

a waterlogged home, which may cost more to repair than you can hope to repay. It is fair to say that this region is in crisis.

A significant portion of our State's population has lost everything. In many cities, thousands had to be rescued by boat or airlifted—taking nothing with them and forced to leave everything behind.

The good news is our community is strong. Neighbors are helping neighbors slowly put pieces back together, but there are challenges repairing infrastructure, sending kids to school, and disposing of large amounts of debris.

Aside from that, we are still in hurricane season. We don't know what might come next, but another storm hitting Louisiana before recovery is complete would be devastating.

Right now my office is working in tandem with the entire Louisiana congressional delegation and our Governor on securing expedited authorization and funding to build the Comite River Diversion and other mitigation projects to keep this from happening again. This is critical for rebuilding and preventing this level of damage from occurring with future storms. Remembering that our State has experienced severe flooding in 36 parishes in less than 6 months, our delegation is requesting a 90-percent to 10-percent cost share between FEMA and the State of Louisiana. We are also asking for supplemental appropriations of disaster recovery community development block grant funds to help with the long-term recovery.

Louisianans will work tirelessly, as we have for weeks, to rebuild. We are so lucky that we have had volunteers from out of the State come to help. Hopefully today, by increasing the awareness of this disaster, more people are encouraged to volunteer and donate in order to help fellow Americans recover.

Mr. President, I yield back.

Mr. President, I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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 Madam President, I ask unanimous consent that the order for the quorum call be rescinded.

The PRESIDING OFFICER (Mrs. ERNST). Without objection, it is so ordered.

RECESS

Mr. BARRASSO. Madam President, I ask unanimous consent that the Senate stand in recess as under the previous order.

There being no objection, the Senate, at 12:18 p.m., recessed until 2:15 p.m. and reassembled when called to order by the Presiding Officer (Mr. FLAKE).

WATER RESOURCES DEVELOPMENT ACT OF 2016—MOTION TO PROCEED—Continued

The PRESIDING OFFICER. The Senator from Utah.

OBAMACARE

Mr. HATCH. Mr. President, I rise to speak once again on the failures of the so-called Affordable Care Act and what they mean for hard-working families and taxpayers.

This is far from the first time I have come to the floor to talk about ObamaCare. Indeed, over the past several years, I don't think I have spoken as often about any other topic, and I am not alone. Since the time the Democrats forced the Affordable Care Act through Congress on a series of pure party-line votes, my Republican colleagues and I have been speaking about the poor judgment and short-sightedness that has unfortunately defined the trajectory of this law from its drafting to its passage and now well into its implementation. Quite frankly, we have had plenty of ammunition. It seems like we are treated to at least one new ObamaCare horror story every week.

My friends on the other side of the aisle have done their best to downplay our criticisms and minimize every negative story written about the problems with ObamaCare. In fact, just this morning the Senate minority leader came to the floor and pronounced the Affordable Care Act a success, but the American people have long recognized the truth: ObamaCare isn't working and it never will. This isn't a matter of opinion. This is not just political rhetoric in an election year. By its own standards—and the standards of those who drafted, passed, and implemented the Affordable Care Act, ObamaCare has been a historic failure.

Case in point, the American people were promised that ObamaCare would bring down health costs, but in reality costs are continuing to go up. Over this summer, as we moved ever closer to the next open enrollment period for the ObamaCare insurance exchanges, we have learned that insurers throughout the country have submitted requests to raise premiums by an average of 18 to 23 percent over last year's premiums. For some plans, the requested rate hikes are significantly higher than that average, coming in at more than 60 percent according to some recent reports.

Consider the following expected rate increases. In California, policyholders can expect a 13-percent average increase in premiums, which more than triples the increases seen in the past 2 years. In Florida, they can expect a rate increase over 19 percent on average over this year. In Nebraska, they can expect an average increase of 35 percent, with some rates increasing by nearly 50 percent. In Wisconsin, rates are expected to increase on average by as much as 30 percent. These numbers are more staggering when you consider

that when the law was passed, the Congressional Budget Office projected rate increases of only 8 percent at this point.

By some estimates, premiums for silver plans—the standard metric—are expected to increase 11 percent, more than they have at any point since ObamaCare was implemented.

While some of my colleagues have claimed that the evidence of massive premium increases is mostly anecdotal and that tax credits help blunt the overall cost increase, they simply cannot ignore the facts. Premiums in the ObamaCare insurance exchanges are going up in markets throughout the country, and according to CBO, the Congressional Budget Office, 12 million individuals are estimated to have to pay the full price next year because they either are not eligible for credits or they would choose to purchase coverage outside the ObamaCare exchanges. What is more, the middle class is increasingly bearing the brunt of these increased costs.

As the Wall Street Journal recently reported, middle-class families are spending 25 percent more on health care costs, which reduces their spending on other necessities. David Cutler, the health care economist from Harvard, is quoted in the article as saying, when it comes to health care, it is “‘a story of three Americas.’ One group, the rich, can afford health care easily. The poor can access public assistance. But for lower middle to middle-income Americans, ‘the income struggles and the health-care struggles together are a really potent issue.’”

Our focus should no longer be on the question of whether premiums are going up. We should instead be trying to figure out why it is happening. In the end, there are a lot of reasons why Americans are paying more for health insurance under a new system that was supposed to help them pay less, but the overall explanation is actually pretty simple: The President's health care law was poorly designed, and they know it.

Recall when my friends were drafting and passing the Affordable Care Act, they claimed that the system they were putting in place—complete with higher taxes, burdensome mandates, and draconian regulations—would entice more people into the health insurance market. With the larger pool of insured individuals, my colleagues on the other side of the aisle argued that insurers would be able to keep pace with all the new requirements imposed under the law without passing costs on to patients. We now know that these projections were, to put it nicely, foolhardy. From the outset, enrollment in the ObamaCare exchanges has lagged behind the rosy projections we saw when the law was passed. As time has worn on, more and more people have opted to pay the fines rather than purchase health care on the exchanges.

In February 2013, CBO projected that more than 24 million people would be enrolled in the exchanges. As of this