

shown time and time again they are willing to force needless procedural votes on nominees they actually support in order to waste the Senate's time—and presumably with the simultaneous goal of impeding the President's ability to make almost any appointments at all. If this trend continues, it will take us more than 11 years to confirm the remaining Presidential appointments. Let me repeat that. More than 11 years. A Presidential term lasts 4 years.

The level of obstruction exhibited by Senate Democrats on these nominees is simply breathtaking. It is often leaving key Departments without the senior leadership needed to guide our country through the various challenges we face. It needs to stop.

The Senate needs to confirm Mr. Shanahan quickly, and we need to do that for the sake of our national security. And our colleagues need to stop this immediately, for the sake of the country.

HEALTHCARE LEGISLATION

Mr. MCCONNELL. Mr. President, ObamaCare has been hurting the people we represent for many years now. That is why the Senate has been working hard to move beyond its failures. Costs were supposed to go down under ObamaCare, but they skyrocketed. Premiums have already increased by an average of more than 100 percent on the Federal exchange. Next year, they could rise by as much as 50 percent or more in States as diverse as Georgia, New Mexico, and Maryland.

Look, we need to tackle this problem. The revised discussion draft we released last week contains many different reforms designed to make insurance more affordable and more flexible so it is something Americans actually want to buy. It gives Americans more choices for managing their care. It also takes aim at ObamaCare's taxes that target the middle class and drive up premiums—taxes on everything from health insurance to over-the-counter medication.

Choice was supposed to go up under ObamaCare, but of course it plummeted. Americans living in 70 percent of counties have little to no options for ObamaCare insurance today. Next year, nearly 40 percent fewer insurers have filed to offer plans. Many Americans face the real possibility of having no options at all and could find themselves trapped, forced by law to purchase ObamaCare insurance but left by ObamaCare without any means to do so.

We need to tackle this problem. The revised discussion draft is designed to stabilize the collapsing insurance markets and encourage more insurers to participate. It will transfer many healthcare decisions away from Washington bureaucrats and politicians and put them back with Americans and their doctors. It will also give Americans the freedom to decide their own

healthcare, allowing them to purchase the insurance they actually want, rather than just forcing Americans to buy what ObamaCare is selling.

There are other healthcare problems that need to be tackled as well. We need to strengthen Medicaid, for instance, so it can deliver better care at a better cost today and remain available to future generations tomorrow.

Our legislation contains important reforms to move our country forward in all of these areas. These are the kinds of reforms Americans deserve—not the status quo of ObamaCare, not a multibillion-dollar bandaid, not a piling on of even more ObamaCare, but real, patient-centered reforms that can finally move us beyond the pain of this law. The only way we will get there is with continued hard work. That is just what we intend to do.

MEASURE PLACED ON THE CALENDAR—H.R. 2430

Mr. MCCONNELL. Mr. President, I understand there is a bill at the desk due for a second reading.

The PRESIDING OFFICER. The clerk will read the bill by title for the second time.

The legislative clerk read as follows:

A bill (H.R. 2430) to amend the Federal Food, Drug, and Cosmetic Act to revise and extend the user-fee programs for prescription drugs, medical devices, generic drugs, and biosimilar biological products, and for other purposes.

Mr. MCCONNELL. In order to place the bill on the calendar under the provisions of rule XIV, I object to further proceedings.

The PRESIDING OFFICER. Objection is heard.

The bill will be placed on the calendar.

RESERVATION OF LEADER TIME

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

CONCLUSION OF MORNING BUSINESS

The PRESIDING OFFICER. Morning business is closed.

EXECUTIVE SESSION

EXECUTIVE CALENDAR

The PRESIDING OFFICER. Under the previous order, the Senate will proceed to executive session to resume consideration of the Shanahan nomination, which the clerk will report.

The legislative clerk read the nomination of Patrick M. Shanahan, of Washington, to be Deputy Secretary of Defense.

The PRESIDING OFFICER. The Senator from Texas.

HEALTHCARE LEGISLATION

Mr. CORNYN. Mr. President, on Thursday, after two additional weeks

of consultation and input from Senators, we released an improved version of the bill we call the Better Care Reconciliation Act, which represents our efforts to address the failing status quo of ObamaCare.

We have said all along that even if Hillary Clinton were elected President, we would have to revisit ObamaCare because we have seen in a number of States that insurance companies are fleeing, leaving people with few, if any, options. People in the individual and small group market are seeing their premiums skyrocket 105 percent, nationwide, since 2013 alone—a 105-percent increase in premiums.

For many of these folks, even though they paid the higher additional premium, their deductibles are so high that, effectively, they are being denied the benefit of any insurance whatsoever. I guess, perhaps, it is no surprise that 28 million Americans would simply be willing to pay the fine that goes along with the individual mandate for not buying government-approved health insurance or claim some sort of hardship exemption.

ObamaCare was sold under the premise that, if you like your policy, you can keep your policy, and, if you like your doctor, you can keep your doctor and, oh, by the way, your premiums are going to go down \$2,500, but what people have experienced has been the opposite of that, with premiums going up on average \$3,000.

We simply believe that we have to act to save the millions of people who are being hurt by the status quo. That would be true whether Hillary Clinton were President or Donald Trump were President.

Our first goal in the Better Care Reconciliation Act is to stabilize the insurance markets, to make sure that people actually have an insurance company they can buy from.

Our second goal is to get premiums down. The reasons premiums are not down are mainly twofold. One is that you have younger, healthier people simply forgoing insurance, leaving only sicker, older people in the risk pools. Under adverse selection, that means everybody pays higher premiums when younger, healthier people simply don't purchase the product because they can't be part of that risk pool. The second reason why premiums are so high is the mandates. People are simply being ordered by their own government to buy coverage they don't want or need, which drives up premiums, not to mention the fact that young people are subsidizing older people's health insurance premiums the way that ObamaCare was constructed.

We are going to do everything we can to get the premiums down. The first Congressional Budget Office report said that long term you would see premiums go down by as much as 30 percent by the year 2020, but we want to do even better than that if we can.

The third thing we said we wanted to do was that we wanted to protect people with preexisting conditions. When