

years, so that no part of our national security is hurt or the economic security for the future of our country. Until we do that—and we can do that; we have done it before—we should not begin the appropriations process on a piecemeal basis.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

OBAMACARE

Mr. BARRASSO. Mr. President, last week, President Obama spoke at a meeting of the Catholic Health Association, and he told the association that his health care law, as he said, “worked out better than some of us anticipated.”

Well, I can tell you that the President’s health care law has worked out much worse—much worse—than the American people expected. It has worked out much worse than the President promised it was going to work. Hard-working families all across the country are suffering under the President’s complicated, confusing, and costly health care law.

The new Senator from Michigan just gave his maiden speech this morning, and I welcome him to the Senate. The senior Senator from Michigan just spoke on the floor. Last week, she also spoke on the floor and talked about the millions of Americans who need subsidies to help cover the cost of these outrageously expensive ObamaCare mandates. Well, ObamaCare hurts many of the people in her home State of Michigan.

This insurance is going to get a lot more expensive for the people of Michigan next year. The Obama administration released new numbers recently showing how much more people are going to have to pay for their ObamaCare plans next year. There is one company in Michigan that has requested a rate increase of 38 percent. There are more than 20,000 people in Michigan who get their ObamaCare insurance from this company today. These people are looking at the prospect of their insurance costing 38 percent more next year. Other families in Michigan are facing rate hikes of 11 percent or 17 percent or 37 percent, depending on the specific plan they are in.

And it is not just happening in Michigan. In Washington State, one company says its premiums next year will be 19 percent higher. There are more than 7,000 people in Washington State who get their insurance from that company. Another company says it is raising its rates 9.6 percent. People in Washington are facing much higher insurance premiums, and they will still have the narrow networks that so many Americans have to deal with because of ObamaCare. When I say “narrow network,” I mean fewer choices of hospitals, fewer choices of doctors to take care of them—limited choices, plus paying more.

So how big of a problem is it? Well, the Wall Street Journal had an article about these people the other day. On Friday, June 12, the headline was “Surprises in Health-Law Bills.” The article says: “Out-of-network charges often aren’t flagged before treatment.” They call it medical bill shock.

This is under the President’s health care law—medical bill shock; surprises in health-law bills. The article tells the story of Angela Giboney from Mill Creek, WA—Washington State. She has insurance through the State ObamaCare exchange. She has ObamaCare, make no mistake about it. When she went to have a mammogram, it turned out the place that did the screening was outside her network, so she got a bill for \$932. President Obama promised that people would pay less under the health care law. Instead, people all across the country are getting stuck with surprise bills because of these narrow networks. And in spite of that, their premiums are going to jump again next year.

Some Democrats say that people shouldn’t worry about these dramatic premium increases because the average increase—this is what the Democrats say—in some places won’t be that high. Well, there is a new study that looked at the rate requests in eight different States for next year. It says that in those eight States, premiums for the silver plan in the ObamaCare exchange will only go up by, on average, 6 percent. The study says that in Connecticut, the average silver plan is only going to raise premiums 4 percent. It says if you shop around—if you shop around—you might be able to find a new plan next year that will go up by less than your current plan is going up.

So they are saying that across the board they are going up. The question is, How much are they going up? And if you shop around, you might be able to find a place they are not going up quite as much as they are with your current plan.

Is that what President Obama promised the American people? Did he promise the American people the rates would only go up 6 percent? No, that is not what he promised. He said rates would go down by \$2,500 per family, per year.

Did President Obama say your rates will go up a little less if you are willing to change plans every year? No. He said if you like your insurance, you can keep your insurance. That is what the President said.

Did the President promise that maybe your rates won’t go up by quite as much if you are willing to accept a narrow network of providers? Did he say you should change your doctor every year by switching from plan to plan? No, of course not. He said if you like your doctor, you can keep your doctor.

I want to make another point about this new study. It is only talking about the average increases across all the plans offered in eight States. Even if

the average premium is only going up 6 percent in those eight States, a lot of people are going to end up paying much more.

There are families in Connecticut who may have to pay 16 percent more next year. That is how much more one company in Connecticut wants to charge almost 26,000 people who buy the ObamaCare plans today. Does the President think these families are happy that the average increase is only 4 percent when they get an increase of 16 percent? Is that what the President means when he says his health care law is working better than he anticipated—and he said it just last week—because there are a lot of people in Connecticut who say it is not working and it is working much worse than they anticipated.

People have been writing to the State insurance department in Connecticut, and they are angry. They are angry with the President and alarmed at the ObamaCare price hikes. One person wrote that their insurance company is requesting a rate increase of 14.3 percent in Connecticut. For Democrats who say the average may be only 4 percent, some people will be paying over 14 percent more next year. The person asks: Does the average worker get a 14-percent salary increase? That is not what the people of Michigan, Washington, Connecticut or anywhere else thought they were going to get when Democrats called the law the Affordable Care Act.

Sometime in the next couple of weeks the Supreme Court is going to decide whether it is legal for President Obama to spend some of the billions of taxpayer dollars that he has been spending on the health care law. Now, the decision could affect more than 6 million Americans. Republicans have been watching this case very closely. We have been working on ideas to protect these people and to protect all Americans from the damages caused by the President’s health care law.

If the Court rules against the President, then Republicans will be ready to sit down with Democrats to improve health care in America. We will take the opportunity to protect the people from ObamaCare’s broken promises and to provide freedom to the people who are trapped in Washington-mandated health care. It will be up to the President and Democrats in Congress whether they want to join us or if they want to continue to insist that this law is working better than they anticipated. I hope they will work with us—work with us—on reforms that the American people need, want, and deserve.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

AFFORDABLE CARE ACT

Mr. ISAKSON. Mr. President, before he leaves the floor, I thank the distinguished Senator from Wyoming, a physician himself, not just for his good remarks today but for his litany of good

remarks throughout the debate on the Affordable Care Act.

For 6 years he has been an outspoken voice for what is right for the American people and what the American people want, which is affordable, quality health care. I appreciate his contribution, not just to the debate today but to the debate we have had in the past and the one we are about to have in the future. He is right that we must come together—Republicans and Democrats alike—and make sure that the broken promises of the Affordable Care Act are fixed; that affordable, accessible, quality health care is available to the American people; that it is deliverable by private industry and by private and competitive free enterprise system; and that government mandates that force prices up and quality down go away. So I thank the Senator for his contribution and all the great work he does.

He is not quite as old as I am, but he might like the movie I like, “Butch Cassidy and the Sundance Kid.” There is a great line in “Butch Cassidy and the Sundance Kid” where they are sitting in a cave after having robbed a bank. Butch looks over at Sundance and says: “Boy, I just love it when a plan comes together.”

Well, 6 years later, as we look back on the Affordable Care Act, the plan is unravelling. It is costing the American people more. Health care is less accessible. Deductibles are higher. It is time that we fix it and that we fix it right.

If the *King v. Burwell* case is decided—as it will be in the next few weeks—we have an obligation to keep the first promise the President did not keep. Do you remember? President Obama said: If you like your insurance, you can keep it? If *Burwell* loses and if *King* wins and the Court rules that the subsidies are illegal, approximately 9.5 million Americans who have gotten insurance and have it through subsidies through the Affordable Care Act would be threatened to lose their insurance immediately upon its decision. We can’t let that happen. We have to see that we build a bridge from where we are today to a future of better health care, more accessible health care, and more affordable health care.

So we must remember as Republicans, who have so often criticized the President for that remark that if you like your health care you can keep it, to make sure that we don’t become an unwitting accomplice in this decision if *King* wins, by, first and foremost, assuring the 9.5 million who have coverage that we will work to see that you can keep your coverage and that you have a bridge to a better, more competitive, more affordable health care system. It is important for us to remember that.

No. 2, it is important for us to remember that we can’t recreate a system that the President created in terms of paying for the health care. Have you ever thought about how the Affordable Care Act is paid for? It is

paid for in the following ways: higher copayments, less benefits, and higher premiums. But even worse, there is a revenue system that actually punishes free enterprise, an 85-percent medical loss-ratio mandate which cut out every private sector insurance salesperson who sold medical plans to the American people, because when you take 85 percent as the maximum loss ratio, then you only have 15 percent for administration. There is nothing left to compensate someone for selling the policy.

No. 3, when we were short \$19 billion, the President decided to create the HIT tax. What is the HIT tax? It is an arbitrary tax against small and medium-sized group medical companies, charging them not only on their premiums, not only on their revenues but on their percentage of market share. Where in the world has the government ever decided to take market share as an indicator of how much you pay? It makes no sense unless you were trying to find dollars to make sense. And the President did it. I can go over litany after litany after litany.

The medical device tax on orthopedists deals with devices in everything that they do. The medical device tax is not a tax on net profit on medical devices. It is a 2.3 percent surcharge on the gross revenues of the device manufacturer.

I tell the story about my visit to South Africa 2 years ago. I got a call from our Governor. He said: You are in Johannesburg, South Africa. Would you go to the chamber of commerce there and visit with a Georgia company from Kennesaw, GA, a small medical device manufacturer that is selling their products. Just tell them thank you for their business.

I said sure. I went by that evening for a reception, found the gentleman from Kennesaw, and said: Thank you so much for doing your business in Georgia.

He said: Oh, I have moved.

I said: Oh, I am sorry. The Governor’s office called me.

He said: Well, I just announced that I am moving this week. They don’t know it yet.

I said: Where are you moving?

He said: Madrid.

I said: Madrid, Spain?

He said: Yes.

I said: Why?

He said: Because the medical device tax is making it impossible for me to do what I need to do in terms of innovation, in terms of marketing, and in terms of distribution.

So it was an ill-conceived act with the best of intentions but the worst of results. How bad? It is just like what Senator BARRASSO said a minute ago.

In Georgia, one plan is going up 38 percent—one plan. That is the highest we know of—not 4, not 10, not 17 but 38 percent. There are 10,796 Georgians who have that plan who now have the alternative of going to find something else or paying 38 percent more. I don’t

know about everybody else, but wages aren’t growing by 38 percent, and opportunity is not growing by 38 percent. But the cost of your health care, which you want to have, goes up 38 percent and you have to find a way to pay it. What does that do? It hurts the economy, it hurts family, and it hurts the American people.

So as we look at the results of what is going to happen with *King v. Burwell*, if *King* is ruled in favor of and the courts throw out the subsidies on the Affordable Care Act, we need, first of all, to do no harm. We need to make sure that nobody arbitrarily, immediately loses the insurance that they planned on. We need to keep the promise President Obama made and never kept. That is No. 1.

No. 2, we need to get everybody in the same room—Republicans and Democrats alike, providers and beneficiaries alike. Let’s build a health care system for the 21st century for America that rewards the best health care system in the world by allowing it to innovate, by encouraging it to compete, and not making arbitrary decisions on cost and taxation that drive people out of the marketplace and out of business.

I am at that age where I care about my health care. I enjoy my health care. I like the policy I have. It costs me a lot more than it did before the Affordable Care Act. Health insurance is important. But there is a limit to what I can absorb. There is a limit to what the American people can absorb, and there is a limit to what government can do to try to fit a square peg in a round hole. I learned in Boy Scouts that doesn’t work.

The Affordable Care Act is a square peg that for 6 years we have tried to fit in a round hole, and it doesn’t fit. It is time that we rounded that peg, took into consideration the American people, the taxpayers, the patients, and the physicians and did what is right for the American people.

Don’t break our promises. Let’s keep our promises. Let’s allow them to have the choice of insurance policies that, once they buy them, they can keep and a system that doesn’t mandate increases but instead encourages competition, quality, and makes sure it is health care the American people want, is accessible, affordable, available, and delivered in a competitive, free enterprise market by the private sector.

I yield the floor.

The PRESIDING OFFICER. The Senator from Indiana.

NATIONAL DEFENSE AUTHORIZATION ACT

Mr. COATS. Mr. President, I wish to speak about several amendments I have submitted to the Defense authorization bill currently before the Senate.

First, I wish to commend Chairman MCCAIN in his first mission as chairman of the Armed Services Committee.