

All this sends us back to the time when people faced not getting care or going bankrupt if they got sick. We passed the ACA because the American people agreed no one should go broke to pay for lifesaving care and that insurance companies shouldn't be able to place limits on the care someone could get in their lifetime. Why do Republicans want to take us back?

Finally, the steep cuts to Medicaid would devastate hospitals, especially rural hospitals. Make no mistake—rural hospitals are already struggling. Medicaid cuts will force some to close their doors if TrumpCare becomes law.

In New Mexico, our rural hospitals are often an economic anchor for the community. Hospital administrators in my State are very worried. Medicaid has helped the Guadalupe County Hospital cut its uninsured payer rate from 14 percent to 4 percent from 2014 to 2016. Its uncompensated care decreased 23 percent in the same period. The hospital's administrator, Christina Campos, fears what might happen if TrumpCare becomes law. She is urging me to protect access to care in rural areas.

I will fight hard to keep residents in our rural areas insured and to keep rural hospitals open in New Mexico and across the Nation.

The President and congressional Republicans want to take us back to the days when healthcare was a privilege for those who could afford it. The American people do not support the Republicans' cruel plans. Congress should listen to the pleas of our constituents. The American people reject the framework of TrumpCare. They reject gutting Medicaid and the Medicaid expansion. They reject making seniors pay more for healthcare. They reject making healthcare inaccessible for those with fewer resources.

The Republicans need to go back to the drawing board and begin to work with Democrats. I say to my colleagues across the aisle, do not take healthcare and the opportunity to lead a productive and happy life away from millions of Americans. Together, we can make affordable healthcare a reality for all.

Mr. President, I yield the floor.

The PRESIDING OFFICER. The Senator from North Dakota.

Ms. HEITKAMP. Mr. President, one of the things that the healthcare law changes here have demonstrated is that partisanship in Congress has reached a new high—or I would say a new low. I am tired of reading about who is to blame for what, and I know Americans and North Dakotans are too. Most importantly, it certainly doesn't do anything to help American families' healthcare get any better.

We should all want to improve our healthcare system so it works better for families and for businesses. It should be a bipartisan discussion, not a political exercise. I am here, as are many of my colleagues, because that is what we hope to accomplish.

For years, I have been offering reasonable reforms to make the current

health reform law work better. I want such reforms to be bipartisan. I want to have a larger conversation about healthcare in this country. But the Republican Senate bill, the Better Care Reconciliation Act, is simply not the way to have those discussions. Frankly, this bill is a nonstarter.

I have heard from so many North Dakota children with disabilities, seniors in nursing homes, men and women with preexisting conditions in my State, and hospitals, doctors, and nurses, especially in rural communities, who are deeply concerned—in fact, I can tell you, deeply panicked—about how this bill would make care less available and less affordable.

There are commonsense actions we can and should take right now to make sure American families aren't hurt in the near term. That is why we are here today.

Action and uncertainty caused by the administration, as well as House Republicans, exacerbated instability in the insurance markets, threatening significant cost increases for consumers in 2018. The administration has been unwilling to commit funding for cost-sharing reduction payments, and some Republicans have been working to dismantle the health reform law by not funding critical reinsurance programs. These actions make it extraordinarily difficult for insurers to plan and make business decisions for 2018—yes, 2018, the year we are talking about today. If insurers can't rely on these funds to support healthcare programs that make it possible for health insurance costs to remain affordable for families, the health insurance premium filings for the next term year will reflect that uncertainty. Health insurance rates for 2018 that have already been filed in some of our States demonstrate that fact.

Let's talk about the facts. Independent reports from the Congressional Budget Office and Standard & Poor's have said that the insurance markets were expected to stabilize this year and could stabilize this year unless the administration causes disruption. If you look at the numbers from last year, you will see that health plans were offered in every county in this country.

Today, we are here to offer a few bills that will make an immediate and real difference for families to address health insurance rate increases that we expect in 2018. These are commonsense bills that should be bipartisan.

We hope our colleagues across the aisle will work with us in a bipartisan way so we can provide immediate relief and guarantee stability for the individual market—stability that will enable individuals and families in all of our States to avoid serious increases in their health insurance rates.

No family should face bankruptcy to cover their healthcare costs because in Washington, DC, we can't implement the bill that we have and instead continue to stall and play the game of politics against the interests of the Amer-

ican people and, certainly in many cases, some of sickest among us and people who have a whole lot of healthcare insecurity. This is politics. We cannot continue to play politics with people's health.

Some of the issues we are working to address were included, interestingly enough, in the Senate healthcare bill—a clear acknowledgment from the Republicans that these changes are necessary for the health market to function in 2018.

Right now, we are standing here because time is of the essence. I hope our colleagues will join us in this effort. We want to work with them. We hope they will work with us. We hope we can at least at a minimum get together and solve the problem for 2018 while we are debating the future of healthcare delivery in this country.

I will call on my friend, the great Senator from New Hampshire, Senator JEANNE SHAHEEN, to offer what I think is a terrific idea and to talk about a bill on which I am a cosponsor.

The PRESIDING OFFICER (Mr. LEE). The Senator from New Hampshire.

UNANIMOUS CONSENT REQUEST—S. 1462

Mrs. SHAHEEN. Mr. President, I am very pleased to join my colleague from North Dakota, Senator HEITKAMP, and appreciate all of the efforts she is making to try to address the challenges we are facing in the healthcare markets across this country. Like her and like so many of my colleagues who are going to be here, I have come to the floor this afternoon because we want to take urgent steps and we can take steps today to address the uncertainty in our health insurance markets. We can take steps today that can hold down premiums.

I have heard Senators on both sides of the aisle who have expressed concern about looming premium increases in the Affordable Care Act marketplaces. We all need to understand, as Senator HEITKAMP pointed out, what some of the causes of these premium increases are.

Insurers regularly cite the Trump administration's refusal to commit to making cost-sharing reduction payments, also known as CSRs. These CSR payments were included in the Affordable Care Act in order to help Americans afford insurance once they had it. The ACA requires insurers to reduce deductibles and copayments for working families who are buying insurance in the marketplace. Because of the cost-sharing reduction payments, the CSRs, patients pay less for their care and the government reimburses the insurers.

These reductions and payments are built into the rates insurers are charging for 2017. Yet the Trump administration has refused to commit to paying these reimbursements because of a partisan lawsuit that has been brought by House Republican leaders.

Because of the radically uncertain landscape insurers are facing right now, many of them are doing one of

two things: Some are pulling out of the ACA marketplaces altogether, and others are dramatically increasing premiums. The end result is fewer choices and higher costs for American families.

Last year in my State of New Hampshire—and Senator HASSAN is here. We represent New Hampshire, and we have been very concerned about what is happening right now. Last year, the insurance markets were stable, and health insurance premiums increased an average of just 2 percent—the lowest annual increase in history. Today is a radically different story, in large part because of the uncertainty this administration is causing by refusing to guarantee insurers cost-sharing reduction payments. What we are seeing is that those insurance companies are protecting themselves by raising premiums on patients.

The same thing is happening in other States. In some cases, insurers are filing two different sets of rates—a set that is premised on the administration continuing to make cost-sharing reduction payments and an alternative set with higher premiums to account for continuing uncertainty and the possibility that this administration will stop making those payments.

Unfortunately, the Trump administration continues to send mixed signals to insurers, and of course it has threatened to stop paying cost-sharing reduction payments altogether. If this were to happen, insurers could immediately exit the markets for breach of contract.

So we are kind of in this perverse limbo situation. The administration creates uncertainty by refusing to commit to continuing the CSR payments, and the insurers protect themselves by exiting the markets or raising rates. And it is the premium holders, the families out there, who are hurt by this political football that the administration seems to be intent on continuing.

That is why I have introduced the Marketplace Certainty Act, which is a bill to appropriate funding for the cost-sharing reduction payments in order to make good on our commitment to help working families with their deductibles and cost sharing.

I believe that the House Republican leaders' lawsuit has no merit but that the chaos it has caused by allowing the Trump administration to waver on these promised payments requires that we act now.

I am pleased to be joined in this legislation by Senators BALDWIN, BLUMENTHAL, CARDIN, CARPER, COONS, Kaine, HASSAN, HEITKAMP, CORTEZ MASTO, KING, LEAHY, MARKEY, WYDEN, STABENOW, and I am sure that by tomorrow, we will have even more Senators on this bill.

We could pass it right now. Right now, we could end this manufactured crisis. We could immediately restore certainty and stability to the health insurance markets for all of our constituents. That would be good for the

Republicans, and it would be good for the Democrats. Mostly, it would be good for the families out there who are experiencing this uncertainty.

We could do this. It would give us the breathing space we need to come together on a bipartisan basis to improve the law, to strengthen what is working and to fix what is not. In poll after poll, that is what the American people want us to do. They want us to stop the partisan bickering. They want us to work together. They want us to make commonsense improvements so that this law works for every American.

Mr. President, at this point, I ask unanimous consent that the Senate proceed to the immediate consideration of S. 1462, the Marketplace Certainty Act; that the bill be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving the right to object, I just had an opportunity to read the legislation of the Senator from New Hampshire. It appears that the legislation was just filed today. Instead of giving the American people time to read the bill, the Senate is being asked to pass the legislation now. At a minimum, shouldn't the American people have at least a day to read the proposal?

Putting that aside, this bill seeks to address another major failure of ObamaCare. That is what they are trying to do here. As a doctor, I want insurance to be affordable for patients all across the country. This bill confirms what we all know—that ObamaCare is not affordable.

The Senator is well aware of the large premium increases in her own State. It is not just the premiums that are skyrocketing. This week, I spoke to a woman in Wyoming. She told me that the deductible under her ObamaCare plan is so high that her husband refuses to go visit the doctor. She said that it is \$6,500 for her and \$6,500 for him and that he will not go to a doctor with that kind of a deductible. According to supporters of ObamaCare, this person is actually covered under ObamaCare, but as a doctor, I see things differently in that healthcare must be more affordable for everyone.

The Senator's proposal seeks to throw more money at a systemic problem with ObamaCare. Instead, we should be passing bills that actually bring down the cost of care.

When the Senator mentions the CSRs, I will point out that absolutely every payment has been made—every one—all the way up until today.

People also talk about the sabotaging of the market. To me, the sabotaging of the insurance companies and the insurance market in this country has been because of ObamaCare's mandating that people buy insurance—buy more than they want, more than they

need, and more than they can afford in so many cases, and it is insurance that provides very hollow opportunities to actually use the insurance.

Again, I appreciate the acknowledgment that ObamaCare is clearly not working; however, our focus should be on policies that make healthcare more affordable to all Americans.

I object.

The PRESIDING OFFICER. Objection is heard.

The Democratic leader.

Mr. SCHUMER. Mr. President, I ask unanimous consent that we get our full amount of time and that the time my friend from Wyoming uses be from the Republicans' time at some point later.

The PRESIDING OFFICER. There is no order for divided time.

Mr. SCHUMER. Oh. So we have as much time as we need?

The PRESIDING OFFICER. There is no order.

Mr. SCHUMER. I thank the Presiding Officer.

The PRESIDING OFFICER. The Senator from New Hampshire.

Mrs. SHAHEEN. Mr. President, while I am disappointed, I am not surprised that my colleague from Wyoming has objected to our effort to move forward. He is objecting to ending the uncertainty we have experienced, which is forcing insurers to raise rates because of the uncertainty with which this administration is administering the Affordable Care Act. They have been very clear that they want marketplaces to implode so that the act does not work for people. Senator BARRASSO is objecting to a commonsense step to stabilize the insurance marketplaces.

This is not going to be the last word because this is a commitment we made to American families. The instability here in Washington is what is causing the instability not only in insurance markets but in the country at large.

We are approaching the Fourth of July, which is next week. When our Founders declared independence on July 4, 1776, Benjamin Franklin warned that we must all hang together or we will all hang separately. It is no different today. We all need to come together. We need to work across the aisle. We need to improve the healthcare system so that it works for all Americans. That is our goal. That is why we are here on the floor today, and we need to start by making sure the insurers have some certainty so that they can keep rates low for American families. We will be back, have no doubts about that.

The PRESIDING OFFICER. The Senator from Missouri.

Mrs. McCASKILL. Mr. President, I have to say that there are a lot of things my friend from Wyoming could have said in his objection, but to lecture us about bringing out a bill that people have not had a chance to read or study is rather rich at this moment in our legislative journey on healthcare. I do not know if he thought that through before he said it, but I can assure you

that when it came out of his mouth, all of us on this side were saying: You have got to be kidding me. Really? It was just a little much.

I know we are all talking around the obvious, and that is that we need to fix the healthcare system in America so that people do not have to go into their pockets as often, so that insurance is reliable, and so that the markets are more stable. We are going to have a lot of opportunity, I hope, to come together and do just that. I hope my friend from Wyoming and my other friends on the other side of the aisle will be part of that.

UNANIMOUS CONSENT REQUEST—S. 1201

We have a very simple solution to the bare counties, and I hope people will think this through before they just object. I am going to have 25 bare counties, mostly as a result of the sabotaging of the exchanges by this administration. People in those counties are looking to me for an answer, and I do not blame them for being worried. How can we solve that problem today? S. 1201, the Health Care Options for All Act, which I have introduced, will solve that problem today.

All we have to do is say to anyone who is in a county in America—and I know my colleague from Ohio, Senator BROWN, has some counties, and I know my colleague from Indiana has some counties—if you do not have an insurer in your county, you can come with your subsidy and buy insurance from the same places our staffs buy it and most Members of Congress buy it. Those are national plans. They are in every State in the Union because Members of Congress have staff members in every State in the Union. There is no need to attract more plans. There is no need to do anything complicated. You just take the subsidies that you are entitled to and you buy insurance at the same place Congress buys it.

We can do that today. If we do not do it today, do you know what we are saying to the people who live in Ohio and Indiana and Missouri? We are saying that we are entitled to something better than they have and that they should not be allowed to buy what we can buy. Now, that takes some nerve. If we are not willing to take this simple, basic step, people in these counties should be angry and take up pitchforks—metaphorically, of course.

The national plans that are out there that my staff uses that are in Springfield, Cape Girardeau, Columbia—and I am sure my colleagues could talk about their staffs using these plans all over the country—I would like to make those available to regular folks in my State who want to be able to lay their heads on their pillows tonight and not worry about whether they are going to have insurance next year.

Mr. President, I ask unanimous consent that the Committee on Finance be discharged from further consideration of S. 1201, the Health Care Options for All Act; that the Senate proceed to its immediate consideration; that the bill

be considered read a third time and passed; and that the motion to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

The Senator from Wyoming.

Mr. BARRASSO. Mr. President, reserving my right to object, before coming to the Senate, I practiced medicine in Wyoming for over 20 years. That is why I am passionate about improving the quality of care and lowering the cost of healthcare. Unfortunately, we know healthcare is in a crisis. Premiums and deductibles are skyrocketing, and insurance is unaffordable.

It is interesting to hear the comments when we are talking about the sabotaging of the marketplace. It is ObamaCare that has sabotaged the marketplace. The Presiding Officer knows fully well, as do I, that when you look at the co-ops that were set up all around the country under ObamaCare, one after another went bankrupt—belly-up, shut down—and left people uncovered. That was before we even knew who the Republican nominee for President was going to be in 2016. That is ObamaCare. That was at a time when all there was out there was the Obama healthcare law. One co-op after another failed, and it cost the taxpayers billions of dollars—guaranteed loans that will never be paid back.

Just like the bill we just discussed, this proposal is an important acknowledgment by the Senator from Missouri. It is the acknowledgment that ObamaCare's collapsing insurance markets are affecting people all around the country. In Missouri, 18,000 people in 25 counties will have zero options on the ObamaCare exchanges—zero. They have been promised that their pre-existing conditions will be covered, and no one is selling insurance in those counties in that State. They have basically been misled by ObamaCare that they will be covered for preexisting conditions. In the Republican plan, what we are doing is covering people who have preexisting conditions.

Let me say again that next year thousands of people in Missouri will have no insurance company that will be willing to sell insurance in the ObamaCare exchange. It is clear that insurance markets in Missouri are collapsing, as they are all around the country.

This bill is not the solution. Instead of giving people more choices in Missouri, what does the bill do? It sends people to Washington, DC, to buy their health insurance—a typical solution from the other side of the aisle. Instead of empowering States with more flexibility and the authority at the State level, they think once again that Washington knows best. They think that the people they represent would rather call a bureaucrat who is hundreds of miles away than talk with local people who live and work in their communities.

The simple fact is that ObamaCare is not providing patients with the increased choices they were promised. We need to rescue people in Missouri and across the country from ObamaCare. This bill is the wrong approach.

I object.

The PRESIDING OFFICER. Objection is heard.

Mrs. McCASKILL. Mr. President, will the Senator yield for a question?

The PRESIDING OFFICER. The Senator from Wyoming does not have the floor.

The Senator from Missouri.

Mrs. McCASKILL. Mr. President, the next time I will know, when he is giving a speech, before he objects, to start then.

I am pretty sure that his staff in Wyoming is not coming up to Washington to buy their insurance. I am pretty sure that all of our staffs—I am pretty sure the Presiding Officer's staff, those who work for him in Utah—are not coming to Washington to buy their insurance. I am pretty sure Senator MANCHIN's staff and Senator PATTY MURRAY's staff and all of our staffs who live all over this great country are not coming to Washington to buy their insurance. They are getting good health insurance plans.

I just think it takes incredible nerve to lecture me about people in Missouri having no insurance while the Senator from Wyoming is objecting to letting them get the same insurance he has. Really? That is what this has come to, this partisan exercise?

We don't have to fix this permanently this way, but we could do it just temporarily to give people peace of mind until we figure out the right way forward. But how dare Members of this Chamber tell people in my State they are not entitled to buy what we have, when they have no other options at this moment.

Let's move forward together and fix it—all of it. But to get a lecture that people in my State don't deserve what my staff has or what Senator BARRASSO's staff has—no wonder people are upset with Washington.

I yield the floor.

The PRESIDING OFFICER. The Senator from Minnesota.

HEALTHCARE LEGISLATION

Ms. KLOBUCHAR. Mr. President, I thank the Senator from Missouri for her good idea and for her passion for this issue and for her correct statement that when people sign up for these exchanges, they don't have to go by train, plane, or automobile to Washington, DC, to get their insurance.

I heard, when I was home this weekend, over and over, concern from people whom I was surprised to see come up to me. Several people in Winona, MN, came up to me and said: We are Republicans, but we don't think it is fair if seniors have to pay more when tax cuts are going to the wealthiest.

I heard from people in Lanesboro, MN, small business owners who were