

business, with Senators permitted to speak therein for up to 10 minutes each.

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

S.J. RES. 63

Ms. COLLINS. Mr. President, earlier today I voted in support of the resolution offered by Senator BALDWIN to roll back rules adopted in August by the Trump administration that would allow individuals to purchase so-called short-term, limited duration health insurance plans for up to 1 year. The Obama administration had previously limited the duration of such plans to 3 months. I rise now to explain why I chose to support the resolution and, beyond that, to note the critical need to take action to protect individuals who have no other affordable health insurance option.

First, as proponents of the resolution have noted, short-term limited duration plans do not provide protections for enrollees who suffer from pre-existing conditions. As I have often emphasized, it is essential that individuals who suffer from pre-existing conditions are covered. In June of this year, I wrote to Attorney General Sessions urging him to reconsider his decision not to defend provisions protecting individuals with pre-existing conditions in ongoing litigation challenging the Affordable Care Act in Federal court in Texas. As I noted in my letter, striking down these protections is no small matter:

“In 2016, the Kaiser Family Foundation estimated that 27 percent of American adults under age 65 have pre-existing conditions that would leave them uninsurable in the individual market. More recently, 57 percent of Americans responding to a poll said that they, or someone in their household, suffers from a pre-existing condition. These numbers include 590,000 Mainers, roughly 45 percent of the state’s population.”

Mr. President, I ask unanimous consent that my letter be printed in the RECORD immediately following my remarks.

At the same time, we cannot ignore the fact that many individuals lack an affordable health insurance option. For example, individuals who earn more than 400 percent of the Federal poverty level—about \$49,000—are not entitled to the ACA’s premium tax credits and must shoulder the full cost of plans they purchase in the exchange. For a 64-year-old male living in Caribou, ME, this amounts to about \$9,500 for the cheapest bronze plan—or nearly 20 percent of his income—far too expensive. Based on the statistics I have already cited, there is a better than even chance that this individual suffers from a preexisting condition.

Individuals who lose their jobs and their healthcare coverage along with it may also benefit from these plans. If someone is struggling to pay rent or a

mortgage and trying to keep up with other bills, a short-term plan can help them achieve some measure of coverage without compounding their financial worries. There is a role for these plans, and I believe that we should work together to address these real-world situations.

The underlying flaw in the Affordable Care Act is that it does not provide affordable coverage, but I believe this flaw can be addressed without jeopardizing protections for individuals with preexisting conditions. In fact, earlier this year, I offered legislation with my good friend LAMAR ALEXANDER that would have done exactly that. Our bill, would have funded cost-sharing reductions, reformed the section 1332 waiver program, and provided \$30 billion over 3 years to support State reinsurance or invisible high-risk pools—methods proven to reduce rates without discriminating against those with pre-existing conditions. Furthermore, healthcare experts at Oliver Wyman projected that our bill would have lowered individual health insurance premiums in the individual market by as much as 40 percent compared to what people would otherwise pay, while also expanding coverage to an additional 3.2 million individuals.

Unfortunately—and incredibly—when we tried to advance this legislation, the Democratic leaders blocked it.

I remain deeply disappointed that members on the other side of the aisle chose to derail legislation that could have lowered rates for the 18 million Americans who get their health insurance coverage from the individual market. I am also disappointed that we again find ourselves in an “all or nothing, take it or leave it” situation. I can only hope that some of the energy now stoking partisan animosity will be redirected soon toward finding healthcare solutions that work for all Americans.

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

U.S. SENATE,

Washington, DC, June 27, 2018.

Re Texas v. United States, No. 4:18-cv-00167-O (N.D. Tex.).

Hon. JEFF SESSIONS,
Attorney General, U.S. Department of Justice,
Washington, DC.

DEAR ATTORNEY GENERAL SESSIONS: I am writing regarding the Department’s recent decision not to defend critical consumer protections in ongoing litigation challenging the Affordable Care Act (ACA) before the United States District Court for the Northern District of Texas. I urge you to reconsider your position and to defend these critical protections for individuals with pre-existing conditions like asthma, arthritis, cancer, diabetes, and heart disease.

In your June 7, 2018, letter to Speaker Ryan explaining the Department’s decision, you argue that the ACA’s provisions protecting people with pre-existing conditions are not severable from the individual mandate, and cannot survive if that provision is struck down as unconstitutional. Respectfully, I disagree.

This is no small matter. In 2016, the Kaiser Family Foundation estimated that 27 per-

cent of American adults under age 65 have pre-existing conditions that would leave them uninsurable in the individual market. More recently, 57 percent of Americans responding to a poll said that they or someone in their household suffers from a pre-existing condition. These numbers include 590,000 Mainers, roughly 45 percent of the State’s population.

I want to make clear that my concern is to protect individuals with pre-existing conditions, not to defend the individual mandate. Data show that the individual mandate is highly regressive—80 percent of those who pay the fine make less than \$50,000 per year. The Supreme Court was right to find that the individual mandate is not within the powers granted to Congress under the Commerce Clause, and Congress was right in eliminating the individual mandate’s penalty through the passage of the Tax Cuts and Jobs Act, P.L. 115-97.

I do not dispute your contention that the individual mandate will cease to be constitutional as a tax when it no longer produces revenue, beginning in 2019. But it does not follow that eliminating this penalty requires that important consumer protections—such as provisions ensuring that Americans with pre-existing conditions have access to health insurance—must also fall. In my view, the severability argument you outlined in your letter is focused on the wrong period of time: severability should not be measured by Congress’s intent in 2010, when the Affordable Care Act was passed into law, but rather by Congress’s intent in 2017, when Congress amended it through the Tax Cuts and Jobs Act. It is implausible that Congress intended protections for those with pre-existing conditions to stand or fall together with the individual mandate, when Congress affirmatively eliminated the penalty while leaving these critical consumer protections in place. If Congress had intended to eliminate these consumer protections along with the individual mandate, it could have done so. It chose not to.

Your letter states that it is “rare” for the Department to forgo defense of duly enacted statutes. The Department should do its duty and defend the important consumer protections in the ACA, particularly those that ensure that people with pre-existing conditions can secure insurance.

Sincerely,

SUSAN M. COLLINS,
United States Senator.

U.S.-ISRAEL RELATIONSHIP

Mr. MENENDEZ. Mr. President, today I want to once again reaffirm that the U.S. Congress stands firmly behind a strong U.S.-Israel relationship. As threats to Israel continue to increase, as her enemies continue to grow ever closer, the United States will stand firm in our commitments.

Despite partisanship interfering with so many pressing policy issues today, an overwhelming majority of members of all political parties continue to reaffirm congressional support for this relationship.

Congress continues to fully fund the unprecedented \$38 billion of memorandum of understanding for military aid and will continue to do so on a bipartisan basis.

Congress continues to authorize and fund missile codevelopment programs, like Iron Dome, David’s Sling, and Arrow 3, and will continue to do so on a bipartisan basis.