about the incident, Trump said, referring to the protester. "Maybe he should have been roughed up." That is stunning. A Republican candidate for President of the United States urged violence to silence his critics.

Last night, former governor with apparent White supremacist ties opened fire on Black Lives Matter protestors in Minneapolis.

I am amazed that the junior Senator from Texas had the audacity to say earlier this week, that "the overwhelming majority of violent criminals are Democrats." And the article he quoted has been said to have been quoted improperly. That is really quite stunning, that someone with the academic background of the junior Senator from Texas cannot read a simple report. "The overwhelming majority of violent criminals are Democrats." Think about that. Fanning the flames of intolerance is un-American. We are better than this.

I am disappointed that Republicans who should know better are not speaking out against this vile rhetoric. According to the New York Times, "Some of the highest-ranking Republicans in Congress and some of the party's wealthiest and most generous donors have balked at trying to take down Mr. Trump because they fear a public feud with the insult-spewing media figure." That is a sad reflection on one of America's major political parties. The Republican Party once claimed to stand for American leadership in the world, but as millions of Syrians have fled their country, seeking refuge from death and destruction, Republicans have instead used the humanitarian crisis as an opportunity to spread fear and animosity. Republican Presidential candidate Ben Carson described the Syrian refugees as "rabid dogs." Mike Huckabee referred to the Syrian refugees as a bag of poisonous peanuts. Even more recently is the junior Senator from Texas, who went so far as to suggest a religious test for accepting refugees fleeing violence and oppression. He only wants to accept Christians.

The Republican Party used to claim to stand for religious freedom, but they are now just pretending. Ben Carson doesn't think Muslims should be allowed to become President. The junior Senator from Florida, also a Republican Presidential candidate, speaks of a "clash of civilizations." Those are buzz words meaning a crusade against Islam. He is saying that ISIS extremists are representative of an entire religion.

It doesn't stop there. Republicans have targeted immigrants also—not just people who are seeking refuge, not just refugees, but also immigrants. The Republican Party wants to paint all immigrants as murderers and rapists. Congressman STEVE KING says all immigrants as murderers and rapists. The Republican Party wants to paint all just refugees, but also immigrants. The just people who are seeking refuge, not have targeted immigrants also—not region.

The simple fact is that Republicans are running on a platform of hate, and every Republican who fails to speak out against the hateful, dangerous rhetoric being spewed by their party is complicit.

For the moral character of our Nation, we must demand that the Republicans return to the values on which our country was founded.

Mr. President, Senator McCONNELL and I have finished our remarks. Would the Chair announce the business of the day.

RESERVATION OF LEADER TIME

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

RESTORING AMERICANS' HEALTHCARE FREEDOM RECONCILIATION ACT OF 2015

The PRESIDING OFFICER. Under the previous order, the Senate will resume consideration of H.R. 3762, which the clerk will report.

The 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.

Pending: McConnell amendment No. 2674, in the nature of a substitute.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the time spent in quorum calls requested during Senate consideration of H.R. 3762 be equally divided and come off of the reconciliation bill.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, I ask unanimous consent that for the duration of the Senator's consideration H.R. 3762, the majority and Democratic managers of the reconciliation bill, while seated or standing at the managers' desks, be permitted to deliver floor remarks, retrieve, review, and edit documents, and send email and other data communications from text displayed on wireless personal digital assistant devices and tablet devices. I further ask unanimous consent that the rulers be allowed to become President. The junior Senator from Wyoming.

Mr. ENZI. Mr. President, I ask unanimous consent that the time spent in quorum calls requested during Senate consideration of H.R. 3762 be equally divided and come off of the reconciliation bill.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. For the information of Senators, this UC does not alter the existing traditions that prohibit the use of such devices in the Chamber by Senators in general, or staff. It also does not allow the use of images or pictures, the transmitting of sound, even through earpieces, for any purposes, the use of telephones or other devices for voice communications, any laptop computers, any detachable keyboards, the use of desktop computers or any other larger devices.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

Mr. ENZI. Mr. President, earlier this year, Congress approved its first balanced 10-year budget since 2001. In addition to helping make our government more efficient, effective, and accountable, this balanced budget resolution contained reconciliation instructions to provide for the repeal of Obamacare and pave the way for real health care reforms to strengthen the doctor-patient relationship, expand choices; lower health care costs; and improve access to quality, affordable, innovative health care.

These instructions focused on the key congressional committees with jurisdiction over Obamacare—the Senate Finance Committee; Senate Health, Education, Labor and Pensions Committee; House Energy and Commerce Committee; House Education and the Workforce Committee; and the House Ways and Means Committee.

Our friends in the House passed their repeal bill in October and November, which repealed key parts of Obamacare, including the individual and employer mandates, the Cadillac tax, and the medical device tax, which is pending here today.

As most everyone knows, while the House and Senate are known collectively as Congress, they both have very different rules. This is why it is important to ensure that the House-passed repeal bill is in line with Senate rules and procedures.

The reconciliation process is governed by a combination of statutory rules, budget resolution provisions, precedents—and the interpretations of all these applicable standards ensure that any legislation, which says it qualifies for reconciliation does actually do so.

The repeal bill passed by the House, H.R. 3762, contained material that qualified the bill in the House as meet-
by the House Budget Committee, improved upon by the House Rules Committee, and acted on by the full House of Representatives.

The Obamacare repeal bill approved by the House contains provisions which fall in the jurisdiction of the Senate Finance and HELP Committees and satisfies the Senate reconciliation instruction by reducing the deficit well over $1 billion.

However, while the House bill does qualify as meeting the essential standards necessary for reconciliation in the Senate, it is not immune from the Senate-specific requirements under the Byrd rule, which is the reason for the McConnell amendment offered earlier.

The Byrd rule was crafted in an effort to ensure that material inside a reconciliation bill has as its core a budgetary effect. The Byrd rule and the reconciliation instruction work together to evaluate the material inside H.R. 3762 for its consideration in the Senate. Working with the committees reconciled in the Senate, Leader McNELLY and his leadership team, the House Budget Committee, the Senate Parliamentarian and her staff, the staff of the minority and the Congressional Budget Office and the Joint Committee on Taxation, H.R. 3762 has been exhaustively examined, debated, and had decisions rendered as to how to evaluate it from a reconciliation and Byrd rule perspective.

I think it is important for all Senators to understand what has been done to address those challenges to ensure that the House bill’s provisions are not vulnerable to a variety of Byrd rule challenges.

In H.R. 3762, section 1 contains both a short title and a table of contents that have no score and therefore do not qualify as reconciliation material. The McConnell substitute amendment does not contain section 1.

Obamacare mandated that businesses with more than 50 employees automatically enroll their employees in Obamacare, the so-called auto-enrollment provision. H.R. 3762 eliminated that mandate. Subsequent to House passage, the administration struck a spending deal with Congress, which used the repeal of the auto-enrollment provision as offset. Since that provision is now law, it does not score for purposes of reconciliation and was Byrdable. The House removed that language when it engrossed the bill and sent it to the Senate last month. It is no longer in the House bill and is not addressed in the McConnell amendment.

Obamacare created a fund, the so-called Prevention and Public Health Fund, which has been used for a variety of purposes since 2010. The House bill in section 101 repealed that fund and rescinded its unobligated balances. The McConnell amendment does the same.

In section 102 of H.R. 3762, a deficit reduction provision for Medicaid was included, creating a new class of prohibited entities for which Medicaid reimbursement is barred. While the House language qualifies for reconciliation consideration in the Senate, the McConnell amendment makes even clearer how the language is to apply to Medicaid, not any Federal spending. As well, it clarifies the tests applied to entities to determine whether or not they fall into the prohibited class.

Section 103 of the House bill created new resources for community health center programs, and the McConnell amendment contains the same language.

Obamacare imposed mandates to purchase health care insurance on both individuals and employers. Sections 201 and 202 of the House bill repealed those mandates.

Unfortunately, this language does not qualify under the Byrd rule in the Senate. In the judgement of the Parliamentarian, the policy impact of these repeals outweighs their fiscal impact. As well, there is technical and conforming language in both sections 201 and 202 of the House bill that do not score and therefore are inappropriate for reconciliation in the Senate.

As a result, the McConnell amendment addresses the mandates but in a different way. Rather than containing language that repeals them, the McConnell amendment repeals the penalties, which Obamacare instituted to punish those who wanted the freedom to choose in the health care insurance market.

Obamacare imposed a tax on medical devices, which section 203 of H.R. 3762 repealed. The McConnell amendment does the same without the conforming and clerical amendments in this section that the House bill contains. Clerical and conforming amendments do not score and so do not qualify for consideration under the Byrd rule.

Obamacare imposed a tax on high-quality health insurance, the so-called Cadillac tax. H.R. 3762 repealed that tax, but the repeal contained technical and conforming language that violates the Byrd rule. As well, according to CBO, the House language created a possible deficit sometime well after the reconciliation window, which is an obvious violation of the Byrd rule.

To address these problems, the McConnell amendment removes the technical and conforming language that violates the Byrd rule and sunsets the Cadillac tax repeal at the end of 2024.

The McConnell amendment also contains an additional policy.

Working in concert with the Senate Finance Committee, the McConnell amendment contains reconciliation-compliant language to recapture excess exchange subsidies that have been paid but which were not supposed to go out the door. Over 10 years, this will have a significant deficit reduction impact.

The pending McConnell amendment then, addresses the Byrd rule challenges contained within the House bill. It has a deficit reduction impact equal to the House-passed bill. It is reconciliation compliant. It will be the pending language to which amendments should be drafted and offered during consideration of the repeal bill.

The Budget Act calls for a submission of the RECORD for Byrdable material contained in the reconciliation bill, and I will ask that the list of Byrdable material in H.R. 3762 be printed in the RECORD.

Mr. President, pursuant to section 313(c) of the Congressional Budget Act of 1974, I submit for the RECORD a list of material considered to be extraneous to H.R. 3762, the Restoring Americans’ Healthcare Freedom Reconciliation Act of 2015. The inclusion or exclusion of a provision on this list does not constitute a determination of extraneousness by the Presiding Officer of the Senate. I ask unanimous consent the list be printed in the RECORD.

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

<table>
<thead>
<tr>
<th>Section</th>
<th>Subject</th>
<th>Violation</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Short Title, Table of Contents</td>
<td>313(b)(1)(A)</td>
<td>No budgetary effect</td>
</tr>
<tr>
<td>101(a)</td>
<td>Federal Payments to States</td>
<td>313(b)(1)(A)</td>
<td>No budgetary effect</td>
</tr>
<tr>
<td>201</td>
<td>Repeal of individual mandate</td>
<td>313(b)(1)(D)</td>
<td>Budgetary effects are merely incidental</td>
</tr>
<tr>
<td>202</td>
<td>Repeal of Employer Mandate</td>
<td>313(b)(1)(D)</td>
<td>Budgetary effects are merely incidental</td>
</tr>
<tr>
<td>204(b)</td>
<td>Tax on Employer Health Insurance Premiums—Reporting Requirement</td>
<td>313(b)(1)(A)</td>
<td>No budgetary effect</td>
</tr>
<tr>
<td>204(c)</td>
<td>Tax on Employer Health Insurance Premiums—Clerical Amendment</td>
<td>313(b)(1)(A)</td>
<td>No budgetary effect</td>
</tr>
</tbody>
</table>

Mr. ENZI. I also ask unanimous consent that two scores from CBO be printed in the RECORD: a score of H.R. 3762 as received in the Senate and a score of the McConnell amendment.

There being no objection, the material was ordered to be printed in the RECORD, as follows:
### Estimated Changes without Macroeconomic Feedback

| Source: Congressional Budget Office, staff of the Joint Committee on Taxation. | Note: Numbers may not add up to totals because of rounding. | — an increase or decrease between zero and $50 million. |
|———|———|———|

#### Changes in Direct Spending

| Title II—Committee on Education and the Workforce | Autouri-matched for Certain Large Employers | Budget Authority | Estimated Outlays | Estimated Budget Authority | Estimated Outlays | Estimated Budget Authority | Budget Authority | Outlays |
|———|———|———|———|———|———|———|———|———|
| Prevention and Public Health Fund | | | | | | | | |
| Medicaid | | | | | | | | |
| Community Health Center Program | | | | | | | | |

#### Repeal Individual and Employer Mandates

| Budget Authority | Outlays |
|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Repeal Excise Tax on Certain High-Premium Insurance Plans

| Estimation Budget Authority | Outlays |
|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Changes in Revenues

| Title II—Committee on Education and the Workforce | Autouri-matched for Certain Large Employers | Budget Authority | Estimated Outlays | Estimated Budget Authority | Estimated Outlays | Estimated Budget Authority | Budget Authority | Outlays |
|———|———|———|———|———|———|———|———|———|
| Repeal Excise Tax on Certain High-Premium Insurance Plans | | | | | | | | |
| Medicaid | | | | | | | | |
| Community Health Center Program | | | | | | | | |

#### Preliminary Estimate of Direct Spending and Revenue Effects of H.R. 3762, the Restoring Americans’ Healthcare Freedom Reconciliation Act, with an Amendment in the Nature of a Substitute


#### Estimated Budgetary Impact of Macroeconomic Feedback

| Effects on Outlays | Estimated Budget Authority | Outlays |
|———|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Estimated Changes, Including Macroeconomic Feedback

| Effects on Outlays | Estimated Budget Authority | Outlays |
|———|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Changes in Direct Spending

| Title I—Finance | Budget Authority | Outlays |
|———|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Eliminate Individual and Employer Mandate Penalties

| Estimated Budget Authority | Outlays |
|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Repeal Excise Tax on Certain High-Premium Insurance Plans

| Estimated Budget Authority | Outlays |
|———|———|
| Estimated | Estimated |
| | Budget Authority | Outlays |

#### Preliminary Estimate of Direct Spending and Revenue Effects of H.R. 3762, the Restoring Americans’ Healthcare Freedom Reconciliation Act, with an Amendment in the Nature of a Substitute


### Note

- CBO estimated additional effects of combining the repeal of the employer requirement for large employers with the repeal of the individual employer mandates. Because the former is now current law (see P.L. 114-74, that interaction effect is included in our estimate of the repeal of the individual and employer mandates. However, since the taxes for Social Security are classified as off-budget.) Off-budget effects from macroeconomic feedback include changes in Social Security spending and revenues.
- The Bipartisan Budget Act of 2015 (P.L. 114-74) was enacted on November 2, 2015. Title VI of that law includes a provision identical to title I of this legislation. Therefore, CBO estimates that title I would have no effect relative to current law.
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Mr. ENZI. I think Members are looking forward to an open and spirited debate about the future of America’s health care system and the importance of restoring the trust of hard-working taxpayers.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

AMENDMENT NO. 2876 TO AMENDMENT NO. 2874
(Purpose: To ensure that this Act does not increase the number of uninsured women or limit the number of unintended pregnancies by establishing a women’s health care and clinic security and safety fund)

Mrs. MURRAY. Mr. President, I call up my amendment No. 2876.

The PRESIDING OFFICER. The clerk will report.

The legislative clerk read as follows:

The Senator from Washington [Mrs. MURRAY] proposes an amendment numbered 2876 to amendment No. 2874.

Mrs. MURRAY. Mr. President, 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 printed in today’s Record under “Text of Amendments.”)

The PRESIDING OFFICER (Mr. COTTON).

The Senator from Washington.

Mrs. MURRAY. Mr. President, I think we can all agree there is a lot of work that needs to be done in this Congress—priorities such as continuing to improve health care for our families, creating jobs, boosting wages, expanding economic security for workers, and making higher education more affordable and accessible, just to name a few. Unfortunately, instead of working with Democrats to focus on those challenges—the ones that families face every day—far too many Republicans have doubled down on a favorite pastime—attacking women’s health and rights in order to pander to their extreme base.

I am very proud to be on the floor today with many of my Democratic colleagues to say enough is enough and to make clear that even as Republicans try to take women’s health backwards, we are going to push harder in the other direction for continued progress on women’s access to health care and constitutionally protected reproductive rights.

This year alone, according to NARAL Pro-Choice America, more than 40 bills have been introduced in this Congress that would undermine a woman’s constitutional right to voluntarily and safely make her own choices about her own body. The House and Senate have voted a total of 17 times—17 times—on legislation to undermine women’s health care and rights. That is right. In the year 2015—in the year 2015 alone—Republicans in Congress have introduced over 40 bills and held 17 votes on whether Congress should roll back women’s rights. That is completely unacceptable.

The bill we are debating here on Planned Parenthood, and that is just more of the same. It is another effort to force providers caught abnormal cell growth on her cervix wall before—for—for—it could turn into cancer; and the women and advocates at the Planned Parenthood Center in Pullman, WA, who, after their building was damaged in an arson attack, came together as a community and established a pop-up clinic to make sure that women and families could continue to get the care they needed.

Mr. President, the women and men who are tired of women’s health being undermined, being threatened in any way. A doctor in a women’s health clinic should not have to worry about wearing a bulletproof vest under her lab coat. Women’s health care should not be controversial, much less a cause for violence in the 21st century. Women and their families have had enough.

I have heard from so many women and men who are tired of women’s health being undermined, being threatened, and being used as a political football here in Washington, DC. Who can believe that in the 21st century a Presidential candidate would claim that expanding access to birth control is as easy as setting up a few more vending machines in men’s bathrooms? These women and men across the country are speaking up and saying “not on our watch” to those who want to turn back the clock on women’s health and women and men who are tired of women’s health being undermined, being threatened, and being used as a political football here in Washington, DC.
As we all know, this is a tired political effort to dismantle the Affordable Care Act and take Planned Parenthood down with it. It is at a dead end. But if Republicans are going to try to cut off women’s access to health care, I am going to make sure they hear about it and that people across this country know exactly where Democrats stand—with women. That is why I am very proud to be introducing this amendment today that would strike the harmful language defunding Planned Parenthood from this legislation and replace it—replace it—with a new fund to support women’s health care and clinic safety.

There is so much more we need to do to improve women’s health care in this country today, from strengthening the women’s health care workforce to expanding access to constitutionally protected reproductive health care to raising awareness about violence against women. Too much. This fund that is part of this amendment would offer an opportunity to make progress on goals such as these and more to support women’s health providers and clinics at a time when they need it most. Critically, it would show women and families that their constitutional rights, that their safety and their health care should come before tea party political pandering, not the other way around. By the way, this amendment is fully paid for by the Buffett rule.

Democrats are going to keep standing up for women and encouraging Republcians to focus on the real challenges that families face, rather than their political attacks that their tea party base is so focused on. I urge my colleagues to join me in standing against this harmful effort to defund Planned Parenthood and delivering a clear message, again, to Republicans in Congress who want to play politics with women. That is why I am very proud to be introducing this amendment today that would strike the harmful language defunding Planned Parenthood from this legislation and replace it—replace it—with a new fund to support women’s health care and clinic safety.

At the appropriate place, insert the following:

SEC. 1251. FREEDOM TO MAINTAIN EXISTING COVERAGE.

(a) NO CHANGES TO EXISTING COVERAGE.—In general, this Act (or an amendment made by this Act) shall be construed to require that an individual terminate coverage under a group health plan or health insurance coverage in which such individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013.

(b) CONTINUATION OF COVERAGE.—With respect to a group health plan or health insurance coverage in which an individual was enrolled during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply to such plan or coverage, regardless of whether the individual renews such coverage.

(c) ALLOWANCE FOR NEW EMPLOYEES TO JOIN CURRENT PLAN.—A group health plan that provides coverage during any part of the period beginning on the date of enactment of this Act and ending on December 31, 2013, may provide for the enrolling of new employees (and their families) and their coverage maintained pursuant to one or more collective bargaining agreements relating to the coverage terminates. Any coverage amendment made pursuant to a collective bargaining agreement relating to the coverage which amends the coverage solely to conform to any requirement added by this subtitle or subtitle A (as the case may be) shall not be treated as a termination of such collective bargaining agreement.

(d) EFFECT ON COLLECTIVE BARGAINING AGREEMENTS.—In case of health insurance coverage maintained pursuant to one or more collective bargaining agreements between employer representations and one or more employers that was ratified before December 31, 2013, the provisions of this subtitle and subtitle A (and the amendments made by such subtitles) shall not apply until the date on which the last of the collective bargaining agreements relating to the coverage terminates. Any coverage amendment made pursuant to a collective bargaining agreement relating to the coverage which amends the coverage solely to conform to any requirement added by this subtitle or subtitle A (as the case may be) shall not be treated as a termination of such collective bargaining agreement.

(e) DEFINITION.—In this title, the term ‘grandfathered health plan’ means a group health plan or health insurance coverage to which this section applies.”.

(b) EFFECTIVE DATE.—The amendment made by subsection (a) shall take effect as if included in the Patient Protection and Affordable Care Act (Public Law 111–148).

No matter how we reform health care, I intend to keep this promise: If you like your doctor, you’ll be able to keep your doctor; if you like your health care plan, you’ll be able to keep your health care plan, period. No one will take that away, no matter what.

Less than a week later, in remarks to the American Medical Association, the Nation’s largest association of medical doctors, the President said:

I know that there are millions of Americans who are content with their health care coverage—they like their plan and, most importantly, they value the relationship with their doctor. They trust you. And that means that no matter what we reform health care, we will keep this promise to the American people: If you like your doctor, you will be able to keep your doctor, period. If you like your health care plan, you’ll be able to keep your health care plan, period. No one will take that away, no matter what.

Now, a number of years have passed since President Obama made that promise. It's the promise that that President Obama made that promise either. I think it has been documented that he made that promise to the American people over 30 times. Other supporters of the bill repeated the promise. It was a promise to the American public. It was a promise he knew would not be kept. It was a promise about which the supporters of the bill knew there was no way under ObamaCare that people would be able to keep their health care plan, that they would become able to keep and maintain the relationship with the doctor they trusted, knew, and had faith in.

President Obama called it a promise. PolitiFact had another name for it. PolitiFact, in 2013, termed that promise its “Lie of the Year.” Think of that. The President of the United States was trying to sell a massive restructure of a health care system—and that is what he was trying to do. He was trying to sell it. He was marketing a bill, a law, a concept, and in order to market that concept, President Obama and other supporters of the bill repeated this promise that PolitiFact termed the “Lie of the Year” of 2013.

I come from the private sector. It is incumbent on people in the private sector, when they are selling products to consumers, to tell the truth about the product. If you don’t, you will be accused of consumer fraud. You can be sued. You can probably be sued out of existence. Imagine how the trial bar would treat a businessperson who tried to sell a product by making a promise to the doctor they trusted, knew, and that promise. It was a promise to the American public. It was a promise he knew would not be kept. It was a promise about which the supporters of the bill knew there was no way under ObamaCare that people would be able to keep their health care plan, that they would become able to keep and maintain the relationship with the doctor they trusted, knew, and had faith in.

ObamaCare, at its heart, is a massive consumer fraud—a massive consumer fraud. So the purpose of my amendment has the purpose of a piece of legislation I introduced in 2013—the same thing. It is designed to honor the promise that President Obama made and that he did not keep—the promise that would have been under ObamaCare that was not kept.

The bill I introduced in 2013 was simply titled “If You Like Your Health
Care Plan, You Can Keep It Act." What is rather unique about my piece of legislation is that it used the exact same wording of ObamaCare. ObamaCare actually did have a section in it called a grandfather clause that purported to allow people to keep their health care and allowed them to maintain their relationship with their doctor if they liked their health care plan and their doctor. The problem is it was a grandfathers clause that allowed you to keep your doctor as you completely changed it. So what my bill in 2013 did was it just said: Listen, you can actually keep your health care plan and you don't have to change it.

That is what my amendment does today. It restores that promise—the promise of President Obama and the supporters of ObamaCare. Let me use the real name: The Patient Protection and Affordable Care Act. Of the Orwellian-named laws they have been passed through this Chamber, this is probably the most Orwellian because the Patient Protection and Affordable Care Act did neither, because that promise was not kept. Patients were not protected. They lost their health care plan. We have all received letters from constituents, often heartbreaking letters. There was a couple in Wisconsin, they both had cancer. He is recovering from prostate cancer. She had stage IV lung cancer. They had health care in the State high-risk pool. They could afford it. It worked for them. They lost it because of ObamaCare. They called our office panicked—panicked—because they couldn't log on to healthcargov.gov. They tried almost 40 times. They lost their health care plan. That promise was broken. I don't hear supporters of the law pointing to those individuals.

So my amendment would restore the promise that Senator Murray is doing today, and I yield the floor.

Senator MURRAY is doing today, and I yield the floor.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mr. BOXER. Mr. President, I thoroughly support the right of my colleague to his opinion, but we have never had more people insured in modern history because of ObamaCare. It doesn't mean it is perfect, but let me tell you—I don't know what my colleague's constituents tell him, but I will tell you what mine do. They say thank you. Thank you for the fact that I can get insurance. Thank you for the fact that I can get it even if I have a heart condition. Thank you for the fact that my child can stay on my policy until he is 26 years old. Thank you. Thank you for the lifesaving preventive care I get. Thank you. Thank you for the cheaper prescription drugs.

So people live in a different universe, I guess, but I prefer to stick with the facts, and the facts are millions and millions and millions of Americans now have the peace of mind of being insured. They don't become a burden on their family. They don't become a burden on the emergency room, and they don't become a burden on their communities. I thank President Obama for his courage. We can fix what is wrong with the bill another time again—more than 50 times—they tried to repeal it, the GOP, and they are going to try again, and they are going to fail again. Secretly, I think they hope they fail because they have nothing to replace it with. It is kind of a joke. Nothing. Oh, let's just open up the free market. Well, folks, we tried that forever. ObamaCare isn't government care. It is insurance exchanges, and it is Medicaid expansion in those states that wish to have it. I have to tell you, in those States who have it, the people are very happy.
want to reverse Roe v. Wade, but they don’t have the courage to come down and do it directly. Oh, no, they defund Planned Parenthood. Come on. I wasn’t born yesterday. It is obvious, and I know what this is all about: take away the clinics, pay the health care, take away women’s right to choose. It is happening all over the country. If you don’t like Roe v. Wade, come down and try to overturn it here.

OK. Now, fetal tissue research. There are organizations all over this country that do make fetal tissue available to save lives—to save lives. How long has this been in place? It was under Ronald Reagan, when he was President, that he set up this special committee that was headed by a pro-life judge, an anti-choice judge. They studied this and said it is very important to do it—very important to do it.

In 1993, Congress voted to federally fund fetal tissue research. If you don’t like fetal research, if you think we ought to stop it, come down with a bill, introduce it, and we will argue it. If you don’t want to do fetal tissue research, if you don’t think it is good to find cures for Parkinson’s, Alzheimer’s, you come down and put the bill in the hopper. Don’t worry about it. We don’t want to have that. They just want to conduct a witch hunt on one of the organizations that help make fetal tissue research possible, and this after—this after they had the head of Planned Parenthood before the Congress for 4 or 5 hours, straight, only topped by what they did to former Secretary of State Hillary Clinton. I think she was there 11 hours. So after all those hours that Cecile Richards—and they asked her what she was paid to do her work. I never heard them ask anybody else what they get paid. As it turned out, she was on the low scale of what equivalent jobs are. That is not the point. They harassed her for hours—for hours—and their rhetoric was wrong.

What we say matters. What we say matters. When I say I respect people who feel they would never allow their child or their wife to have an abortion, I don’t demonize one side, I don’t demonize another side. Roe v. Wade was not good. That is not the point. They harassed her for hours. They have nowhere else to turn for their most basic health care. We have been down this road before.

A few months ago in this very Senate, we defeated the Republicans’ attempt to defund Planned Parenthood, but they are back again with the same rhetoric. They are attacking Planned Parenthood because Planned Parenthood has a host of services, 97 percent of which have nothing to do with abortion. If you don’t want to have abortion legal, you want to make it a crime, you want to put doctors in jail, you want to put women in jail, then come down here and put something in a bill form, repeal Roe v. Wade, and criminalize abortion.

I agree. But do you remember when it was a crime? Let me tell you something. There are graves all over this country with women who died from back-alley abortions and botched abortions. They never said it was from that because then they would have died as a criminal. We are not going to go back to those days. The party of the past is not winning on this. They are not going to win, because President Obama is going to veto this bill. Maybe this next Senate will have a pro-choice Senator for a change.

In 2011, Republicans threatened to shut down the entire Government of the United States of America if Planned Parenthood wasn’t defunded. Remember, 97 percent of what Planned Parenthood does have nothing to do with abortion, but Planned Parenthood is in their line of attack and they have never stopped. The rhetoric matters. What they say matters.

In fact, these attacks go back to 1916 when Planned Parenthood’s founder was arrested because she was providing birth control information to poor people. Imagine, a woman was arrested for explaining to some people how they could prevent unwanted pregnancies—arrested. I admit that we have come a long way, but these people want to take us back. Yes, a woman was arrested for advocating birth control. Remember, you have Republicans right in this Senate, and in this country who say that women shouldn’t have access to free birth control.

If they don’t want to take birth control, fine; Don’t; it is fine with me. I reiterate, this whole family—this whole family—this whole family should have an abortion. We are with you all the way on your right. That is your right. But this is America. We don’t have Big Government think. We don’t have Big Government telling you what to think about your own body or what your religion should be.

This is a major issue. I always thought the old GOP was the party of independence. We have our views, but people have a right to think the way they want to think. No, that is the old GOP. This is the new POP, the party of the past.

Let me say this. This is sad. This is the 21st century. We should be working together to ensure that every family has access to legal health care. If you and I do not make some effort to have the courage to come down here and say it is illegal. Don’t start defunding organizations that give women health care. Also, stop the demonizing rhetoric. One candidate for President on the Republican side of the aisle calls Planned Parenthood a choice barbarians, and he happens to be a Senator. He called us barbarians.

What we say matters. Political witch hunts are wrong. What we say matters. Special committees set up to demonize an organization like Planned Parenthood—that is wrong. I wrote to Speaker RYAN. I asked him to disband the latest House committee that was set up. It is costing taxpayers hundreds of thousands of dollars for a special committee when they have the power of all the committees that have jurisdiction over health care and health science and fetal tissue research. It is a political witch hunt being paid for by taxpayers after they hauled the President of Planned Parenthood before them and had her sit there for hour after hour.

The American people have to wake up to this. That is why I am taking all of this time. This isn’t a small matter of supporting PANTEY MURRAY’s amendment which is so important, it is a very simple amendment. We are going to stop them from defunding Planned Parenthood, and we are actually going to increase spending on women’s health. I can assure you that when you catch breast cancer early, it pays dividends for all people who have sex and her family—she is going to live—and second of all, to the taxpayers. They don’t have to treat cancer with expensive drugs and surgeries. The same is true when you catch cervical cancer.

When my friend suggests that we spend more on health care to prevent these problems, she is doing something...
right for the taxpayers. Let’s be clear. There is a dangerous climate out there for Planned Parenthood, and it is going to be exacerbated today. Since 1977, there have been 11 murders, 17 attempted murders, 42 bombings, and 186 arsons against abortion clinics and providers. The line between rhetoric and reality is legal. Anything we say that promotes this kind of terrorism and violence—anything we say that results in this—we should never say. We need to protect medical personnel and staff who put their lives on the line every day working in these clinics, and we should protect the patients who rely on them.

As my colleague said, imagine a doctor, a nurse having to wear protective gear under their uniform. The Women’s Health Care and Clinic Security and Safety Fund that my friend is proposing is very important. It is a very important vote. It will provide compensation for health providers who provide the full spectrum of comprehensive primary health care services, and it will enhance safety at clinics.

The great Ted Kennedy and I worked on the FACE Act. That was his bill. The FACE Act was meant to protect patients and doctors at clinics. All those years ago—I was a young, new Senator then, and he asked if I would be his lieutenant and help him get the bill through.

We got the bill through, but I think what Senator MURRAY is doing today is responsible. In an increased violence, the atmosphere of fear that we see at these clinics. Her amendment also requires the Secretary of Health and Human Services to work in coordination with the Attorney General’s National Task Force on Violence Against Health Care Providers to submit an annual report to Congress identifying the best practices to ensure the security and safety of clinics, providers, facilities, and staff. We cannot waste another minute on yet another vicious, wrongheaded assault on women’s health.

As I said, if you don’t want women to have the right to choose, then have the courage to come down here and take it away. But don’t do it through the back door by attacking an organization that provides health care to 3 million people every year. If you don’t want fetal tissue research that has been legal for a very long time—since 1993 we have had government funding for it—if you don’t want that, if you don’t think it is helping find cures for diseases, come down here and stop it. Don’t attack an organization that is involved in that activity legally. If you want to take us back to pre-1973 when women died in back alleys, you have to come down here and make your case. Believe me, we will take you on, but do it because that is what you want. Don’t hide behind attacking these organizations. That is a phony way to approach something we would straight out fight about.

We have fought this fight before. We have won this fight before. They wanted to shut down the government. We said: Go ahead; try it. And we beat them. They are doing it again. I have to say, this isn’t about me. This isn’t about Senator MURRAY. This isn’t about any individual Senator on the other side. We are here for a little time in history. In America, we don’t go back. I say to the party of the past: We don’t go back in America. We go forward. We don’t take away rights. We expand rights. We do things differently. Government should be telling people what to do in the privacy of their own homes, their own bedrooms, their own lives. We let them make the decision, as long as it is legal. We are going to fight to make sure men and women across this country continue to get the services they need. We are going to make sure that Planned Parenthood is still there for the millions of women and families who depend on it.

I strongly support the Murray amendment to compliment her for putting it together. I hope we get a good vote—maybe even a majority vote—and make a strong statement for this Senate that we stand with the 3 million people who rely on Planned Parenthood for health care.

I yield the floor.

The PRESIDING OFFICER. The Senator from Oklahoma.

Mr. LANKFORD. Mr. President, I am able to sit and listen to the debate today about bringing forward a bill that will do two simple things: remove funding from the single largest provider of abortions in the country, an organization that has recently sold the body parts of children to the highest bidder. Also, we would deal with one of the main issues that I face every single day in my State, as people struggle under the harmful effects every day of the Affordable Care Act, which has proven to be neither affordable nor caring to many people in my State.

Let me say some of the things that I have heard recently—that this is all about going after women’s health. As a very proud husband of a very beautiful lady and a proud dad of two beautiful daughters and as a son of a breast cancer survivor, this has nothing to do with going after women’s health, nor demonizing women, nor the war on women, nor all the other accusations that I have recently heard. This is not about protecting what I have heard called a lifesaving health care organization where 325,000 children died in it last year. This is about a simple thing: children.

In the past, back in the old days, they used to identify tissue as just tissue. The wart on your skin and other tissues in your body were expendable, and it was just tissue, so why does it matter? In the past people used to think that way, but now science is able to look inside and is able to count 10 fingers and 10 toes on a child and watch a child suck its thumb. Scientists can look inside and take a sample and see that that child has different DNA than the mom and dad. We are now able to look inside the womb and see a unique fingerprint that is different from the mom and dad’s fingerprint. We understand something different now because in the past there were those who thought it was illegal, but now we understand it is not tissue. It is a child. As Americans we believe in a simple thing: life, liberty, and the pursuit of happiness. It has been what we have been all about from the beginning. We are better than this as a nation.

Why would we continue to supplement the death of children? Why would we do that? Can we be better than that? In the days ahead, I firmly believe we are on the right side of history, those of us who stand up for children and for those who cannot speak for themselves. The weak and vulnerable in our society need our protection. Just because they are small and just because you can’t see them doesn’t mean they are not valuable and can be thrown away. These are children who are talking about—little girls, little boys—and we think it is important that someone in this country speaks out for them.

I have heard of late that those of us who speak for life should be quieter because there are insane people in this country who would attack a Planned Parenthood clinic. I just have to reinforce this point: No one who speaks for life goes and takes a life. No one who speaks for the lives of children runs out and takes the life of an adult and says that is justifiable. It is not justifiable. It is horrific. But just like those individuals who speak tenaciously against religion shouldn’t be silenced because there was a shooting in a church, saying people who are anti-faith should suddenly have no voice in America because some irrational person shoots someone in a church, the same is true that individuals who speak out for the lives of children shouldn’t suddenly be silenced by being screamed down because an insane person does a shooting in a clinic. Both of them are wrong.

It is reasonable for us to ask a simple question: Can we, as a nation, start a conversation again about children with 10 fingers and 10 toes and unique DNA with life and promise? Can someone speak out for them? I think we can.

This conversation today is also about the Affordable Care Act, its promises, and what has actually occurred. There is no question we have major health care delivery issues in America. There is no question we have major insurance issues in America. It has been that way for a while, and it needs desperate reso-
something called Insure Oklahoma and start the process in our State, asking: What can we do to try to help the most vulnerable in our State? How can we help provide some supplement to another plan?

We received waivers around Medicaid and started working through a process both for those who are employed and not employed to help provide that safety net for those individuals. It was a very successful plan until the Affordable Care Act went into place and then the waivers were removed from our State and those individuals under that plan lost their plan and had to change to another one. In fact, I had some of those individuals approach me and say: I know this is a plan that is provided by our State so it will be grandfathered into the Affordable Care Act, won’t it? I had to tell them: No, it will not. We have been denied on that.

It is remarkable to me, as we deal with these two topics side by side, how some of the opponents of life can say: We want freedom of choice and Big Government out of our lives, but when we get to health care delivery, the bigger the government is the better. We want the Feds to be in control. We don’t want States to have the option to do that. We don’t want businesses to be able to choose how they are going to do that. We don’t want individuals to be able to have that choice. We want Big Government to step into people’s lives and their health care delivery and tell them how it is going to be done. It is fascinating to me to be able to see those two issues juxtaposed all of a sudden—get government out of our lives but get more government into our health care.

Now what do we do?

In 2010, President Obama made this statement in his State of the Union Address:

By this time I’m finished speaking tonight, more Americans will have lost their health insurance. Millions will lose it this year. Our deficit will grow. Premiums will go up, Co-pays will go up, premiums will be denied to the care they need. Small business owners will continue to drop coverage altogether. I will not walk away from these Americans and not support them in this Chamber.

It is an interesting statement based on what actually occurred then after the Patient Protection and Affordable Care Act was actually passed, which is another issue to me. It is interesting to me how now this is really called Obamacare and the Affordable Care Act. Almost no one calls it the Patient Protection and Affordable Care Act, when that was originally its name, and now for some reason patient protection has been dropped from our vernacular when this bill is discussed.

So I leave the statement that more Americans will have lost their health insurance. I have already referenced how we had thousands of Oklahomans lose their health care coverage as soon as the Affordable Care Act went into place and then the waivers were removed from Oklahoma. That coverage was lost for them. We now have fewer options in Oklahoma for health care.

Blue Cross Blue Shield began notifying 40,000 Oklahomans it will no longer offer the Blue Choice provider network to individuals. CommunityCare of Oklahoma, a Tulsa-based company offering health maintenance organizations, notified the Federal Government it plans to drop out of the Affordable Care Act market. GlobalHealth, another Tulsa-based MHO insurer, said it has already notified Oklahomans it is leaving the Affordable Care Act market. InSured Health, a Wisconsin company that has also covered Oklahomans, has now notified the government it is leaving the health care coverage area. UnitedHealthcare, the new participant in Oklahoma’s Affordable Care Act market, has not announced the details of the plans it will offer, but State officials said its rates will be competitive. That will be interesting because next year the rates in Oklahoma will go up, on average. 35 percent. That is not some piece of fiction. That is the actual number that rates will increase in my State—35 percent.

It is interesting to me that yesterday on this same floor I heard arguments back and forth about the cost-of-living increases and how individuals who are in a vulnerable position and are receiving Social Security—need that help for a cost-of-living increase. I completely understand the dynamic of that, but at the same time individuals who were seeing an increase in Social Security recipients don’t seem to bat an eye when people in my State have health insurance increases of 35 percent next year. Do you know how difficult it is to cover a 35 percent health care premium increase?

While the President was speaking in 2010, he said that the premiums will go up. Under the plan he put into place, the premiums will dramatically go up in my State in 2016. The President said while speaking in 2010: "The copays will go up unless we don’t do something."

The editorial board of the great Oklahoma newspaper, The Oklahoman, on November 30, said: Numerous reports have noted that policies sold through ObamaCare exchanges increasingly rely on very high deductibles with limited provider networks. For someone with a major illness such as cancer, these policies are still beneficial. But for relatively healthy people, the deductibles are so high that there’s little functional difference between being insured and uninsured when it comes to impact on one’s personal finances.

"I cannot tell you the number of Oklahomans I have talked to who have said this one thing to me: I have insurance because the law requires me to do it, but it is so expensive I cannot use it. So I literally pay for something because I am forced to, but I can’t actually use it on a day-to-day basis because the copays are so high. I have had conversations with doctors and hospitals. Hospitals were told that their charity care would go down because everyone will be forced to have insurance. Here is what I actually hear from the hospitals in Oklahoma: Their charity care has gone up, all of them. Their charity care and their writeoff have gone up because now those individuals walk into those hospitals and say: I have insurance, they get the bill and realize how high their payment will be, they say: I cannot pay it. So the charity care at hospitals has actually gone up.

This is from a statement President Obama made in 2010: “Patients will be denied the care that they need.” Well, let me give you an example. On June 4 of this year, there was a highlight of Kaylen Richter, a 4-year-old who was denied coverage under the marketplace for a prescription she needed for her asthma. We have a loss of choice and a loss of competition in my State. Instead of more options, we have fewer options.

Humana’s offices are selling out because physicians can’t seem to make ends meet. There are so many requirements on them, they are selling their private practice and going into larger hospital practices. Hospitals are actually having to take the national facilities. Hospitals are taking care of individual physician practices. Hospitals are combining with other hospitals. Instead of greater competition, we see a smaller number of hospitals and a smaller number of entities. Instead, hospitals and entities are becoming larger and larger to be able to sustain that. We have even seen that nationally in the insurance market. Because of what is happening in the Affordable Care Act, it is pushing out insurance around the country. Remember the great statement: It is not government-controlled health care, it is insurance. Right now, Anthem, Cigna, Aetna, and Humana are all going through a combining process, where those four insurance companies that are national, large-scale companies realize they cannot make it under the Affordable Care Act and are merging into one giant company to see itself as a giant company, resulting in fewer options, fewer choices, and centrally controlled health care.

How do we turn this back? I will tell you in some ways, you can’t. The Democrats and President, who have passed this, have succeeded in permanently changing health care in America.

Those individual physicians who used to practice individual medicine all over the country and have now merged into larger hospitals, you don’t undo that. Those individuals who were going to go into medical school but chose not to now, you don’t undo that for a generation. Those individuals that combined into large groups, you don’t undo that. The diagnostic facilities that are going out of business and merging with large hospitals, you don’t just quickly undo that. They have succeeded at permanently changing health care delivery in America.

The challenge now is, How do we help in the days ahead? What do we do? I
rather than the people of that State, I say: No, we care more about that. When the folks in Washington, DC, know and care more for Oklahomans than Oklahomans, the world would we say that those of us in the State, why would we forbid it? Why in place to fulfill the needs within their State, if they have the structure in place to be able to have that choice, want to be able to have that choice, manage their health care. Those States that want to be able to manage their health care to be able to have this compact. It allows individual States that want to be able to manage their health care to be able to manage the health care in their State. This is a crazy idea except it is already done in every single State right now. Every single State already has a Medicaid process, has a health care authority, and has already made decisions which are severely limited by Federal regulations, but that structure is already in place to take care of the most vulnerable in our Nation. The health care compact would allow States to be able to broaden their authorities and to be able to do what needs to be done in order to take care of the health care in their State. Every State has tried so hard to do with In- sure Oklahoma and other options to be made available to people in my State that are being forbidden by the Federal Government. This would open that back up and would allow that competition.

I can assure you that every time I speak to smaller rural hospitals in my State, they cannot get the attention of CMS and the Federal Government because they are small and rural and people in DC don’t know where they are located and they don’t have a big enough lobbying voice. They are just another one of those community hospitals out there. That doesn’t happen if they are interacting with people in my State. Because those health care parameters are being set by people in Oklahoma City and our State capitol, they know every small rural hospital and the dynamics and difficulties there. They are a part of the family.

Allowing individual States to be able to make health care decisions through a health care compact that actually allows that State to be able to manage health care in their State is a tremendous asset. My State, along with eight other States, has asked for that. It is not an unfair request. It is something we should make available to States that choose to do that.

Will we have a hand to choose to do that? No. Some States will probably want the Federal Government to be able to manage their health care. Those States are free to do that, but for States that want to be able to have that choice, allow them to have the freedom to do that. If they have the structure in place to fulfill the needs within their State, we would forbid it? Why in the world would we say that those of us in Washington, DC, know and care more for Oklahomans than Oklahomans? Why in the world? Why in Oklahoma DC, say: No, we care more about that State and those people in that State rather than the people of that State, I think they are misguided. This can be done differently.

What are we up against? We are up against real people who face real issues. It has been incredibly difficult for them to be able to walk through the system and it is not about patient protection, and it has been far from affordable as prices continue to go up.

Let me read one story from my State. It is from a lady who lives in a rural area that has been one of the toughest areas. The Affordable Care Act assumes everyone lives in New York City or some metropolitan area. Welcome to the rest of America. Not everyone lives in big, urban settings. This is one of those folks. She lives in a rural area, not too far, but a good distance, from Oklahoma City. She said she sold some land recently—and by the way, she is on a health exchange. She sold some land recently, which we do in rural America. That made her income go up significantly for that 1 year—one land sale. She said the marketplace doesn’t see it as a 1-year thing, so they take all the sales that are subject on that before taxes. So it raised her premium from $43 to $400. She said she is going to try to figure out a way to be able to manage that.

Then she says this: Why does she have to pay so much for a plan that is not even usable in her area? No one will take her insurance, and providers are dropping it because they are not getting paid. She has to travel now all the way to Oklahoma City so she can find care at all. All she is looking for is an affordable option and providers in her area that will actually take it. It is one thing to say it provides an option. It is another thing to say people can actually access it. We can do better as Americans. This is a conversation we should have. Let’s have it. Let’s talk about a better way to be able to do this. This is not about fixing something. This is about a transition that health care in America that needs to be corrected. We can never go back to where we were. There has been too much permanent damage in the system. Now it is a matter of what can be done that is best for people care what is best for the Federal Government but what is best for the people of our States. Let’s do it.

I encourage the adoption of my amendment, and I encourage the adoption of this reconciliation package that is before our Nation and this body in the days ahead.

I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. OK, I will just yield to Mr. President, I have a few remarks to respond to my colleague’s remarks, and then I ask—I am not going to be long—to be immediately followed by Senator Blumenthal.

Mr. LANKFORD. Mr. President, I would have objection to that request if I am not able to respond to the comments she makes.

Mrs. BOXER. OK, I will just yield to the Senator from Connecticut for a question, and I will give him his time that way.

My colleague from Oklahoma came down, and, first of all, he talks about fact that there are millions and millions and millions of Americans who now have insurance, the same kind of insurance he has as a Senator and I have as a Senator. He forgets the fact, No. 1, that there are people uninsured in every State. He forgets the fact that there are no limits on coverage. Insurance companies can’t cancel a person’s health insurance.

He talks about children with great eloquence—and I am sure he is a fantastic parent—but he forgets that 17 million children with pre-existing conditions are insured, which is a pretty important point. I really have to take offense to some of the remarks of my colleague. He makes an eloquent point about States’ rights. He finishes his argument about ObamaCare saying: Don’t have the Federal Government tell my State what to do. Well, in ObamaCare doesn’t do that. We have an exchange. But, yes, we do require people to get insurance. That is true, and that comes from the plan of a Republican Governor named Mitt Romney. Then he says: Leave my State alone. Then he wants to take away a woman’s right to choose an abortion. He wants to do that. He thinks the Federal Government should do that. So he makes an eloquent point about States’ rights, but he, as a Senator who doesn’t believe in abortion—and that is his total right, and I respect it and I defend it—basically says he wants to decide for everybody in the country that they shouldn’t be able to have an abortion because he doesn’t approve of that. What makes his opinion more important than mine? Are there dozens—it isn’t. This is America. We all have different views about when life begins, about Roe v. Wade. Yet he stands here and uses rhetoric that I say is irresponsible. That is my opinion. It is my opinion, not his.

Now, the Senator started off his discussion by saying the truth, that he has a beautiful wife and a beautiful family. Well, I want the Senator to know, I have a beautiful wife and a beautiful family. What makes his opinion more important than mine? There are dozens—it isn’t. This is America. We all have different views about when life begins, about Roe v. Wade. Yet he stands here and uses rhetoric that I say is irresponsible. That is my opinion. It is my opinion, not his.

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people count on Planned Parenthood, and his approach is an attack on those 3 million people. More than—I don’t know how many people live in Oklahoma, but I would assume it is fewer than that, perhaps.

This is in repealing ObamaCare, despite the fact that it is helping so many people, is of epic proportions. We have seen a repeal in the House of Representatives 52 times. I wonder if my friend from Connecticut is going to yield for a question or if he is going to wait.

Mr. BLUMENTHAL. I will wait.

Mrs. BOXER. Mr. President, just to sum it all up, it is offensive to hear someone describe what is the law of the land as a criminal act. It is offensive, to describe it as a crime. But more than that, if that is what you believe— and I respect your right to believe it—then come up here and do what you are doing. Overturn Roe v. Wade. Tell the women of America they have no right to choose. That is what you want to do, go ahead and do it. If you want to make it a crime, make it a crime. That is honest. What is dishonest is to attack an organization that is acting within the law, which is helping 3 million people, and I would say that is what this debate is about.

I just hope the Murray amendment passes today. It will send a strong signal. And if it doesn’t pass, we know this bill is going to be vetoed, because the President understands that this government is not the be all and end all. We are not the moral voice of the universe. We are not. People don’t even like us as an institution. Let them make up their own minds in their own homes, with their own God, with their own family. I support them, whatever their decision is. Whether they are pro-choice, whether they are anti-choice, I will fight for their right to decide for themselves, but I will not force my view on them. That is what is being pro-choice means, that you are willing to understand that there are different positions. I don’t have every answer, and the Senator from Oklahoma doesn’t have every answer. It is called humility. I don’t have the answer. I will trust my constituents to make that decision.

I hope that we will stop this attack on Planned Parenthood. If this is really about a woman’s right to choose, let’s have that debate. If you want to call it a crime—get it on the floor, then put your bill out there. Tell people they are committing a crime. Put them in jail. Do that. We will have the debate, and we will win that debate, but don’t go after organizations that are acting completely within the law.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

Mr. ENZI. Mr. President, I yield such time as the Senator from Oklahoma needs to respond.

The PRESIDING OFFICER (Mr. SULLIVAN). Senators are reminded that they will refer to each other in the third person.

The Senator from Oklahoma. Mr. LANKFORD. Thank you, Mr. President.

That was actually the first thing I was going to say, that we refer back to Senate rules that we are to address the Presiding Officer rather than each other, and I appreciate the Presiding Officer acknowledging that, according to Senate rules.

My simple statement today was not intended to be offensive. In fact, I think if I went back through the transcript of what I said—I am looking for what was offensive rhetoric that was stated multiple times by the Senator from California. As I try to think back through what was offensive rhetoric, my saying that children have ten fingers and ten toes, unique DNA, and a unique fingerprint doesn’t seem to be offensive. I think also if I went through the legislative record of what was talked about criminalizing anything. I heard multiple times through a conversation on the floor that I was criminalizing, criminalizing, criminalizing. I was actually speaking out for millions of people each year. Following: Would we not want to reconsider the new science that has been available in America for decades now, to look inside the womb and see ten fingers and ten toes and unique DNA and a fingerprint that is different from the mom or the dad and to understand that we have a basic principle as Americans to life, liberty, and the pursuit of happiness? That is a unique value.

Even the Supreme Court, when they ruled on Roe v. Wade, talked about viability. Current science continues to press on what is viable. A friend of mine delivered last year a little girl that was 14 ounces. That little girl is a healthy little girl now over 1 year old, continuing and doing fine. In 1973 that child would not have been viable. She is very much a child. She is beautiful.

As for this whole conversation about millions of people losing insurance if ObamaCare goes away and don’t I care about millions of people and insurance, the issue is not millions of people being covered. There are other ways to be able to help millions of Americans. As I acknowledged when I spoke, there are real issues in health care delivery in America and there are significant issues that continue to exist. My simple statement was that those issues get larger and larger, and my concern is that while individuals would stand up and say we have millions of people covered, they ignore the 33 percent increase of premiums in my State. They ignore the reality of a growing copay in my State and that people are forced by law to buy a product they cannot actually afford to use. My simple statement is this: Can we not acknowledge—not that there are not millions of people that need coverage, but that we have millions of people now that have a coverage that they cannot use and cannot afford to keep yet they are compelled
by law to do it. In fact, they become criminals if they don’t buy the health care coverage required by law. These are real issues and they really do need dialogue. Good civil dialogue will help us work these things out—and centering in on the facts.

With that, I yield back.

The PRESIDING OFFICER. The Senator from Connecticut.

AMENDMENT NO. 2767

Mr. BLUMENTHAL. Mr. President, I want to thank my colleagues from Oklahoma and California for this exchange of views, and most particularly I want to thank my colleague from the State of Washington for the amendment that she has offered that would, in effect, remove or eliminate a harmful provision in the budget reconciliation bill, a provision that would eliminate funding for Planned Parenthood and other providers of reproductive health services for women. Very importantly, it would also establish a fund to assist the Department of Justice in monitoring and combating violent opposition to women seeking access to lawful reproductive health services.

We can have a broad and comprehensive debate on the many issues that are related to the amendment offered by Senator MURRAY, but the simple fact is that funding for Planned Parenthood helps with women’s health care. It provides services such as cancer screening, birth control, and STI testing and treatment that simply are inaccessible and unavailable to those women anywhere else. For all the talk about alternatives to Planned Parenthood, the women who receive services through Planned Parenthood have nowhere else to go in so many instances. In the majority of the care provided by Planned Parenthood, cancer screenings, birth control, and STI testing and treatment result in pregnancies that are wanted and intended and making sure that we are supported, not demeaned or dismissed. Their funding should be enhanced, not diminished. So far as enforcement is concerned, the Department of Justice should be doing more and doing better. It should be working closely with the FBI and with the Department of Justice so that we are able to monitor and report on the kinds of violent opposition to women who are seeking services. We have seen in just the past few days the impact of that violence, tragically, in death and injury in Colorado. But that tragic story should not stand alone, and I hope that those of us who are concerned will work closely with the Department of Justice to make sure that we are able to report on the kinds of violent opposition to women who are seeking services. We should have common ground on difficult issues, to try to find common ground on issues such as women’s health care.

Mr. WYDEN. At the end of the year, Mr. President, when there is so much to do, it is important for us as a Senate to work together. It is important for us as a Senate to find common ground on a bipartisan effort to deal with this enormous challenge of making sure that when we break through cures for serious illnesses here in our country, Americans are going to be able to afford them. Senator GRASSLEY and I teamed up for 18 months, reviewed 20,000 documents, viewed 20,000 documents, did an exhaustive inquiry into the new drugs that have come out to deal with hepatitis C and, they are extraordinary drugs. The question is, Will Americans be able to pay for them? Senator GRASSLEY and I thought it was very important to do it because this is what the future is going to be about.

I know the distinguished Senator’s son is very interested in these health issues. As we try to get cures for Alzheimer’s, diabetes, heart disease, and the question of hepatitis C, it is wonderful to have the cure. The question is, Is it going to be beyond the reach of the people? Senator GRASSLEY and I, for over 18 months, worked painstakingly in a bipartisan kind of way, and it has been very well received. So 24 hours ago we were talking about that, and what I am so troubled about this morning is that when we need bipartisan solutions more than ever, we are looking at a partisan reconciliation bill that, in my view, undermines women’s access to health care in this country by denying funding to Planned Parenthood.

My view is that to take away health care choices from American women that have nothing to do with abortion, particularly after the horrific act last week in Colorado—is just an act of legislative malpractice that is beneath the Senate.

I note that it is going to get a veto if it hits the President’s desk. My hope is that this body will not let it get that far.

It is long past time, in my view, to end the ongoing campaign to under¬mine the fundamental right of all women to make their own reproductive choices and access affordable high quality health care. Millions of American women, including tens of thousands in my home State of Oregon, and Planned Parenthood and the routine health care services that this bill puts at risk. I have read this list on the floor before, but it appears not to be sinking in. So let me repeat it. This bill, for millions of women, could eliminate access to pregnancy testing, possibly gone; and birth control, possibly gone; prenatal services, possibly gone; HIV tests, possibly gone; cancer screenings, possibly gone; vaccinations, possibly gone; testing and treatment for sexually transmitted infections, possibly gone; basic physical exams, possibly gone; treatment for chronic conditions, possibly gone; pediatric care, possibly gone; hospital and specialty care, possibly gone. When you wipe out Planned Parenthood’s funding, you dramatically curtail access for women in this country to health care services and put literally nothing to do with abortion. I know there that is a smear campaign out there that says that is not the case, but it is.

Senator MURRAY and I have a proposal that has taken a different tack. Our amendment says that instead of putting women’s health care at risk, let’s do more to guarantee that women in Oregon and Washington and Alaska and across the country get the high quality care they need. Let’s help our health care clinics treat more women, and let’s help them keep their patients safe when they walk through that door. The proposal that Senator MURRAY and I have put forward is one that is worthy of support from Democrats and Republicans. That has always been the case.

I have enjoyed talking to my new colleague from Alaska about what has happened to this question of the Senate’s historically bipartisan approach, which is why I spent some time talking about how proud I was to team up yesterday with the distinguished Senator from Iowa. Mr. GRASSLEY, on this question of making sure that when there are breakthrough blockbuster cures, people can actually afford them and can actually get them. Those kinds of issues, and those are real issues, and those are important in this legislation. and let’s help them keep their patients safe when they walk through that door. The proposal that Senator MURRAY and I have put forward is one that is worthy of support from Democrats and Republicans. That has always been the case.

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health programs, and we have tried to work in a bipartisan way. But this reconciliation bill is a rejection of bipartisanship. It is going to pump more noise into the echo chamber, but my view is it is going to drive the parties further apart in this effort that I look forward to taking to new colleagues, which is how we are going to get people together to work in a bipartisan way for improving women's health care.

When you create such a vitriolic fever pitch, there are obviously real consequences, the politics of hostility and extremism help spark a culture of violence. And amid that dangerous and toxic culture, a man walked into a Planned Parenthood clinic determined to do enormous harm. In my view, it attacks women's health. It is an attack on the American public, and it cannot be tolerated. It must be fought and resisted at every opportunity.

At a moment when the Senate has a long list of issues to wrap up before the year's end and many serious challenges to face, my view is that we ought to be in the business of trying to solve problems, not create more of them. It is not as if there is a shortage of things that have to be addressed; we have plenty of stuff. So why in the world would we want to reject the Senate's long tradition of bipartisanship and take a very partisan turn with this reconciliation bill?

I hope my colleagues will support the Murray-Wyden amendment when we vote on it, end the campaign against women's health, and do everything we can to restore the historic tradition of this body working in a bipartisan way on women's health.

Without going into too much of the history when I was thinking about coming over and thinking about the tradition of the Senate, one of the first things that happened when I came to the Senate was how we had the opportunity to work with our former colleague from Maine, Senator Snowe of Maine, who was a champion of exactly these kinds of issues; choices for women and improvements in women's health care.

We can have all of that again—men and women working together in the Senate on behalf of the States that sent us to support improvements in women's health. To do that this week you have to support the Murray-Wyden amendment.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Alabama.

Mr. SESSIONS. Mr. President, I support the reconciliation bill that is before us. It will do the job. It will end the Affordable Care Act that the American people rightly have opposed, and it will put us in a position to repeal this monstrosity of a 1,700-page bill that was jammed through Congress in the last hours before Christmas Eve in 2009.

I remember that day very well. It was a strict party-line vote and was passed despite the objections of the American people. It resulted in quite a number of people who voted for it not being in the Senate or the House again, and it remains a decisive issue for our country.

Six years ago, the American people did not know they resisted it. But the Democratic leadership and President Obama determined they were going to pass it, no matter what the people said. They were going to get this done, and they rammed it through the Senate in August of 2009, even though Scott Brown was elected a month later in Massachusetts on a campaign to kill the bill. Had he been here at that time, there would have been only 59 votes, insufficient votes to shut off debate, and the bill would not have passed. He won in Massachusetts—one of our most liberal States—on a campaign that said: I will be the vote that kills this legislation. So I want to say first and foremost that the American people knew this wouldn’t work. They knew that beginning, they opposed the philosophy of it, and they knew we were going to have a mess on our hands.

Now we have a majority of Republicans in both Houses. There are 54 Republican Congresspeople. We are going to move this reconciliation bill, and it will end the effectiveness of ObamaCare. But we know the President will veto it.

I will just say this, colleagues. This is a historical moment. This is a moment of great importance nearly 6 years after this bill passed. You can be sure the people who pushed it to passage were absolutely confident that although the people opposed it then, they would get used to it, they would go along with it, and it could never be repealed. But that has not happened. The voters have elected Members of Congress to oppose this legislation. The polling data shows continued strong opposition to this legislation. What we have to do is establish that the elected Congress, a majority in both Houses, opposes this terrible law and we will vote to end this incredible piece of legislation.

We knew it was bad, but there was no way we could have understood what was in all of those pages. Health care is utterly complex. It is so different in every state from Wyoming, Alabama, New York, Massachusetts, and California, and even cities within the States are different. So, a one-sized-fits-all approach dictated by the federal government simply will not work.

The Federal Government cannot run anything very well, frankly. We absolutely do not need to be involving ourselves in and dominating health care in America. That is not the way to get better health care for our people.

It was obvious from the beginning that we were going to have high costs and difficulties, but it actually rolled out with more difficulty than people could have imagined, starting with the failed computer systems. We had Democrats and Republicans concerned over how it was being carried out. It was bad from the beginning, and things are not getting any better.

One of the most dramatic promises the President of the United States made to the American people was in September of 2009. In pushing for this legislation, he said:

The plan I’m announcing tonight would meet three basic goals. . . . it will slow the growth of health care costs for our families, our businesses, and our government.

Well, that has not happened. In fact, health care costs for the insured in America are surging. In Alabama we are seeing 28 percent increases in premiums. I am going to read some letters from people who say what has happened to their insurance premiums and how incredibly high the deductibles are. No one has written my office to tell me that their health care costs have decreased.

President Obama went so far at one point to promise that his health care plan would “bring down premiums by $2,500 for the typical family.” That American people didn’t buy that. They have heard these kinds of big government schemes before. They want to go to their doctors. They were pretty confident in their plans, and they were worried about costs, so this promise meant a lot to them. The President of the United States had said that costs were going to come down. That meant a lot, but they were skeptical. Their instinct, though, was correct because it hasn’t happened, and health care costs have continued to go up.

The administration has acknowledged that many consumers will see noticeable premium increases—and indeed we have—when buying health care on the ObamaCare exchanges in 2016. According to Health and Human Services’ own data—government’s agency—premiums would increase by an average of 7.5 percent for the benchmark silver plans in 2016 in 37 States using the exchanges, which includes Alabama. But, the rate for the benchmark plan in Alabama will increase by even more than that in 2016—by 12.6 percent.

For 2016, Blue Cross Blue Shield of Alabama, the largest insurer in the State, reported an increase of 28 percent for individual plans and 13.8 percent for small group plans. These are huge costs. Currently, Blue Cross Blue Shield plans on the Obamacare exchanges in Alabama are over $2,500 for the typical family. BCBS initially proposed to increase the premiums for the platinum plans, the highest coverage by 71 percent but later reported a final increase of 28 percent. They have heard these kinds of big government schemes before. This is real money for a lot of people. BCBS initially proposed to increase the premiums for the platinum plans, the highest coverage by 71 percent but later reported a final increase of 28 percent.

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So, it is clear that the healthcare law is fundamentally raising costs, reducing choice, and is opposed by the American people. In June of 2009, President Obama stated:

If you like your health care plan, you will be able to keep your health care plan. Period.

That meant a lot to people. A lot of people said: Well, if they do all that—but if I can keep my plan, I am not too worried about it, as long as I can keep my plan.

Did that turn out to be true? No, it did not. By the end of 2013, the Associated Press reported that 4.7 million Americans received cancellation notices for their insurance plans due to the Affordable Care Act.

In 2013, PolitiFact defined the “Lie of the Year” as President Obama’s promise that “If you like your health care plan, you can keep it.”

They just said it. Costs are going down, and you can keep your health care plan to go. They continued to say that, and they were able to get the law through Congress. But even then, the polling data showed the American people did not support this plan. Scott Brown of Massachusetts ran on it in the liberal State of Massachusetts. He said: Elect me, and I will be the vote that kills it. But, they got it done before he could take office.

Under this so-called “affordable act,” we have higher premiums and higher deductibles. Great Scott, I am amazed at how high the deductibles have become. This is a communication from an individual in the Birmingham area. He wrote to me in June of this year:

I am an owner of a small 10 person CPA firm in Vestavia. In our group plan offered by BCBS, for our family of 5 our BCBS health insurance went up by $6k a year on health insurance premiums. This is from a Ph.D., who wrote:

For the first time, in 2011, my medical insurance premiums exceeded my mortgage, and they have continued to climb ever since. I now pay over $1,400 a month for mediocre health insurance premiums.

Another individual in the Montgomery area wrote:

We just received notification at my place of employment that our health insurance premiums are going up at 25 percent this year and possibly 40 percent next year. As the controller here, with 100 employees, we can’t afford these increases. We have already seen our benefits reduced to try to keep the costs lower but if we keep on at this rate we will be paying even more for less coverage.

That is the real world. And I feel strongly that this is happening out there all over our country.

What I want to say to those who are frustrated, who think nothing can be done, that is not so. What will be demonstrated today is that the majority of both Houses of Congress has the ability to pass legislation that will essentially eliminate this plan and require a complete overhaul of our health care system. We have the votes to do it. Yes, it will be the votes of the people of the United States. He has rejected any and all improvements ever since the bill was passed. He has fought virtually everything that would make the bill better. No changes can be made in this law anywhere. The President will veto it. We will be going to have another President soon. That is a fact. And this new President can sign a reconciliation bill. We will then be able to improve health care in America, to use common sense, and not have this bureaucratic monstrosity, and to actually serve the people we represent. We can enable them to have the type of health care policies that they need, at prices they can afford, and help people in need, in the same way we do today. But, we will eliminate this entire government takeover of healthcare.

Several years ago, when asked if he believed in a single-payer plan for health care in America, Rep. Richard Neal, the Democratic leader, said: Yes, yes, absolutely yes. I raised that in the Committee on the Budget, and we had two Democratic members say: I, too, believe in a single payer for health care in America. One said: I will acknowledge the health care law is not workable today, and the only way to really make it work is to go to a single payer—in other words, a government-dominated health care system in America. I don’t think that is the right way to go. People don’t think that is the right way to go. They oppose that now, they opposed it steadfastly throughout, and they are being proven correct. It is not working. The promises made for it were wrong then and are being proven wrong every month that goes by.

Mr. President, this is an important vote. Don’t let anyone suggest it is not. It is a definitional vote: Do you want to fix the broken health care system or help raise taxes on those you want to help with no real reform? That is the choice.

I hope we will have bipartisan support for making this kind of change. I hope and believe that if this legislation is vetoed by this President, we will have a new President in not too many months who will sign such legislation and allow us then to create the kind of positive health care system the people of this country deserve.

I thank the Chair, and I yield the floor.

The PRESIDING OFFICER. The Senator from California.

Mrs. BOXER. Mr. President, I want to say that it has been interesting to hear the debate. It has touched on a lot of things that are close to my heart and that I know are close to a lot of other people’s hearts, which is getting health care to more people—health care that is affordable, health care that wasn’t available before—and also, frankly, making sure we don’t have attacks continue on an organization called Planned Parenthood that delivers lifesaving health care to 3 million Americans each and every year.

There are a couple of points I would like to make. In a very strong debate I had with the Senator from Oklahoma, Mr. LANKFORD, I stated that I was offended because I believed that—Mr. President, I will go on this. The Senator basically said that those of us who are pro-choice are essentially supporting a crime against children, and he took issue with that and said he didn’t. Well, I want to place in the Record his exact words, if I might.

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

Mrs. BOXER. This is from the transcript. After talking about abortion, he says:

Why would we continue to supplement the death of children?

"Why would we continue to supplement the death of children?" As I read the English language, that would be an accessory to a crime. So I stand by my words. And I would say again, if the issue is whether abortion should be legal, that is a fair issue. And I think if people feel it is a crime, then they ought to come down here with their legislation to put women in jail. I think that debate would be important. But they shouldn’t attack an organization that is legal—Planned Parenthood—that is living within the law, and 97 percent of what they do has nothing to do with choice, and the other 3 percent is totally legal.

The GOP has tried to repeal ObamCare dozens of times. This is another time. I do agree we have to fix certain aspects of the Affordable Care Act. ObamCare. Absolutely. In my State, it is a raging success. In California, I want you to know we have 40 million people, so this is a very big test case. We are like the fifth or sixth largest country when it comes to the economy. We have seen the uninsured rates in California drop from 17.2 percent in 2013 to 12.4 percent today—in 2014. We have seen more than 100 percent, previously uninsured Californians get some sort of health care coverage. And I can say that, yes, we have to make
sure the competition works. What we have in place is not a single-payer law. We have in place an exchange where private companies come in. The competition is important, and if it isn’t robust, there are going to be these increases. So I think it is very important. For the person who can get insurance off Covered California, which is our exchange, we have seen 3.5 million more Californians enroll in Medi-Cal thanks to the Medicaid expansion.

Also, in this country, 30 million women with health insurance are able to access contraception without any cost-sharing. That is very, very important because I would hope we would agree that unintended pregnancies are not what we want regardless of whether we are pro-choice or anti-choice. That is important for planning pregnancies. In 2013 women across this country saved more than $483 million in out-of-pocket costs for birth control. It absolutely is concerning to me when people are attacking ObamaCare that continues and rages on. I think the question is, Do we want to make it work better—of course there are things we can do to make it work better—or do we want to go back to the days when if you had high blood pressure or diabetes, you couldn’t get a policy?

I remember so clearly constituents grabbing me by the arm and saying: My son was born with a disability. I can’t get coverage. What am I going to do?

People went broke. People lost their homes and they lost their savings before the Affordable Care Act.

As I say, nothing is perfect, nobody is perfect—not each of us, that is for sure—and the Affordable Care Act is not perfect. We need to fix it, but what we have heard over and over again from the other side is not a legitimate point; it is just an attack, a screaming attack on the Affordable Care Act—and there is nothing in its stead. We have said to the other side: Let us know. Well, the reason there is nothing in its stead is the underlying form of ObamaCare—the Affordable Care Act—is a Republican idea, and it is that everybody needs to have access to health care, and it was based on Mitt Romney’s plan that he put into effect in Massachusetts.

So I could go on and on about the amazing results that we have seen with the Affordable Care Act. I mean, I have had people come up and say: Oh my God, my child can stay on my policy until age 26. That is amazing. I have cancer, and I used to have a limit on what my insurance would pay. Now those limits are off because of ObamaCare.

So whether it is preexisting conditions, or kicking a child off, or getting sick and then finding out, guess what, that is it for you, I don’t want to go back to those bad old days. I am willing to work with anyone of good will and fix the parts of ObamaCare that aren’t working. That is fine. But, again, what we see constantly is this trying to completely torpedo—and in this case by taking away the funds. In the case of Planned Parenthood, it is just: We do not like the underlying women’s health reproductive laws, so we are going after the face of women’s health—Planned Parenthood. That is an attack against women.

What we are seeing from the other side is an attack on women, an attack on reproductive health care, an attack on the Affordable Care Act—ObamaCare—4 percent, although not perfect, is saving families, saving lives. This is important.

I hope we will support the Murray amendment today. If that passes, then Planned Parenthood will still be funded. If it fails, the President is going to veto this bill, and we will have enough votes to sustain that. But this is an exercise that is unfortunate because it is an attack on an organization that is doing everything under the law, everything that is legal. They had the President sign a $1.1 trillion budget bill that allows for hour after hour after hour after hour after hour after hour, haranguing her—haranguing her—a woman who really, in many ways, is working to save lives because when you discover breast cancer early enough, you can totally agree with me—it is so treatable and so curable. If you find STDs, you can treat them. If you find cervical cancer in an early stage, you can save a life. That is what they are doing.

As my friend Senator Wyden said—he is the ranking member of the Committee on Finance and a champion for women’s health and health in general—the fact is, 97 percent of what Planned Parenthood does are these screenings, these important screenings. This is basic health care—making sure someone’s blood pressure is OK. There are so many people who go there for their first line of health care. The fact that they are in women’s reproductive health care—4 percent of their work entails that. It is legal. It is legal. It has been legal since 1973.

I say to my friends on both sides who see this as an attack against women. I say: As one’s blood pressure is OK. There are so many people who go there for their first line of health care. The fact that they are in women’s reproductive health care—4 percent of their work entails that. It is legal. It is legal. It has been legal since 1973.

I say to my friends on both sides who don’t like it, if you don’t like it, come down here and try to change the law. Make it a crime. Do what you want. We will fight you. We will beat you. But that would be honest. What isn’t honest is attacking an organization that has been in place for almost 100 years and the rhetoric associated with it.

We have seen across this country—I am not talking about Colorado because the facts aren’t in—an increase in threats to doctors, nurses, patients, and clinics. We have seen real problems. So what do we say matters. What do we do matters. I want to thank my friend, who has worked so hard on this. I am so strongly supporting the Murray-Wyden amendment. I think it is absolutely critical. What I love about it is you expand access to health care, but you pay for it. That is really important.

So let’s come together over party lines. Let’s support that amendment, and let’s defeat this attack on the Affordable Care Act, which, yes, we can make better. But to toss it out or to make it unworkable with cuts that we see in these reconciliation bills would be a blow to tens of millions of Americans.
today. She says: "Please work to repeal this unfair act."

Let me review this one more time—again, the results, the attacks, the assault on our freedom caused by ObamaCare, the Patient Protection and Affordable Care Act. This 60-year-old woman from Spooner, WI, prior to ObamaCare was paying $276 per month for her insurance. She could afford it. She liked her health care plan. She probably liked her doctors. Next year, she will be paying $756 per month, a 180-percent increase—actually 2.3 times higher than what she was paying prior to the Affordable Care Act. Again, she lost coverage she liked. That has been the result of ObamaCare for far too many Americans.

So having listened to the Senator from California talk about how Republicans are attacking women, I think this email from a real person who has been damaged, harmed by ObamaCare in Spooner, WI—I would say the attack on women come from the Patient Protection and Affordable Care Act.

Earlier this morning I offered my amendment, and I would like to thank Senator Coral Gardner from Colorado for helping me offer it. It is a pretty simple amendment. It was modeled under the bill I introduced in 2013, the If You Like Your Health Plan, You Can Keep It Act. We have a similar type of amendment. It is designed to protect women who are under attack by ObamaCare, such as this 60-year-old woman from Spooner, WI, to restore their freedom—their choice—to be able to buy the health care they could afford, that suited their needs, that paid for medicine and health care with the doctor they trusted.

That is what ObamaCare has taken away from the American public, from this 60-year-old woman from Spooner, WI. It has taken away that freedom. It has taken away that choice. It has cost her dearly. It has taken an arm from that woman from Spooner, WI. That is the reality. I don't care how much lipstick you try to put on the pig we call ObamaCare, the reality of the situation is it has done great harm to real people, and it is past time—past time—that we repeal it, I will be pleased to vote yes in honor of her request to please work to repair or to repeal this unfair act.

I yield the floor.

The PRESIDING OFFICER. The Senator from Texas.

Mr. CORNYN. Madam President, I congratulate the Senator from Wisconsin for his amendment. I look forward to voting on it, this afternoon, I understand.

This is actually the promise that President Obama made: If you like the coverage you have, if you like your health insurance, you can keep it. But, in fact, we know that has not proven to be true.

I know when the Senator from Wisconsin ran for the Senate, one of the primary motivating factors was his own experience with his own daughter.

I have heard him tell that story time and again. I know he feels strongly about it, as well as he feels strongly about his constituents who have been harmed as a result of this law, which has not performed as advertised.

Mr. JOHNSON. Will the Senator yield?

Mr. CORNYN. I will.

Mr. JOHNSON. The Senator mentioned my daughter, who, by the way, just blessed us with a grandson just 3 weeks ago. It is a very short story, if the Senator doesn’t mind me telling it. It did motivate me to run. I think it illustrates how damaging ObamaCare has been and could be in the future.

Our daughter Carey was born 32 years ago with a very serious congenital heart defect. Her aorta and pulmonary artery were reversed. The first day of life, there was an incredibly skilled, incredibly dedicated, medical professional—a doctor who President Obama just weeks before had accused of looking to fee schedules—not that individual doctor but doctors in general—to see what they would be willing to charge to take out a set of tonsils or amputate a foot to make a few more bucks. So offensive on so many levels because those doctors came in on her first day of life at 1:30 in the morning and saved Carey's life.

Then, 8 months later, when her heart was the size of a small plum, and with 7 known medical professionals, a team of incredibly dedicated medical professionals in 7 hours of open-heart surgery rebattled the upper chamber of her heart. Her heart operates backwards today, but she is 32 years old. She is actually a nurse practitioner, practicing in the same hospital where her life was saved. Now she is a new mom, and she made me a new granddad.

Our health care system wasn’t perfect prior to ObamaCare, but it was far better. It was pretty close to the way it is supposed to be. So it’s about the loss of freedom. My wife and I just went to renew our health insurance policy. We are buying it in Wisconsin. We can’t buy a policy that will pay for care outside of the network. Our freedom are being restricted. If I had that health care today, would I be able to go to the specialist outside of our network and get that first-class care that saved my daughter’s life? I am not so sure. That is why it is vital that we repeal ObamaCare and, at a minimum, vote for this amendment. If you actually do like your health care plan, this amendment allows you to keep it.

I appreciate the Senator for yielding and allowing me to tell that story.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. CORNYN. Madam President, I appreciate getting to hear that story again. I have heard that story a number of times from the Senator from Wisconsin. I think it shows how special this effort is to help to get people the health care they want at a price they can afford and how ObamaCare has done just the opposite. Rather than being part of this false narrative about a war on women, there are a lot of women and young girls who have been harmed by ObamaCare, which has been a women disaster.

Of course, I remember being here on Christmas Eve, 7 a.m., 2009, when our Democratic colleagues, then in the majority, had 60 votes and they passed ObamaCare without a single Republican vote. I think that was a terrible mistake. It was a terrible mistake to take something so important to most Americans or virtually to every American—their health care—and totally reform the health care system in a partisan way and one that could not be sustained. Indeed, we have seen in the 5 years since that time that our country’s health care system is in complete disarray.

We have all read the headlines that describe the double-digit premium increases and the skyrocketing deductibles that make people wonder why they should buy health insurance in the first place. I guess the answer to that is this: If you don’t, under ObamaCare you are going to get penalized. That is the individual mandate that President Obama at one point said he didn’t have to run for President in 2008, although I guess he came to love it.

But that is the way the government operates when it mandates what you do and takes away your freedom. As the Senator from Wisconsin said, but it also uses coercion and financial penalties to force you to do something you wouldn’t naturally do because it is not good for you or your family. You are being forced to buy coverage you don’t need at a price you can’t afford. So the only way the government makes this function—to the extent it has functioned—is out of coercion, out of penalizing the American people and forcing them to buy something they don’t want. It is a huge. That is huge. It is a huge burden on American taxpayers and hard-working families. One reason people are struggling to pay the premiums for their ObamaCare coverage is because over the last 7 years wages have been basically stagnant. Our economy has been bouncing along the bottom, just barely out of range of a recession. So people are finding their cost of living going up—their price for food, their price for health care. Perhaps the only good news in the last few years has been that the price of gasoline has come down because of unrelated reasons. But people are struggling to
make ends meet, hard-working middle-class families who previously had been thriving in this economy.

The bottom line is that ObamaCare has left the American people paying more for their medical needs while reducing their access to and weakening coverage. The people I work for back home are adamant they want this to stop. So that is the vote we will have tomorrow—to stop this huge government overreach that does not serve the interests of the people whom presumably it was designed to protect and to provide access for.

The phone calls and letters and social media posts and face-to-face meetings that I have had in Texas over the last 5 years tell me how ObamaCare has hurt, not helped, hard-working Texans. Last month I received even more letters from my constituents who are exasperated about their health care plans. I heard from Texans who have lost their doctors and their insurance plans. They sent me the letter that the Senator from Wisconsin mentioned. They no longer covered certain specialties that are outside the network, and that is because they have had to try to find a way to economize. What they have done is they have restricted access to doctors and hospitals.

Then there are the rising premiums. Because of the mandates, you are being forced to buy coverage that you don’t need. For example, healthy men are being forced to purchase maternity care. I don’t understand. Young, healthy individuals are being forced to buy coverage to subsidize older Americans.

Then there is the matter of the deductibles. If there is one story that I have heard from another, it is from hospitals in Texas, saying that people are admitted to our hospital but they have such a high deductible, it is as if they are self-insured. Many of them can’t afford to pay the deductible, so we can’t. We have to find a way to provide them health care because we know they won’t be able to pay their bill, particularly if it is not within the deductible.

One constituent wrote:

We were happy with our insurance, but we didn’t get to keep it. We were happy with our doctors, but we didn’t keep them.

The same constituent said, “Our plans to retire early have been side-tracked by the unaffordable cost of health care.”

I have also heard from folks who have lost their employer-provided health insurance and are now forced to pay double their previous rate.

One of my constituents wrote:

Like many other companies [mine] dumped its retired employee medical benefits and said go get your own health care insurance. . . . [Before, it] was only $100 a month. Now, under ObamaCare our [insurance] will cost us $366 a month!

That may not seem like a lot of money to a lot of people, but if you are a retired person and you are on fixed income and if you made plans for your future—including your health care—to see your health care premiums more than double is a big deal.

The same person continued: “I know where you stand on this issue, but wanted you to see another example of how close to home this is.” That is a good word for it: “terrifying.”

I have also heard from other folks back home who are forced to spend countless hours of time and energy researching new plans because their previous insurance was slashed. The President and his allies in this take-over of America’s health care system have said to some people who liked their health coverage that it wasn’t good enough, so they basically made it illegal to continue to sell it.

One of my constituents wrote and said:

I have to spend my valuable time researching yet again, a plan that meets my health care needs and possibly stays within my budget. How is the affordable in the Affordable Care Act?

That is another good question. I think it is useful to understand that ObamaCare is not a topic that Texans or most Americans are simply indifferent about. More strongly about making this law a thing of the past. My constituents overwhelmingly want this law repealed and replaced with more choices where people can buy the health care they need at a price they can afford. That does not seem like a big deal.

With the increasing reports from across the country about how ObamaCare is hurting American families, there should be no doubt about this vote. Although, I predict this will be a party-line vote where all of our Democratic friends who supported ObamaCare are sticking with it to the very end. But it is unsustainable. It will not work. What would we be more productive in doing is trying to work together to find something that the alternative would be that would provide people more affordable care and the coverage they need.

The American people have made crystal clear—last November, in particular, when they put Republican majorities in both Chambers of Congress—that they want us to do something about this ill-advised, misguided law. I look forward to delivering on our promise to vote to repeal ObamaCare tomorrow evening before we adjourn for the week.

This legislation we are currently considering would eliminate more than $1 trillion in tax increases and will likely save the American people hundreds of billions of dollars in future spending. This is at a time when our national debt is $18 trillion plus. All we are doing is adding more and more debt to future generations who someday are going to have to pay it back. Maybe my generation will not around long enough to have to pay that bill but the next generation and beyond will.

By repealing ObamaCare, we can craft a better way to provide health care options that actually work for every American at an affordable price. I look forward to getting this bill passed and hopefully providing relief to millions of Americans who are burdened by ObamaCare.

I wish to close by paying a good word about the chairman of the Budget Committee who has been a counselor, adviser, and navigator of sorts to many of us in this challenging procedural exercise known as budget reconciliation. I am incredibly grateful, not only for the work he did in assisting us in passing the first budget that we have passed since 2009—that is pretty important—but now shepherding us through this very difficult process and helping us as the new majority to keep our promise to the American people to repeal ObamaCare. When we do that and we vote to pass this repeal of ObamaCare tomorrow evening, it will be in large part because of the invaluable contributions made by the chairman of the Budget Committee, the Senator from Wyoming, and his able staff. This has been a team effort. There is no doubt about it, but he has been a leader of that team effort.

Madam President, I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

Mr. CARDIN. Madam President, I ask unanimous consent to speak as in morning business.

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

PARIS CLIMATE CHANGE SUMMIT

Mr. CARDIN. Madam President, as the ranking Democrat on the Senate Foreign Relations Committee, my highest priority is America’s security. Let me share with my colleagues how the climate change summit that is taking place in Paris affects global and U.S. security. Climate change is a global problem. Global problems require global solutions. As negotiators from over 180 nations gather in Paris, I think it is important that the Senate take note of this historic moment—when all countries, developed and developing, are finally coming together to tackle the global threat of climate change. The achievement of a new international agreement under the United Nations Framework Convention on Climate Change in Paris is our chance to ensure that future generations have the opportunity to enjoy a safer, healthier, and more prosperous world. Time is running out for us to act.

As world leaders gather to find cooperative solutions to combating climate change, I am reminded of the message of Pope Francis’s Climate Change Encyclical and the environmental crisis facing our planet. Let me quote from Pope Francis.

The urgent challenge to protect our common home includes a concern to bring the whole human family together to seek a sustainable and integral development, for we know that things cannot remain as they are. I am moved on this occasion to appeal, for a new dialogue about how we are shaping the future of our planet. We need a
want to lock in this progress, we must support a strong and ambitious agreement in Paris.

These initial pledges will not put an end to global warming, but they are a strong first step that sets the international community on a path to limit the increase of temperature by 2 degrees Celsius by 2100. Continuing on our current trajectory would result in a projected warming of 3.6 degrees Celsius by the end of this century. But with the pledges currently tabled in Paris, this is to 2.7 degrees—more than halfway to the 2 degree goal.

More importantly, however, these Paris pledges are only the first wave of action. Actions coming out of Paris will give us a lasting framework where-by countries can update their pledges over time to ensure that they meet their global goal of 2 degrees Celsius.

By implementing their initial commitments and making further investments in clean energy, cheaper renewable fuels will allow for even more ambitious carbon reductions in the future. The Paris agreement alone will not end the threat of climate change, but it is a solid first step—one that includes countries helping all countries to meet their global goal of 2 degrees Celsius.

The private sector has also come out to voice its support for this ambitious agreement in Paris. Already 194 U.S. companies, representing $4.2 trillion in annual revenue, operating in all 50 States, and employing 11 million Americans, have signed the American Business Act on Climate Pledge and are voicing their support for a positive outcome in Paris. It is not just governments. It is also the private sector, which we desperately need for Paris to be successful.

The Paris agreement will help send a strong market signal for clean, renewable energy worldwide, and that long-term certainty is exactly what investors need. If we don’t embrace the clean energy revolution that the world is poised to leap forward into, then our competitors will. It will be the doubters and the deniers who will be blamed for the United States’ descent from a global leader in clean energy technology innovation.

U.S. deployment of clean energy and technologies has grown exponentially in recent years. Renewable energy generation is growing at the fastest growth of all generation sectors. Since 2008, the cost of clean energy technologies has dropped dramatically, fostering this growth. For example, with wind energy, as of 2014, there were more than 65,000 megawatts of utility-scale wind power deployed across 39 States—enough to generate electricity for more than 16 million households. In solar energy, by 2014 the total capacity of the utility-scale solar PV reached 9.7 gigawatts with 90 percent of these installations occurring after 2008. This growth of all generation sectors since 2008 has put the United States in the top three countries in the world toward more renewable energy which will serve as a source of American job growth and innovation and put America back in control of our own energy future.

Paris is our best opportunity to avoid the most devastating impact of climate change. We need an agreement to ensure that all countries do their fair share to address this problem. In order to lock in years of U.S. leadership, we need an agreement to maintain the clean energy revolution that is so critical to job creation here at home and protecting our Nation’s energy security, but most importantly, we need an

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agreement to make sure we avoid the most catastrophic impacts of climate change that threaten the rights of our children and our grandchildren to pursue a healthy, safe, and prosperous life.

I thank my colleagues for their indulgence of the floor.

The PRESIDING OFFICER. The Senator from Oregon.

AMENDMENT NO. 3761

Mr. WYDEN. Madam President, the distinguished Senator from Wisconsin has offered an amendment dealing with the Affordable Care Act. I have been talking to the staff of both the Finance Committee and the Budget Committee, and frankly it is a real head-scratcher because it appears that our colleague from Wisconsin is seeking to bring back the so-called grandfathered health plans that existed between 2010 and the end of 2013. We are still trying to sort through this, but at this point it looks to me like something of a health care Frankenstein. It seems to bring back life by having all those plans that were grandfathered on December 31, 2013, and died on that date magically brought back to life by the Senator from Wisconsin. Many of the plans that were in existence on December 31, 2010, but didn’t exist anymore. Plans continually change. Plans also changed in 2014, and they changed again in the beginning of 2015.

I am a U.S. Senator who believes very strongly in the role of the marketplace in American health care. That is the way we bring a dead period back to life. Plans continually change. Plans also change that threaten the rights of our children and our grandchildren to pursue a healthy, safe, and prosperous life.

I am sure we are going to have some more conversations about that, but I do want colleagues to know that at this point, I will have to oppose the amendment offered by the Senator from Wisconsin because I just don’t see how we are going to take, as I said, health plans that died and bring them back to life.

With that, I yield the floor.

I suggest unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

Mr. ROBERTS. Madam President, I ask unanimous consent that the amendment by the distinguished Senator from Wisconsin be stricken.

Mr. ROBERTS. Madam President, for the first time in 5 years, Congress has enacted a full budget that balances. Under our previous leadership, we only passed one budget. We have to look at the way back to 2001 to find the last time Congress passed a balanced 10-year budget.

It is vitally important that we go through the regular budgeting process to ensure we are being efficient and effective when spending hard-working taxpayers’ dollars.

Now that we have a final budget framework, we can have the opportunity to exist independent and make policy changes to rein in the excesses of this administration. The first step in this is consideration of the budget reconciliation bill.

We have before us a budget bill that not only reduces the Federal deficit, but it does so by dismantling many of the key provisions of the President’s health care law known as ObamaCare. We are more than 5 years into its implementation; however, many of the same problems that some of those of us who were here during the original debate warned of are still causing harm to consumers, and new issues continue to arise. We continue, unfortunately, to see higher costs, less choice for individuals, and higher taxes.

Prior to open enrollment starting, CMS released the “2016 Marketplace Affordability Snapshot.” This shows that across the 37 States that use the Federal marketplace, Kansas included, the cost of the second lowest silver plan, or the benchmark plan, will increase on average 7.5 percent as of next year. That number is more than double for Kansas. On average, they are facing a 16-percent increase in the benchmark plan. I would assume the same thing is true in Iowa, the State of the distinguished President Officer. This is not the promised reduction in premiums the President promised. This is simply not affordable.

Madison from Overland Park, KS, recently wrote to me about her family’s struggles. She said:

Yet again our rates are going up to the point where we cannot afford our health insurance that I have had since before 2008. Out of network hospital and doctors limit my ability to go when I need to for my children the health care they need.

Madison, you certainly hit the nail on the head.
We need to give peace of mind to the families hurt by ObamaCare. The relief provided by this package does just that. I urge my colleagues to support this bill so we can then provide freedom to all Americans from the mandates of this law and give us an opportunity to bring patient-centered reforms that will improve access as well as lower costs for patients.

I yield the floor.

The PRESIDING OFFICER. The Senator from Hawaii.

EXPRESSING CONDOLENCES TO THE FAMILIES OF THOSE AFFECTED BY THE SHOOTING IN COLORADO SPRINGS

Ms. HIRONO. Madam President, before I begin my remarks, I wish to take a moment to express my condolences to the families of those affected by last week’s shooting in Colorado Springs, including the family of Jennifer Markovsky. Jennifer grew up in Waianae, HI. She was killed this past Friday at a Planned Parenthood clinic in Colorado in a senseless act of violence. I spoke recently to Jennifer’s husband Paul to express my condolences to him, their two young children, her parents, and her ohana.

Madam President, I wish to speak on an issue of great importance to all women of the United States; that is, the Republican efforts to defund Planned Parenthood. One of my first forays into politics happened when as a young woman I wrote to my elected officials and asked them about their views on a woman’s right to choose. At that time—1970—Hawaii was considering a bill that would legalize abortion. In fact, Hawaii became the first State to do so for our residents.

Choice to me is not something that should be restricted, whether it is the right to choose to end a pregnancy or the right to access birth control. Having control over one’s health care decisions is a fundamental right. When a woman has access to a full range of health care services, she has control over her life and her future. Access to birth control and other reproductive options means that women have real control over their economic and personal security.

This latest attack on women’s reproductive rights by defunding Planned Parenthood is a misguided attempt to demonize Planned Parenthood. There is currently no Federal funding for abortion at Planned Parenthood. Some States such as Hawaii recognize how fundamentally unfair this is and provide State funding for their clinics.

Limiting the ability of women to access health care services at Planned Parenthood clinics across the country is just one part of the Republican anti-women agenda. They refuse to fund day care, family leave or early childhood education programs that support families. I repeat, Federal law already prohibits family planning funding from being used by anyone, including by Planned Parenthood. So the measure before us today does nothing more than deny millions of women across the country access to birth control and other health care services that they want and need. This bill does nothing but prohibit but which are perfectly legal.

The real work of Planned Parenthood is preventive health care services. Birth control, STD screenings, and well women exams are the bulk of services provided by Planned Parenthood and its affiliates. Defunding Planned Parenthood will unjustly punish women who have access to no other health care providers for their basic health care needs.

The harm caused by defunding Planned Parenthood is brushed aside by my colleagues. They will argue that they have provided additional funding to community health centers to make up for the loss of funding for Planned Parenthood, this is a red herring. This very limited additional funding will not and cannot replace Planned Parenthood clinics and their important role as a safety net provided for millions of women across the country.

Defunding Planned Parenthood is nothing more than an attempt by some in Congress to pander to a fringe base. The fact is, the majority of Americans support Planned Parenthood and support health care services for women. The continuing efforts to defund Planned Parenthood are false proxies for banning abortion—that is calling a spade a spade—and all that will happen is that women’s health care will be put at risk.

These attacks on Planned Parenthood must end. So let’s stop wasting time undermining women’s health care and get back to the real business at hand. Let’s fund the government. Let’s give middle-class families and small businesses tax relief. Let’s pass bills to invest in our infrastructure and our children’s education. These are all things we need to do in the next week that will actually make a difference—a positive difference—in the lives of millions of Americans.

I ask my colleagues to join me in rejecting this extremely partisan measure before us and move on to the real business of the Senate.

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

Mr. COATS. Mr. President, for those of us who were seeking office for the Senate in 2010, one of the primary issues we were engaged with and heard from tens of thousands, if not hundreds of thousands, of our citizens about was the concern over the passage of the Affordable Care Act. ObamaCare and now also called the Unaffordable Care Act. That was the bill that was jammed through the Senate on Christmas Eve without one Republican vote. Republicans were denied a vote because the Democratic Party controlled both the executive branch and the legislative branch, with numbers that put them in a position where they could jam anything through that they wanted without any offsets, without any amendments, without any changes, without any improvements, without any input from the other party.

I think we have learned through history that when one party has total control, they lose sight of what the American people want. They want debate. They want adjustments. They want the other side of the story to be told. Then they want their representatives to be able to come to a compromise in terms of how we would deal with, yes, an important issue called health care for the American people.

Were there needed improvements in our health care system that had to be made? Yes, there were. There was a consensus—almost—on both sides of the aisle, Republicans and Democrats, that changes could be made, but the way the American people wanted that done was for us to represent their views, to look at all the options, to have some balance, which is generally how major programs that need to be addressed successfully can be addressed successfully.

Welfare reform is an example. Under President Clinton, there was a bipartisan effort, with both parties recognizing that changes needed to be made to a system that wasn’t working as well as it could. By working together in a bipartisan way, we ended up with a very effective and efficient new system compared to the old system. That was not the case with ObamaCare.

So throughout the 10-year period of time, when I was campaigning for office, I heard the stories from Hoosiers and others about the small towns, rural coffee shops, factories, including employers and employees, and I heard their concerns about how this would play out.

We were promised by the President that this didn’t mean winning or losing our health insurance and that if we liked our current plan, we could hang onto it. That turned out to be totally false. We were also promised by the President that this would not cost one penny to the American taxpayer. Now if the number of people the ObamaCare program has cost and will cost over a 10-year period of time, and it comes close to $1 trillion. So one penny compared

Mr. TILLIS. Without objection, it is so ordered.

The PRESIDING OFFICER. I ask unanimous consent that the request for continuation be granted.

Mr. COATS. Mr. President, I ask unanimous consent that the request for continuance be granted.

The PRESIDING OFFICER. The request for continuance is granted.
to $1 trillion—there is a pretty good gap between those numbers. Those were the taxes that were inserted into the Affordable Care Act, or ObamaCare, on the American people that were supposed to cover the cost of up to $1 trillion over a 10-year period of time.

We were told by the President that if we liked our current plan, the premiums would not go up, the premiums would not increase at all, period. Trust me, Mr. Obama has ObamaCare, that has not been true. We have now seen the rolling out of this done in a way that only the Federal Government could screw it up. Only the Federal Government could fail after spending an extraordinary amount of money—well over a billion to roll out this thing in a totally dysfunctional way.

Today, we continue to hear from our constituents about failed promises, about higher premiums, extraordinarily higher copayments, about how people have not been able to keep the insurance doctor they had, and they are paying taxes to cover something that simply has not worked.

It has been a tortuous process to get to the point where we have the opportunity to end being blocked by the other side. We have an opportunity now that will occur tomorrow to finally get an up-or-down vote on a reconciliation bill that essentially is designed to repeal ObamaCare. There have been people who have been able to keep the insurance doctor they had, and they are paying taxes to cover something that simply has not worked.

There will be all kinds of amendments. There will be gotcha amendments. They will vote for this bill. They will be irrelevant to the final issue of what we are doing and what we are voting on. It will be clear to the American people that this is a vote strictly on the repeal of ObamaCare. You are either for it or against it. Come down here and defend it if you like it, if it has worked in your State. I haven’t really heard any people coming down and singing its praises. But come down to the floor and say this is why health care in Indiana is so harmful. It is so harmful that we could have done had we worked through a normal process on this are sitting on the shelf.

The time is now. It is an opportunity we have been waiting for now going on 6 years. So when we have that vote tomorrow—and despite all the chatter and despite all the attempts to define it as something other than what it is—the real vote comes down to whether you want to continue government-run health care or you want to look for a better model.

With that, I yield the floor.

I suggest the absence of a quorum.

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

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

Mrs. FISCHER. Mr. President, we are on the verge of fulfilling a promise that we made to the American people. They selected a new majority here in the Senate to repeal ObamaCare. In Nebraska, words and promises still mean something. They are not taken lightly. Trust me; Nebraskans will let you know when you aren’t keeping your word.

Since the first day I took office, I have heard from Nebraskans about how this law is making it harder, not easier, for them to get health care. Nearly 20,000 people have contacted my office, and they have expressed their concerns about this law to me. They face a new reality and struggle to afford premiums for plans requiring thousands in out-of-pocket expenses. I have come to the floor many times to share these stories from Nebraskans, and unfortunately, these stories continue to come in.

Vivian from Saunders County in the State wrote regarding the deductible on her ObamaCare plan, which is so high that her husband, who is a cancer survivor, is forgoing regular checkups. They simply cannot afford the costs.

Kevin from Chappell, NE, shared his experience with struggling to afford the expensive premium while still facing a $10,000 deductible. He wants answers for why his family is being forced to buy a plan that includes services they don’t need in order to pay the premium.

Ann from Lincoln shared with me her struggle to get coverage for herself and her two children. After jumping
through bureaucratic hoops to get health care coverage, she is now forced to buy an insurance plan that will take 25 percent of her income. That is a quarter of her income.

Some could argue that these are only anecdotal stories — but they are a snapshot of what is happening in the State—but let’s look at how premiums have changed in Nebraska since this law was passed. Next year, many Nebraskans will see double-digit increases in their health care costs. In 2014, some Nebraskans saw their premiums go up over 100 percent. Why are we still debating whether this law has been a success?

The President has said: “If you like your plan, you can keep it.” We have all heard that. Nebraskans were promised they could keep the plans they liked. Well, tell that to the thousands of people in Nebraska who have lost coverage when Nebraska’s co-op failed last year. They were blindsided on Christmas Eve with news that they had to choose a new coverage. Now many more Americans are facing this same challenge as over half of the country’s co-ops have failed.

Democrats have said this law would help the American people. Americans were told that costs would go down. They were promised lower costs for health care. We were promised a $2,500 decrease in insurance costs. Well, clearly that is not the case. This is a mess, and it didn’t have to happen.

It is in our power to fix it. I am proud that Republicans are taking the lead. We are showing the American people our commitment in repealing this law. We can do better. We can provide patient-centered health care. We can let people decide what kind of coverage they need. We can let people take their insurance with them when they move across State lines. We do that with car insurance. But the first step is to end this—a law that costs families more money and doesn’t meet their needs.

So I ask, for the sake of all Americans, it is time to take that next step. We need to step up. We need to fix it.

Thank you, Mr. President.

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

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

Mr. TOOMEY. Mr. President, I want to address an amendment that I have for the Obamacare repeal bill we will be voting on, possibly soon. It is a simple amendment. I think it is an important one, and it addresses part of the $1.2 trillion in tax increases that are embedded throughout Obamacare. This amendment is a tax increase on middle-class Americans who are battling with catastrophic health care challenges and costs. So I think it was a particularly ill-conceived tax increase and I want us to repeal it.

This is what the tax increase was about. Prior to Obamacare, if a family had out-of-pocket medical expenses that exceeded 7.5 percent of their income, they could deduct from their taxable income any cost above 7.5 percent of their income. Obamacare raised that threshold to 10 percent, and that has very real consequences. There was an exception for senior citizens, but that explanation has already ended. Obamacare put a huge tax increase on middle-class Americans makes it harder for families who are trying to deal with, to battle some kind of very problematic health situation they are in. It could be a chronic event. It could be a catastrophic event.

Let me be specific with an example. Prior to Obamacare, if a family who earned $50,000, for instance, had extraordinary medical costs, for whatever reason, that were, say, $4,150—so 9 percent of their income—that is a huge medical bill for a family who earns $50,000, obviously. Well, at least prior to Obamacare, they could deduct $750 from their income. That is the portion which exceeded the 7.5 percent of their income was deductible. Under Obamacare, they can’t deduct any of it. They get no deduction.

So think about what we are doing. We are saying that a middle-class, working-class family with unusually extraordinarily high medical bills should lose the opportunity they have historically had to at least get a modest deduction to help soften the blow of the catastrophic health crisis they are dealing with. I think this is a terrible idea—to hit these folks with this tax increase—especially at a time when they are dealing with these very difficult circumstances or they wouldn’t get the deduction anyway.

So I think it was a bad idea and one of many bad ideas in Obamacare. What my amendment would do is simply restore that deduction to where it was before Obamacare. It would restore the ability to extraordinary medical health care cost when it exceeds 7.5 percent of income rather than having to hit the 10-percent hurdle Obamacare created.

By the way, I should point out that this is totally a tax increase on middle-class families. The IRS quantified this. They determined that 86 percent of the taxpayers who claim this deduction—86 percent—earn less than $100,000. This isn’t a tax deduction for rich people. This is a tax deduction for ordinary Americans who are going through very difficult times.

Having the ability to take this deduction is more important now than it has ever been. Obamacare has done so much to drive up people’s costs. That is not just I saying this. A November 15 New York Times headline read: “Many Say High Deductibles Make Their Health Law Insurance All But Useless.” That is the New York Times.

High deductibles are one of the main contributing factors to people having high out-of-pocket costs. So Obamacare has driven these plans into these high deductibles, thereby forcing people to lay out more cash and at the same time they are saying: Oh, but you can’t deduct it like you used to be able to.

On November 2 CNBC reported that “Obamacare’s cheapest plans just got more expensive.” There are deductibles that are soaring to over $12,000, out-of-pocket maximums that are near $14,000. People are losing coverage out-of-pocket expenses like never before, and they are getting hit with the fact they can no longer take the kind of deduction they used to.

This was a bad idea in the first place. It is a tax increase on those who can least afford it—people who are sick, people who are undergoing maybe a terrible accident, some other disaster that caused them to incur these expenses. It could apply to someone who has long-term care expenses for a relative who is in nursing home, the special education expenses for a handicapped child. It could be a mom undergoing reconstructive surgery after a mastectomy. It could be a couple seeking to conceive a child needing fertility treatment. There are a myriad of circumstances for which I don’t think we should be punishing people in this fashion.

My amendment would simply, as I said, restore the tax deduction to the one that we had before Obamacare and I would urge its adoption.

As I mentioned, I think this medical expense deduction issue is just one flaw of Obamacare. It is important, but it is a narrow aspect of an unbelievably flawed bill. It is hard to know where to begin with the flaws of Obamacare, but I would suggest several big categories of problems: The first is higher costs; the second, I would suggest, is the loss of employment, and the third, which is indispensable, is the loss of insurance for those who have it.

I think higher costs are undeniable. The President promised us that average premiums would fall, they would fall by $2,500. In fact, he was confident enough to give us a figure, and of course the exact opposite is what has actually occurred. Obamacare premiums have gone up dramatically. In my State of Pennsylvania, premiums are up, for next year alone, 11 percent. That is after several years of increases that an an 11-percent increase. Whom do you know who has gotten an 11-percent pay raise? I don’t know anybody. That is not what is happening. Yet their expenses are going up because of Obamacare. Deductibles are rising at the same time. So not only does it cost more to buy the insurance, but the insurance covers less.

I have gotten letters from literally thousands of Pennsylvanians explaining their personal circumstances. One letter came from the DiBello family of Montgomery County and says that before Obamacare they paid $62 a month for a health insurance plan for their family and they had a $6,000 deductible.
They were happy with their plan. They were promised if they were happy with their plan they could keep their plan. We all heard that promise. How many times was that promise made? That promise was made to the DiBello family. That is all slightly unfortunate because it is early. It was untrue, including the people making the promise because the legislation explicitly forbids whole categories of plans. How could you keep your plan if it is being banned by the Federal law? Unfortunately, the DiBello family experienced that. So the plan they are buying that goes into effect in 2016, in stead of a $662 monthly premium, they are having to pay $1,141, and instead of a $6,000 deductible, they are going to have a $12,800 deductible.

You almost have to wonder what is your insurance paying for if the deductible is that high, but that is what ObamaCare has done to the DiBello family of Montgomery County, PA, and let me explain why they are but one of thousands and thousands of families I have heard from across Pennsylvania who are experiencing similar real difficulties.

I mentioned jobs as another category of problem that ObamaCare has created. Again, I think it is completely irrefutable. We know if you as an employee hire a 50th employee, you are suddenly subject to all the mandates of ObamaCare. That means the costs of health insurance for your workforce go through the roof. It creates a huge incentive not to hire the 50th employee. That is a terrible incentive to have, especially at a time when we have too few people working and we have inadequate wages. Yet this provision guarantees that it will be more difficult to get a job with a company that has 40-some employees.

In addition, ObamaCare puts pressure on employers to cut back on hours for workers when you are being deemed to be a full-time worker if you work 30 hours or more. One way to deal with that is to have people work less than 30 hours. The problem is, employees want 40 hours. They want a normal workweek. But they can't get it because of the costs ObamaCare triggers if they were to have it.

Third is the loss of freedom. Again, that is completely irrefutable. If you had a plan you were happy with, if you had a plan you were happy with, if you had a plan you were happy with, then the government approves of it. So now workers because you are deemed to be out of choices. If there are no insurance plans being offered through this exchange because the whole dynamic doesn't work, then how are my constituents going to get health insurance? This is the problem when the government steps in and tries to take control over an industry—in this case, something so important and so personal as our health care.

This is a fatal flaw in the model of ObamaCare—yet another reason why this needs to be repealed—and that is, this bill was designed with the idea that young and healthy people would buy health insurance through ObamaCare at an inflated price. Of course, in addition to dictating what is in a health care plan, ObamaCare dictates pricing as well. The theory was, what we will do is we will have all these expensive mandates, but we will force this category of people who tend to be younger and healthier—we will force them to pay their costs to actually insure them, and that is how we will subsidize coverage for people who are older and need more health care. There is only one small problem with that; that is, the younger and healthier people figured out pretty quickly that they are being forced to buy a product that doesn't suit their needs very well and they are forced to pay more than it is worth. So guess what. They are not doing it. And ObamaCare is falling short by millions on the number of these younger, healthier people that the model depended on.

What is the result of that? Insurance companies are left insuring a population that therefore tends to be older and sicker. When insurance companies lose many millions of dollars, which is what they have been doing, they go back to “We have to raise premiums even further.” That creates an even more powerful incentive to not buy the product. What started off as overpriced is now even more overpriced for them. This is known in insurance terms as a death spiral, this downward spiral whereby it becomes impossible to have a viable continuation of these insurance policies, because, increasingly, the only people who will buy them are the people who are very sick, and people who are relatively healthy are priced out of the market.

This explains why half of all insurance co-ops in America have already folded. Many seem to be heading in the same direction. A year from now, I doubt there will be many co-ops remaining. This also explains why, increasingly, insurance companies are simply saying: We are going to have to consider getting out of this market altogether. We are going to have to consider simply not participating in ObamaCare market.

What does that mean for Pennsylvania families? It means they are going to be out of choices. If there are no insurance plans being offered through this exchange because the whole dynamic doesn't work, then how are my constituents going to get health insurance? This is the problem when the government steps in and tries to take control over an industry—in this case, something so important and so personal as our health care.

This is a fatal flaw in the model of legislation. Americans have been living through its disastrous consequences in the form of losing the health care plans that they want, that they valued, that they chose; experiencing much higher premiums, higher out-of-pocket costs, and higher taxes on the costs they do incur; and fewer jobs and less hours for those who are employed. Now, in addition to all this, we see what I think is the relatively early stages of this death spiral that is going to result in probably a pretty massive exodus from this market.

It is long overdue that we repeal this legislation. I am very glad we will be able to consider this over the next day or so. I urge support for my amendment, which would restore the ability of people facing catastrophic costs to have the deduction they were able to have before ObamaCare, and I urge adoption of this repeal legislation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Georgia.

Mr. Perdue. Mr. President, I rise today to speak about a massive expansion of government that was fundamentally flawed from the start: the Affordable Care Act, better known as ObamaCare.

In the past 100 years, we have had three supermajorities, all Democratic. The first gave us the New Deal; the second, the Great Society; and the third gave us ObamaCare and Dodd-Frank. In many ways, these progressive, sweeping government spending programs have failed the very people they claim to champion: the working men and women of America. Together, they come at a massive expense to taxpayers and still continue to add to the Nation’s debt crisis.

Right now, this law is saddling Americans with more than $1.2 trillion of new taxes over the next 10 years. In my State alone, ObamaCare is costing taxpayers over $2.7 billion over the next decade. The Senate’s actions this week will help reverse the harmful effects of ObamaCare and remove the law’s burdensome taxes on American families.

I am back home in Georgia, one of the most frequent and sobering concerns I hear about is the insidious, negative impact of ObamaCare—whether it is reduced hours, increased premiums, increased deductibles, or just the mere fact that they can’t get the doctor they want. I hear this more than any other complaint about what is going on in Washington today.

By enacting this law, President Obama and Washington put our health care system—almost one-sixth of our total economy—under government control, and the consequences are disastrous. ObamaCare has driven up the cost of health care. In addition, premium costs and deductible costs are much higher for younger and healthier Americans from even applying for coverage. The law has eliminated health care choices, forced rural hospitals out of business, created a doctor shortage, and failed to live up to the expectations promised to the American people by the Obama administration.

First, Georgians are seeing their health care costs double. Just this...
week a headline on the front page of the Atlanta-Journal Constitution read “Health care costs on the rise in 2016” and “Some Affordable Care Act plans seeing double-digit hikes.” The article went on to describe the peril of a Georgi family who plans to cancel their insurance because it is no longer affordable for them. And this family is not alone. As we just heard in the prior speech, deductibles have risen to a point now where people can’t afford the health care plan that was picked for them.

In Georgia, premium increases are expected to range from 27 to 29 percent for Allian Health individual policyholders, and the problem could only get worse as more insurance companies exit the Obamacare exchange program. And deductibles are increasing seven times as fast as wages are increasing.

Last week, UnitedHealth Group—the largest health insurance company in the country—announced it is considering dropping out of Obamacare because it is losing so much money and the marketplace doesn’t appear to be sustaining itself. As a matter of fact, yesterday, UnitedHealth CEO Stephen Hemsley even admitted that joining the Obamacare exchange was a “bad decision.” He went on to say, “We did not believe it would form this slowly, be this porous, or become this severe.”

Washington cannot overlook this warning. Like my wife Bonnie and me, many people have already had their plans canceled—no matter what the administration said. They said: If you like your policy, you can keep your policy; if you like your doctor, you can keep your doctor. I can personally tell you that did not happen. A lot of people have lost access to their preferred doctors or were forced into insurance plans that cost more, not less—dramatically more. If UnitedHealth Group, the largest player in this space—exits, Americans will only have less choice, not more.

Aside from driving up health care costs and limiting insurance options, Obamacare is forcing rural hospitals out of business as well. Since 2010 alone, five rural hospitals in Georgia have closed, and there is a possibility for more in the immediate future. Across the country, more than 50 rural hospitals—this is incredible—have closed just since 2010, and more than 290 are shutting down. Each closure eliminates local jobs and Americans’ access to health care.

Additionally, given the growing aging population, Obamacare is contributing to a dangerous doctor shortage. The Association of American Medical Colleges is predicting a shortage of as many as 90,000 doctors by 2025.

Another survey by the Physicians Foundation found that 81 percent of doctors plan because it is no longer affordable for them. And this family is not alone. As we just heard in the prior speech, deductibles have risen to a point now where people can’t afford the health care plan that was picked for them.

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1976, Fred won and went on to serve two full terms.

Many of us in younger generations in politics after Fred’s elected service have called on his wisdom, his insight, and his ability to bring people together as we were deciding a future. Fred served on the transition teams of Wilmington Mayor James Sills, Delaware Gov. Ruth Ann Minner, and co-chaired my transition team after I was elected New Castle county executive in 2004.

For many of us, decades of success in finance, business, and politics might be the hallmark of a complete and successful career, but for Fred these experiences were just a few of the ways he fulfilled a lifelong passion for service in our State of Neighbors.

Just over 13 years ago, while Fred was at Commerce Bank, our mutual friend Jim Gilliam, Jr., called Fred one day and said to him: I have a job for you. Fred is a true leader: honest, insightful, thoughtful, creative, positive, and confident. Fred possesses that rare combination of leadership, and sense of compassion, just a day after the passing of our beloved friend Beau Biden earlier this year, Fred spoke to the Bidens and offered to help the family establish an organization in Beau’s name. That idea became the Beau Biden Foundation for the Protection of Children. Two days after it was launched, they had already raised over $125,000.

Fred’s friends and family will also tell you how much he adored his mother Marjorie, visiting her daily at Stonegrates until her passing, and how much he cares for his father-in-law today. They will tell you that Fred loves to golf, playing many clubs and large working.

Mr. MURPHY. Mr. President, I am on the floor to speak to the debate that is happening now on reconciliation, specifically, the fact that we are here for the 16th time in the Senate debating the repeal of all or significant parts of the Affordable Care Act, and stack that on top of the 50 to 60 times this has been debated—the repeal of all or major parts of the Affordable Care Act—in the House of Representatives. And, as we have heard many times, we think the debate over repeal is over and that we should, A, accept the success of the Affordable Care Act and, B, to the extent that there need to be changes made, do it on a bipartisan basis—find the ways we can work together to try to craft a law that is by and large working.

The data only tells one story. I want to review it for a moment because if you hear many of my Republican colleagues talk, they act in the absence of evidence that tells you the Affordable Care Act is working. There are 17 million Americans who have insurance...
today who didn’t have it before the Affordable Care Act. They have gotten it either through these exchanges, these private health care exchanges with a tax credit from the Federal Government or they have gotten it through Medicaid expansion.

We have reduced the number of people without health care insurance in this country by 30 percent in the few first years of implementation. That is with many States doing everything they can to undermine the act. That is with many States refusing to accept the expansion of Medicaid coverage that could make that number even greater than 17 million or 30 percent.

In my State of Connecticut, where we have been aggressively trying to implement the Affordable Care Act, we have actually reduced the number of people without insurance by 50 percent. The total numbers in Connecticut are pretty extraordinary, given the short amount of time we have had and given the fact that we are starting off with a pretty robust Medicaid Program to begin with.

Overall costs to the Federal Government are under control for the first time in many of our lifetimes. The percentage of inflation that the Federal Government is about 2 or 3 percent. The overall rate of medical inflation is the lowest since 1960. That is because the Affordable Care Act is transitioning payments away from volume-based payments, rewarding you for the more medicine you practice, to outcomes-based payments, rewarding you for keeping your patients healthy.

Quality is getting better. You look at a broad array of metrics. Things such as hospital readmission rates or hospital acquired infections are all going down. Let’s be clear, the Affordable Care Act was not designed to fix every single problem in the health care system. There are still going to be problems that are still going to be anecdotal failures, but if you are working to undermine the act in your State, you are going to have more problems with your health care system.

When I hear my colleagues come down to the floor of the Senate and complain about hospitals closing in their State, when their State is actively rejecting Federal money that would help expand Medicaid and provide more people walking into hospitals for treatment attached to them, there is more than a hint of irony to that complaint. If you want your health care system to work, then implement the Affordable Care Act.

**AMENDMENT NO. 3975**

Senator JOHNSON is offering an amendment which would be of particular harm to the people in my State and in neighboring States. His amendment would allow for plans that don’t comport with minimum coverage requirements of the Affordable Care Act to continue.

Before I relinquish the floor, I wish to speak for a moment about this particular amendment. There is a little boy named Kyle from Simsbury, CT, whom I have talked about before on the floor. Kyle requires injections that cost about $3,000 per dose, and he has to take them three to four times a week for the treatment of a blood disorder. Because his previous insurance plan had an annual lifetime limit, his treatment threatened to bankrupt his family. That fear is no longer a reality for his family because the Affordable Care Act says if you want to offer an insurance plan in this country, it has to be a fair plan. It can’t charge you over lifetime limits, and it can’t charge you more because you are a woman. It has to cover basic medical necessities, such as maternity coverage.

The requirement of having insurance plans provide actual insurance that doesn’t discriminate against a person based on their medical history or gender not only allows people to have access to health care they didn’t have before, but it has given millions of families that peace of mind.

The Johnson amendment would take that peace of mind away from millions of families by allowing for plans to go back on the market throughout the country—plans that would cap coverage based on your gender or medical history, and that could once again discriminate against you based on your gender or medical history.

There may be a lot of parts of the Affordable Care Act that people support regarding one thing and another thing. That the people of all parties have generally supported is the idea that we should put patients and consumers back in charge of their health care, instead of the old days when the insurance companies were in charge and would tell you that you have insurance, but then halfway through the year, just because you used a lot of it, yank it away from you.

There are a number of reasons why we should support this amendment, but on behalf of the millions of families like Kyle’s out there that don’t want to go back to a world in which their insurance companies could take away their coverage just because they needed it more than other families, these reasons alone are reason enough to reject this amendment.

I hope that we can move on from this debate and try to work together—Republicans and Democrats—to perfect the Affordable Care Act and that we can get beyond this perpetual, ongoing, never-ending debate about repeal. Specifically, with respect to the Johnson amendment, let’s think about all of those families that have been jerked around by insurance companies for far too long and need relief that the Affordable Care Act has given them.

I yield the floor.

**THE PRESIDING OFFICER.** The Senator from Ohio.

Mr. BROWN. Mr. President, I wish to add to the comments of Senator MURPHY in opposition to that amendment. I wish to also to point out that one of the previous speakers bemoaned the number of hospitals that have closed in his State over the last 10 years. I bemoan them too. I also know that more of those hospitals would have closed if the Affordable Care Act hadn’t passed.

More of those hospitals would have closed if, in States like mine, the Governor expanded Medicaid.

We know that in States where rural hospitals have closed—particularly if there was a Republican Governor—the hospital association and many, many health care providers of all kinds, including nurses, physical therapists, and others, asked the Governor of that State to expand Medicaid so these hospitals could stay in business and keep serving rural people. This issue is not just about the rural poor people in South Carolina, but rural middle-class people who had insurance and were paying, but those hospitals couldn’t stay open because they didn’t have the revenues coming in. If Governors from those States had actually expanded Medicaid, as the intent of the Affordable Care Act—instead of scoring political points, many of those hospitals would not have had to close.

I thank Senator MURPHY for his efforts.

Mr. President, I come to the floor to talk about an amendment that I will not offer at this time but will probably offer later today about Medicaid—again, to help perfect the Affordable Care Act.

Since the passage of the health law, Medicaid expansion has helped 600,000 Ohioans—many for the first time in their lives—in my State have health coverage just because of Medicaid’s expansion. That is why the amendment I will offer will permanently extend the Medicaid expansion Federal matching rate at 100 percent. Some Governors—I think a bit disingenuously, but at least they are saying it—didn’t expand Medicaid because the States will eventually end up having to pay up to 10 percent, even though the State gets all kinds of economic benefits, not to mention the humanitarian concerns that it addresses. Nonetheless, my amendment will make it 100 percent—no more excuses, first of all, to refuse to expand Medicaid.

At a time when some are looking to halt support for Medicaid, we should be increasing that support. Since its enactment in 1965, Medicaid served as a lifeline for millions of Americans ranging from children and pregnant women to seniors who almost certainly would otherwise not afford nursing home care without it.

Thanks to the Affordable Care Act—while my colleagues on the other side of the aisle are attempting to dismantle it—States now have the option to expand Medicaid the way Governor Kasich, the Republican Governor of my State did, including nonelderly adults without children. Thirty States, including the District of Columbia and, in my State of Ohio, I have made up Medicaid expansion, and it has obviously mattered to a whole lot of people.
Federal Medical Assistance Percentages, which determine how much the Federal Government will pay for covered services in the State Medicaid programs, were increased for States that chose to expand their Medicaid under the Affordable Care Act. Under the health care law, all States must expand their Medicaid programs receive an enhanced Federal reimbursement for the costs incurred by newly eligible enrollees. That matching rate will phase down from 100 percent to 90 percent in 2020.

My amendment would make the enhanced FMAP, the Medicaid expansion reimbursement, permanent. It is paid for by closing corporate tax loopholes. States that have expanded Medicaid have experienced significant drops in the number of uninsured. They have realized budget savings and cut the cost of uncompensated care for hospitals.

The number of hospitals I have visited recently, including the hospital in which I was born, Medcentral in Mansfield, are bringing in more patients who are paying because of Medicaid and the Affordable Care Act and fewer patients for which they are uncompensated, thereby having to cut costs a little bit by looking that hospital easier to manage. Too often hospitals have to cut patient services when they have to cut their costs.

We should continue to support States that have done right and expanded access. We can do this by maintaining their current FMAP rates. This policy will provide States with financial security. It will free up State Medicaid budgets to address other Medicaid needs, such as increased access to mental health services or the higher costs of prescription drugs. With millions of Americans falling into the coverage gap in nonexpansion States—those couple of dozen States that have refused to expand Medicaid even though the Federal government pays for almost 100 percent of it—this policy is likely to help encourage expansion of Medicaid in those States.

As I said, Ohio is one of the first States to accept Federal funds. I thank Governor Kasich, the Republican Governor of Ohio, for doing that. Without expansion, Ohioans would have fallen through the cracks by making too much for traditional Medicaid but too little to qualify for subsidies in the insurance exchanges. Now the State has expanded Medicaid coverage, about 80 percent, for seniors in nursing homes.

I don’t understand how people who represent my State in the House or Senate can vote to repeal the Affordable Care Act when they have 600,000 people in Ohio who have insurance—and that is just the Medicaid part—let alone the hundreds of thousands of others. How can they vote to take away their insurance? Do they know those people? Do they ever look those people in the eye and say: Sorry, I am scoring a political point. I will vote against the Affordable Care Act. Sorry; you are going to lose your insurance, but maybe we will do something down the road to help you.

Under these new provisions, 24,000 Medicaid enrollees in Ohio are being treated for cancer. These include Ohioans like Pamela Harris, the mother of four children. She had no health insurance. Under the Affordable Care Act, Harris received Medicaid—again giving credit to Republican Governor Kasich—and she found herself having to choose between paying for utility bills or medication. After her first stroke, Mrs. Harris was unable to go to the doctor and physical therapy, but when she survived her second stroke, her recovery was much better. Why? Because she was eligible for health insurance through Ohio’s Medicaid expansion.

There are so many reasons to do this. Mr. President, 2015 marks the 50th anniversary of Medicaid. We should be strengthening the program that provides good quality health insurance to millions of Americans, including hundreds of thousands of people in Wyoming, Tennessee, South Carolina, and my State of Ohio. We should do that and not vote to take it away.

I will offer the amendment later. I yield the floor and 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.

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

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

Ms. STABENOW. Mr. President, I come to the floor today to speak on behalf of millions of Americans who are very grateful they have health care now under the Affordable Care Act that they didn’t have a few years ago.

Looking back over the years, I am reminded of the fact that we, as Americans, have taken, starting with Medicare and Medicaid, and how we have helped to lift a generation of seniors out of poverty and ill health because of lack of insurance and not having access to prescription drugs. The majority of Medicaid coverage, about 80 percent, is for seniors in nursing homes.

We are moving forward again and putting in place the ability of people to see a doctor and get the medical care that they need. Under the Affordable Care Act, we took the next important step for over 17 million Americans. Moms and dads don’t have to go to bed at night anymore and say: Please, God. Don’t let the kids get sick. They know they will be able to take their child to a doctor. They know they are going to be able to get coverage and won’t get dropped if they get sick, which was happening in too many cases before the Affordable Care Act. Women now know that just simply being a woman is not a reason to get kicked out of their insurance. They were paying twice as much for basic insurance or blocked from certain kinds of care.

I will never forget the debate in the Finance Committee when we included an amendment of mine for comprehensive preventive care, including maternity care for women, and a colleague asked: Why should we cover maternity care? He didn’t need it, he reminded him that his mom did, and I reminded him of the importance of maternity care for women and children and those of us who are now adults. So that is now a part of the Affordable Care Act.

Young people are now able to stay on their parents’ insurance while looking for a full-time job after they graduate from college. Slowing the growth of insurance premiums is what we still need to do. That is what we should be focusing on today together—to continue to be laser focused in that area as well.

Now, 17.6 million Americans have health insurance coverage. Under the reconciliation bill—the budget bill in front of us—the rug is going to be pulled out from all of them, from millions of Americans. Passing this reconciliation bill will dismantle the framework, the structure for health care for millions of Americans—men and women and children.

It also will do something else. Instead of celebrating health care services that we have had for years—nearly 100 years of preventive health care services—through Planned Parenthood providing essential health services to men and women, particularly in areas that don’t have services, such as in rural parts of my State as well as urban parts of the country, the wound of strengthening those services, what we see is an effort to actually eliminate preventive health care services for women. It seems one more time women’s health care is attacked. It takes on all kinds of different forms, but it always ends up with the same thing—challenges to women’s health care.

So I am urging my colleagues to vote no on this Republican budget proposal that would strip funding for preventive health care for family planning, and for other preventive health care. Millions will lose their coverage if this passes.

Instead of focusing on this bill, which is essentially something that we know is going to be vetoed by the President of the United States—he is not going to allow that health care coverage to be taken away; he is not going to allow people’s preventive health care to be taken away. We know what the outcome is really going to be. So this is really a political exercise. I understand that people want to say that they don’t need maternity care. He didn’t need maternity care. States are different than Michigan, where people want to have health care for themselves and their families.
We have in front of us a whole other range of things that are very important to do right now. There is a major effort on a transportation bill that is, in fact—rather than being partisan and divisive as this budget reconciliation is—bipartisan, and we need to move that as quickly as possible.

We are working on budget issues and tax policy and other areas where we can work together. The list is long of things the American people want us to get done.

We need to be tackling the affordability of college so that more people have the ability to work hard, get good grades, get accepted to school, and go to college. Instead, here we are debating whether people should have health care in the United States of America.

The bottom line is that according to the nonpartisan budget office, this bill on the whole would increase premiums by roughly 20 percent above what would be expected under current law. So on top of everything, including over 16 million people losing their health insurance, everybody is going to see their rates go up. Merry Christmas, happy Hanukkah, happy New Year—20-percent, on average, increase in premiums. That other bill makes no sense. It is bad for the American people. It is bad for women. We ought to be focused on things that actually improve quality of life and continue to improve health care and bring down costs to all Americans.

I hope we will reject this bill and move on to things that make a lot more sense, certainly for families in Michigan and across the country.

I yield the floor.

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

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

Mr. BLUNT. Mr. President, I have listened carefully to the Presiding Officer's comments earlier and the comments of others who have talked about the importance of passing this bill and drawing focus again to the health care plan that was working, not working. It is not working. The State exchanges are failing. They are sort of fleeing to a bigger Federal exchange, and the insurance companies are fleeing the Federal exchange as well as the State exchanges. They are moving out of the family market. They are moving out of the individual market.

The biggest health insurance company announced recently that they were likely to abandon this particular process next year. The plan where the insurance companies that had a profit would use some of that profit to offset the loss of other companies isn’t working because, as others have well explained, the incentive for young, healthy people to be part of this plan is just not there. The premiums are too high, and the deductibles are too high. There is no reason to be part of this, and there should be nothing new here. The failure that we have almost guaranteed when the House and Senate, under the control of our friends on the other side, decided they were going to pass the bill the Senate passed when there were 60 Democrats here to vote for a bill that doesn’t matter how flawed that bill was. It doesn’t matter how many problems were in that bill. It is the only thing we can do, and we are going to do it, and in doing it, we are going to interject a government between not only a whole lot of the economy but between people and their health care.

I have said on this floor before and many other places that somebody told me one time that when everybody in your family is well, you have lots of problems; when somebody in your family is sick, you have one problem.

When the Federal Government decides they are going to help families in ways that families don’t want that help, when the Federal Government decides they are going to interject themselves between families and their doctors, families and their health care, families and their insurance company choices, you can’t really expect good things to happen. The reason one reason not too long ago was that on the individual exchange, where you go get your own insurance for yourself, there would be 20 million people signed up by the end of last year. When that projection was made, I think there were 14 million Americans on the exchange. Not too many weeks ago, they were back down to 9 million, and the Secretary of Health and Human Services said a better and more realistic goal for the end of 2016 would be 10 million people exactly half of the number the administration thought would be there 6 months ago.

What would be wrong that would cause that to happen? How could you be that far off in how you thought Americans would choose? That is not the annual premium; that is the increase this year over last year. And if you were 61, the increase was $5,680.20.

This is a company that for years has done everything it could to provide this as a benefit. One, it is clearly a benefit they have a hard time affording, and suddenly it is a benefit that creates a huge obstacle for older workers. Where everybody used to be rated the same, they would rate your group, now they want to rate the individuals in your group.

In our State, in Missouri, the average premium has increased by more than 10 percent. In Kansas City, the increase is 20 percent. The silver plan—not the best plan and not the worst plan—is 13 percent higher. The bronze plan, which sort of meets the minimum standards the administration says you have to have or pay the penalty, is 16 percent higher. That is just 1 year, and this is just your insurance. It is not your higher utility bill that is higher because of another regulation; it is not your higher this or your higher that; this is just your higher cost of not having to pay the penalty.

In 2013, Lance called our office. He was very concerned. He liked his coverage. The President said you could keep your coverage, but his coverage didn’t conform to the new standards the Federal Government has suddenly decided you needed to pay for no matter whether or not you could pay for it. So he was told: You can’t keep that policy. Well, like so many other people, he had always provided group health and life. They wanted to do that again, but in her letter, she said that the prices have skyrocketed and the way companies now feel as though they have to aggregate their employees is much different than it used to be, particularly for older employees, if you are over 47.

Here are some numbers she gave me in that letter. If you are over 52, the increase this year over last year was $2,128. That is the annual increase. That is not the annual premium; that is the annual increase, $2,128.76. If you are 58, the annual increase was $4,589.60. Again, that is not the cost of the policy; that is the increase this year over last year. And if you were 61, the increase was $5,680.20.

This is a company that for years has done everything it could to provide this as a benefit. One, it is clearly a benefit they have a hard time affording, and suddenly it is a benefit that creates a huge obstacle for older workers. Where everybody used to be rated the same, they would rate your group, now they want to rate the individuals in your group.

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Just the other day, Health and Human Services said for the first time ever, the average deductible is over $2,000. There is a little merit to having some of your own money invested in your own health care as you make these decisions, but the average is over $2,000. Montana has a $5,000 individual deductible with a maximum of two family members, if you happen to have two people sick in the same year. Those same families may be paying $500, $500, $500 a month or more for insurance, so you have your insurance costs approaching $1,000 a month and your deductible of $10,000. For most families, that is just like not having insurance at all. You are writing this check every month hoping nobody gets sick. If you get sick, you might have to write another $10,000 check or more. As a matter of fact, I just mentioned that Lance had the policy where his deductible went up $7,500 as his premium was going up $500.

I spoke a lot with the hospital community in our State. Over and over again, I said: OK, what is your fastest growing column of bad debt? Over and over again, the answer is people with health insurance. People with health insurance are paying the fastest growing column of bad debt because the health insurance has a deductible that family can’t pay. If the deductible had been $500, you had that discussion: Well, we can do $200 of that, and maybe your mom and dad could help us with half of the other, somebody else would help with the other $150, and we will pay it. But if it is a $5,000 deductible, many families just say: We are never going to pay—we can’t pay $5,000. And so the health care provider writes that off.

They are also taxing health savings accounts and flexible savings accounts, which are other tools people were using and using pretty effectively to have that money for a deductible, to have that money to get things they didn’t want to insure against.

This is a system that is simply designed to fail, and there is no news here. There is no news here. Every time I came to this floor to talk about this—and that was many, many times—I explained why the system would fail. Liability reform, fair tax treatment, and buying across State lines are the kinds of things that could happen. Prohibit policy cancellation. Use what were very strong high-risk pools of people who had preexisting conditions could never be shut out of the insurance market. All of that fell on deaf ears, and now we are hearing is that there were no other ideas, this is the only idea. This is a plan that I urge my colleagues to vote yes on this bill that puts the responsibility right back where it belongs—on the President’s desk.

I yield the floor.

The PRESIDING OFFICER. The Senator from South Dakota.

Mr. THUNE. Mr. President, you just heard my colleague from Missouri talk about many of the things that could be solved with better thought, and there were a lot of ideas that make sense when it comes to health care in this country, that put patients and consumers more in charge of their health care decisions, and that create more competition and allow market forces out there to work to drive costs down. Which is the exact opposite of what we have with ObamaCare.

For those who suggest there aren’t other ideas out there, you just heard the Senator from Missouri go through a list of ideas that could be incorporated into a replacement for what has been a disastrous piece of legislation for the American people. The reason for that is because after 5 years now, one thing has become abundantly clear: that is, ObamaCare just isn’t working. It flat isn’t working. It is not lowering premiums, it is not reducing health care costs, and it is not protecting access to doctors or hospitals.

Instead, Americans are paying more for their premiums. The average cost of a family health care plan has risen to $17,545 a year up from $13,770 in 2010. That is nearly $4,000 a year in additional costs that the typical family in this country is having to contend with.

In addition to paying higher premiums, Americans with job-based insurance are also facing increased deductibles. The situation is also bad on the ObamaCare exchanges. Premiums on the exchanges will rise once again this year, with many Americans facing rate increases in the double digits. Then there are the tax increases Americans are facing as a result of the law. While the Obama administration did its best to hide the true costs of the law, the truth is ObamaCare implements almost a dozen new taxes to the tune of $1 trillion. American families are facing an average of $20,000 more in taxes over the next 10 years compared to what they would have paid.

Now, I could go on. I could talk about the failing co-ops, the failed exchanges, the taxpayer dollars the law has wasted and much, much more. But today I would like to just take a few minutes to talk about the people behind those statistics—the individual Americans who are struggling under the tremendous burden ObamaCare has imposed. Over the past 5 years I have received numerous letters from constituents all over the country expressing their frustration with the law. I want to highlight just a few of the most recent.

I had a constituent of mine from Hill City, SD, write to tell me:

My premium is going from $624.16 a month to $924.12 per month, an increase of 47.9% percent. My wife’s premium is going from $555.70 to $1,083.41 per month, an increase of 95.23 percent. I was under the assumption that the new Affordable Health Care Act was to be just that, affordable. How can a yearly bill of $23,653.96 be affordable to a retired couple?

That is from a constituent in Hill City, SD. Another constituent in Aberdeen, SD, wrote to share a similar story:

We just received our rate increase for our family health insurance. We have been paying $383.81 a month. The way I figure it will bring it up to 1,841.26. This amount has gone from 26 percent to 37 percent of our income. . . . After having insurance coverage for the past 38 years, the plan we are now on is not the purpose of the Affordable Care Act. We are considering dropping insurance and facing the penalty just so we can continue to live in our house, pay the bills, and buy groceries.

Another constituent from Redfield, SD, wrote to tell me:

My current monthly premium is $683.12. This month the annual change is $470.57, making my monthly premium a hefty sum of $1,353.79. I think this is outrageous.

Again, this is from a constituent in Redfield, SD. She continues to say:

I know I am not the only one facing such enormous premium increases. My son, who is married and has two small children, received notice that his monthly premium will increase by 47 percent. After having insurance coverage for the past 38 years, the plan he is now on is not the purpose of the Affordable Care Act. I urge my colleagues to vote yes on this bill that puts the responsibility right back where it belongs—on the President’s desk.
affordable, but it has actually driven up health care prices to unthinkable levels for far too many Americans. South Dakota families cannot afford 50-percent premium increases or health insurance payments that are double their mortgage payments. No family can afford that—no family anywhere in the country.

It is time for Democrats to stop defending this broken law and to work with Republicans to repeal it and to begin building a bridge to real health care and working families across the country. The legislation before us today would do just that. It would give us that opportunity to move away from a health care plan that has failed, that has led to higher premiums and higher deductibles and higher copays and higher out-of-pocket costs and constructed networks where you can't get access to the same providers you perhaps could in the past. So the whole idea that if you like your health care, you can keep it is just not reflected in reality for most Americans.

The promises that were made have been broken. This health care law is a failed law. We can do much better by the American people that this proposal number of concerns and warned the American people that this proposal brought before us. Those of us who have felt the impact of the law. Thirty years ago, the health care system was broken. This health care law is a failed law. This health care law is a failed law. We can do much better by the American people, if we have that chance. We can do much better by the American people, if we have that opportunity. If we have that opportunity, but it starts with repealing this bad law and starting over and putting in place a health care system for this country that creates more affordable, more accessible health care for more Americans. I hope our colleagues here in the Senate will join together on both sides of the aisle and repeal this bad law. I yield the floor.

The PRESIDING OFFICER. The Senator from Idaho.

Mr. CRAPO. Mr. President, I rise in opposition to the ObamaCare legislation we are dealing with today and in an effort to repeal. I join my colleagues in calling on the President to work with us to reform this very badly written law.

By any objective measure, the President's health care law is a disaster. Six years ago, at Christmas time, I was here on this floor as we held the final debate and held the final vote, after nearly a year of trying to stop this legislation from being forced into law. Unfortunately, it was passed in the most partisan and misguided way on a straight party-line vote after virtually every effort to increase health care and repair it had been rejected outright.

Since that time, the American people have felt the impact of the law. Thirty of the Senators who forced it through this Chamber no longer serve in the Senate any more. I don't believe this legislation could pass again were it brought before us. Those of us who fought over it at that time raised a number of concerns and warned the American people that this proposal would result in widespread dislocation of the health care system, that it would increase taxes on nearly everyone, force people from health insurance plans and doctors whom they have and whom they like, push up premiums and out-of-pocket expenses, cut Medicare services, and, finally, undermine the employer-based health insurance program and market that so many people and families rely upon.

Unfortunately, time and again, we have been told repeatedly that today we see that the situation is much worse than even we said it would be. The President not only managed to mangle the 2013 rollout of the ObamaCare exchanges, but he repeatedly predicted the failure of the law, because of the entirely predictable problems that have arisen and made selective interpretations of the law necessary to advance the administration's political interests.

The President, or a top administrative official, stated 37 times: "If you like your health care plan, you can keep it." These included numerous national townhalls and weekly Presidential addresses. This statement was proved wrong by the so-called Lie of the Year.

Since those statements, millions of cancellation notices have been sent out to Americans across this country, including over 100,000 in Idaho alone in 2013, resulting in the President's oft-repeated pledge. In January, CBO updated its estimate of the effects of the health care law, indicating that over 10 million individuals will lose their employer-based health coverage by 2021. Further, CBO estimates the law will leave 31 million people uninsured, up from its original 2011 forecast of 23 million people.

We are also learning that the health care Consumer Operated and Oriented Plan Program—the CO-OP program—is failing nationally, despite receiving over $2 billion in taxpayer bailouts. Today, over half—12 of the original 23 public co-ops have failed. Between October 1 and November 3, 4 co-ops announced they would not offer health insurance in 2016, leaving 176,000 patients scrambling to find a new plan.

The President is also annually faced with the reality of rising premiums and out-of-pocket expenses for health insurance plans. What is his line of argument? He again tries to lower expectations, saying that these costs are not as bad as they initially were projected to be, even though they are still going up.

Throughout the 2008 Presidential campaign, then-Senator Barack Obama repeatedly promised that his health care plan would bring down premiums by as much as $2,500 for the typical family. As President, he continued to make these same promises. In recent consumer studies demonstrated that the opposite would occur. The truth was that the opposite did occur. Health care premiums have skyrocketed.

For two most recent open enrollment periods, the average premium increase for the midlevel silver plans on the Federal exchange is 7.5 percent, more than triple last year’s increase. In Idaho, which operates a State exchange, the average premium increase for a Blue Cross of Idaho plan is 23 percent. The average premium for a Regence BlueShield of Idaho plan is 10 percent. And the average premium increase for a SelectHealth plan is 14 percent. It is far worse than the number of increasing health care premiums.

What is the justification from the insurers? This is the first year prices are based on post-ObamaCare patients, enrollments costs, and mandates. Premiums are skyrocketing.

There are better solutions. To address the increasing costs and decreasing choices, the bill we have before us today eliminates the individual and employer mandates so Americans can once again choose the plan that fits their health care and budget needs. It also repeals the taxes on employer contributions to flexible spending accounts and expands the availability of health savings accounts, FSAs, and health reimbursement accounts. These accounts are central to a consumer-driven health care system.

But it is not just premiums that are increasing. People are facing higher deductibles and copays as well, sometimes thousands of dollars higher than before. For the lowest cost ObamaCare plans in 2016, deductibles have increased by 10.6 percent for individuals and 10 percent for families.

Let me give just a couple of examples from my constituents in Idaho. Lane from Melba, ID, experienced his mortgage payments. No family can afford that—no family anywhere in the country. Daniel from Meridian, ID, recently contacted my office to explain why he and his family are uninsured for the first time in their lives. Daniel is employed and the sole provider for his family. His employer offers health coverage, but the estimated cost of premiums for his family would be over $900 per month. He chose to purchase insurance from the exchange but decided the coverage was not worth a $500-per-month premium and an $8,000 deductible. That is right, an $8,000 deductible.

Daniel is not the only constituent who has contacted my office about the so-called family glitch—an unfortunate but not uncommon flaw in ObamaCare that has left millions of Americans families uninsured.

Bill from Boise, ID, is a small business owner. He purchases his own health insurance and provides coverage to his 45 employees. He saw his premium increase by 12 percent in 2015, and was recently notified by his insurance company that premiums will increase by 25.6 percent in 2016. Bill says these increases, in addition to other regulations and mandates coming from the government, will likely cause small businesses to close their doors.

Lone from Melba, ID, experienced his premiums increase to over $900 per month for his family. Even without preexisting conditions his plan increased $3,500 deductible. These cost increases come as individuals are paying more in taxes also as a result of ObamaCare.
People may recall that at the time of the debate, the President stated again and again:

I can make a firm pledge . . . no family making less than $25,000 will see their taxes increase . . . not your income taxes, not your payroll taxes, not your capital gains taxes, not any of your taxes. . . . You will not see any of your taxes increase one single dime.

Well, when we debated the bill we pointed out that there was over $1 trillion—maybe close to $1.5 trillion—of new taxes, most of which were going to fall squarely on the middle class. Yet, during consideration of ObamaCare, the nonpartisan Joint Committee on Taxation sent me a letter confirming that there were at least seven specific tax increases in the bill which would raise taxes on middle-income American families.

According to CBO, ObamaCare will cost taxpayers more than $1 trillion a year in taxes. The average American household can expect to pay more than $20,000 in new taxes over the next 10 years. In Idaho, my constituents will pay $380 million more in taxes over the next decade, or $6,056 per household.

The Senate is considering today will solve this problem as well. It will eliminate more than $1 trillion in tax increases and save more than $500 billion in spending. And for all of the additional burdens, mandates, and costs for consumers are finding narrower insurance networks and limited plan offerings. In its recent Notice of Benefit and Payment Parameters for 2017, CMS actually stated that an excessive number of health plan options makes consumers less likely to make any plan selection and that standardized options are needed to provide consumers the opportunity to make simpler comparisons. This means these standardizations will once again mandate that insurance companies offer fewer options.

To sum up, millions of Americans are being forced from plans they like and the doctors and hospitals they know. They face higher premiums and higher deductibles and out-of-pocket expenses, they navigate one of the least customer-friendly Web sites ever designed, they are obligated to share personal and sensitive financial information through a network that hackers have called a gold mine for thieves—and, which is managed by the IRS—and, in return, they are paying higher taxes and seeing Medicare benefits cut.

It is time that we in Congress place it on the American people on a strictly partisan basis—a super majority—into deeper and more entrenched partisan and ideological positions. It made people more cynical and less trusting of our government and its leaders. It gave additional credence to the perception that politics and government in America are more about tribalism and conflict than about providing real solutions to the problems plaguing our citizens.

Can anyone seriously argue that our Nation is less partisan or less divided now than it was prior to the passage of ObamaCare? I would like to see anyone attempt to make that claim with a straight face.

Sadly, that is not all. The damage wrought by ObamaCare extends well beyond our Nation’s political discourse and into our governing institutions themselves. Most probably, we have had an administration so committed to ObamaCare that it has, on numerous occasions, exceeded its constitutional authority in order to preserve it.

The examples of overreach and abuse of power have been well documented. The Obama administration has unilaterally moved deadlines set by the statute that they found to be inconvenient. They have rewritten provisions in the
law to give favors and carve-outs to political supporters. They have selectively enforced other provisions in order to give more teeth to their regulations. And that is just the tip of the iceberg.

Make no mistake, President Obama's penchant for Executive overreach extends well beyond the implementation of the Affordable Care Act. But clearly, many of the most egregious examples of abuse on the part of this administration were undertaken to preserve a poorly constructed health system that simply could not work the way the law was drafted. Simply put, ObamaCare has led directly to a weakening of our constitutional order and an erosion of the separation of powers. Given all of these negative consequences, the question ultimately becomes this: Has it been worth it?

Don’t get me wrong. In my opinion, all these terrible aftereffects would, by themselves, provide justification for undoing what was done in this Chamber nearly 6 years ago. Still, if the law was working—if it was having a positive overall impact on our health care system—proponents might have something to hang their hat on when it comes to defense. Indeed, if the American people now had better, more affordable health care under ObamaCare. Instead, the parade of horrors that began the day the law was enacted has extended beyond our politics, beyond our institutions, and into the lives and livelihoods of everyday Americans.

The system created by the Affordable Care Act—so-called Affordable Care Act—was based largely on the premise that the government could impose drastic new regulations on the individual health insurance market without dramatically increasing the cost of insurance because younger, healthier consumers would be drawn into the market, bringing down costs for everyone else. This claim was obviously fiction. Republicans argued at the time that without serious effort to reduce costs overall, this prided demographic group would stay out of the market, and providers would begin to exit the various mandates and regulations. We now know that we were right. Younger and healthier patients are, by the millions, choosing to forego health insurance and pay fines rather than enter into the individual insurance market. According to most surveys, many of these individuals are choosing to go uninsured because, even with the benefit of ObamaCare premium subsidies, they cannot afford the cost of insurance.

As a result, premiums are going up all over the country. Premium spikes in the double digits have been increasingly common in the current enrollment period. My own home State of Utah has seen premiums go up in this enrollment period by an average 22 percent, which will undoubtedly wreak havoc on family budgets and local businesses. Other States have it even worse, with premiums spiking as much as 25 percent in the case of a State such as South Dakota, 63 percent.

Even with increased premiums, insurers are having a harder time doing business. Cadillac plans, leading providers to exit the various exchanges where patients buy insurance with the aid of ObamaCare subsidies. Just a few weeks ago, in fact, we saw reports that the largest health insurance company in the UnitedHealth Group—was considering withdrawing from the exchanges entirely. The result will inevitably mean fewer insurers, which means fewer choices and even higher premiums for consumers. It is no wonder, therefore, that net premium estimates for the exchanges are down dramatically. And, as enrollment drops, all of this—the costs, the reduced options, and the overall state of care—will get even worse in the individual health insurance market.

This downward spiral is all the more maddening when we consider that the President promised the American people that his law would actually reduce the cost of health insurance in the United States. I am not done yet. There are other problems worth discussing here today. There is, for example, ObamaCare’s massive Medicaid expansion. In virtually every case, when the proponents of ObamaCare cite numbers of newly insured individuals under the law, most of the increase can be attributed to the Medicaid expansion. Let’s be clear. Medicaid is one of the most poorly constructed programs in all of government. The President promised at the Federal level and even more so at the State level, where it is not uncommon for the program to take up as much as one-fourth to one-third of a State’s financial resources. Even with all that cost, it is, in terms of available programs, one of the worst, if not the worst health insurance options in the country.

Some of us in Congress have been working for years to reform the structure of the tax and see their insurance costs go up even further. All told, there have been about $1 trillion in new taxes under ObamaCare. While the President and his allies may claim these taxes hold the middle class harmless, the facts tell a different story. That story, of course, isn’t just now coming to light. Many of us on the Republican side have been talking about these issues from the very beginning.

What is going on and on. For example, the Affordable Care Act, with its various mandates, also increased costs to employers around the country, resulting in fewer new hires and reduced opportunities for many existing employees. Small businesses are not to expand in order to avoid reaching the number of employees that will trigger new requirements. At the same time, because the law perversely defines a full-time employee as one working a minimum of 30 hours, other companies are avoiding the triggers by cutting back on workers’ hours. All of these developments—every single one of them—were predicted way back in 2009 when the law was being debated. I think we were wrong. His supporters in Congress did the same. They ignored the obvious warnings, and now the American people, as well as small businesses and job creators, are paying the price.

These issues and many others are why Republicans have spent more than 5 years fighting against ObamaCare. We have introduced bills to repeal the whole law, others to repeal just the most harmful elements. I personally have introduced bills to repeal the individual mandate, the employer mandate, and the medical device tax. On the Senate Finance Committee, we have conducted rigorous oversight on numerous aspects of the law and the implementation of various programs. Other committees have done the same within their jurisdictions. Virtually all of us have supported efforts to challenge elements of the law in court.

While we have differed on tactics from time to time, Republicans have been united by our desire to repeal and replace this misguided attempt at health care reform. Some of us have even come up with specific ideas on
how to replace ObamaCare. For example, earlier this year, Senator BURS, Chairman FRED UPTON from the House, and I released the latest draft of the Patient CARE Act, a legislative proposal that would fix many of the things the authors of ObamaCare got horribly wrong.

Most notably, as a number of health care experts have concluded, our proposal would actually reduce health care costs. As we all know, rising costs are the single biggest problem plaguing our health care system. Yet the President’s health law did virtually nothing to address this issue. Unlike the poorly named Affordable Care Act, the Patient CARE Act would actually make health care more affordable throughout the United States.

At the beginning of this year, Republicans assumed the majority in the Senate, having committed—even promised in some cases—to work to repeal this so-called Affordable Care Act. This week, with this bill now before us, we will take a major step toward delivering on those promises. The legislation we are now debating would send the broadest possible ObamaCare repeal to the President’s desk.

As Chair of the Senate Finance Committee, I am pleased to have joined with my colleagues—the distinguished chairman of the Budget and HELP Committees, as well as the Senate Republican leadership—to lead this latest effort. ObamaCare allows this bill would repeal many of the worst parts of ObamaCare. Among other things, it would repeal the individual mandate, the employer mandate, the medical device tax, and the Cadillac tax. All of these different parts of ObamaCare have contributed in one way or another to the long, slow death march we have witnessed over the past 5 years. All of them would be dealt with under this legislation.

The bill would address another contentious debate: the one dealing with Planned Parenthood. The debate over Planned Parenthood has perplexed Congress and divided our country for years as many people have expressed ever more opposition to providing such a controversial organization—and I am being generous with that label—with taxpayer funds. As we all know, this debate reached a boiling point earlier this year.

The legislation we package before us would prohibit Federal payments to Planned Parenthood and direct more funds to the Federal community health center program, putting an end to the Federal Government’s entanglements with Planned Parenthood while allo-cating more funding for women’s health. This is yet another reason to support this legislation.

As I said, the debate we are having this week is an important milestone in the history of ObamaCare, maybe even the most important milestone yet. But we need to be realistic. While this bill is an important step, it stands no real chance of becoming law. For that to happen, we are going to have to see even more changes. But that doesn’t mean our efforts here are for nothing. This bill may not result in new law, but it will give the American people a fresh accounting of where each of us stands of the ObamaCare law.

It is funny, Republicans have taken some flack—not a lot but some—for referring to the Affordable Care Act as “ObamaCare” or “the President’s health care law.” The President, for his part, stayed away from these labels, but I have read a few pundits who think these terms are specifically intended to undermine the legitimacy of a statute duly passed by Congress. In some respects, I suppose that might be true. After all, even though we constantly refer to the law as “ObamaCare,” it is not as though President Obama passed it himself. He was aided and abetted by his allies in Congress.

While it may be useful shorthand to attach the President’s name to it, I don’t think the American people have forgotten the others who helped bring this terrible law to pass. President Obama will forever own the Affordable Care Act. No one will likely always refer to it as “ObamaCare.” But those in Congress who drafted and voted for the law will own it too.

When President Obama vetoed this legislation, as we all expect he will, he will take ownership of the Affordable Care Act—not that he hasn’t in the past—along with its many failures and gross inadequacies all over again. I think the same can be said for any of our colleagues who vote against repealing the worst elements of the law this week.

I hope my colleagues on the other side of the aisle will think about that when President Obama vetoes this bill. We all expect he will. People will likely always refer to it as “ObamaCare.” But those in Congress who drafted and voted for the law will own it too.

I hope my colleagues on the other side of the aisle will think about that as this debate moves forward and that they will consider voting with us to send this repeal to the President’s desk. I think it would be a very wise move on their part.

This isn’t going away even if the President does veto this bill. I hope he doesn’t, but if he intends to do it, it would be a breath of fresh air for our colleagues on the other side of the aisle to help us to have a veto-proof majority to tell the President once and for all that this bill is not what we want in American health care.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Colorado.

Mr. GARDNER. Mr. President, I come to the Senate floor today to talk about a broken promise of ObamaCare and the negative impacts this poorly written law have had on my State of Colorado. While there have been many broken promises of ObamaCare, there have been three major broken promises that are the center of our effort.

I want to start with broken promise No. 1. If you like your health plan, you can keep it. The President said over 35 times that Americans shouldn’t worry about ObamaCare because if you like your plan, then you can keep it. And it wasn’t just the President; time after time, supporters of ObamaCare came to the Senate floor or before townhalls in their States or districts and repeated those words: If you like your plan, you can keep it. In fact, these words were used to justify the reason they supported ObamaCare in this very place.

Coloradoans quickly learned this promise was far from the truth. In late 2013, roughly 335,000 insurance policies in Colorado were canceled because of ObamaCare. These cancellations also affected my family health care plan. Unfortunately, the cancellations in 2013 were the very beginning. In January of 2014, the Colorado Division of Insurance canceled an additional 249,000 plans because those plans didn’t meet the requirements of Colorado.

The President said: If you like your plan, you can keep it. Supporters in Congress said: If you like your plan, you can keep it. But what he meant was, as long as the government approved of your plan, you could keep it.

In 2015, an additional 190,000 plans were canceled. In total, according to the Congressional Research Service, over 750,000 health insurance policies in Colorado were canceled between 2013 and 2015.

The fact-checking organization PolitiFact said this promise was “impossible to keep” and went on to deem Obama’s Broken Promise No. 1 a “lie of the year” for 2013.

Supporters of ObamaCare will tell you that it is OK that this happened because these 750,000 individuals must have had inferior health insurance and that the government knows best. You see, that is the exact problem with government. That is the arrogance of government and the arrogance of ObamaCare—that people in the government and bureaucrats and others believe they know better than the American consumers what is best for them. They believe it is OK to cancel 750,000 policies because they must have been bad, so go ahead and cancel them. They will also say that it is all right because there are additional plans they can choose from. But that wasn’t the promise of ObamaCare.

Broken promise No. 2: If you like your health care plan, you can change it. The President said: If you like your health plan, you can change it. Broken promise No. 2: ObamaCare will reduce the costs for families, businesses, and our government.

Remember, when ObamaCare was passed, they said the family would save $2,500 a year relative to ObamaCare after its passage. Unfortunately, Coloradans have felt that broken promise as well. It is a broken promise that hit their pocketbooks and has broken the bank as well. For example, take the Western Slope of Colorado. I have a chart here.

According to the Colorado Division of Insurance, individual insurance premiums for 2016 on the Western Slope of
Colorado will rise by an additional average of 25.8 percent.

There are people across America who are familiar with Colorado’s Western Slope. These are the incredible mountain vistas, our forests, our national parks.

They received a 25.8-percent increase in their health care costs this year. That is far from the promise of lowering the health care costs that ObamaCare was passed with. No one can afford these high prices. In fact, in 2013, Denver Post political columnist John Sutherman was joined by a coalition in the Colorado delegation even tried to exempt one of the wealthiest counties in Colorado from ObamaCare, citing that health insurance premiums would be too expensive. Let me say that again. A Member of the U.S. House of Representatives, a Democrat, tried to exempt portions of his district from ObamaCare because it was making his constituents pay too much for their insurance. Here is a quote:

We will be encouraging a waiver. It will be difficult for some residents to become insured. For the vast majority, it’s too high a price to pay.

It doesn’t matter whether you live in the Western Plains, Fort Collins, or the Western Slope. ObamaCare has simply made it more costly. Plans are getting more expensive, and promises are being broken.

Broken promise No. 3: President Obama promised greater competition in the marketplace through consumer-run co-ops. Yet over 80,000 Coloradans are feeling the impacts of this broken promise. To date, 12 out of 23 co-ops created by ObamaCare have been shut down across the United States, including the co-op in Colorado, which failed in October of this year.

Nationwide, the failed co-ops were loaned over $1 billion, which came from the hard-working taxpayers of this country. That taxpayer money was supposed to get those co-ops on the ground, but now with these failures, that taxpayer money is at risk of never being paid back to the people of this country, and the health care of nearly 700,000 individuals across the United States is in jeopardy.

ObamaCare allowed policies to be offered that were never actuarially sound because they assumed there would be a bailout by the government to help make them actuarially sound. By banking on a bailout, they sold the American people a bill of goods.

Today we have a path forward that is turning away from the failed health care law that has been built on broken promises. The first step of this path forward is to repeal ObamaCare, and I urge my colleagues to support the repeal of ObamaCare that we will be voting on this week. Repealing ObamaCare will clear the way for a replacement plan and will put our country’s health care on the right track.

First and foremost we need to restore the ability of individuals to choose what is best for themselves instead of having Big Government choose for them. Coloradans don’t want Dr. Congress. They want to keep the doctor they were promised they could keep in the first place. The best way to do this is to ensure that people get to keep the health plans that they want, and that is why I am working with Senator Ron Johnson from Wisconsin on his amendment that simply says that if you like your health care plan, you can keep it.

I heard from countless individuals in Colorado who lost the plans they liked and wanted to keep. They were certain they couldn’t keep them, and just because ObamaCare can’t fulfill the promise that it was sold under doesn’t mean we shouldn’t do our jobs to make that promise a reality. The amendment Senator Johnson and I have offered would allow individuals to continue receiving health coverage on plans that would otherwise be canceled because of ObamaCare.

Second, we must ensure that taxpayer dollars are used responsibly. I support the idea because it will help recovering taxpayer money that was loaned to the failed co-ops. More than $1 billion in Federal loans were awarded to these failed co-ops. Congress has a duty to spend taxpayer dollars responsibly, and this amendment will ensure just that.

Lastly, we must make sure individuals have certainty in the health coverage they choose. My final amendment will make certain that co-ops can’t rely on bailouts when they are calculating insurance premiums, setting false expectations for consumers. Several co-ops counted on these bailout provisions to keep premiums artificially low. Because these premiums were artificially low and since many co-ops were planning on receiving the bailout, many could no longer cover their expenses. Allowing co-ops to rely on a bailout was irresponsible and has resulted in nearly 700,000 individuals nationwide whose health coverage is now uncertain.

It is time to act. It is time to take the path forward. It is time to repeal ObamaCare, which is simply one big broken promise after another. This path to repeal ObamaCare will allow us to replace ObamaCare and will have fewer health care regulations for businesses and individuals. It will put us on a path forward for individual freedoms and a more prosperous America.

I yield back my time. I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The bill clerk proceeded to call the roll.

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

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

OMBUDS APPROPRIATIONS BILL AND POLICY RIDERS

Mr. NELSON. Mr. President, we are about to consider a big appropriations bill all wrapped up into one called an Omnibus appropriations bill. I think it will be a good bill. But here we go again, trying to attach all kinds of goodies to it.

Now, with just a few days left of funding before the U.S. Government will run out of authority and appropriations will expire—to the best of my knowledge that is about 9 1/2 days away—we have to get something done. But what is happening is that the special interests are coming out of the woodwork, and they are hard at work to sneak special provisions into what is a must-pass piece of legislation—the funding to keep the Government of the United States functioning. So these special interests that are suddenly popping up and sneaking around the corner don’t have to get the votes to get it passed through their regular order for whatever their particular interest is. They want it so their interests are riders on the appropriations bill, and everybody has to vote for it with their special interests. The Government shuts down, which is obviously an unacceptable alternative.

These handouts to special interests are known as appropriations riders. Most ordinary Americans don’t know that this stuff is going on.

Well, based on the appropriations bill that we saw earlier this year, we know that many of these riders could work their way in. For example, some people, particularly in the banking community, don’t like some of the restrictions. In September of 2008, when we nearly had a financial meltdown as a result of Lehman Brothers going down, there was a big financial death spiral going on. A lot of excesses happened during that time in the bailout so that Wall Street would not go under, and there was legislation to correct some of those excesses. It is known by the name of the two authors, Senator Dodd and Congressman Frank. There are going to be people who will try to prevent a rollback of some of those provisions, but I hope some of our colleagues will remember what those were put in for, so that we don’t have the likelihood of having another financial death spiral like that which almost occurred.

I hope we remember the picture in our minds of the Republican Secretary of the Treasury at the end of the George Bush administration, begging the leadership of Congress to pass the troubled assets relief bill to keep the financial integrity of the U.S. Government. There were a lot of excesses, including excessive executive salaries that came from that.

We know all about what happened to that supersized insurance company called AIG. I don’t think Americans would want these kinds of things put in a must-pass piece of legislation for the United States Government.

I will give another example. Another policy rider is to prohibit the United States from working with other countries to address climate change. This Senator has been in the middle of it because Miami Beach is ground zero on
climate change. The measurements over the last 40 years are an additional 5 to 8 inches that the sea level has risen at the seasonal high tide. The streets of Miami Beach are flooded. It is a real problem.

There are some, such as Senator INHOFE, who don’t believe it. So we can have that debate. I am respectful of INHOFE, who don’t believe it. So we can have that debate. I am respectful of INHOFE, who don’t believe it. So we can have that debate. I am respectful of INHOFE, who don’t believe it. So we can have that debate. I am respectful of INHOFE, who don’t believe it. So we can have that debate. I am respectful of INHOFE, who don’t believe it. So we can have that debate. I am respectful of INHOFE, who don’t believe it.

There are other riders that are being discussed that are bad for the safety of families and making our highways more dangerous. For example, we picked up that some of the appropriators have suggested to continue the delay of the important implementation of safety laws, such as how long does it take for a trucker to become tired if they take the rug in an appropriations bill regarding safety for surface transportation. We just hammered that out in a conference committee on the highway bill. The highway bill is a lot more than highways and bridges; it is surface transportation. It includes safety measures as well for all modes of surface transportation.

Let me give an example of another rider that is out there lurking. There are some who want to take all of the additional fees—when someone buys a ticket to fly on an airline, a person ought to have the opportunity of knowing what all those fees are, and on a person’s airline ticket that one buys from the airline, one usually does. But there are others who want to sell those tickets to the airline, and the airlines will not disclose all of those fees. Yet the consumers are the ones who are paying for it. They are trying to sneak in under the rug another provision that would become law on an unrelated appropriations bill.

So I just wanted to add my voice to the others who are speaking this afternoon. Let’s put the American people first, and let’s use what we hear about all the time: Regular order. Let the committee system work to hammer out what ought to be in the bills instead of, at the eleventh hour of the 59th minute as we have to fund the government, trying to sneak something in, in the dead of night, in order to scratch the itch of someone’s special interest.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, today we are talking about repealing Obamacare and moving in a completely different direction toward more choices and, lower taxes for Americans as they search for their health care plans.

I came to the floor yesterday and brought back a memory from 5½ years ago of the President’s health care summit, nationally televised all day long at the Blair House, with 36 Members of Congress and the President of the United States. I had a chance, leading off for the Republican speakers that day, to say respectfully to President Obama: Mr. President, this health care plan of yours is going to impose a huge Medicaid unfunded mandate on State budgets, which will raise tuitions and take money from other State programs. It will take money out of Medicare and spend it on something else. It will increase taxes, it will raise premiums, unfortunately, that all turned out to be true.

The Senator from Georgia, Mr. ISAKSON, was there, as I was, on that Christmas Eve. It was a cold night when the Democrats had, for a few hours that night, rammed through Obamacare in the middle of the night with all Democratic votes, no Republican votes, with us warning what would happen.

Now, I say to Senator ISAKSON, the premium hikes that will believe will go up 29 percent for some plans.

Mr. ISAKSON. That is correct.

Mr. ALEXANDER. And I wonder if the Senator has been hearing from some of his constituents about their premium increases.

Mr. ISAKSON. Mr. President, let me confirm what the Senator from Tennessee just said about that cold night on Christmas Eve 6 years ago when the administration was promising lower premiums, better benefits, and said that ObamaCare was going to be the solution for the problems of American families.

As the Senator from Tennessee said, I have gotten letters, as has he. Every Member has gotten letters from people who are having higher premiums, bigger deductibles, and fewer benefits. Let me give an example. A family in Roswell, GA, wrote me, a family of five. They had just been notified that their premium was going from $849 a month to $1,075 a month, a $226 increase, with a deductible of $11,900, an increase of $6,900 in their deductible. The mother, who had a family history of breast cancer, was denied mammograms because of her age, and a young daughter who had a precancerous mole removed was refused reimbursement.

So here is an increase in premiums, a reduction in benefits, and an increase in their deductible. It doesn’t make any sense, but it is all because of the mandates of the ObamaCare law.

Secondly, a young couple in Smyrna, GA, wanted to plan for their retirement and start saving early in their early years of productivity. They recently received a notice from their insurance company that their premium was going from $607 a month to $1,379 a month—over a 100-percent increase. Where is that money coming from? Who is paying for that increase? Who is picking up that some of the appropriators have suggested to continue the delay of the important implementation of safety laws, such as how long does it take for a trucker to become tired if they take the rug in an appropriations bill regarding safety for surface transportation. We just hammered that out in a conference committee on the highway bill. The highway bill is a lot more than highways and bridges; it is surface transportation. It includes safety measures as well for all modes of surface transportation.

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Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Tennessee.

Mr. ALEXANDER. Mr. President, I ask unanimous consent to lead a colloquy with Senators BURR, ISAKSON, CASSIDY, and SCOTT for up to 20 minutes.

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

Mr. ALEXANDER. Mr. President, today we are talking about repealing Obamacare and moving in a completely different direction toward more choices and, lower taxes for Americans as they search for their health care plans.

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“Many Say High Deductibles Make Their Health Law Insurance All But Useless.” They quote a gentleman, David Reines from New Jersey. He is 60 years old. He said:

The deductible, $3,000 a year, makes it impossible to the doctor. We have insurance, but can’t afford to use it.

So it is the middle-income worker who also has a policy which previously would have allowed him or her to go to the doctor. Now they can’t because the way the plan is structured is that it is too expensive for that out-of-pocket first exposure.

Mr. ALEXANDER. What the Senator is saying, if I hear him right, is that in the worst of circumstances, the effect of Obamacare on some of the people he is talking with means they are working less hours, so they have less money. Their insurance premium is higher, and so is their deductible. That is the effect.

Mr. CASSIDY. When it comes to insurance premiums, you can’t make this up.

This is a fellow from Homewood, LA. His first name is Mark; we scratched out the rest. This is his letter from Blue Cross and Blue Shield of Louisiana informing him that his policy, which had previously been $207 per month, was going up in 2016 to $961 per month. His policy, which had been roughly $2,400 a year, is going up to $11,500 a year. And this is because of the Affordable Care Act—the Unaffordable Care Act.

Mr. ALEXANDER. The essential problem with Obamacare for people who buy individual insurance, it seems to me, is what I say to Senator Isakson, is that Washington tells you what insurance to buy.

I think of a woman named Emilie in Middle Tennessee who has lupus and who had a policy she could afford. It had modest benefits and it didn’t cost very much, but it fit her needs, but Obamacare canceled that policy. When she went online to find another policy under Obamacare, her costs went up from $100 to $400 a month. I guess the Senator has heard stories like that as well in Georgia.

Mr. ISAKSON. All the time, because what happened with Obamacare is the following: People who had insurance they could afford and who had bought coverage they needed were forced to buy coverage they didn’t need because of the mandates in Obamacare in terms of what had to be included. So it forced more coverage that you didn’t need, which raised the premiums you paid. So you end up paying more and getting less, and it was the mandates of Obamacare that did it.

Mr. ALEXANDER. Senator Cassidy, of course, has a unique perspective on this as a practicing physician. I think he still practices some—as much as he can within the Senate rules—but he sees patients regularly. I ask Senator Cassidy, what was the effect of this new health care law 5½ years ago on the ability of patients to choose their own physicians?

Mr. CASSIDY. The way the market has responded, in order to make insurance affordable despite the mandates, is there are so-called narrow networks. So someone signs up for the most affordable policy they can get. It turns out that the doctor they previously saw is not in the plan. The narrow network is going to be just a small set of doctors. The specialists may be in another town; one hospital, not all hospitals. And patients are unfamiliar with this. They did not expect it. But that was the only affordable option. The mandates have driven up the costs so much.

By the way, going back to the letter you got about the mandated benefits, in my recent campaign, I had a woman walk up to me, and she said: My name is Tina, and I am angry. I had a hysterectomy. I am 56 years old and I have no children. My husband and I are paying $500 more per month for insurance, which we cannot afford, and I am paying for something I don’t need, which is the reason I am angry. She had a hysterectomy, was 56 years old, and had no children.

Another woman—she was 58 and her husband was 57—told me: The only reason I would need obstetrical services, it is because of the mandate, which I am forced to buy, is if my name is Sarah and my husband is Abraham, but that is not the case.

Mr. ALEXANDER. Senator Isakson, who also has a policy which previously was $150 a month, was going up in 2016 to $961 per month. His policy, which had been roughly $2,400 a year, is going up to $11,500 a year. And this is because of the Affordable Care Act—the Unaffordable Care Act.

Mr. CASSIDY. There is a fellow who had the benefits didn’t have before. The problem with this entire deal is that was their only affordable option. The mandates have driven up the costs so much.

By the way, another example is this: I had a constituent who had a dental policy. He pays $500 a month. He signed up for the cheapest policy. He is a small businessman in Georgia.

Mr. ALEXANDER. The deductible, $3,000 a year, makes it impossible to the doctor. Now they can’t because the way the plan is structured is that it is too expensive for that out-of-pocket first exposure.

Mr. ALEXANDER. Senator Isakson, who also has a policy which previously was $150 a month, was going up in 2016 to $961 per month. His policy, which had been roughly $2,400 a year, is going up to $11,500 a year. And this is because of the Affordable Care Act—the Unaffordable Care Act.

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Mr. ALEXANDER. Senator Isakson, before he came to the Senate, was a small businessman in Georgia.

Mr. ISAKSON. All the time, because what happened with Obamacare is the following: People who had insurance they could afford and who had bought coverage they needed were forced to buy coverage they didn’t need because of the mandates in Obamacare in terms of what had to be included. So it forced more coverage that you didn’t need, which raised the premiums you paid. So you end up paying more and getting less, and it was the mandates of Obamacare that did it.

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Mr. CASSIDY. There is a fellow who started a medical device startup in New Orleans, and he was saying that he had an offer to move his business to Panama. That was because a major portion of his market is overseas.

So the medical device tax is, of course, a tax upon the gross of a business. If he moves overseas to Panama, taking those jobs with him, and consumes all the sell-intermediation, that is not the tax on that but is taxed only on that which he brings back to the United States, then he is obviously reducing his tax burden. Those are high-paying, white-collar jobs in New Orleans, a city recovering from Katrina. If the power to tax is the power to destroy, this tax has the power to destroy the ability of this gentleman to continue to expand in New Orleans.

Mr. ALEXANDER. I say to Senator Isakson, I recall one of the most vigorous debates we had was first the President saying: We won’t touch Medicare. Next thing you know, they took $700 billion out of Medicare to spend on new programs, at a time when the Medicare trustees, whose job it is to tell us this stuff, said: The program is going to go broke unless we do something about it. We were saying: If you are going to take money away from grandma’s Medicare, you better spend it on grandma. But they didn’t. They impacted Medicare recipients in Georgia, Tennessee, and Louisiana.

Mr. ISAKSON. Well, the President basically robbed Peter to pay Paul. He robbed the beneficiaries of Medicare benefits and then took the money and spent it on somebody else. So the person who had the benefits didn’t have the benefits any longer.

The problem with this entire deal is it was a charade. Promises were made that if you like your policy, you can keep it. That turned out to be wrong. Premiums were going to go down. That turned out to be wrong. If you couldn’t get insurance, you would be able to get insurance. Well, that ended up being true in part, but it became something known as a bronze policy. Do you know what a bronze policy is? It was a policy that gave you coverage, but the deductible was so big, you couldn’t get to the coverage. So every time there was a promise, it was a broken promise, an increased cost, and less accessibility to coverage.

Mr. ALEXANDER. Mr. President, how much time remains in our colloquy?

The PRESIDING OFFICER. There is 6 minutes remaining.

Mr. ALEXANDER. Six minutes remaining.

We have heard a lot in the news about co-ops. Co-ops were an invention of Obamacare that were designed to provide health care to many Americans. I know that in South Carolina, for example—closure of these co-ops for 67,000 South Carolinians and 27,000 Tennesseans—means that suddenly they
have to find new coverage. I wonder if either in Louisiana or Georgia, you have had any experience with the new co-ops in Obamacare?

Mr. CASSIDY. Louisiana’s co-op failed. It attempted to lower costs with a small middle-class family, who oftentimes had insurance they were told they could keep, lost it, and now they have a deductible of $3,000, which they say makes the insurance something they cannot afford. We are still in the middle-class family. The U.S. taxpayer has put billions of dollars toward these co-ops. There is some evidence that the administration continued to put money into them even when they knew they were going to fail, and yet now they are falling—over half and supposedly more slated to do so. It isn’t just the low-wage worker and the middle-class family; it is all the taxpayers who have taken a hit for promises made but promises broken.

Mr. ISAKSON. During the debate 5½ years ago at the health care summit at the Blair House, our Democratic friends said: Well, when are you Republicans going to come up with a big, comprehensive plan? My answer to them was: If you are waiting for Senator MCCONNELL to roll a wheelbarrow onto the Senate floor with a 2,700 page McConnell-care bill, you are going to be waiting until the sky turns purple. Indeed, we have spent the last 6 years fighting a day at a time for shelter and we seem to have forgotten that. We seem to have forgotten that. We all know people who suffered displaced, some of whom lost their retirements—wiped out. It was not only the financial loss but the psychological trauma of being either retired or on the edge of retirement and suddenly it was all gone. It has left a lasting impression. People have lost jobs, as I have indicated. It was a huge loss of jobs. Some have never gotten back into the market or gotten a job at the level they had before.

Then, of course, there were the foreclosures, thousands and thousands of Americans losing their homes. Without their homes, some of our constituents lost their whole sense of belonging to the community and their ability to find a new job because they were just battling a day at a time for shelter and food. People indicated, and we seem to have forgotten all of that. We seem to have forgotten that Wall Street—without sound regulations, strong regulation—will find its way off the path and into this type of difficulty.

We know people who suffered these losses, and we are all committed that they won’t suffer them again. But that commitment requires us to follow through on the Dodd-Frank act, the Wall Street reform act. In that legislation, I worked very closely with Senator WARREN to create the Consumer Financial Protection Bureau. It is just one of the examples of
the efforts that bill that actually protected our constituents, not theore-
retically but practically. They have been protected from tricky people who were giving them mortgages they couldn’t afford, engaging in illegal servicing and foreclosure practices in the community, driving consumers into excessive loans they couldn’t afford—and the person doing the steering knew they couldn’t afford them—but those tricky people took the money and literally ran, and we have tried to fix that.

Because of the efforts of the Consumer Financial Protection Bureau, $11.2 billion in relief has been given to families throughout this country; $11 billion has been given to individuals and families all across this country. This is an example not of theoretical legalistic procedures but of practical help for people. That is the direct result of Dodd-Frank, and some of the proposals that we are hearing about would undo that.

In the process of creating the Consumer Financial Protection Bureau, I am particularly proud of working with colleagues to create the Office of Servicemember Affairs within the Consumer Protection Bureau to serve as a watchdog for our military personnel. Under the leadership of Holly Petraeus, it has done a remarkable job. More than $90 million has been returned to servicemembers and their families from unscrupulous companies that preyed upon our military families deliberately—understanding the vulnerability of families that are in transit because of deployments and other things. Another example, the Military Lending Act, which has capped annual interest rates for military personnel, has been enforced through the efforts of the Consumer Financial Protection Bureau.

This has not only helped these families, as expected this NCO has helped our military readiness. I can tell you that basically a long time ago, I had the privilege of commanding soldiers, paratroopers in the 82nd, and it is hard to be a good soldier when you worry about whether your family is going to be able to make it through the week or the month to get your next paycheck. This is real help, and it is the result of Dodd-Frank. No, many things are the result of Dodd-Frank.

So if to roll back these reforms? You ask people, and they will say: Well, it is burdensome, and they are hurting these financial institutions; you know, it is just so hard to operate a financial institution today. They look at the stock performance of these institutions, the American global systemically important banks and even our regional banks. These institutions have seen their stock prices increase from July 2010 at least by 31 percent and in some cases go over 100 percent. The market is saying to these institutions and to all of us that they are in good shape. They are in great shape. They are not being burdened by financial regulations. They are not being overwhelmed. They are profit centers. They are doing great. Name other companies that have increased their value so much. One reason is because everyone is confident there is a stable, sound, rigorous regulatory structure ensuring that banks will not go off the cliff as they did in 2007 and 2008 when they lost all their stock prices collapsed.

So if you look at that, if you look at the markets, they are not complaining about the banks. The shareholders are looking to say: That is where the money should go. That is what you should invest in.

So if you look at that growth and then draw a contrast between what has happened to average American families—they haven’t seen that kind of wage growth. I don’t know many working families who have seen a 31 percent increase in their income or a 144 percent increase in their income, but we have to have a sense of respect with our working families.

One thing we have to do is make sure that we keep in place protections that were built into the Dodd-Frank act.

There are always ways you can improve to be sensible, sound, and thoughtful about technical corrections, let’s go ahead and do it the way it should be done, the way Dodd-Frank was done. I was on the banking committee. We had hearings. We had a markup. We had, in fact, several markups until we got it right. Then we brought it to the floor, we had a vigorous debate, and we amended the bill. Then we took that bill to conference, then we had it changed in conference, and then we sent it to the President for his signature.

So if we are going to do corrections to improve the Dodd-Frank bill, let’s do it the way we did it originally, not appropriate.

I think also, frankly, if we are going to have to regular order and make corrections where necessary, but certainly let’s not use these waning days of this session to undermine the Dodd-Frank Act with some of the proposals I have heard in this regulatory structure that brought down the prospects of the next AIG from taking down the entire Wall Street casino, a system that brought down the prospects for so many American families, and how there is the consideration of restoring the Wall Street casino in the dark of night by policy riders being attached to other bills.

Ms. WARRREN. Mr. President, I am pleased to join Senator MERKLEY, Senator NELSON, and Senator REED on the floor today. I thank Senator MERKLEY for pulling us together.

We are here to say no—to the influ- ence of Wall Street lobbyists, not to their friends in Congress who are threatening a government shutdown if we won’t roll back rules that protect consumers and protect the safety of our financial system.

It is a pretty neat trick. The lobbyists probably know they can’t get a rollback of financial regulations passed out in the open where the American people can actually see what is happening and see which Senators and Representatives voted to gut the rules that protect working families. So they back their must-pass legislation, such as the upcoming government funding bill, to give their friends in Congress a lot of cover for voting yes.

It is cynical. It is cynical and it is corrupt, but it usually works. Just last year, Citigroup lobbyists wrote a provision to blast a hole in Dodd-Frank. The part of the law that was blown up was called—and I am quoting the title—‘‘Prohibition Against Federal Government Bailouts of Swaps Entities.’’ The idea behind the rule was pretty simple. If a big bank wanted to engage in certain kinds of risky deals, such as the credit default swaps that had been at the heart of the 2008 crisis, they had to bear all of that risk themselves instead of passing it along to taxpayers.

Now the big banks wanted that rule repealed, and the only way to do it was to put it on a bill that had to pass or the government would shut down, and that is exactly what they did. It was a neat trick.

For 1 year, Congressman ELIJAH CUMMINGS and I worked to document the impact of that Citigroup amendment, and we finally got what we needed. The FDIC estimates that the provision last year that allows a few big banks to put taxpayers on the hook for risky swaps has an estimated value of almost $10 trillion. And who is gobbling up that $10 trillion of risk? It is three huge banks: Citigroup, JPMorgan, Chase, and Bank of America. It is three banks, nearly $10 billion, and $10 trillion is a lot of risky business. These banks will happily suck down the profits when their high-stakes bets are won, and they will just as happily turn the taxpayers to bail them out if there is a problem. All of this is because the lobbyists persuaded Congress to do just a little favor in a must-pass bill.

Now, a year after the Citigroup amendment, there are rumors of new giveaways in the upcoming funding bill: rollbacks that would make it harder for the government to stop the next AIG from taking down the entire Wall Street casino.
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Ms. WARREN. I think it is $11 billion.

Mr. MERKLEY. So $11 billion in returns. I believe that number includes real cash returned to individuals but does not include the vast savings that have some family unit that were never cheated in the first place.

Ms. WARREN. I think one of the most important parts of this is the consumer agency said—when credit card companies, for example, got caught cheating people, it said to those credit card companies: Look, you have people's addresses to be able to cheat them. Now you have people's addresses to send them checks to pay them back. It is as the Senator said. It was like a warning shot to everyone else out there cheating consumers. It said that this agency is on the level. This agency is tough. So I think there are millions of Americans who don't get cheated, who don't get tricked in one scam or another because we have a real watchdog on the big financial institutions. They are the side of the American family.

Mr. MERKLEY. I thank my colleague so much for presenting this idea before she came to the U.S. Senate and for helping—well, stepping in to be the interim Director, getting it up and running, and now being here to make sure we defend its ability to provide fairer financial products for America's families—products that enable families to build their wealth rather than having predatory mortgage deals and all the other wealth-stripping scams hurt and destroy the finances of American families.

Ms. WARREN. I only want to add that I am grateful for all the work my colleague has done on behalf of American consumers and all the work he did to get the consumer agency through Congress and now to protect it when the big banks were coming after it.

So I thank my colleague Senator MERKLEY for all he did.

Mr. MERKLEY. I thank the Senator very much.

Mr. President, as we have heard from this colloquy—and I appreciate that BILL NELSON was here earlier, the Senator from Florida, to discuss his insights on these dark-of-night policy riders designed to restore the Wall Street casino and cheat American families. I appreciate the comments he brought to this and that JACK REED, the senior Senator from Rhode Island, has brought forward and ELIZABETH WARREN, the senior Senator from Massachusetts, each of whom made important points. So I will be brief because they have laid out most of the issues I will try to echo.

The key point is the debate over changing the rules for these powerful financial institutions should be debated in the open, in front of the TV cameras, in front of the American people, not in secret negotiation rooms and not in the dark of night, which is happening at this very moment, because a lot is at stake.

We found from before that when regulations were stripped away and the
Wall Street casino went wild, we ended up with a crash that destroyed the finances of millions of families, many of whom will never recover. They lost their homes, their dreams of homeownership. That has been shattered, and they are not going to get back up. They lost their jobs, and they will never be able to get back up. They lost their retirement savings, and they will never be able to rebuild. In fact, that golden vision of retirement may be something they feel they will never be able to reach. That chapter of their life will never come.

So a tremendous amount is at stake, and these dark-of-night negotiations to repeal, to undermine, to delay the shutdown of the Wall Street casinos are just wrong. Let us have the debate in the committee where it belongs. This is critical for working families everywhere in the country and certainly in my home State.

Let me mention one of the riders, which I need a big kick out of. The Volcker rule to be voided for some of the financial institutions. What is the Volcker rule? The Volcker rule shut down the Wall Street casino. It said banks cannot bet with taxpayer-insured deposits. If a bank makes big bets, it must do so with private wealth funds, where the only persons at stake are those who have invested in that fund. Do not do it with the future of interest rates or monetary exchanges or the quality of mortgages and so forth, they must do so with private wealth funds, where the only persons at stake are those who have invested in that fund. Do not do it with taxpayer-insured banks. That is one example.

A second example is that we need to keep the quality mortgages we have now so they do not return to being a predatory instrument. We had a legalized kickback scheme, and that structure meant mortgage originators were paid for steering families from a prime mortgage that would build their wealth into a subprime mortgage with an exploding interest rate which would destroy their wealth. We ended those kickbacks. Let us not let that happen again.

Let us not undermine the role of the Financial Stability Oversight Council. When we had this dramatic massive increase in subprime loans, starting in 2003 and going through 2007, nobody was watching. We need to have someone—look at that surge in subprimes. And because of that surge, what happens? Is this a big bubble? Is this a big bubble that is going to go bust? Is this going to destroy families?

We actually had an agency that was responsible for controlling these predatory practices. It was the Federal Reserve, but the Federal Reserve, full of sophisticated economists, said: Well, we want to talk monetary policy. That is what we do up in the penthouse of the Federal Reserve building. So they put consumer protection down in the basement and they locked the door and threw away the key and said: You know, we have that responsibility, but we just aren’t going to do anything about it, and they let predatory schemes run wild and destroy millions of American families.

Now we have an organization—the Consumer Financial Protection Bureau—that is the watchdog making sure the disclosures and the structures are fair and square for American families so we can build the success of those families. You cannot be for the success of American families and be for these secret, dark-of-night measures designed to destroy the effort to rein in this Wall Street casino.

I hope we will see a return to regular order, the type of regular order my colleague from Rhode Island talked about, the type of light-of-day committee discussions my colleague from Massachusetts talked about because this is so important to our future and the success of American families. Let’s make sure we work together to build the wealth and success through fair financial practices, not special favors done for very powerful institutions that are designed to exploit and operate as predatory measures to strip the wealth of American families.

I thank the Chair.

The PRESIDING OFFICER (Mr. LEE). The Senator from North Dakota.

Mr. HOEVEN. Mr. President, I rise to speak in support of repealing ObamaCare and replacing it with a step-by-step approach that restores choice and competition to consumers.

The problems with ObamaCare and how it restructured the Nation and have often been reported in the media and identified on the floor of the Senate.

I know we have all heard from our constituents. Hundreds of thousands have written and called all of our offices and, as a matter of fact, I will read one of the letters that came into my office—or at least part of it. It is addressed to me and starts out saying: I’m sure I’m not the first one to contact you about the rising health insurance deductibles. I have had this job for 3 years. The first 2 years my company plan had a $3,000 yearly deductible with no copay.

So he had a $3,000 yearly deductible with no copay. He continues: Last year, it went to $4,000 with a 20 percent copay.

Again, it goes from $3,000 to $4,000 in annual deductible and it goes from no copay to a 20-percent copay.

This coming year, 2016, it will go to $6,700 with a 20 percent copay.

So in just 3 years it goes from a $3,000 yearly deductible with no copay to $6,700—more than double—with a 20 percent copay.

He goes on:

Even before my current job, I had a Blue Cross North Dakota policy that had a $2,000 deductible and a very fair monthly premium. I have always had good health insurance. Now I have an essentially worthless policy.

I had bone cancer 15 years ago. Had to go to Mayo and have my left pelvis removed. I have spent the last 18 months learning to walk again. Doctors weren’t able to reconstruct.

I will have twice yearly follow up cancer screenings for the next several years. These follow ups cost about $3,500.00 each. So I spend $7000.00 a year, which is all of my deductible.

He goes on:

What are you doing to make changes to the health care act?

He clearly identified what consumers across the country are experiencing. This is just one example. I have many more, as do all of the Members of this body.

As bad as ObamaCare is for them, it is going to get worse with 2016, Congress will see significantly higher premiums yet again. Premiums for the lowest cost silver plan will increase by 13 percent, and the lowest cost bronze plan will rise by 16 percent on average.

That is not all. The inaptly named Affordable Care Act has led to higher out-of-pocket costs for older, middle, and lower income Americans as well. Today, the average deductible is more than $2,000 and for some it exceeds $6,000, discouraging people from seeking necessary care.

The law is also resulting in fewer choices. Employers are already reducing benefits for many family members. By 2018, more than half of employers plan to significantly reduce benefits for family members as well.

While many are seeing higher premiums and deductibles with fewer choices, ObamaCare has created dozens of new taxes that ultimately are passed down to small businesses and consumers.

The Congressional Budget Office has estimated that ObamaCare will increase taxes by $1.2 trillion over the next decade.

The result is fewer jobs. Simply put, employers are already cutting jobs or reducing hours to part time to avoid the higher costs of ObamaCare.

I do believe there is a consensus across the Nation that we need health care reform, but ObamaCare is not the answer. Americans want common sense reforms—reforms that truly are affordable and that truly do empower patients to make their own choices.

In the short run, we need to pass budget reconciliation legislation that repeals ObamaCare, and, in particular, the individual and employer mandates. In the long run, we need to take a step-by-step approach to put individuals, families, and businesses on a path to better reforms. The right approach to health care reform empowers people to make their own choices in selecting health care providers and insurers that is patient centered and respects the relationship between doctor and patient.

The way to accomplish that is with a market-based plan that creates more competition and reduces health care costs.

Here is what we could do: To foster competition and reduce health care costs, we can do things like expand tax-free health savings accounts, flexible savings accounts, and Archer medical savings accounts to encourage individuals to save for future health care needs. Combined with high-deductible, low-premium policies, people will be
able to meet their immediate health care needs and still be protected in the event of costly, serious illness.

We should provide portable health care plans so that individuals and families don’t experience gaps in coverage when they lose their jobs. These plans could become favorable tax treatment. For example, they could be treated as tax-preferred accounts so that dollars towards premiums could receive tax-exempt treatment. We should allow health care policies to be sold across State lines and we should reduce in-mold costs, more competition, and reduced costs for customers. We should give States more flexibility to manage Medicaid for low-income individuals and families. We should ensure affordable health care options are available to those in need and certainly those patients with preexisting conditions. That means bolstering State high-risk pools to make sure everyone has an opportunity to be covered.

As many folks in this body know, in my real life I am a farmer. I get to see exactly where my food comes from. Last month, I spent some time butcher- ing and processing beef, knowing exactly where that came from. I like that. We are not all Americans have the ability to know where their food comes from.

A few months ago, in July, the House passed a bill called the Safe and Accurate Food Labeling Act. It couldn’t be anything more different from that, by the way. It basically denies Americans the right to know what is in their food by prohibiting the Federal Government, States, and municipalities from imposing any labeling standards that deal with genetically modified food. I represent in Ohio a State where transparency is very important. It makes our government work better. For the Federal Government in this case to undermine States and municipalities and not allow the consumer to know what is in their food—it is exactly the wrong step to take.

So why am I bringing this subject up today? I am bringing it up today because, quite frankly, there is some talk about air dropping an amendment that would allow the DARK Act to go into effect. It is not a bill we have debated on the floor to my knowledge. I don’t know that it has even been heard in committee. But the bottom line is that this is bad policy.

The arguments would be that it is confusing; it is going to be expensive. That is bunk. Consumers are smart. They pay attention to what they eat. If you let them choose and the ability to know what is in their food, they will make the decision—which is their decision to make—on what they are going to feed their family and what mothers are going to feed their children.

It goes against everything this country stands for about letting people know we do have a great food system in this country. So let’s be proud of it. Let’s label it. Let’s talk about what is in it. Let’s let consumers have the choice. Consumers are smart, and they will absolutely make a choice that is best for their family.

Food is very important. Food, in my opinion, is a fundamental. If you know what you are eating, you will have a healthier family. If you pay attention to these kinds of things, your health care costs will go down.

The truth is: other countries require GMO labeling—countries like Russia, China, Saudi Arabia—not exactly countries that we would think would be very helpful to their consumers or transparent. But they think it is important to label it. We ought to here in this country too.

Big Money is coming in here saying: We don’t want the consumers to know if they have GMO products in food; we want consumers to be ignorant. That is not something that shall be done.

Let’s give consumers the information they deserve. Let’s allow this labeling to move forward, as Vermont has already done. Other States like Maine and Connecticut also are taking steps in that direction.

The bottom line is, to put in an amendment that stops States or municipalities from requiring labeling is a step in the wrong direction. It is not fair to consumers, and, quite frankly, it is not fair to the folks who produce food in this country.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I want to talk a little bit today about food, transparency, and consumers’ rights to know what is in their food.

As many folks in this body know, in my real life I am a farmer. I get to see exactly where my food comes from. Last month, I spent some time butcher- ing and processing beef, knowing exactly where that came from. I like that. We are not all Americans have the ability to know where their food comes from.

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Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from Ohio.

Mr. PORTMAN. Mr. President, I want to talk a little about the legislation before us to repeal and replace ObamaCare, otherwise known as the Affordable Care Act.

When I first got in this body, I served in the State of Ohio. I hear about a couple things a lot. One is the tough job market and flat wages, which makes it difficult to get ahead. The other is—and it is related—escalated health care costs. People are seeing in their lives that it is tough to find that job, and if they do have a job, they are finding their wages aren’t going up as they would normally expect. Unfortunately, when we look nationally this is true. Wages on average are not just flat; they are slightly down for what they have declined, which is not typical. On the other hand, expenses are up, and the biggest expense: health care.

So the middle-class squeeze is very real. It is affecting the people I represent as they see, again, unusually low wages, not the growth that we normally expect on the one hand, and on the other hand higher expenses, with health care taking the lead in those expenses.

Today in the Senate and tomorrow, as we debate this and vote on it, we have a chance to move the ball forward and show people that at least a majority in the Congress agree we ought to address this issue, this health care issue, of course—and try to stop the incredibly fast increase in premiums, deductibles, copays. Families, small businesses are getting hit hard. Also, we can help give the economy a shot in the arm by coming up with smarter ways to deal with health care.

This vote will show there are some in Congress who are listening and have some answers. Our job is to do what is right, and that is to pass this legislation and replace ObamaCare, to give us a chance to get rid of some of the most detrimental aspects of it that are eliminating jobs, that are pushing health care costs higher and higher.

The legislation—the Affordable Care Act—was sold as actually reducing costs. It was sold under false pretenses. Specifically, the President said it would bring down premiums. He talked about it going down $2,500 on average per family. No; in fact, premiums are going up.

We were told Americans would be able to keep their insurance. Of course, millions have lost their health care insurance.

We were told that if you have a doctor whom you like, you can keep your doctor. Of course, a lot of people are now being told that under their new plan, they can’t keep the doctor they have had.

We were told the Affordable Care Act could keep our economy strong; that it would grow jobs, create jobs. Instead, again, it has made things worse. If we look at the economy and what has happened, a lot of the issue is that people have given up looking for work. The so-called labor force participation rate is the lowest it has been since the 1970s—over 30 years. Some of that, again, is because we have this weak economy. Some of that is because a lot of the jobs that are available are part-time jobs, and the Affordable Care Act encourages part-time work, as we will talk about in a second.

So the results are in. We have seen it. We have seen that ObamaCare, with its mandates and centralized control, its top-down approach, has made it more difficult to get a job and has increased health care costs for families and small businesses—not the right way to provide quality health care for the people I represent in Ohio—the health care issue—the health care issue.
their stories. I got one this morning. We have our weekly Buckeye coffee, where we bring in people who are here in Washington from around Ohio to talk to us about their stories. I ran into a small business owner, very typical—a mom and pop shop by the name of Ros, my youngsters are between 2 and 3 percent. In other words, that is what my profit is, and yet I am seeing my health care costs go up by double digits every year. It just doesn’t work. I can’t make it. I have to have to tell my employees that their insurance will be canceled and that the cheapest replacement policies would include a 35-percent increase in premiums as well as a 33-percent increase in deductibles. This is an interesting one because it is the only thing I have left. real-world situations. It is sad. This morning I talked to Todd, the president of a small manufacturing company, and he talked about a double-digit increase in medical care expenses. Mike from Westlake wrote to me and said: I own a small business. Our health insurance rates for single employees under 30 range from $78 per month to $560 per month this year. That’s a 290% increase thanks to ObamaCare! This bill is going to put small businesses out of business. This is out of the Affordable Care Act. I am concerned about the impact on those families, concerned about the impact on all small businesses. I am also concerned about the indirect impact on employees who work for those small businesses.

We talked earlier about the fact that there are more and more part-time work and that jobs are hard to come by in Ohio. More and more small businesses in Ohio are becoming what they call 49ers or 29ers. Forty-niner refers to the fact that employers sometimes feel they have no choice but to freeze their growth, and that they are hiring at 49 employees, but they have 50 employees because when you hit 50, you come up with new requirements and mandates under ObamaCare.

Others have tried to reduce the hours their employees work. If you work less than 30 hours a week, you are not covered by the mandates under ObamaCare. So some employers have reduced hours from 40 hours to 29 hours. Those are the 29ers. That is one reason full-time work is harder to come by. It is no surprise to me that the underemployment figure—those working part time but wanting to return to full-time work. That is about the size of the rise. When you see the number coming out every month, look at the number of people who are part time rather than full time. It is concerning. Some of this is being driven by what is happening with the Affordable Care Act. I am certainly hearing about it from people on the ground, real-world situations. It is sad. This one is from Tim in Canton. He said: The ACA fees being charged to us are $3,250 per year for 11 covered employees, which will be passed on to us. We are paying for the insurance premium increase of $35,186 by reducing our year-end bonus program. We are also discontinuing our year-end bonus program. We also are offering an even higher deductible plan than we have now. (I will take the higher plan to lower the cost to soften the blow for my staff). This is an interesting one because it is what I hear around Ohio. They are discontinuing their bonus program because of this. Other companies say they are discontinuing a research project. We are discontinuing our match on our 401(k). Others say we are just plain cutting back; in other words, not hiring as many people as they would have.

It is happening out there. I know some economists have debates on this issue, but I hope they are talking to people in the real world who are being affected by this Affordable Care Act, the top-down approach, the mandates, and the inflexibility. Not only are these small businesses affected by these new mandates, but a lot of them are now subject to one of the new taxes included in the Affordable Care Act. I think there are 21 new taxes in the Affordable Care Act. One of them is a tax on medical devices. This is an industry that is very important to Ohio and to our country. We have had a competitive edge in medical devices. We have a lot of great innovators in this country, including my home State of Ohio. We have been among the companies that the medical device companies in the United States. Again, a lot of them say they are cutting back on research because they cannot afford to do the research they used to do because of the excise tax on their revenue—again, not on their profits, but making, but just their revenue. That means their seed corn, as they call it, is being cut back.

I talked about the great innovation and the fact that this has been a cutting-edge industry for us in Ohio and around the country. The seed corn is research. That is what makes America a cutting-edge country in terms of these great medical device companies. A bunch of them are cutting back on research, and that is what makes America’s companies I am talking about have a tax on their earnings and those profits. They are resulting in fewer jobs, and less innovation in the United States. Again, a lot of them say they are cutting back on research because they cannot afford to do the research they used to do because of the excise tax on their revenue—again, not on their profits, but making, but just their revenue. That means their seed corn, as they call it, is being cut back.

If this tax continues, some have told me that they will be forced to close down manufacturing facilities. At a time when we need, more than ever, more made-in-America products in innovation, the medical technology industry is one where we are a leader on the world stage, and we should not be coming up with this kind of burdensome tax. That is why I am so glad that on this legislation that we will vote on tomorrow or the next day, that we will have the opportunity to repeal the medical device tax. By the way, there is a bipartisan consensus around that. I think, I know a lot of my colleagues on the other side of the aisle have talked about the need for us to do that as well.

If we do not do that, we are going to find out we have lost ground. Again, this goes to our economy. One thing that concerned me was that the founder of Zimmer Surgical in Dover, OH,
told me that had this tax been in place when he started his company, he doesn’t think he ever would have made it off the ground. I talked earlier about the number of new startups. This is going to keep some of those startups from taking root in the first place and creating how many jobs and opportunities.

Repealing a job-killing medical device tax, therefore, is a great step forward to promote policies to get Americans back to work. Even though we need to repeal these top-down mandates we talked about and get rid of some of these taxes that are so onerous on workers and hurt our economy, I don’t think we should go back to the pre-Affordable Care Act status quo. I don’t think it is enough to say we should repeal this bad law. I think we also should say: Let’s come up with a better way to deal with health care costs. Health care costs are going to be a big problem unless we deal with them in a responsible way. That’s why we’re pushing for the Affordable Care Act does. I think real reform is needed. It must be patient-centered. In other words, it must be about the patient giving them the incentive to be able to save costs by focusing on prevention and wellness, focusing on what they need for themselves and family rather than these mandates that say you can’t have this insurance policy you had for years, as this young woman in Clermont County told me when she came here last week. When she was in good health, she had a policy she was very happy with. Let people have the policies they want for themselves and their families.

Let’s have less government and bureaucracy and more focus on patients. Let’s be sure it is responsible in terms of keeping the tax burden down and does not kill jobs as the medical device tax does. ObamaCare should be repealed. It should be repealed and replaced with a system that actually works. The failures to ObamaCare are obvious. It doesn’t solve the problems of America. It doesn’t even address the problems of America.

The Affordable Care Act finds health insurance for 17 million Americans. We have reduced the number of uninsured Americans by 45 percent with this bill. That is a pretty impressive record. From the start, never providing a single vote in support, never willing to sit down after it was passed to talk about changes that would make it even stronger or better. They want to end it. The Republicans to vote to end ObamaCare. If you cover more people? The sad truth about ObamaCare is that the coverage numbers are very disappointing, even to those who strongly supported the bill. Why? Because what has happened is that some people have gotten coverage, but others have lost coverage. The estimates by the Congressional Budget Office are that still 10 years after this legislation is in place there will be something like 30 million Americans without coverage. We can do it and do it in a more cost-effective way. Republicans do have the opportunity to have access to quality health care. The bill we have before us this week will take that first step at removing the shackles of government regulation and put the country on a much more sensible way than the Affordable Care Act reform. Not only does the legislation remove the mandates ObamaCare placed on individuals and businesses to purchase insurance, but it also rolls back some of the new programs, while giving the new President, the next President, and the new Congress, the next Congress, the time to be able to enact alternative reforms that will ensure all families have access to quality, affordable health care. It has to be a top priority to real health care reform. Not just repealing what is there but replacing it with something that makes more sense for families in Ohio and around the country.

I look forward to this vote and this debate because it gives us an opportunity to send to the President sensible legislation that gets rid of so many of the detrimental impacts of ObamaCare and sets us down the path of debating about what that future ought to be. I think a praiseworthy thing for the President that we do that—and when you are doing this—because the President said he will veto it. I would ask them to look at the majority of the American people are saying, which is that they do not believe the Affordable Care Act is the right way to go. I guess I would look at the fact that the majority in the Senate may feel that way as well. We should represent those folks back home. Because the President doesn’t support it doesn’t mean we shouldn’t act and do what is right. Every President in this great country has had the opportunity to veto legislation coming from Congress. It doesn’t mean Congress shouldn’t send them legislation. I hope the President will not veto it. He probably will. It doesn’t mean the Senate shouldn’t act. I am glad we are acting.

I stand ready to work with my colleagues going forward on both sides of the aisle to enact reforms that do provide the people I represent and the people all around this great country the access to the quality care they deserve.

Mr. President, I yield my time. The PRESIDING OFFICER. The Senator from Illinois.

Mr. DURBIN. Mr. President, for those who are keeping score, this is the 17th time that the Senate will be asked by the Republicans to vote to end ObamaCare, and they have added to this to defund Planned Parenthood. As one individual said the other day, here is a breakthrough press release: President Barack Obama is not going to end ObamaCare. That seems pretty obvious. So this is a political exercise. It doesn’t solve the problems of America. It doesn’t even address the problems of America.

The Affordable Care Act finds health insurance for 17 million Americans. We have reduced the number of uninsured Americans by 45 percent with this bill. That is a pretty impressive record. From the start, never providing a single vote in support, never willing to sit down after it was passed to talk about changes that would make it even stronger or better. They want to end it. The Republicans to vote to end ObamaCare. It has the President’s name on it—enough said for many of them. They want it to go away.

The reality is if it goes away, so does health insurance protection for millions of Americans. So you would expect that the Grand Old Party, the Republican Party, would have an alternative for us, right? Wrong. They have never come forward with any alternative that would provide coverage for these millions of Americans and the others who should have health insurance coverage as well. It just tells you that they are prepared to go back to the bad old days before ObamaCare and the Affordable Care Act.

Remember those days? Remember when a health insurance company could say to you: Sorry, you happen to have a sick child in your family, and we are not going to give you health insurance. Preexisting conditions were enough to say no, and if they said yes, they would put a premium on any average family couldn’t even consider. We ended that discrimination against families and sick children. We ended it.

The Republicans today want to go back to those good old days when health insurance companies could turn down a New York minute and say: There will be no health insurance for you or your kids. They want to go back to those good old days. They are wrong.

They want to go back to the days when a family’s health insurance plan wouldn’t cover the graduate from college until he reached the age of 26. That is what the Affordable Care Act
This story is horrific, but it is also horribly familiar. There have been over 350 mass shootings in America this year. On average, 297 Americans are shot every single day, 89 fatally. Listen to this grim and sad statistic: There have been over 50 school shootings this year in America.

Our thoughts and prayers are with the victims and first responders in San Bernardino. But they and all the victims across our country deserve more than our thoughts and prayers. They deserve a Congress—in a level-headed, commonsense moment—to vote on and pass legislation to protect innocent people across America from this horrific gun violence.

SYRIAN REFUGEES

Mr. President, I don’t know if it was George Washington who said—although I think he is given the credit—when describing this institution of the Senate: It is the saucer that cools the tea.

I served in the House for 14 years and was proud when we were elected every 2 years. It was a more volatile atmosphere because we were constantly running for reelection. The Senate is a different institution, with 6-year terms and a little more reflection, I hope, in what we do. I hope that we take the time that is necessary to exercise our constitutional opportunity here and think things over clearly and not react emotionally.

Well, it was about 2 weeks ago when the House of Representatives took action on the Syrian refugees and passed a measure that would give what they called a pause to receiving Syrian refugees in the United States. It was a heated moment. It was after the terrible tragedies that occurred in Paris and Beirut, and there were concerns about ISIS and the spread of their terrorist ways around the world. It was an emotional moment that really needs some reflection.

The simple fact of the matter is this. Over the last 4 years during the course of the Syrian war, the United States has received about 2,000 refugees from Syria into our country. It is an elaborate, lengthy process.

Mr. President, I ask unanimous consent to have an article from last weekend’s New York Times, which outlines all of the steps that need to be taken in order for a Syrian refugee to enter the United States, printed in the RECORD.

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

(From the New York Times, Nov. 20, 2015)

WHY IT TAKES TWO YEARS FOR SYRIAN REFUGEES TO ENTER THE U.S.

(By Haeyoun Park and Larry Buchanan)

Syrians must pass many layers of security checks before being admitted to the United States, a process that can take two years or longer. In most cases, the refugees do not enter the United States until the very end. They are also subject to an additional layer of screening by the director of national intelligence databases for terrorist or criminal history. Some go through a higher-level clearance before they can continue. A third background check was introduced in 2008 for Iraqis but has since been expanded to all refugees ages 14 to 65.

9. First fingerprint screening; photo taken.
10. Second fingerprint screening.
11. Third fingerprint screening. The refugee’s fingerprints are screened against F.B.I. and Homeland Security databases, which contain watch list information and past immigration encounters, including whether the refugee previously applied for a visa at a United States embassy. Fingerprints are also checked against those of defense and intelligence officials, such as those in the Defense Department during operations in Iraq.
12. Case reviewed at United States immigration headquarters.
13. Background check.
15. Final fingerprint check.
16. Refugee status granted.
17. Higher-level background check for some.
18. Another background check.
20. Final refugee status granted.

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then in some cases referred for additional review, extensive in-person interviews with Homeland Security officers, and then—and only then—could Homeland Security approval be required. At that point the potential refugee is screened for contaminants and diseases through a cultural orientation class, matched with an American resettlement agency, goes through a multilayered security check before leaving to enter the United States, and then faces a final security check when they arrive at an American airport.

I am entering this into the RECORD because those who are suggesting that we are taking Syrian refugees without appropriate screening are not aware of the reality. It is a process that takes 18 to 24 months, and in the 4 years we have accepted about 2,000 Syrian refugees, not a single one has been found to be involved in a terrorist activity.

We accept about 70,000 refugees in the United States each year, and I am glad that we do because for some people in some parts of the world, it is the only place they can turn to.

The public reaction against the House action that bars Syrian refugees is interesting. There was a Congressman, and I don’t know him personally, but the impression is Congressman STEVE RUSSELL of Oklahoma.

This is according to the POLITICO article:

He voted for the bill with serious reservations but in the hopes of affecting the debate as it moved ahead. If the existing bill were to come before the House again, “I would vote against it,” Russell said. “I think it creates impossible barriers to refugees.”

Just 2 weeks ago, he voted for it, but he thought it over. Why? This article says:

For Russell, the issue is personal. One of his close friends is an American citizen who was trying to get his mother out of Syria. The last summer before she could leave that war-torn country, out of respect for his friend’s privacy, (Congressman) Russell [of Oklahoma], a retired Army lieutenant, refused to offer specifics—anything except what happened to the woman. But he said: “I think he was able to get her to the United States, she would still be alive.”

(Congressman) Russell urged [his fellow] Republicans in the Senate to think carefully before supporting the House bill, saying they should not get refugees confused with the broader issue of immigration. He pointed out that in the past the U.S. has denied entry to people in need of help, including Jews [who were escaping the Nazis in Europe during World War II].

“We have had dark periods when we have done this in the past,” he said. “History never ends—only it kind of—never.”

That was a quote by Congressman RUSSELL, a Republican from the State of Oklahoma.

I think it is important to note, too, that “in a letter to lawmakers released [yesterday], a group of national security experts, including figures prominent in circles such as former Secretary of State [Henry] Kissinger, retired Gen. David Petraeus and former Homeland Security Secretary Michael Chertoff, urged [us] to stop the House bill.”

“Refugees are victims, not perpetrators of terrorism,” the signatories wrote. “Categorically refusing to take them only feeds the narrative of [the Islamic State] that there is a war between Islam and the West, that Muslims are not welcome in the United States and Europe, and that the [Islamic State] caliphate is their true home.”

Perhaps the saucer is cooling the tea, and perhaps the Senate will have the good sense not to follow the action of the House of Representatives in passing this provision.

I have two other items to add to the RECORD before I yield the floor to my colleagues who have gathered here today.

The first is an article that comes out of the city of Chicago, which I am honored to represent. I ask unanimous consent that the article be printed in the RECORD.

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

[From the Chicagost.com, Dec. 1, 2015]

MEET THE NUNS WHO ARE PREPARING THEIR WEST RIDGE HOME TO TAKE IN SYRIAN REFUGEES

(By Tony Boylan)

Three nuns living in West Ridge plan to take in a Syrian refugee family not just with the blessing of their local community, but at its urging.

Despite Illinois Gov. Bruce Rauner’s decision last month to join a number of other states governor in making it tougher for Syrian refugees to resettle in the U.S. in the wake of a recent terrorist attack on Paris, these women are preparing their home to make life a little easier for a refugee family.

The sisters, part of the Society of Helpers, live in a historic home once owned by the Dr. Scholl’s Family with a finished basement they in the process of turning into a family apartment. The Society is an international order with progressive values based on the teachings of Jesus. In other words, they get their hands dirty working with lots of issues other people of faith aren’t always quick to embrace: the homeless, addicts, townies, teenagers, those most in need of support and assistance.

From their mission statement: “As contemporaries in action, we don’t just pray for social justice and for peace—we make it our life’s work.”

Putting their faith in action, the sisters moved swiftly to ready themselves to provide shelter to a refugee family they think could be with them as soon as January. Political leaders can debate and demagogue on the issue, but the sisters don’t care about that. Their faith declares what it declares, they say, and offering help is their faith.

“We would rather not make our decision on fear, we would rather make our decision on compassion,” said Sister Mary Ellen Moore, a registered psychologist and one of those nuns who lives in the house. “We were certainly disappointed in Gov. Rauner’s statement on this issue. That kind of mentality if frightening and we know that it’s led to in Europe and in other places in the past. It’s really very sad.”

The plan predates the attacks in Paris, which have somehow been blamed on refugees—the same type of horrid powers behind the carnage. The nuns and the members of St. Gertrude’s parish in Edgewater took to heart the Pope’s call for every congregation in America to help ease the international crisis and find a way to accommodate refugees.

The sisters do find it important to note that this isn’t an entirely free ride. Refugee families from Syria, or anywhere else, are required as part of their status to obtain a passport and prove they are fleeing a civil war. Catholic Charities will assist them with that. The family will also be asked to contribute something for electricity and other utilities in due time. A store of donated food is exhausted, the family will rely on its own income and some help from charity for food.

In this case, though, a family couldn’t ask for more qualified and prepared to help them assimilate. And the sisters think the multicultural nature of their neighborhood—near Devon Avenue and Loyola University—will be helpful.

Members of the parish, where the sisters attend church, but have no official attachment, almost immediately began collecting donations of money, furniture, bedding, kitchen supplies, and all the mundane things a family starting over with nothing might need. "We don’t have to get by on everything except clothing, which will wait until they know who is coming and can collect items appropriate to ages and size. Any help is appreciated," they distributed through either the Society of Helpers Facebook Page or website.

As not as if the parishioners or sisters are entering into this without thinking through any potential risks. It’s just that they know the risks are being wildly overstated and their mission is clear.

A letter written by parishioner John Neafsey was circulated among church members recently read, in part:

"It’s understandable in the aftermath of the Paris attacks. But our understanding is that there is already a thorough and lengthy screening process in place for checking the backgrounds of refugees (agreed upon between the UNHCR and host countries, including the U.S.) prior to approving them for resettlement to the United States. We believe that an arbitrary refusal to allow Syrian refugees to come to our state is unnecessary, unfair, and un-Christian. This would needlessly scapegoat and stigmatize innocent children who are fleeing violence and persecution. It deprives them of the chance to get a new start in a safe place where they are welcomed—the motto of the U.S. is 'We Are Welcome.' For us, ‘all’ includes Syrian refugees, whether they are Christian or Muslim."

While neither the church members nor the sisters want this matter to be political, they understand the climate that has been created.

“It’s very sad people just jump to judgment because people are different,” said Sr. Jean Kiely, Director of the House of Good Shepherd and a social worker who has aided teenage mothers, domestic violence and penalize innocent men, women, and children who are fleeing violence and persecution. It deprives them of the chance to get a new start in a safe place where they are welcomed—the motto of the U.S. is ‘We Are Welcome.’ For us, ‘all’ includes Syrian refugees, whether they are Christian or Muslim."

As a social worker, Jean’s ministry has focused on addressing homelessness in the Chicagoland area for more than 25 years. She...
Mary Ellen Moore, SH. PH.D.

Mary Ellen Moore is a registered psychologist and co-founder of Claret Center in Hyde Park that offers psychotherapy, workshops, and professional development that support whole person healing from body, mind, and spirit. In addition to her advisory role at Claret Center, Mary Ellen provides psychotherapy and supervision to clients and students and is the director of training for the program at “The Circle,” a Helpers-sponsored resource center for Latina immigrant women in Chicago and is currently the Executive Director of Interim Housing with Catholic Charities of the Archdiocese of Chicago and is currently the Executive Pro- gram Director of the House of Good Shep- herd. She is the former and current pres- ident of the board of Casa Esperanza, a transitional housing program for women and their children located in South Chicago. Jean is one of three Leaders of the U.S. Pro- vincial of the Society of Helpers and resides in her West Ridge home with two other Helpers and their dogs.

Mary Ellen is one of three Leaders of the U.S. Province of the Society of Helpers, it maintains many qualities of its origi- nal historic charm. The Society of Helpers, since its founding, has offered refuge and protection to the world’s most vulnerable. Time and time again, those refugees were Jews. Whether they were fleeing pogroms in Tsarist Russia, the horrors of the Holocaust or persecution in Soviet Rus- sia or Iran, our relatives and friends found safety on these shores.

We are therefore alarmed to see so many politicians deriding their opposition to wel- coming refugees.

Last month’s heartbreaking attacks in Paris and Beirut are being cited as reasons to delegitimize those who have become victims of terror. And in those comments, we, as Jewish leaders, see one of the darker moments of our history repeating itself.

In 1939, in her book “A Tale of Two Cities,” first published in 1940, Emily Post addressed the issue of the S.S. St. Louis, that ship full of Jews, fleeing Europe, and turned away by America. We, as Jewish leaders, see one of the darker moments of our history repeating itself.

We, Rabbis from across the country, call on our elected officials to exercise moral leadership for the protection of the U.S. Refu- gee Admissions Program.

Since its founding, the United States has served as a beacon of a country that welcomes refugees. Whether they were fleeing pogroms in Tsarist Russia, the horrors of the Holocaust or persecution in Soviet Rus- sia or Iran, our relatives and friends found safety on these shores.

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Mary Ellen Moore is a registered psychologist and co-founder of Claret Center in Hyde Park that offers psychotherapy, workshops, and professional development that support whole person healing from body, mind, and spirit. In addition to her advisory role at Claret Center, Mary Ellen provides psychotherapy and supervision to clients and students and is the director of training for the program at “The Circle,” a Helpers-sponsored resource center for Latina immigrant women in Chicago and is currently the Executive Director of Interim Housing with Catholic Charities of the Archdiocese of Chicago and is currently the Executive Pro- gram Director of the House of Good Shep- herd. She is the former and current pres- ident of the board of Casa Esperanza, a transitional housing program for women and their children located in South Chicago. Jean is one of three Leaders of the U.S. Pro- vincial of the Society of Helpers, it maintains many qualities of its origi- nal historic charm. The Society of Helpers, since its founding, has offered refuge and protection to the world’s most vulnerable. Time and time again, those refugees were Jews. Whether they were fleeing pogroms in Tsarist Russia, the horrors of the Holocaust or persecution in Soviet Rus- sia or Iran, our relatives and friends found safety on these shores.

We are therefore alarmed to see so many politicians deriding their opposition to wel- coming refugees.

Last month’s heartbreaking attacks in Paris and Beirut are being cited as reasons to delegitimize those who have become victims of terror. And in those comments, we, as Jewish leaders, see one of the darker moments of our history repeating itself.

We, Rabbis from across the country, call on our elected officials to exercise moral leadership for the protection of the U.S. Refu- 

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The Miller House

This West Ridge modified Georgian Colonial was built by the Hutchins Brothers in 1911. In 1925, the Hutchins family sold the home to Frank Scholl, brother of Dr. William M. Scholl who founded the com- pany that is now Atrium Health. In 1959, the Scholl family joined thebhins in 1910 and oversaw European operations. Featured on the 1996 Annual Fall House Tour and the 2013 Annual House Tour, this histori- cal home boasts 5,000 square feet with 5 bed- rooms, 5.5 bathrooms and related living quarters.

Although this “large home” has undergone changes with each of the five previous own- ers, it maintains many qualities of its origi- nal historic charm. The Society of Helpers purchased the home in 2014, planning to uti- lize its space to welcome other Helpers visi- ting from around the world. They were thrilled to be able to offer the related living quarters to a Syrian refugee family when they arrived. The Millers’ Catholic Charities provided an opportunity to present a family in need of a safe home.

Mr. DURBIN. The article talks about a house in West Ridge, Chicago. It is a place built by one of the five previous own- ers, it maintains many qualities of its origi- nal historic charm. The Society of Helpers purchased the home in 2014, planning to uti- lize its space to welcome other Helpers visi- ting from around the world. They were thrilled to be able to offer the related living quarters to a Syrian refugee family when they arrived. The Millers’ Catholic Charities provided an opportunity to present a family in need of a safe home.

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year that they will no longer offer their current plans and that policyholders would be forced to move to other plans in the two other networks in the State. Both plan options have fewer participating doctors, hospitals, and other providers. In other words, access is going down for these people, all the while costs are going up.

At the same time, many other insurance companies are dropping out of the Affordable Care Act market altogether, leaving Oklahomans with even fewer choices today, as President Obama promised back in 2010. In fact, nationwide, ObamaCare offers, on average, 34 percent fewer providers than health care networks outside the exchanges.

But ObamaCare isn’t delivering bad news just to Oklahoma. Across the Nation, federally backed co-ops are going under due to ObamaCare. On October 16, the Wall Street Journal had an article that said that these cooperatives are “collapsing at such a rapid clip that the Web sites and small insurers are forming a coalition to consider legal action to try to change health law provisions they blame for their financial distress.”

Twelve out of the 23 ObamaCare established co-ops have gone under. More than half of them have gone under, leaving more than 500,000 currently insured Americans to find new insurance once again or face a steep penalty from the Federal Government. These co-ops also received over $1 billion in tax-payer loans from the Federal Government, most of which will never get repaid. So it is really worse economically for this country.

Since the beginning of this Congress, I have sponsored 12 bills to dismantle and fully repeal ObamaCare, and my colleagues and I are committed to maintaining our promise to repeal and replace ObamaCare. This reconciliation bill is a step in that direction. The House passed it on October 23 with a vote of 240 to 189.

This bill repeals the major components of ObamaCare, including the individual and employer mandate. It also repeals the medical device tax and the Cadillac tax, which is a tax placed on certain high-value, employer-sponsored insurance plans.

The Senate reconciliation bill also takes repeal of ObamaCare a lot further by repealing $1 trillion in ObamaCare subsidies that are scheduled to expire in 2018.

Importantly, the reconciliation bill also prohibits Federal funding for Planned Parenthood and instead uses that money that is saved by that repeal to increase funding for community health care centers. We hear people talk about health care for women who are going to be hurt if we get rid of Planned Parenthood, yet we have more than 9,000 Planned Parenthood community health centers. These facilities are equipped to provide women with the health care they need when compared to only 700 Planned Parenthood facilities. So keep in mind that there are 700 Planned Parenthood facilities and 9,000 community health centers, so they actually have the opportunity to get better care.

This issue is of particular importance given that the 41 Planned Parenthood facilities were re-opened over the last few months showing the lengths Planned Parenthood affiliates have gone to profit from the sale of fetal tissue following abortions. Planned Parenthood is a private institution that serves urban areas. While abortion may not be the only service they provide, it is what they are primarily known for. Everybody knows that. Whether they have broken the law or not, the taxpayer money they currently receive would be better directed toward the community health centers, which, on a ratio of 12 to 1, would be able to help with women’s services.

Life is one of the single most important issues we consider here in the Senate, and I am proud of what we have already done this year. A few months ago, a majority of Senators voted to defund Planned Parenthood. That vote has already taken place. A majority of us here—although the tally did not pass the vote threshold that was necessary to break a filibuster, it did show that more than a majority of Senators support ending subsidies to the largest abortion provider in America.

More important than the Senate’s views of this, a majority of the American people support protecting life of the unborn. Every survey demonstrates that very clearly. When I go back home, people say: Why is it that if this is something the American people want, this taking of life continues?

The American people support it, and it is very important to me and my constituents that we do everything possible to protect the sanctity of life. The question that is among the ten reasons why it is necessary to vote for this reconciliation bill is we have the chance to end the Federal financing of the institution that has chopped up babies and negotiated the most profitable price for their organs. There is no moral gray area here.

Let me tell my colleagues something about Oklahoma. I am going to tell my colleagues about how immoral and abrasive ObamaCare has been. In my home state of Oklahoma I was in the State Senate back in 1976. I had a good friend then whose name is David Green. He developed a business in his garage—this was in 1976—where he made picture frames. He had only one employee, and then he started growing. Over a period of time, he has grown to where he now has Hobby Lobby. Hobby Lobby has 600 stores, 23,000 employees, and it started in a garage in 1970.

David Green is a real Jesus guy. He loves the Lord. He has his own principles, his own morality, and his employees do too. So ObamaCare along and required a contraceptive type of pill taken after fertilization that is very similar—it is a type of abortion, in the eyes of this man. Well, he refused to force his employees to do that.

ObamaCare—the Federal Government—came along and they sued him—and they fined him $1 million a day!—$1 million a day for refusing to take human life. He filed a suit. Now, keep in mind, $1 million a day. He went to district court, and he won the case by a close decision over ObamaCare. Then they appealed the case to the Supreme Court, circumscribed by a split vote of 5 to 4. Here is a guy who is willing to risk $1 million a day because he knew what was morally right. This is something that actually happened.

I will tell my colleagues, we have to get rid of ObamaCare and get out of the abortion business. We will have that chance tomorrow.

I yield the floor.

The PRESIDING OFFICER. The Senator from Utah.

Mr. LEE. Madam President, nearly 6 years ago this body was on the verge of passing the Patient Protection and Affordable Care Act. Today the Senate is poised to repeal that insultingly misnamed law.

Back in the winter of 2009, of course, we still had yet to pass the bill to see what was in it, although one didn’t need a Ph.D. in economics to foresee that the Affordable Care Act would be a mess. It wasn’t just conservatives and Republicans raising concerns; every sensible observer saw the obvious flaws and the inevitable disasters embedded in the rickety, ideological scheme congressional Democrats were foisting on the American people in an exercise of unprecedented partisanship.

Six years later, the Democratic Party’s dream of ObamaCare has become the American people’s nightmare. For the past 5 years, the American people have lived with and have suffered through the chaos and dysfunction wrought by ObamaCare’s assault on American health care. At every step along the way, opposition to the law has grown stronger and calls for its repeal by the American people have grown louder, which brings us here today.

Last year Republicans running for Congress promised to repeal ObamaCare as a first step toward replacing it with real health care and real insurance reform. It was largely on the basis of this pledge that the American people elected to put the GOP in charge of both the House of Representatives and the U.S. Senate. The bill we are scheduled to vote on later this week brings us as close to fulfilling that promise as is possible under the Senate rules, pursuant to the instructions from the budget resolution that Congress passed just a few months ago.

I applaud the majority leader for his steadfast leadership over the past several days and weeks, and I commend...
bleak. Last month the Department of Health and Human Services announced that insurance premiums will rise an additional 7.5 percent next year in the 37 States using the notoriously defective and flawed healthcare.gov, and that discourages the more dramatic premium increases for residents in several States in particular, such as Oklahoma and Alaska, both of which are projected to see their ObamaCare premiums spike more than 25 percent next year.

Compounding the continued acceleration of premium hikes is the simultaneous increase in deductibles and the narrowing of choices that patients face in the health care market. In my home State of Utah, for instance, the residents of 20 out of my State’s 29 counties are limited to only one health insurance plan option.

This toxic combination of rising health care costs and limited health insurance options has already had serious consequences, especially for low- and middle-income Americans who are most severely affected by the law and who are the least capable of dealing with adverse consequences. According to a recent Gallup poll, nearly one in three Americans or a family member have postponed or delayed medical treatment within the past year because of the cost, and they are more likely to have done so for a serious medical condition than for a nonserious medical condition. What is even more remarkable is that the proportion of Americans who delay medical treatment because of the cost has remained basically unchanged for the last decade, even as the number of Americans with insurance coverage has increased. It is not just patients who have found ObamaCare to be too expensive. Insurance providers are coming to the same conclusion. To date, half of the 23 cooperatives created by the ObamaCare law have gone out of business, and many of them have had millions of dollars in taxpayer subsidies. The shuttering of the once-celebrated ObamaCare co-ops is not just a sign of the law’s unsustainability, it is also a major source of the stress and anxiety that millions of Americans are experiencing as a result of this unfortunate law.

Just ask the hundreds of thousands of Utahans who recently found out that Aroches Health Plan, a co-op that served the entire State of Utah, was forced to leave the State’s exchange. Enrollees could not afford to stay in business next year. The announcement came only 5 days before open enrollment began this fall, leaving families across Utah scrambling to find a new plan and hoping they can find one. Despite the President’s repeated broken promise that if you like your plan, you can keep it.

Then there is the recent warning from United Healthcare, United is the Nation’s largest health insurance provider. It was supposed to be big enough and with enough efficiencies built into its operations to absorb the new costs associated with doing business within the ObamaCare regulatory framework. Yet just a few weeks ago, United announced that the financial realities of its ObamaCare plans may soon force the insurance giant to stop offering insurance plans through the public exchanges.

The Affordable Care Act has been described by some of its supporters as a train wreck. It certainly looks that way. We are watching how economic realities unravel the coalition of insurers that were once great champions of ObamaCare, but when you think about it, the term “train wreck” isn’t quite the right metaphor to describe the calamity that is the Affordable Care Act. It misses the crucial point. Train wrecks are accidents, aberrations, anomalies. The failures of ObamaCare were no such thing. They were entirely predictable. We knew they were coming, despite the President’s repeated assurances to the contrary.

There was nothing unexpected about the collapse of a national health care pseudo market, governed by a perverse set of incentives and exemptions that encouraged young and healthy individuals to stay out of the health insurance market. Now, nearly 5 years after its passage, there is no denying the manifest failures of ObamaCare. The only question left is, What are we going to do about it?

For the Democratic Party, the answer is—as we have come to expect—more of the same. Shield the ramshackle architecture and bloated bureaucracy of ObamaCare from any meaningful reform, and whenever possible double down—more ill-conceived and costly regulations, more Federal micromanagement of the health decisions of individuals, families, doctors, hospitals, and insurance companies, more price controls, all peddled using the same hackedneyed promises and proclamations of compassion and fairness that have nearly drowned out any honest discourse during the past 6 years regarding health care.

ObamaCare has given the American people a preview of this approach to health care policy, and they have emphatically rejected it, which is why the Senate will soon vote to repeal the Affordable Care Act, but just saying no is not enough.

Conservatives and Republicans must also offer the country a health care reform agenda to be for, something they can support affirmatively, proactively. Already there are a number of conservative leaders in Congress who have developed reform plans that would replace ObamaCare’s cumbersome, bureaucratic, and expensive health care system with one that is flexible, decentralized, and affordable. We must build on those plans and advance legislation that would be for one thing— not distant, coercive, powerful bureaucracies—to decide how they want to spend their health care dollars, and
that encourages innovation and investment across all health care sectors. Repealing the Affordable Care Act is the first step in that process—the beginning, not the end of our road to building a market-based, patient-centered health care system in America.

I look forward to joining my colleagues in voting to repeal ObamaCare and entering this new phase of health care reform. I thank my colleagues who cooperated and worked together in developing this bill that I wholeheartedly support.

Thank you, Madam President.

The PRESIDING OFFICER. The Senator from Montana.

Mr. Barrasso. Madam President, last year when I decided to run for Montana's open Senate seat, I promised the people of Montana I would work tirelessly to repeal ObamaCare. I am upholding that promise. Tomorrow the Senate will vote to repeal President Obama's broken health care law because for many Montana families the President's health care law hasn't been what it was promised to be.

Too many Montanans have seen their work hours cut, have been forced off the plans they liked, and were told they couldn't see the doctors they trusted. Health care premiums are not as affordable for Americans as President Obama claimed they would be. We are seeing premiums rising once again.

In Montana, folks who are purchasing plans from the ObamaCare exchanges are getting hit with double-digit rate increases. More than 40,000 Montanans are expected to receive notices that their insurance rates have increased by double digits—an average of 34 percent for some plans. To put that into perspective, that is another $1,000 a year for some plans. To put that into perspective, that is another $1,000 a year.

Montanans haven't seen their premiums decreased by $2,500 a year. It is not even close. Montanans are forced once again off the health care plans they liked and away from the doctors they trusted because when Washington, DC, bureaucrats take over a health care system, inevitably prices go up and the quality of care goes down. That is exactly what we have seen happen with ObamaCare. After more than 5 years of this Obama experiment, it is clear ObamaCare is failing.

I grew up in Montana. Spending time outdoors is an important way of life for me back home. I was fly fishing before Brad Pitt made it cool in the movie “A River Runs Through It.” When you are in your boat on Montana’s blue-ribbon streams and your fishing line gets tangled up, you have a couple different options. Sometimes you can take some time to untangle it and make another cast, but other times, your line gets so tangled up and knotted up that the best option is to cut the line and start over. It is time to cut the line on President Obama's failed health care law and tie on a new fly. That is what the Senate is going to do this week.

This bill dismantles President Obama's bungled health care law. It also puts our States on a glide path away from ObamaCare. It will build a bridge to replace this broken law with State-led solutions that put patients back in the center of the health care equation and return the health care decisions to Americans, to families, to their doctors and away from a bunch of DC bureaucrats. When we pass this historic legislation tomorrow, it will be the first time an ObamaCare repeal bill will be on President Obama's desk for his signature. He is going to have to decide whether to put the American people first or if he will continue imposing fines and substandard care on the hard-working people of this country.

Even if the President rejects the will of the American people and vetoes this bill, I will continue working to protect Montanans from rising health care costs, and I will keep working to ensure that all Americans receive the quality health care they deserve.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

MORNING BUSINESS

Mr. McCONNELL. Madam President, I ask unanimous consent that the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

BUDGETARY REVISIONS

Mr. ENZI. Madam President, section 4305 of S. Con. Res. 11, the concurrent resolution on the budget for fiscal year 2016, allows the chairman of the Senate Budget Committee to revise the allocations, aggregates, and levels in the budget resolution for legislation related to health care reform. The authority to adjust is contingent on the legislation not increasing the deficit over either the period of the total of fiscal years 2016–2020 or the period of the total of fiscal years 2016–2025.

I find that Senate amendment 2874 fulfills the conditions of deficit neutrality found in sec. 4305 of S. Con. Res. 11. Accordingly, I am revising the allocations to the Committee on Finance; the Committee on Health, Education, Labor, and Pensions, HELP; and the budgetary aggregates to account for the budget effects of the amendment.

I ask unanimous consent that the accompanying tables, which provide details about the adjustment, be printed in the RECORD.

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

BUDGET AGGREGATES—BUDGET AUTHORITY AND OUTLAYS

(Pursuant to Section 311 of the Congressional Budget Act of 1974 and Section 4305 of S. Con. Res. 11, the Concurrent Resolution on the Budget for Fiscal Year 2016)

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BUDGET AGGREGATES—REVENUES

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