hospitals, destroying insurance, destroying the opportunity of access for preexisting conditions, and ripping away the guarantee that essential benefits will be covered. That is what the President should do.

He thinks the bill is terrible because he finally looked at it. Well, he is going to think the bill crafted by the secret 13 is terrible too. He has a chance to stand up and fight for the American people and say: I will never sign a bill that goes through a secret process that excluded the insights from our rural hospitals, insights from our rural clinics, insights from our nurses, and insights from our doctors. I will never sign a bill in the Oval Office that excluded the American people from being allowed to weigh in on the conversation. I will never sign a major bill that hurts so many people in my Oval Office if it never had a committee hearing and never had amendments, never had a chance to go through the legislative process the way envisioned in our ''we the people'' Constitution. That would be the right thing for President Trump to do.

He has recognized the bill is profoundly flawed. He has a chance to—not only a flawed bill but a profoundly, unacceptable process in our constitutional democratic Republic.

Former Chief Justice Hughes said: We are here not as masters but as servants, not to glory in power, but to attest our loyalty to the commands and restrictions laid down by the people of the United States in whose name and by whose will we exercise our brief authority.

Each one of us is here for a short period of time, but we take our constitutional roles as Senators from the foundation of the power of the American people, the ''we the people'' Constitution. To exclude them from the process is to violate the very premise on which our Nation is founded.

So we have to stop this process. We have to stop it in its tracks. Whether you are a Democrat or Republican, whether you come from a rural State or a highly populated State, it is a responsibility to stop this process, return to regular legislative deliberation so that we can, in fact, have a ''we the people'' conversation, fully honoring the experts and the feedback from ordinary citizens across our Nation.

No hearing, no legislative deliberation, no vote. No hearing; no vote.

Thank you, Mr. President.

The PRESIDING OFFICER (Mr. PERDUE). The Senator from South Dakota.

Mr. THUNE. Mr. President, once again, we have more bad news about ObamaCare. Last week, Anthem announced it will pull out of Ohio's health insurance exchange for 2018. That means that a minimum of 18 Ohio counties will be without an exchange insurer next year. Twenty-five Missouri counties are in the same boat, and more Americans are likely to find themselves in the same situation.

On June 2, the Omaha World-Herald announced that 100,000 Nebraskans could end up with zero options for individual coverage in 2018. Insurers have been pulling out of the exchanges right and left.

In February, Humana announced its decision to completely pull out of the exchanges for 2018. Three months later, Aetna, which had already sharply reduced its exchange participation in 2017, also confirmed it would pull out completely in 2018.

In 2016, 7 percent of U.S. counties had just one choice of insurer on their healthcare exchange. In 2017, this year, roughly one-third of U.S. counties have just one choice of insurer. Based upon the information available so far, the New York Times is currently estimating that about 45 percent of U.S. counties will have one or no insurer next year.

One thing is for sure, Mr. President, Americans are facing fewer and fewer health insurance choices, and the prices of those choices are going up.

Proposed rates, proposed rate increases for 2018 are emerging, and once again they are not looking good. Some of the average rate hikes facing Americans around the country include 17.2 percent, 33.8 percent, 30 percent, 45 percent, 38 percent, 58.8 percent.

Three weeks ago, the Department of Health and Human Services released a report comparing the average individual market insurance premium in 2013, which is the year that most of ObamaCare's regulations and mandates were implemented, with the average individual market exchange premium in 2017 in the 39 States that use healthcare.gov. What they found is that between 2013 and 2017, the average individual market monthly premium in the healthcare.gov States increased by 105 percent—105 percent.

In other words, on average, individual market premiums more than doubled in just 5 years. That is from HHS in their report that just came out in the last couple of weeks. Three States saw their premiums triple over the same period—triple in just 5 years.

I don't know too many families who can afford to have their premiums triple over 5 years. What we know is that the ObamaCare status quo is unacceptable, and it is unsustainable.

More than one insurance CEO has suggested that ObamaCare is in a death spiral, and it is pretty hard to disagree. Combine soaring premiums with a steady insurer exodus, and sooner or later we get a partial or complete exchange collapse, which is what we are facing today, not to mention all the other ObamaCare problems, such as the deductibles that are so high that sometimes people can't actually afford to use their healthcare plans or narrow plan networks with few provider choices. We have higher premiums, higher deductibles, higher costs, fewer options, fewer choices.

Republicans are currently working on legislation to help Americans struggling under ObamaCare. My colleagues in the House made a good start, and in the Senate we are working to build on the bill they passed.

We are committed to helping Americans trapped on the ObamaCare exchanges. We are committed to addressing ObamaCare's skyrocketing premium increases. We are committed to preserving access to care for Americans with preexisting conditions, and we are committed to making Medicaid more sustainable by giving States greater flexibility while ensuring those who rely on this program don't have the rug pulled out from under them. We need to make healthcare more affordable, more personal, more flexible, and less bureaucratic.

My colleague from Oregon was just talking about the complaints they have about the healthcare process, the discussions that are going on, and how much pain, if this passes, it is going to cause the American people. I can tell you one thing: Today, it is pretty darn painful for families I have talked to in my State of South Dakota, hard-working farm and ranch families who are having to pay $2,000 a month, $24,000 a year for insurance coverage—in some cases with $5,000 deductibles, assuming they can even afford to use that expensive policy by being able to cover the deductible. There are people across this country who are hurting because of this failed healthcare insurance program. It is high time for us to fix it.

I believe the American people want to see Congress act in a way that will make healthcare insurance more affordable to them, more personal, so that they will have more choices, greater options, and more competition that will help bring those premiums down to a more reasonable level. They need to have more than one choice. When 45 percent of the counties in America have one choice or no options on the exchanges, that is an unacceptable situation and one that we have to fix.

COUNTERING IRAN'S DESTABILIZING ACTIVITIES BILL

Mr. President, I also want to take a few minutes today to discuss the national security bill the Senate just passed, the Countering Iran's Destabilizing Activities Act.

I hardly need to recite the long list of Iranian activities that make this country a clear and present danger to peace and stability in the Middle East and outside it. Iran remains the world's leading state sponsor of terrorism. It engages in systematic human rights abuses from torture to the targeting of religious minorities. Of course, Iran has long provided critical support to Syrian President Bashar al-Assad, who is perhaps most notable for the repeated use of chemical weapons on his own people. The fact that Assad still remains in power after the long list of atrocities his regime has committed is due in no small part to the support that Iran has provided.

In addition to propping up Assad's reign of terror, Iran also provides support to the Houthi rebels in Yemen. Secretary of Defense James Mattis recently noted: ''We see Iranian-supplied missiles being fired by the Houthis into Saudi Arabia.''

Well, providing these missiles puts Iran in violation of at least two U.N. Security Council resolutions—not that Iran appears to care. In fact, violating U.N. Security Council resolutions and international law is common practice for the Iranian Government, whether it involves supplying missiles to the Houthis or increasing Iran's own stockpiles.

When it is not violating the letter of the law, Iran is also happy to violate the spirit of international agreements. After the misguided Iran deal went into effect, Iran resumed ballistic missile testing, even though the U.N. Security Council resolution endorsing the nuclear deal called upon Iran not to engage in these activities.

Most recently, Iran unsuccessfully tested a submarine missile in the Strait of Hormuz in May, following ground-based missile testing in January and March. Many of those missiles have a range to reach targets, not only throughout the Middle East but outside it.

Under the last administration, Iranian belligerence was too often ignored or even rewarded. That needs to end now. We cannot afford to let Iran continue to destabilize the Middle East. We need to make it clear that the United States and its new leadership will not tolerate Iranian aggression and the terrible human suffering that has resulted.

We need to assure our allies—especially Israel, our closest and most reliable ally in the Middle East—that we are committed to standing with them against Iranian threats. The Countering Iran's Destabilizing Activities Act will send a clear signal to Iran that the United States and its new leadership are serious about cracking down on Iranian misconduct.

This bill will sanction individuals involved in Iran's ballistic missile program or any other program designed to deliver weapons of mass destruction. It will sanction individuals who contribute to Iranian violations of arms embargoes. It will allow the President to impose sanctions on individuals who have perpetrated human rights violations against human rights crusaders in Iran. Perhaps most importantly, this legislation identifies and will hold accountable the entire Iranian Islamic Revolutionary Guard Corps, not just the Quds Force, for its role in implementing Iran's destabilizing agenda.

There is no easy solution to the unrest and violence in the Middle East, but this bill offers one commonsense step forward.

Yesterday the Senate passed an amendment to this bill imposing additional sanctions against another country stirring up unrest in the Middle East, and that is Russia. Russia's increasing boldness on the international stage is a natural consequence of the Obama administration's passive foreign policy. From annexing Crimea to supporting the murderous Assad regime in Syria, to meddling in elections, we cannot allow this level of Russian aggression to go unchallenged.

The Russia sanctions amendment codifies and strengthens existing Russia sanctions and imposes a number of new ones. Human rights abusers, individuals supplying weapons to Assad's regime, hackers acting on behalf of the Russian Government, and Russians involved in corruption are all sanctioned in this amendment.

I am grateful to Senators CORKER and CRAPO, the chairman of the Foreign Relations Committee and the chairman of the Banking Committee, for all the work they have done on this bill and on the Russia sanctions amendment. It was a bipartisan bill. Our colleagues on the other side, the Senator from Maryland and others, were involved in crafting this legislation, and it is a demonstration that this body can come together and do consequential things. These are two big national security and foreign policy measures that we have moved today.

There have to be consequences for Iranian and Russian aggression, and this legislation makes sure there will be. I am pleased that it moved today with largely bipartisan support in the U.S. Senate because it will send a clear message.

I yield the floor.

The PRESIDING OFFICER. The Senator from Maryland.

MINORITY HEALTH

Mr. CARDIN. Mr. President, April was National Minority Health Month. I point that out because I have worked with many of my colleagues in order to advance minority health.

We have done some very important things in recent years that I am very proud of, and many of those are included in the Affordable Care Act. I know that Senator CARPER and Senator BLUMENTHAL will be on the floor; Senator CARPER is here now. They have been instrumental in advancing quality healthcare for all Americans, but we do recognize that we have a special role in regard to historic discrimination on minority health. I was pleased that the Affordable Care Act included the National Institute on Minority Health and Health Disparities so that we could have a focal point at NIH to deal with the historic problems and have a game plan to advance that.

I was also pleased that the Affordable Care Act provided coverage for minorities in greater numbers because when we looked at the number of uninsured, the number of minorities were a much higher percentage than the general population of uninsured. When we looked at inadequate coverage, we saw the same numbers. So we have made advancements.

In April, historically, I had filed a resolution in order to acknowledge the progress we made and to continue our commitment to make sure that all Americans have access to affordable, quality healthcare and that we do not discriminate. That resolution had always cleared without any difficulty until 2017. For reasons I cannot explain, there were Republican objections, and we were not able to adopt the resolution commemorating minority health month.

Mr. President, I ask unanimous consent that the text of that resolution be printed in the RECORD.

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

Promoting minority health awareness and supporting the goals and ideals of National Minority Health Month in April 2017, which include bringing attention to the health disparities faced by minority populations of the United States such as American Indians, Alaskan Natives, Asian Americans, African Americans, Latino Americans, and Native Hawaiians or other Pacific Islanders.

Whereas the origin of National Minority Health Month is National Negro Health Week, established in 1915 by Dr. Booker T. Washington;

Whereas the theme for National Minority Health Month in 2017 is ''Bridging Health Equity Across Communities'';

Whereas, through the National Stakeholder Strategy for Achieving Health Equity and the HHS Action Plan to Reduce Racial and Ethnic Health Disparities, the Department of Health and Human Services has set goals and strategies to advance the safety, health, and well-being of the people of the United States;

Whereas a study by the Joint Center for Political and Economic Studies, entitled ''The Economic Burden of Health Inequalities in the United States'', concludes that, between 2003 and 2006, the combined cost of health inequalities and premature death in the United States was $1,240,000,000,000;

Whereas the Department of Health and Human Services has identified 6 main categories in which racial and ethnic minorities experience the most disparate access to health care and health outcomes, including infant mortality, cancer screening and management, cardiovascular disease, diabetes, HIV/AIDS, and immunizations;

Whereas, in 2012, African American women were as likely to have been diagnosed with breast cancer as non-Latina White women, but African American women were almost 40 percent more likely to die from breast cancer than non-Latina White women;

Whereas African American women are twice as likely to lose their lives to cervical cancer as non-Latina White women;

Whereas African American men are 60 percent more likely to die from a stroke than non-Latino White men;

Whereas Latinos are 1.7 times more likely to be diagnosed with diabetes by a physician, and are 40 percent more likely to die of diabetes, than non-Latino Whites;

Whereas Latino men are 3 times more likely to have HIV infections or AIDS than non-Latino White men;

Whereas Latina women are 4 times more likely to have AIDS than non-Latina White women;

Whereas, in 2014, although African Americans represented only 13 percent of the population of the United States, African Americans accounted for 43 percent of HIV infections;

Whereas, in 2010, African American youth accounted for an estimated 57 percent, and