; to center the exhausted mom who is working multiple, unpredictable jobs but still needs Medicaid to get the

healthcare she needs—many of the folks who need Medicaid go to work every day.

In Georgia, 600,000 folks who are in the Medicaid gap, all of this talk about work requirements, the overwhelming majority of those folks go to work every day or they are in school or they are taking care of a disabled person.

Keeping the faith means centering the Georgia seniors who rely on Medicaid to cover the cost of living in a nursing home. That is why in 2017, years before I knew I would even run for political office, let alone serve in the Senate, I came to this building, but I came as a faith leader. I came with other faith leaders across various religious traditions and people who claim no particular faith tradition but people of moral courage. And we gathered in the Rotunda, and they were discussing, back then another reconciliation bill. And, once again, that bill would cut the social safety net programs like Medicaid and food assistance.

And so we came here to bear witness to who we are at our best as a nation. And as we gathered in the Rotunda, the Capitol Police gathered, and we were singing, and we were praying. And they said: Sorry, you can't sing, and you can't pray in the Rotunda.

I thought to myself somebody needed to pray.

And they said:

Respectfully, we will give you three warnings, and if you don't move, we will have to arrest you.

What they didn't understand was that I had already been arrested. My mind and my imagination had been arrested by the words of Dr. King who taught us that the true measure of a person is not where he or she stands in moments of comfort and convenience but in moments of challenge and controversy. We are tied in a single garment of destiny, caught up in an inescapable network of mutuality, and whatever affects one affects all indirectly. My mind had already been arrested. My moral imagination had been arrested. And so that felt like a small price to pay.

And so I call on the people who are at home to call your Senator, call your Congress person, tell them that this is not right, it is not fair, it is not true to our highest values.

There are some 2,000 verses in the Scripture that tell us how to treat people who are in need, how to treat the poor; and maybe that is why faith leaders all across the State of Georgia have been reaching out to me in advance of this debate.

Atlanta Bishop Jack Lumanog from the Anglican Diocese of St. Ignatius Loyola reached out to me earlier this month, and here are some excerpts from the letter he sent to me. He said:

I am grateful to be one of your constituents in Georgia and to write to a fellow pastor whose voice carries both moral authority and legislative power in this defining moment for our nation. However, I write to you today with a heavy heart, deeply troubled by the state of our nation.

As a faith leader, I am increasingly concerned for the most vulnerable among us—those who rely on Medicaid, Medicare, and Social Security. These vital programs appear to be next in line for cuts by DOGE that could threaten the well-being of millions. Scripture—

He says—

reminds us that “whatever you did for one of the least of these brothers and sisters of mine, you did for me.”

It is our moral duty to advocate for the dignity and security of those who depend on these essential safety nets. We cannot allow them to be dismissed amid political and economic maneuvering by unelected bureaucrats like Elon Musk, who have placated the legislature and judiciary while wielding outsized influence over public policy, all while bypassing democratic accountability.

Please be assured of my prayers for you and your leadership during this critical moment in our nation's history. May you find strength in your faith and courage in your convictions as you continue to fight for justice and righteousness.

Thank you, Bishop Lumanog. You are not alone in your witness. Earlier in the year, the three largest Catholic organizations in the country—the U.S. Conference of Catholic Bishops, the Catholic Health Association, and Catholic Charities USA—urged lawmakers to protect and strengthen Medicaid as a matter of faith.

They wrote:

The Catholic Church teaches that human life is sacred, and all people have inherent dignity and worth. As Catholic bishops and organizations that provide health care and social services on behalf of the church, we firmly believe that all people have the right to those necessities needed to live, found a family and flourish. As you address reconciliation priorities, we urge you to prioritize those most in need and working families and protect the Medicaid program.

We are hearing from a range of faith leaders because they understand that the acid test of someone's faith is the depth of their commitment to the most marginalized members of the human family.

Nearly 2 million people in Georgia are enrolled in Medicaid; that is one in five Georgians. And 1.3 million children in Georgia are enrolled in Medicaid; that is over 40 percent of every Georgia child, two in every five children. A quarter of a million Georgia seniors rely on Medicaid, including those living in nursing homes, that is around one in seven Georgia seniors. And they are united in opposition to cuts to Medicaid. I hear their stories all the time. I want to just share a couple of them with you.

Bristeria was excited to learn that she would be expecting her first child, but her initial excitement quickly gave way to fear and anxiety as her pregnancy proved to be most difficult.

During the pregnancy, doctors needed to perform an emergency operation, followed by an unexpected C-section delivery. And at the time of her pregnancy, Bristeria was working a part-time job that did not offer health benefits.

Through family, friends, and coworkers, she discovered that she was eligible for Medicaid, which ultimately provided critical assistance in covering

the cost of the care she needed through delivery.

She was both relieved and grateful that a difficult pregnancy ended in the birth of a healthy baby boy. Now she is the proud mother of two. She works full time as a deputy county clerk. She is now enrolled in an employer-provided health plan. But she remains forever grateful that Medicaid was there for her when she needed it.

It provided a temporary safety net amid a challenging pregnancy, and now her life is much better because of it.

Naomi enrolled in Medicaid after she lost her job when pregnant with her son Noah. Noah was born prematurely at just 26 weeks and lives with chronic and medically complex conditions that require round-the-clock care. Noah's Medicaid coverage is provided through a combination of innovative programs, including Georgia's Right from the Start initiative for comprehensive health services and the Katie Beckett waiver program for children with complex medical needs.

All over our country, there are children like Noah. His mom says:

If we didn't have Medicaid, we would be in dire straits.

Elisabeth from Ellijay, GA, says:

Our lives depend on prescription medications [and] accessibilities. . . . Please, help us. Losing Medicaid would hurt disabled people or even potentially kill us without access to our medication. . . . When it comes to politics or access to healthcare, disabled people are often left out and no one thinks of the consequences of taking away the things that help us. We live in forced poverty already and Medicaid is essential. Please think of us and be a voice for those who can't speak out.

Finally, when Cindy was 17 years old—Cindy from Atlanta—she was a star athlete and a great student preparing to go to college and enroll in ROTC. Her parents, who are refugees from Vietnam, moved to the United States to give her a better life, and she wanted to make them proud.

But when she started feeling exhausted all the time and noticed swelling in her lymph nodes, she knew something was wrong. And after several visits to various doctors and the hospital, she was diagnosed with stage II non-Hodgkin lymphoma. Obviously, that was devastating news for her and for her family, but they were at least grateful that Medicaid would cover all the treatment Cindy needed to survive.

And just after Thanksgiving, her senior year in high school, Cindy started chemotherapy. Each session lasted 3½ hours, and she had to do them every other week for 6 months. She went to classes as much as she could, took the SAT, and continued her plans to go to college. She went to her senior prom, even though it was just 2 days after her chemotherapy.

But now Cindy is 30 years old. She is cancer free. She is fascinated by all things aerospace, and she formed a group at her school to advocate for a new major in the field. She says:

When I was 17, I was diagnosed with Stage 2 non-Hodgkin lymphoma. Because of Med-

icaid, I was able to catch my cancer early, and today, I'm cancer-free. I'm following my dreams of becoming an aerospace engineer, and I'm living proof that Medicaid saves lives.

That is really the heart of it: Medicaid saves lives.

And so I wanted to share these stories tonight because these are the stories of ordinary people. These are the stories of the folks who will not be able to stand on the Senate floor, but they need a voice. These are their stories. But in a real sense, these are our stories because, as Dr. King said: We are "tied in a single garment of destiny. Whatever affects one . . . affects all indirectly."

We got to know this very well over the last few years, during the COVID-19 pandemic. A deadly airborne disease meant that if my neighbor was sick, I was potentially imperiled. That doesn't make my neighbor my enemy. That simply means I had an investment in my neighbor's health. My neighbor's healthcare was good for my health.

And so that is the spirit with which we ought to be addressing something as sacred as crafting a nation's budget. I need other people's children to be OK for my children to be OK. I need people with disabilities to be OK for my children to be OK. I need seniors at nursing homes to be OK for all of us to be OK. I need children with cerebral palsy to be OK for my children to be OK.

We need to look into each other's eyes and into the eyes of other people's children, and see our own.

So over the next few days, this body will be voting on a budget, and I submit that the budget says a whole lot about the body. It is a moral EKG, and the question is: Are we well or do we have a heart condition?

I submit that, for all of our challenges, we suffer not from a poverty of resources but a poverty of moral imagination. We are bigger, better, and stronger when our reach is wide and when we dare to build a nation that embraces all of our children. God gives us strength, grace, and moral courage to get it right.

I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. BENNET. Before he leaves the floor, I just wanted to thank my colleague from Georgia for the moral clarity of his remarks tonight.

It is interesting to think for a moment of what we are dealing with and what the context of this budget is. We are living in the wealthiest country in the world, but unlike almost any other industrialized country in the world, we don't provide healthcare to everybody in the United States. This is the wealthiest country in the world. Per capita, we are far wealthier than any other country in the world. And, yet, we made the decision not to provide healthcare to everybody.

And, shockingly, not only are we doing that, we are spending twice what any other industrialized country is

spending on healthcare—for worse results.

Do you know that, today, in the United States of America, our life expectancy is 6 years shorter than if you live in an industrialized country in the world that has a universal healthcare system that costs half of what this healthcare system costs?

If you are African American in the United States of America, your life expectancy is 12 years shorter than if you live in a country that has a universal healthcare system that costs half of the one in the United States of America.

And those systems, by the way, are very different. Some of them are all public systems. Some of them are a combination of for-profit and nonprofit and government healthcare. But the thing they share in common is that everybody is covered and that they cost much less than the healthcare that is delivered in the United States of America.

I am sure my colleague from Georgia has the same experience I have in Colorado, which is to notice that every year it seems like healthcare actually becomes more scarce in America—less abundant—even though we are spending all that money. And don't even ask me about mental healthcare, which our families desperately need in the United States of America now. And as a former school superintendent, I can tell you our kids are facing a raging epidemic of mental health issues that are related to COVID, that are related to other challenges they are facing, that are related to the social media algorithms that are ripping their childhoods apart with absolutely no response from this place.

So that is the starting point. And I think I heard my colleague from Georgia talking about how Martin Luther King had said that inequality in healthcare is the most shocking and inhumane of all. And I wonder if one of the things he was thinking is that it is shocking and inhumane, in the richest country in the world, that not everybody is covered, even though in every one of these other industrialized countries, people are covered.

And everybody in this room knows that no matter whether you are covered or whether you are not, if you have a sick child, you are going to try to get them a doctor. If you have a sick child, you are going to try to get them to the hospital, whether they are covered or whether they are not.

And one of the reasons why our healthcare system is so expensive is that people don't have primary care; that is to say, they don't have the ability to go in to see a doctor in a timely way, just to get a wellness checkup for themselves or for their kids, just to make sure that everything is OK, so they don't develop a chronic healthcare condition that makes the healthcare much more expensive on the other end and shortens their life.

That is why we have a 6-year life expectancy that is shorter than people in

the rest of the industrialized world—unless you are African American in the United States. Then it is 12 years, more than a decade.

And that is why this budget is so astonishing and so amazing. And I agree with my colleague from Georgia that every budget is a moral document. This document is an immoral document. This budget is an immoral budget. You would think that we lived in the poorest country in the world, not the richest country in the world, if you saw this budget.

There is no way that any mayor in Georgia or any mayor in Colorado, whatever party they are in, Democrat or Republican, would put a budget like this in front of their people. There is no way they would come to them and say: We are going to make life even harder for people who are even hanging on by their fingernails just to get the healthcare they get because, as my colleague from Georgia said, we are all sicker if kids don't get inoculated. We are all sicker if this country of ours doesn't have people that have primary care. It just gets more expensive if families have to go to the emergency room to get care for their children because they have no other way to get healthcare. That is what is going to happen.

Most of the people who are on Medicaid are children and senior citizens. That is who is on Medicaid—and disabled people and people who have spent their entire lifetime—they have spent their entire lifetimes working, and now they have spent their lifesavings down just for the privilege of spending the rest of their days in a nursing home, often in rural parts of our country, on Medicaid.

So this budget has these cuts to healthcare. It is a way of saying it. I mean, we call it Medicaid, but it is healthcare for poor children, for poor seniors, for working people, for disabled people, for people that are living in nursing homes that have no other options. It is their healthcare.

If you take this healthcare away, people are just going to get sicker. It is going to cost the society more. People are going to fill up these emergency rooms. We know that because people will try to get healthcare wherever they can, even if it is the most expensive way of doing it.

We would be a lot better off having a conversation about how to cover everybody in a way that costs us as little as it costs in other countries around the world.

But not only are we not having that discussion with this budget, we are having a discussion about a budget that cuts taxes and blows this massive hole in the deficit, no matter how much the healthcare cuts are, of about \$4.6 trillion. And that is to extend the tax cuts that Donald Trump came here and passed in 2017.

This is another shocking part of this budget. You know, we have very significant problems in our economy.

This country relied, when I was growing up, on the idea that if you worked hard, you could get ahead; if you worked hard and your kids worked hard, they could live a better life than the life you lived. That was the American promise. That was the American promise.

Today, for the first time in American history, half the people that are 30 years old are going to make less money than their parents. Think about that. Half the people that are 30 years old in the country today are going to make less money than their parents did. If you look at young men in the United States of America, they are earning 40 percent less income today than they earned in 1976.

We tell ourselves that we are the land of opportunity. We need to be the land of opportunity, but we are seeing our economic mobility slide behind competition, from Southeast Asia to Europe. There is a lot of discussion these days about what the threats to our democracy are or the fact that our democracy is threatened. I don't think there is a greater threat to our democracy than the lack of economic mobility we have, than the fact that too many families in Colorado and across this country feel like their kids are not going to live a life as good as the life they live. In Colorado, there is not a county anymore where people feel like their lives are going to be better, where their kids' lives are going to be better than theirs.

When you lose that sense of opportunity, when you lose that sense that if you work hard, you are going to get ahead, that is a danger to democracy because, inevitably, somebody shows up, as President Trump did, and says: I alone can fix it. You don't need a democracy. You don't need the rule of law. You don't need this exercise in self-government. I can fix it. You should expect your private sector and your public sector to be hopelessly corrupt, hopelessly bankrupt.

That is a dark vision, but that is the dark vision that he was elected on twice.

I think we would be a lot better off trying to figure out how to create an economy that, when it grows, it grows for everybody, not just the people at the very top; and an economy that, when people work hard, they feel like they know they will be able to propel their kids forward. It was an economy that reestablished the American dream for this entire country. We better do that. We better do that if we are going to have any hope of saving this democracy.

But here comes a budget where a massive hole is being blown into the deficit and is causing a proposal to cut healthcare for the poorest people in the country and the poorest children in the country—here is what it is doing. It is cutting taxes for the wealthiest people in America. Fifty percent of the benefit of this tax bill will go to the top 5 percent of Americans. Fifty percent of

the benefit of this tax bill will go to the top 5 percent of Americans.

I have said it on the floor before. I am not going to dwell on it again. This is analogous. It is the same if a mayor in Denver or Grand Junction or Limon or Durango or Springfield came to see the citizens of those communities and said: I am going to borrow more money than we have ever borrowed before.

You ask them: What are you going to spend it on? I am worried about that. What are you going to spend that money on? Parks? Public safety? On the mental health challenges that I described earlier? On our infrastructure? Our roads? Our bridges? Our schools?

And the answer is: No, no, no.

Well, what are you going to spend it on?

We are going to give tax breaks to the two wealthiest neighborhoods in town and let it trickle down to everybody else.

That is the Trump tax policy. That was the Trump tax policy in 2017, and it is the Trump tax policy this year.

It is very unusual, by the way, to have a President who has been here twice with an interruption, but that is the case with President Trump. We now know the facts of the math that he claimed the last time.

He said last time that the tax cuts would pay for themselves. We know that they cost the country \$4 trillion; that the sons and daughters of teachers and firefighters and police officers all over this country who are not going to benefit in a material way from the tax cuts are going to have to pay back the debt that is incurred to give them to people who, as the Senator from Georgia said, aren't even asking, really. Many of them know we are in this situation where we have the worst income inequality that we have had since the 1920s and that we should be thinking about how to build that middle class again, give people the chance to get into the middle class, which is what we should be focused on.

So there is a set of priorities here that somehow makes sense when it gets to Washington, DC, but surely doesn't make sense in the towns and cities of this country. There is a choice that would never be made—a choice to hurt the people that now are going to have to go without healthcare; a choice to blow a massive hole in the deficit—not to invest in the country but to cut taxes for the wealthiest people.

Why don't we have a tax cut for working people? Why don't we have a tax cut for the middle class? Why don't we expand the child tax credit and the earned income tax credit for working people here?

Mr. President, I am going to finish. I do want to read some letters that have been written to me from people in Colorado who are deeply concerned about these cuts to Medicaid.

I want to also say a word of thanks to the people that have come to my townhalls—sometimes with their children, sometimes with their children with disabilities—to advocate on

behalf of their children, to advocate on behalf of children all over our State and all over the country whose lifeline is this healthcare program that is being cut in this budget.

There were so many people that wrote in. The No. 1 issue—when we have these townhalls, we write down the questions that are asked. The No. 1 issue is Medicaid because the people that have loved ones who are on the program know it is going to be cut, know that they have nowhere else to turn. That is why they are there at 8 o'clock or 9 o'clock at night with their children when their children should be home in bed, because they want people here to understand what it is going to mean to their families if these cuts go into place.

The first letter is from Barbara of Greenwood Village:

We are 86 year old parents of our 53 year old, nonverbal autistic son who we had become physically unable to care for him in our home anywhere. We were able to place him in a host home May 29, 2024, where he is being provided a safe and caring environment. He requires 24/7 supervision, to be given his needed daily medication, and seeing that he gets to all needed doctors and dental appointments and continues to do so. Without continuing Medicaid's current level of support, we are terrified that these needs may not continue to be met! As aging parents—

Eighty-six-year-old parents—

—we are greatly concerned about these proposed huge cuts to Medicaid . . . It's so important for us to know that all these supports will still be in place after we are gone and unable to advocate for him. Please help us to do this by not cutting Medicaid benefits!!

The next letter is from Michell in Thornton:

I am writing to urge you to protect and strengthen Medicaid for individuals with disabilities. My daughter, who was adopted at age 10, is now 21 but has the cognitive level of a five-year-old. She has Fragile X Syndrome, ADHD, PTSD, anxiety, and possible fetal alcohol syndrome. She requires constant supervision, behavioral support, and medical care beyond what private insurance covers. Medicaid is essential for her survival and quality of life. It provides funding for adult programs that give her purpose, medical equipment, and living assistance—expenses that most families simply cannot afford.

No family could afford.

Without Medicaid, she and many others like her would be left without critical care, increasing the risk of institutionalization or homelessness.

Medicaid also plays a vital role in adoption. Many children with disabilities, like my daughter, find forever families because Medicaid provides the financial support needed to care for them. Without it, fewer families would be able to adopt, leaving more children to age out of the system without the care they desperately need.

Please support Medicaid funding and policies that ensure individuals with disabilities receive the care and dignity they deserve. Thank you for your time and dedication to this critical issue.

The care I say that all of us deserve.  
Erica from Johnstown:

My son has Duchenne Muscular Dystrophy. His care alone without Medicaid waivers will

cost us at least \$1 million per year. Medicaid allows me to be paid to take care of my child and not rely on nursing care. Medicaid has really helped him get the best care possible without having to worry about the cost.

And to be able to have his parent there to take care of him.

Samuel from Denver:

My name is Samuel. I moved to Denver with my wife Cynthia and our son Joaquin just over a year ago—

Welcome—

in order to have his complex medical issues treated at Children's Hospital of Colorado. Medicaid has without exaggeration saved our lives; my wife is paid as our son's caregiver when she would otherwise be unable to work.

Joaquin has received services ranging from medications that prevent constant pain to (before our move) air ambulance flights from Albuquerque to CHCO, including several life-saving surgeries.

Losing funding for Medicaid directly translates to unnecessary suffering and even loss of life for Joaquin and countless children like him. Please do not allow that to happen.

Mr. President, I can't tell you the number of parents I have met who have spent 24 hours a day, 7 days a week in care of their own children but who are able to do it because of the small payment that is made by Medicaid. What are these parents supposed to do if this is cut? How are we going to meet the moral obligation of this country to our children with this cut?

A letter from Brittney in Denver:

My son has autism, a developmental disability, and a speech delay. He cannot be in a typical daycare or even go to preschool due to the high level of support he requires. Medicaid pays for his speech therapy and occupational therapy. After just 6 months of ABA therapy, occupational therapy, and speech therapy, Jackson is now speaking. He's not as aggressive and is getting better with managing the sensory issues that he struggles with daily.

Without Medicaid, we would not be able to pay for our home or food as I am his paid caregiver through Medicaid. I cannot work a typical job. It is important that he receives these therapies and supports for Medicaid as well as me so that our family can survive and he has the brightest future possible. If anything is taken away from him or us, it will be detrimental. Please give my son and our small family a fighting chance. Thank you.

Barbara from Greenwood Village:

Our son Derek is autistic and nonverbal. His dad and I are 86 plus, and it became hard for us to take care of him. We wanted to be sure he would be in a safe and secure situation and happy there. On May 29 of this year, we were able to find a host home for him to live in. He is doing well there.

He has people that take him out in the community 6 days a week to enjoy being out and about, which is so very important to his happiness and well-being. We pray that Medicaid will continue to support him in continuing this new way of life for him.

Our community of people with disabilities desperately need help!

Sasha from Fountain:

I have a 9-year-old, wheelchair-bound daughter with cerebral palsy. She depends on me 100 percent. She depends on me 24/7, morning, day, and night.

I change her, dress her, get her out of bed, feed her, bathe her, drive her to therapy and other appointments, exercise, massage, and

physical therapy at home, give her her medications, get her ready for bed, and help her in the middle of the night if she wakes up. Because she depends on me, I'm unable to get a job outside of the [house, and that] is why I depend on this waiver. I would rather care for my daughter, give her the quality care and love she deserves, than hire a stranger and depend on them to take care of my child. Without the waiver, I wouldn't be able to afford to stay home and make sure she is safe and happy. Thanks to the waiver, she [has] the therapy she needs.

It's a crisis, and we need Congress to ensure that everyone has access to home- and community-based services right now.

It is a crisis. It is a crisis. It is a crisis in the richest country in the world. Now we are going to provoke this crisis. We are going to make it even worse. We are going to destabilize these families. For what—so we can give tax cuts to the wealthiest people in America? Why don't you just not do that part of the bill? Why don't you just not do that part of the bill?

This economy has shoveled benefits for 50 years on the wealthiest people in our country. Do we want to compound that unfairness with a set of tax policies like the ones that are being pursued here and turn around and cut healthcare for the most vulnerable people in America?

If you are concerned about waste, fraud, and abuse, go after waste, fraud, and abuse, but don't make people's lives even more painful. Don't make people's lives even more difficult. Don't force parents to actually leave their households when there is no one else to take care of their children.

No one would make these choices in one of our communities at home. I would like to hear a city council meeting where these were the choices that were being made: Cut electric for the poorest people in the country. Borrow as much money as we have ever borrowed. Give the benefit to the two wealthiest neighborhoods in town. It doesn't make any sense.

Here is a letter from Bryce in Denver:

When I sustained a cervical spinal cord injury from a shallow water diving accident at age 20, the only thing I was certain of was that my future aspirations and independence were finished. I had plenty of time to think about what I had lost as a quadriplegic during my 45-day stay in the ICU.

But as I began my rehabilitation, I learned about Medicaid and home- and community-based services. By the time I returned home, I had set up home health care services that allowed me to receive the needed care to be independent throughout the day and enabled my parents to continue working.

By the time 1 year had passed after my accident, I was back living on my college's campus and taking a full slate of classes. As I write this, I am a staff attorney at the Colorado Cross-Disability Coalition—an organization I dreamed of contributing to professionally when I was a volunteer advocate here over a decade ago. I continue to benefit from daily home health care through a consumer-directed program available through Colorado Medicaid, and can pay for medical appointments and services, physical therapy, and occupational therapy services, which keep me healthy enough to [continuously]

contribute to disability rights advocacy across the state and [the] Nation. In no uncertain terms, Medicaid's home- and community-based services has repeatedly opened the door of opportunity for me to live a meaningful, independent life. Without these services, I would be unemployed, living either with my parents or in a nursing facility.

Home- and community-based services represent American values of equal opportunity to pursue life, liberty, and happiness. They represent our societal commitment to providing and promoting those opportunities to all citizens, and these values and commitments—manifested in Medicaid services—are the sole reason that I have been able to overcome quadriplegia and live a purposeful, beautiful life.

My name is Kalyn Rose—

She is from Denver—

—and I was born with a rare condition: osteogenesis imperfecta. My mother lost count of all my broken bones at a young age, but it is certainly over 100 fractures and likely 50-plus surgeries now. Because of my access to Medicaid, I have been able to get life-supporting surgeries, emergency room visits, and wheelchairs that I would not otherwise . . . receive.

Thanks to Medicaid, I live a full life as an artist, educator, mentor, and community advocate based in Denver, CO. I would certainly not be who I am today without life-saving medical expenses I would never be able to afford myself. I am currently caring for my now-disabled mother, who also relies on Medicaid and support services.

Without Medicaid, I, my family, and millions of others would be left to die. Medicaid is a lifeline for so many of us, and we all deserve access to healthcare in the richest, most powerful country known to humankind.

I couldn't have said that better myself.

Nearly 1.3 million Coloradans like Kalyn rely on Health First Colorado and CHIP to get health coverage. Half a million of them are children. These

cuts would affect more than half of Colorado's seniors who rely on Health First Colorado to help pay for nursing homes because they literally can't afford to die anywhere else. From birth to death, our Medicaid Programs are a lifeline for my constituents and for millions of Americans.

My colleague from Georgia started his speech by saying that a budget is a moral document. I could not agree with him more.

I think we should reconsider, in the face of the advocacy that we are hearing, whether these are the best choices we can make, and of course, they are not. In a rational world, we would be figuring out how to get everybody healthcare in this country and do it for less money than these other countries are spending, just as they are doing, and we would be able to use the savings from that to pay down our deficit if we wanted to do that or invest in our military if we wanted to do that or invest in our roads and our bridges if we wanted to do that or in the mental health of our children if we cared to do that. Those are the choices that we should be making tonight.

I want to finish this by thanking again the people who have come to my townhall meetings; to the people who have brought their loved ones, especially their children, to those townhall meetings; to the people who took the time to write, who have not given up on the idea that they can have a voice in this democracy and that the decisions that this place can make can actually align with the priorities that they have.

They are not asking for anything here except the chance to continue to take care of their children, to take

care of their parents, to take care of their loved ones, and to be contributing members of our society. We should support their ambitions for themselves. We should support their ambitions for our country. We should find a better way of supporting them, and we should shelve this budget, which is going to do nothing but harm the American people.

I thank the Presiding Officer for his patience. I thank the staff for being here so late tonight even though tonight's lateness is going to be nothing compared to tomorrow night's lateness.

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#### ADJOURNMENT UNTIL 8:30 A.M. TOMORROW

Mr. BENNET. Mr. President, with that—if I can find my glasses—I ask unanimous consent to amend the previous order and that the Senate stand adjourned until 8:30 a.m., with all other provisions of the order remaining in effect.

There being no objection, the Senate, at 11:14 p.m., adjourned until Friday, April 4, 2025, at 8:30 a.m.

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#### CONFIRMATIONS

Executive nominations confirmed by the Senate April 3, 2025:

##### DEPARTMENT OF JUSTICE

DEAN SAUER, OF MISSOURI, TO BE SOLICITOR GENERAL OF THE UNITED STATES.

HARMEET DHILLON, OF CALIFORNIA, TO BE AN ASSISTANT ATTORNEY GENERAL.

##### DEPARTMENT OF HEALTH AND HUMAN SERVICES

MEHMET OZ, OF PENNSYLVANIA, TO BE ADMINISTRATOR OF THE CENTERS FOR MEDICARE AND MEDICAID SERVICES.