

State of West Virginia we have had many difficulties, as many of our fellow Americans have.

ObamaCare has upended our health care system and has broken many of the President's own promises. Headline after headline in recent weeks has called attention to the increasing premiums Americans will face next year. Across the Nation, rates for one out of every three ObamaCare plans will double in the year 2016.

For plans that are not seeing huge premium increases, rising deductibles are placing an excessive burden on patients—but not just on patients; let's think about our health care providers, our hospitals, for example. When a patient has a high deductible and comes in for an expensive surgery, that patient has to pay a \$4,000 or \$5,000 deductible. That is unaffordable for a lot of people, and that hospital is stuck with that bill.

The situation in my State is even worse. West Virginia is the only State in the country with only one insurer participating on the exchange. Remember, the President promised us choice and the ability to make decisions for ourselves. We have one choice in West Virginia. Highmark Blue Cross Blue Shield has been the only company in the West Virginia exchange through the first 2 years of ObamaCare, and we recently learned that it almost pulled out of the exchange for 2016. That would have been disastrous for our constituents. And why are they pulling out? Because they are losing millions of dollars on a health care plan that was promised to be a blanket, to blanket all of us, as I said in the speech I gave in 2010. It has turned out to be a blanket with huge holes.

With only one provider, choices and accesses are already limited, but for many Americans, the exchanges set up under ObamaCare have become their only option. Because of increasing costs, many are now unable to afford the health insurance without subsidies.

While Highmark Blue Cross Blue Shield—the exchange insurance in West Virginia—did remain in West Virginia, premiums are set to increase this year or next year by 24 percent. These increases are well beyond the financial reach of most West Virginians. Our unemployment in West Virginia has skyrocketed because of the President's energy policies, and now we are looking at hard-working West Virginians and telling them their health care that was supposed to be affordable and accessible is going up 24 percent. That is unconscionable.

As one of my constituents pointed out, "This represents a significant challenge to our family budget as my husband's pay has not increased at the rate that our health care costs continue to rise."

What about ObamaCare's promise to lower the cost of health care? The reality is really quite different.

As another West Virginian put it, "The law remains a failure by the ad-

ministration's own metrics, and its harmful impact continues to make life more difficult for millions across the country."

By repealing ObamaCare, we can revisit the problems caused by the health care law and the problems that existed before, replace them with reforms that work, and protect those whose coverage has been disrupted.

In order to ensure individuals do not lose access to current coverage, this ObamaCare repeal bill will provide a 2-year transition period. This period will give us time to enact alternative reforms that will provide access to quality, affordable care without disrupting coverage. Health care reform should give States and individuals choice—remember, in my State we don't have a choice; we have one provider, no choice—while reducing health care costs over the long term. Premiums are going up 24 percent, and deductibles are skyrocketing. That is not containing costs over the long term.

Americans deserve a health care system that works for them, and we know ObamaCare is not it. There is a better way.

I yield the floor.

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. NELSON. 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. NELSON. Mr. President, am I correct that we are in morning business?

The PRESIDING OFFICER. The Senator is correct.

SENIORS AND VETERANS EMERGENCY BENEFITS ACT

Mr. NELSON. Mr. President, I want to take a moment to talk about a piece of legislation that a number of us have filed. There will be several Senators speaking here later this afternoon about the Seniors And Veterans Emergency Benefits Act. It is a very important piece of legislation to help millions of Americans who depend on Social Security benefits to make ends meet. I want to emphasize that point. Much of the American population does not realize that there are senior citizens whose sole existence depends on the check they get from Social Security. Unfortunately, we have seniors who are facing the situation that the price of food or some of their medicine unexpectedly goes up. How could this be, in America in the year 2015? But it happens among some of our senior citizens. In the last Congress I had the privilege of chairing the Special Committee on Aging. We held a number of hearings on this issue. It will break your heart, but that is going on today.

To add a little more drama and heartache to this, in October the Social

Security Administration announced that for the third time in the past 40 years, there will not be a cost-of-living adjustment for 2016. That is under a formula, and it is legal. Since 1975, the cost-of-living adjustment has ensured that the purchasing power of the Social Security benefits stays the same, regardless of rising prices or inflation. When we get to a point that the formula says no cost-of-living adjustment for a senior citizen, that becomes a fairly big deal because 65 percent of all senior citizens depend on Social Security to provide the majority of their cash income. It is real money that they depend on to help make the basic expenses.

In my State, we have a higher percentage of the population who are senior citizens—4 million Floridians that are categorized as senior citizens because of their age. When there is not an adjustment on the cost-of-living adjustment, these folks are starting to feel the squeeze and are forced to sacrifice on something.

What a group of Senators are going to talk about and what I am sharing is that we are going to offer an opportunity to act before this no cost-of-living increase would take effect in January because 20 of us have sponsored legislation introduced by Senator WARREN to fix the fact that there is a lack of a cost-of-living adjustment. I am glad to see that Senator WARREN is here. I could not join the distinguished Senator later on, so I took the liberty of going ahead and telling from my point of view how this legislation is going to give to about 70 million Americans a one-time payment of approximately \$580 to help them have money for the basic needs, such as food or rent.

Nearly 4.5 million people in Florida—a little less than a quarter of the State's population—would be eligible for that lump sum payment. Nine million veterans who receive Social Security benefits would receive a benefit under the bill. In my State, 323,000 veterans and their family members would get that benefit.

Forty percent of the seniors in the United States have incomes below the poverty line if they do not have Social Security assistance. That is a shocking statement. Let me say that again. Forty percent of our senior citizens in this country would have incomes below the poverty line if they did not have Social Security assistance. Therefore, this legislation that we are filing would lift over 1 million people out of poverty.

To some, a benefit of \$580 may seem insignificant, but in reality, it is going to make a difference to millions. It may not seem like a big deal to a lot of people that there is no COLA, but if that senior citizen does not have the money to pay for the rent, a utility bill, a trip to the doctor or the groceries they need for their nutrition, that \$580 is the difference.

Many Americans are living paycheck to paycheck and are forced to make

these tough decisions. We ought to be making it easier for them. That is our job. There are no excuses. I intend to work with our colleagues to see if this is a possibility.

While Senator WARREN is here, I wish to engage the Senator from Massachusetts and yield to her for an answer. As we sat on the Special Committee on Aging, we heard the testimony of how dire, on the line, and on the razor's edge the income is for senior citizens with these Social Security benefits. When that does not keep up with the cost of living—surely there is a cost-of-living increase in one year over the other, but if their Social Security checks don't reflect that, does that not invite a tremendous hardship on that elderly person?

The PRESIDING OFFICER. The Senator from Massachusetts.

Ms. WARREN. Mr. President, the answer is yes, it does. Senator NELSON has put his finger on a very serious problem; that is, every year because of policies made here in the Senate, we do a calculation of cost-of-living changes for Social Security. The problem is that calculation for cost-of-living changes is based on only about one-quarter of the population. It is not based on the whole population, and it is certainly not based just on those who receive Social Security.

We know from independent analysis that costs have gone up for seniors, but because of the policies made here in Congress, there will be no cost-of-living increase for seniors this year. That means they face high costs. Yet, at the same time, they are going to have a flat income.

The proposal here to give them a one-time payment of about \$581 is enough to pay 3 months' worth of food bills for the average senior. It is enough to help cover the costs of prescription drugs that are not covered by Medicare. These are significant differences for seniors who most need it, and I appreciate Senator NELSON coming here early to talk about and raise this important issue. He is exactly spot on about the difficulty with this issue.

I yield back.

The PRESIDING OFFICER. The time of the Senator from Florida has expired.

Mr. NELSON. Mr. President, I ask unanimous consent for an additional 30 seconds.

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

Mr. NELSON. Therefore, I conclude by resting the case. If the cost of every person's daily living is in fact going up and yet our formula shows that they get no cost-of-living adjustment, is that not putting a burden upon the ones who we should be respecting and protecting that should not be there? We can do that with this legislation.

I yield the floor.

The PRESIDING OFFICER. The Senator from Wyoming.

EXTENSION OF MORNING BUSINESS

Mr. BARRASSO. Mr. President, I ask unanimous consent that morning business be extended until 5:15 p.m. today, with Senators permitted to speak therein for up to 10 minutes each.

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

OBAMACARE

Mr. BARRASSO. Mr. President, soon we will be debating the future of ObamaCare. The American people have told us they want Congress to repeal this so-called health care law. They told us to start over with real health care reform. This actually shouldn't be a very controversial vote. It is clear, even to the law's supporters, that the Obama health care law has not worked out in any way they had specifically expected. The ObamaCare health care law is collapsing, whether the President wants to admit it or not.

Democrats should really be eager to join us to help fix the damage that has been done by this law. So far they have been much more focused on protecting President Obama's legacy than on protecting the American people and the health of the American people from ObamaCare.

Last month President Obama did a radio show in which he was asked about the law and about problems with the law because people all across the country are seeing significant problems with the law. The President would not admit to a single problem with this law. He insisted: "It has been a success."

Well, I go home to Wyoming every weekend. I am a doctor. I practiced medicine in Wyoming for 25 years, and the people whom I talk to—my patients, my neighbors, people all around the State, and the people whom I run into in my travels—do not consider ObamaCare a success.

Democrats come to the floor and say: It is OK that insurance rates are rising. Remember when the President said they would go down by \$2,500 per family? The Democrats say it is OK that the insurance rates are rising because they say the rates also went up before the law. What they won't tell you is that premiums aren't just going up a little; they are going up a lot next year. Actually, they are going through the roof.

There was a study by the McKinsey Center for U.S. Health System Reform. They found that the median increase for the bronze plans went up 13 percent from this year to next year. That is just the average. That means for half of the people, they are going to pay more than that. The silver plan is up 11 percent, the platinum plan is up 12 percent, and the gold plan is up 15 percent. These double-digit price increases are not a success.

Democrats have come to the floor and have talked about some of the peo-

ple who have gotten insurance coverage since the law took effect. What they won't tell you is that having insurance coverage is not the same thing as getting medical care.

The New York Times ran an article about 2 weeks ago with this headline: "Many Say High Deductibles Make Their Health Law Insurance All But Useless." They don't even call it health insurance. They call it health law insurance because it is insurance to comply with the law and not to actually give you the health care. It is astonishing. Even the New York Times calls it health law insurance.

The article tells the story about David Reines from Jefferson Township, N.J. He is 60 years old and has a history of chronic knee pain. This man says: "The deductible, \$3,000 a year, makes it impossible to actually go to a doctor." He says: "We have insurance, but can't afford to use it."

President Obama, this is not a success. Democrats who support the health care law say that it created these marketplaces where people can shop for insurance. What they won't tell you is that companies have been pulling out of the marketplaces and exchanges all across the country. More than half of the State co-ops have gone out of business and have failed. The largest health insurance company in America says that it may drop out of the program entirely next year.

In Wyoming, there is just one company participating in the ObamaCare exchange. That is the choice on the Wyoming exchange—one. Does President Obama consider that a success? Democrats say a lot of people like their insurance plans. Well, they won't tell you about the Gallup poll last month that found that the American people are far from happy. Just 33 percent of Americans said that the health care coverage in this country is either excellent or good—one out of three. Only one out of five is satisfied with the total cost of their health care.

Now, both of these numbers are worse than they were when President Obama took office. When asked: How are you going now compared to where you were when Barack Obama moved into the White House, people will tell you that when it comes to health care, it is worse.

Another survey last month by the Kaiser Family Foundation found that just 38 percent of Americans have a favorable opinion of the health care law. Is that the way President Obama measures success? Is that what he calls a success?

Why won't the Democrats come to the floor and talk about these surveys? Democrats come down to the floor and say that ObamaCare has put millions of people on Medicaid. I am not sure how many of them have a full understanding of Medicaid. As a doctor who practiced medicine for 24 years, I can tell you a lot about Medicaid. They won't say anything about this failed program. They won't admit to the fact that Medicaid is a failed program.