Today we are affirming that essential truth, a truth every generation is called to rediscover for itself, that we are not a nation that scales back its aspirations.

Such grand words for where we are today with ObamaCare. Today the success of the law that now bears his name, ObamaCare, is defined in much more meager terms. Think of all we have been through to this point: the fight over the bill and the extreme legislative means used to pass it through the Congress; the Supreme Court decision that effectively repealed half of the law's coverage. Think of all the changes made to the law through regulation to make sure ObamaCare actually got launched—the postponing of the employer mandate, the postponing of lifetime limits. Think of the impact this law has had on our economy—people losing jobs, people losing the health insurance they currently have because if you like what you have, you may not be able to keep it.

Let's talk about that for a moment. ''If you like what you have, you can keep it.'' This was the promise the President made to the American people on at least 36 separate occasions. It is a great sound bite. It is easy to say. It rolls off the tongue. It is also not true. It was never true. It obviously was not true when the law was written. It was obviously not true when the first proposed regulation came out.

This is what I said on the Senate floor in September of 2010:

Only in the District of Columbia could you get away with telling the people ''if you like what you have, you can keep it,'' and then pass regulations 6 months later that do just the opposite, and figure that people are going to ignore it.

It is not that I have some magic crystal ball. We all knew it. The administration certainly knew the day would come when millions of people would receive cancellation notices. My constituents clearly know that. I heard from many Iowans who found out the hard way that the President made a bunch of pie-in-the-sky promises that he knew he couldn't keep; constituents such as this one from Perry, IA, who wrote to me saying:

My husband and I are farmers. For nine years now we have bought our own policy. To keep the cost affordable our plan is a major medical plan with a very high deductible. We recently received a letter that our plan was going away. Effective January 1, 2014, it will be updated to comply with the mandates of ObamaCare.

To manage the risks of much higher premiums, our insurance company is asking us to cancel our current policy and sign on at a higher rate effective December 31, 2013 or we could go to the government exchange.

We did not get to keep our current policy. We did not get to keep our lower rates. I now have to pay for coverage that I do not want or will never use. We are not low income that might qualify for assistance.

We are the small business owner that is trying to live the American dream. I do not believe in large government that wants to run my life.

From a constituent living in Mason City:

My wife and I are both 60 years old, and have been covered by an excellent Wellmark Blue Cross Blue Shield policy for several years. It is not through my employer. We selected the plan because it had the features we wanted and needed . . . our choice. And because we are healthy, we have a preferred premium rate.

Yesterday, we got a call from our agent explaining that since our plan is not grandfathered, it will need to be replaced by the end of 2014. The current plan has a $5,000 deductible and the premium is $511 a month. The best option going forward for us from Wellmark would cost $955 per month (a modest 87 percent increase), and have a $10,000 deductible. And because we have been diligent and responsible in saving for our upcoming retirement, we do not qualify for any taxpayer-funded subsidies.

These are just two of many letters, emails, and phone calls I have received from Iowans.

Now the issue has turned to cost. Millions of people face rising premiums. The impact is real and undeniable.

Here is another from a constituent from Des Moines:

In 2013, I encountered some medical problems which caused me to retire early. My spouse works as an adjunct instructor . . . thus not qualifying for coverage. In 2014, with 4 part-time jobs between us, we made $44,289 in Adjusted Gross Income.

Our Obamacare insurance cost $968 per month and after credits, we paid $478 per month or approximately 13 percent of our Adjusted Gross Income. In 2015, our Adjusted Gross Income will be approximately the same, however our Obamacare insurance jumped to a premium of $1,028.82 and our cost to $590.12.

The insurance company touted that premiums went up less than 10 percent, but as you can see, my costs went up 23 percent. The impact to Adjusted Gross Income went to 16 percent, a 23 percent increase. I just received my 2016 premium estimate. Our Adjusted Gross Income is likely to be the same. Our gross premium is scheduled to rise 36 percent to nearly $1,400; our cost after the credit is jumping 63 percent and the impact to our Adjusted Gross Income is that 25 percent of our income will be spent on health insurance (a 56 percent increase).

Thousands of Iowans have contacted me asking what can be done. Now that we clearly see that what the President sold the American people was a bag of Washington's best gift-wrapped hot air. All the grandiose talk about the importance of this statute, and what we ultimately have is an optional Medicaid expansion with a glorified high-risk pool and a government portal that makes DMV look efficient.

Finally, I would be remiss if I didn't mention the co-op disaster. The first co-op to fall was Iowa's CoOportunity. CoOportunity enrolled the second most beneficiaries of any co-op in America. CoOportunity knew they were in trouble because they enrolled more than 100,000 people when they were planning for less than 20,000. CoOportunity was in contact with CMS and so was the State of Iowa. CMS chose not to further fund CoOportunity and CoOportunity has since been liquidated. American taxpayers have billions of dollars invested in these co-ops. The taxpayer only gets their money back when co-ops succeed. CMS's stewardship of this program has proven that CoOportunity was not an exception but unfortunately the rule as more and more co-ops have failed.

Americans deserve better. They voted for better. It is time to admit that ObamaCare has not achieved the correct or desired result of an attempt. It has not been a success by any measure, unless, of course, you lower your standard to the point that the mere act of keeping the doors open is a success. How sad is that for all we have been through.

Maybe, just maybe, it is time to admit that the massive restructuring has failed. Partisanship has failed. Perhaps it is time to sit down and consider commonsense, bipartisan steps that we could take to lower the cost and improve quality. Perhaps we could enact alternative reforms aimed at solving America's biggest health care problems, reforms like revising the Tax Code to help individuals who buy their own health insurance, allowing people to purchase health coverage across State lines and form risk pools in the individual market, expanding tax-free health savings accounts, making health care price and quality information more transparent, cracking down on frivolous medical malpractice lawsuits, using high-risk pools to insure folks with preexisting conditions, giving States more freedom to improve Medicaid, and using provider competition and consumer choice to bring down costs in Medicare and throughout the health care delivery system.

The American people need to know that this failed program is not the only answer and we are not scaling back our aspirations. With this vote this week, we once again demonstrate to the American people our willingness to not accept failure and to aim for better. That is what America is all about.

I yield the floor.

EXTENSION OF MORNING BUSINESS

Mr. GRASSLEY. Mr. President, I ask unanimous consent that morning business be extended until 7 p.m., with Senators permitted to speak for up to 10 minutes each.

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

Mr. GRASSLEY. I yield the floor.

The PRESIDING OFFICER. The Senator from Oregon.

RECONCILIATION LEGISLATION

Mr. WYDEN. Mr. President, with so many issues to wrap up before the end of this year and so many enormous challenges facing our country, my view is the Senate ought to be embracing bipartisanship at every turn. In fact, earlier today the senior Senator from Iowa and I released an 18-month bipartisan inquiry into Solvaldi, which is the blockbuster drug to deal with hepatitis C, and the reason we did is because these specialty drugs are the

drugs of the future for cancer, Alzheimer's, diabetes, and defeating hepatitis C if people can afford them. Using the company's own documents, there were real questions about whether access and affordability were just kind of an oversight because all they truly cared about was maximizing revenue. A Republican, a senior Member of this body, a good friend of mine, and I as a Democrat came together because we thought this question of making sure the public can get access to breakthrough cures and that they be affordable was something that would require bipartisan effort. I am very proud that the senior Senator from Iowa and I joined in that effort earlier today.

We ought to be embracing bipartisanship. I come tonight to unfortunately talk about this reconciliation legislation because I think it is the antithesis of what Chairman GRASSLEY and I sought to do earlier today, which was to take a bipartisan approach. The reconciliation legislation in my view is a rejection of bipartisanship. It is a rejection of bipartisanship because it would, for example, undermine women's health, it would mean millions more Americans go without insurance, and it puts at risk our ability to have affordable health insurance premiums. I think it is going to drive up these health insurance premiums.

So I am going to just spend a few minutes tonight talking about why I object to this legislation and again why it really is the antithesis of the kind of bipartisanship that we need.

My first concern is that the Senate is looking once again at a plan that would wreak havoc on women's health in our country by denying the funding for Planned Parenthood. It is important to recognize the horrific act of gun violence that happened at a Colorado Planned Parenthood clinic last week. It was another in a long stream of tragedies that have taken place across the Nation, including one in my home State in Roseburg, OR, in October. This time it marked an attack on the public and women's health.

Millions of women have sought routine, medical care in Planned Parenthood clinics just like the one in Colorado. More than 70,000 Oregonians are served by the 11 Planned Parenthood centers in my home State.

The bottom line is that Planned Parenthood is a bedrock institution for women's health care in America. In my view it is wrong to bring such a misguided, controversial proposal before this body in the wake of the horrible, tragic events in Colorado.

These are the services Planned Parenthood offers that would be at risk of disappearing with this reconciliation proposal: pregnancy tests, birth control, prenatal services, HIV tests, cancer screenings, vaccinations, testing and treatment for sexually transmitted infections, basic physical examinations, treatment for chronic conditions, pediatric care, adoption referrals, nutrition programs, and more.

This seems to be the latest offering in what amounts to an ongoing, coordinated campaign to regrettably undermine the fundamental rights of all women in our country to make their own reproductive choices and attain affordable, high-quality health care. When you wipe out Planned Parenthood's funding, you dramatically and painfully reduce women's access to services that have absolutely nothing to do with abortion. And I want to repeat that; I have done that on this floor before. What I have talked about are all those important services: cancer screenings, gone; vaccinations, gone; basic physical exams, gone; treatment for chronic conditions, gone; pediatric care, gone. The list goes on and on and has absolutely nothing to do with abortion. So I hope that this campaign against women's health will come to an end.

The second objection I want to touch on tonight is the harm the bill threatens to do to millions of vulnerable Americans by repealing as much of the Affordable Care Act, frankly, as Senate procedure would allow. Based on the reports of the bill's contents, this is what is at stake. According to the nonpartisan experts at the Congressional Budget Office, this proposal would mean 14 million more Americans would go without health insurance. For people who shop for their own private insurance coverage, premiums would increase by 20 percent. That is potentially hundreds or thousands of dollars taken out of families' pockets. Emergency rooms would once again be the fallback for people without a doctor. Typical Americans with insurance would once again have to pay the hidden tax of higher premiums to cover the costs of those without coverage.

There have been more than 50 votes to repeal or undermine the Affordable Care Act, and there is still no viable plan to replace it. As a Member of Congress, you can object to a law and want to make changes, but America cannot and will not go back to the days when health care was reserved for the healthy and the wealthy. That is what this plan does.

Before I came to Congress, I was co-director of the senior citizens group, the Gray Panthers, and I remember what health care was like in those days. In effect, the system truly did work for people who were healthy and wealthy. If you were healthy, you didn't have any preconditions. You didn't have any of these pre-existing conditions. If you were wealthy, you could just pay the bill, but it was care that worked for the healthy and the wealthy.

Yet with the Affordable Care Act, that changed. Unfortunately, what this destructive reconciliation bill would do would be to take us back to those days when health care was reserved for the healthy and the wealthy.

The fact is, despite raising costs for families, causing turmoil in insurance markets, and raising the number of uninsured Americans by 14 million, this bill doesn't even manage to repeal the Affordable Care Act fully. That is because of the reconciliation process, because of the way it works, which brings me to the final issue I wish to raise today.

Reconciliation is a sharp departure from the usual procedure for Senate debate. Usually bills being considered on the Senate floor are subject to an unlimited debate and unlimited amendment. Further, it typically takes 60 votes to pass a bill, assuring that there is at least some measure of bipartisan support. These regular-order procedures give the Senate its unique character. The reconciliation procedure is an exception to this usual approach. Reconciliation imposes tight limits on debate and on amendments, and it allows a vote of a bare majority of Senators—51—to pass a bill. The reconciliation procedure originally was created to facilitate the passage of budget-related bills which can be particularly important and particularly hard to pass. But reconciliation shouldn't be a free pass that allows the majority to pass anything it wants on a fast track. That would undermine the fundamental character of the Senate.

I am concerned that the reconciliation process is being misused here. Everybody in the Chamber knows what is happening. This bill is not designed to address budget-related issues; it is all about repealing the Affordable Care Act to the maximum extent possible. Repeatedly, the bill's advocates have proposed to repeal ObamaCare—to dismantle ObamaCare.

A few weeks ago, the Parliamentarian advised that the reconciliation process could not be used to repeal the individual and employer mandates. The Parliamentarian said that would violate what is known as the Byrd rule against extraneous amendments because the budgetary effects of the provision would be dwarfed by the health policy effects.

In response, the majority has proposed to formally retain the mandates but to completely repeal the penalties enforcing them. That is not a straightforward way to legislate. It is a very cynical approach, and that is not this Senate at its best.

The complete elimination of all penalties is tantamount to repeal of the mandates. A mandate without an enforcement system is not a legal requirement; it is a mere recommendation. It is like having speed limits but not fines for violating. By deleting the penalties, the proposal fundamentally alters the character and operation of the law.

Finally, I think this would set a very dangerous precedent for this body. These penalties can be eliminated in a reconciliation bill. The door is going to be open to all kinds of proposals to strip away penalties in a future reconciliation bill. For example, you could keep an environmental law on the books, but you could just say: Let's

strip away the penalties for violating. That would allow a majority to fundamentally undermine a nonbudgetary law in a reconciliation bill.

I have enormous respect for the Parliamentarian and her staff. They work diligently to serve the Senate, and they have to make some tough calls. I will say that this one leaves me disappointed and perplexed.

With so many issues—as I touched on earlier—I would hope that the Senate would spend more time doing what Chairman GRASSLEY and I did somewhere in the vicinity of 9 hours or 10 hours ago. We said there was an important issue. It happened to be a health care issue as well—prescription drugs. We spent 18 months with our very dedicated staffs, Democrats and Republicans working together, to try to find some common ground. It is a hugely important issue, important to the people of Colorado, Oregon, and everywhere else. In effect, we said it was important because it was about the future. The drugs of the future are going to be specialty drugs, exciting drugs with the opportunity for real cures. People are going to have to be able to afford them, and using the companies' own documents, this morning Chairman GRASSLEY and I pointed out how affordability and accessibility weren't actually the issue; the issue was maximizing revenue.

But most important—whether you agree with the two of us or not—it was bipartisan. It was Democrats and Republicans coming together on a hugely important issue.

This reconciliation proposal we will deal with on the floor of this Senate is a rejection of the kind of bipartisanship that I was part of something like 8 hours or 10 hours ago. It is part of what I believe the Senate is all about—what the Senate is at its best—as an institution that functions in a bipartisan way. That is why I felt compelled to come to the floor tonight and lay out my concerns about a very troubling precedent, and that is the one that is being set with the reconciliation bill.

With that, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

Mr. MCCONNELL. Mr. President, I move to proceed to Calendar No. 299, H.R. 3762.

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT OF 2015

The PRESIDING OFFICER. The clerk will report the motion.

The senior assistant legislative clerk read as follows:

Motion to proceed to Calendar No. 299, H.R. 3762, a bill to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016.

The PRESIDING OFFICER. The motion is not debatable.

The question occurs on agreeing to the motion.

The motion was agreed to.

The PRESIDING OFFICER. The clerk will report the bill.

The senior assistant legislative clerk read as follows:

A bill (H.R. 3762) to provide for reconciliation pursuant to section 2002 of the concurrent resolution on the budget for fiscal year 2016.

AMENDMENT NO. 2874

Mr. MCCONNELL. Mr. President, I send a substitute amendment to the desk.

The PRESIDING OFFICER. The clerk will report.

The senior assistant legislative clerk read as follows:

The Senator from Kentucky [Mr. MCCONNELL] proposes an amendment numbered 2874.

Mr. MCCONNELL. I ask unanimous consent that the reading of the amendment be dispensed with.

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

The amendment is as follows:

(Purpose: In the nature of a substitute)

Strike all after the enacting clause and insert the following:

TITLE I—FINANCE

SEC. 101. FEDERAL PAYMENT TO STATES.

(a) IN GENERAL.—Notwithstanding section 504(a), 1902(a)(23), 1903(a), 2002, 2005(a)(4), 2102(a)(7), or 2105(a)(1) of the Social Security Act (42 U.S.C. 704(a), 1396a(a)(23), 1396b(a), 1397a, 1397d(a)(4), 1397bb(a)(7), 1397ee(a)(1)), or the terms of any Medicaid waiver in effect on the date of enactment of this Act that is approved under section 1115 or 1915 of the Social Security Act (42 U.S.C. 1315, 1396n), for the 1-year period beginning on the date of enactment of this Act, no Federal funds provided from a program referred to in this subsection that is considered direct spending for any year may be made available to a State for payments to a prohibited entity, whether made directly to the prohibited entity or through a managed care organization under contract with the State.

(b) DEFINITIONS.—In this section:

(1) PROHIBITED ENTITY.—The term ''prohibited entity'' means an entity, including its affiliates, subsidiaries, successors, and clinics—

(A) that, as of the date of enactment of this Act—

(i) is an organization described in section 501(c)(3) of the Internal Revenue Code of 1986 and exempt from tax under section 501(a) of such Code;

(ii) is an essential community provider described in section 156.235 of title 45, Code of Federal Regulations (as in effect on the date of enactment of this Act), that is primarily engaged in family planning services, reproductive health, and related medical care; and

(iii) provides for abortions, other than an abortion—

(I) if the pregnancy is the result of an act of rape or incest; or

(II) in the case where a woman suffers from a physical disorder, physical injury, or physical illness that would, as certified by a physician, place the woman in danger of death unless an abortion is performed, including a life-endangering physical condition caused by or arising from the pregnancy itself; and

(B) for which the total amount of Federal and State expenditures under the Medicaid program under title XIX of the Social Security Act in fiscal year 2014 made directly to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity, or made to the entity and to any affiliates, subsidiaries, successors, or clinics of the entity as part of a nationwide health care provider network, exceeded $350,000,000.

(2) DIRECT SPENDING.—The term ''direct spending'' has the meaning given that term under section 250(c) of the Balanced Budget and Emergency Deficit Control Act of 1985 (2 U.S.C. 900(c)).

SEC. 102. INDIVIDUAL MANDATE.

(a) IN GENERAL.—Section 5000A(c) of the Internal Revenue Code of 1986 is amended—

(1) in paragraph (2)(B) by striking clauses (ii) and (iii) and inserting the following:

''(ii) Zero percent for taxable years beginning after 2014.'', and

(2) in paragraph (3)—

(A) by striking ''$695'' in subparagraph (A) and inserting ''$0'',

(B) by striking ''and $325 for 2015'' in subparagraph (B), and

(C) by striking subparagraph (D).

(b) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2014.

SEC. 103. EMPLOYER MANDATE.

(a) LARGE EMPLOYERS NOT OFFERING HEALTH COVERAGE.—Paragraph (1) of section 4980H(c) of the Internal Revenue Code of 1986 is amended by inserting ''($0 in the case of months beginning after December 31, 2014)'' after ''$2,000''.

(b) LARGE EMPLOYERS OFFERING COVERAGE WITH EMPLOYEES WHO QUALIFY FOR PREMIUM TAX CREDITS OR COST-SHARING REDUCTIONS.—Paragraph (1) of section 4980H(b) of the Internal Revenue Code of 1986 is amended by inserting ''($0 in the case of months beginning after December 31, 2014)'' after ''$3,000''.

(c) EFFECTIVE DATE.—The amendments made by this section shall apply to months beginning after December 31, 2014.

SEC. 104. REPEAL OF MEDICAL DEVICE EXCISE TAX.

(a) IN GENERAL.—Chapter 32 of the Internal Revenue Code of 1986 is amended by striking subchapter E

(b) EFFECTIVE DATE.—The amendment made by this section shall apply to sales in calendar quarters beginning after the date of the enactment of this Act.

SEC. 105. REPEAL OF THE TAX ON EMPLOYEE HEALTH INSURANCE PREMIUMS AND HEALTH PLAN BENEFITS.

(a) EXCISE TAX.—Chapter 43 of the Internal Revenue Code of 1986 is amended by striking section 4980I.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall apply to taxable years beginning after December 31, 2017.

(c) REINSTATEMENT.—The amendment made by subsection (a) shall not apply to taxable years beginning after December 31, 2024, and chapter 43 of the Internal Revenue Code of 1986 is amended to read as such chapter would read if such subsection had never been enacted.

SEC. 106. RECAPTURE OF EXCESS ADVANCE PAYMENTS OF PREMIUM TAX CREDITS.

(a) IN GENERAL.—Paragraph (2) of section 36B(f) of the Internal Revenue Code of 1986 is amended by striking subparagraph (B).