

[Rollcall Vote No. 253 Ex.]

YEAS—84

Baldwin	Fischer	Nelson
Barrasso	Flake	Paul
Bennet	Franken	Perdue
Blumenthal	Gardner	Portman
Blunt	Graham	Reed
Boozman	Grassley	Risch
Burr	Hassan	Roberts
Capito	Hatch	Rounds
Cardin	Heinrich	Rubio
Carper	Heitkamp	Sasse
Casey	Heller	Schatz
Cassidy	Hirono	Schumer
Cochran	Hoeven	Scott
Collins	Inhofe	Shaheen
Coons	Isakson	Shelby
Corker	Johnson	Stabenow
Cornyn	Kaine	Strange
Cortez Masto	Kennedy	Sullivan
Cotton	King	Tester
Crapo	Klobuchar	Thune
Cruz	Lankford	Tillis
Daines	Leahy	Toomey
Donnelly	Lee	Udall
Duckworth	Manchin	Van Hollen
Durbin	McConnell	Warner
Enzi	Moran	Whitehouse
Ernst	Murkowski	Wicker
Feinstein	Murphy	Young

NAYS—10

Booker	Harris	Warren
Brown	Markey	Wyden
Cantwell	Murray	
Gillibrand	Peters	

NOT VOTING—6

Alexander	McCaskill	Merkley
McCain	Menendez	Sanders

The nomination was confirmed.

The PRESIDING OFFICER. Under the previous order, the motion to reconsider is considered made and laid upon the table and the President will be immediately notified of the Senate's action.

CLOTURE MOTION

The PRESIDING OFFICER. Pursuant to rule XXII, the Chair lays before the Senate the pending cloture motion, which the clerk will state.

The legislative clerk read as follows:

CLOTURE MOTION

We, the undersigned Senators, in accordance with the provisions of rule XXII of the Standing Rules of the Senate, do hereby move to bring to a close debate on the nomination of Amy Coney Barrett, of Indiana, to be United States Circuit Judge for the Seventh Circuit.

Mitch McConnell, Orrin G. Hatch, John Cornyn, Chuck Grassley, Thom Tillis, Pat Roberts, John Barrasso, Johnny Isakson, Roger F. Wicker, John Thune, Marco Rubio, James Lankford, Richard Burr, Steve Daines, Todd Young, Ben Sasse, Mike Crapo.

The PRESIDING OFFICER. By unanimous consent, the mandatory quorum call has been waived.

The question is, Is it the sense of the Senate that debate on the nomination of Amy Coney Barrett, of Indiana, to be United States Circuit Judge for the Seventh Circuit, shall be brought to a close?

The yeas and nays are mandatory under the rule.

The clerk will call the roll.

The assistant bill clerk called the roll.

Mr. CORNYN. The following Senator is necessarily absent: the Senator from Arizona (Mr. McCAIN).

Mr. DURBIN. I announce that the Senator from Missouri (Mrs. McCAS-KILL), the Senator from New Jersey (Mr. MENENDEZ), and the Senator from Vermont (Mr. SANDERS) are necessarily absent.

The PRESIDING OFFICER (Mr. DAINES). Are there any other Senators in the Chamber desiring to vote?

The yeas and nays resulted—yeas 54, nays 42, as follows:

[Rollcall Vote No. 254 Ex.]

YEAS—54

Alexander	Fischer	Murkowski
Barrasso	Flake	Paul
Bennet	Gardner	Perdue
Blumenthal	Graham	Portman
Blunt	Grassley	Risch
Burr	Hassan	Roberts
Capito	Hatch	Rounds
Cardin	Heinrich	Rubio
Carper	Heitkamp	Sasse
Casey	Heller	Schatz
Cassidy	Hirono	Schumer
Cochran	Hoeven	Scott
Collins	Inhofe	Shaheen
Coons	Isakson	Shelby
Corker	Johnson	Stabenow
Cornyn	Kaine	Strange
Cortez Masto	Kennedy	Sullivan
Cotton	King	Tester
Crapo	Klobuchar	Thune
Cruz	Lankford	Tillis
Daines	Leahy	Toomey
Donnelly	Lee	Udall
Duckworth	Manchin	Van Hollen
Durbin	McConnell	Warner
Enzi	Moran	Whitehouse
Ernst	Murkowski	Wicker
Feinstein	Murphy	Young

NAYS—42

Baldwin	Franken	Nelson
Bennet	Gillibrand	Peters
Blumenthal	Harris	Reed
Booker	Hassan	Schatz
Brown	Heinrich	Schumer
Cantwell	Heitkamp	Shaheen
Cardin	Hirono	Stabenow
Carper	King	Tester
Casey	Klobuchar	Udall
Coons	Leahy	Van Hollen
Cortez Masto	Markey	Warner
Duckworth	Merkley	Warren
Durbin	Murphy	Whitehouse
Feinstein	Murray	Wyden

NOT VOTING—4

McCain	Menendez
McCaskill	Sanders

The PRESIDING OFFICER. On this vote, the yeas are 54, the nays are 42.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The assistant bill clerk read the nomination of Amy Coney Barrett, of Indiana, to be United States Circuit Judge for the Seventh Circuit.

The Senator from Tennessee.

HEALTHCARE

Mr. ALEXANDER. Mr. President, when the 18 million Americans in the individual insurance market—those are Americans, shopkeepers, songwriters, farmers, men and women who don't get their health insurance from the government or on the job—begin enrolling on Wednesday, they will discover something very strange.

The Wall Street Journal, in a weekend story, explained exactly how strange this phenomenon will be. Some of these 18 million Americans will be able to get their insurance for free. They will pay absolutely nothing for their premium, but others will see their premiums skyrocket far beyond the increases they have seen in recent years.

Here is what the Wall Street Journal says:

In nearly all of the 2,722 counties included in the data, some consumers will be able to obtain free health insurance because they qualify for larger federal premium subsidies that cover the full cost of the plan, according to the new analysis.

The Wall Street Journal continues:

In the coming weeks, insurers are gearing up to promote the no-premium option. . . . On the flip side, those who don't get premium subsidies under the 2010 law may be responsible for the full brunt of steep rate increases, though they may be able to mitigate the impact by staying away from silver plans.

Insurers are gearing up to shepherd Americans into plans that will cost zero because taxpayers will be paying much higher subsidies. Meanwhile, the 9 million Americans in the individual health insurance market who do not have subsidies may be responsible for what the Wall Street Journal calls the “full brunt of steep rate increases.”

What is causing this strange phenomenon? It is happening because Congress—us—has not funded cost-sharing reduction subsidies, or CSRs, for the 2018 plan year. Cost-sharing reduction subsidies are payments in the Affordable Care Act which the government makes to insurance companies to reimburse them for deductibles and copays for many low-income Americans. According to the U.S. District Court for the District of Columbia, the President of the United States can no longer make these payments himself without the approval of Congress so President Trump ended those payments this month.

Insurance companies have raised premiums to make up the difference, loading most of the increase on the silver plan premiums. They did that because, under the Affordable Care Act, subsidies are based on silver plan premiums. So as premiums go up, subsidies go up. If silver plan premiums skyrocket, then the subsidies skyrocket, and then you can use your giant subsidy to go buy a bronze plan and pay nothing in premiums.

In California alone, according to the Wall Street Journal article, about half of the 1.1 million who buy health insurance with subsidies can get their insurance for free next year. To be clear, because Congress didn't provide temporary funding for the cost-sharing reductions for 2018, more than half of Californians on the ACA exchange can get free government-paid healthcare.

For the last few weeks, I have been saying that the chaos we are going to see, if we don't continue the cost-sharing payments, will be a four-lane highway to single-payer insurance. Now we see why. Premium-free private insurance for millions funded by the taxpayer—I am not sure what is conservative about that.

We don't need to worry about the insurance companies. They obviously know how to take care of themselves. As the article details, if the cost-sharing payments aren't made over 2 years, insurance companies shouldn't lose a penny. They have to pay, under law,

the copays and deductibles, but they have already secured permission to raise premiums for 2018 to cover that. Because courts have said the payments are illegal, they secured approval of rates that are 20 percent higher in 2018 just for this purpose. So the insurance companies are not hurt by stopping the cost-sharing reduction payments.

If subsidized Americans aren't hurt by stopping the payments and insurance companies aren't hurt by stopping the payments, then who is hurt by stopping the payments? Hard-working, low-income Americans making less than \$11,000 a year who don't qualify for Medicaid and Americans who make more than \$47,000 a year and who therefore have no government subsidy to help buy insurance. They must face these premium increases on their own.

A hard-working Tennessean in the individual market—let's take a look at her. She has already seen her premiums increase 176 percent over the last 4 years. For 2018, it is going to be up another 36 percent in Tennessee, on average. She will pay the whole bill, no government help.

Then take the American taxpayers. The Congressional Budget Office tells us that failure to continue the cost-sharing reduction payments increases premiums and therefore the subsidies to pay for those premiums by \$194 billion over 10 years—\$194 billion over 10 years added to the Federal debt because we don't continue the cost-sharing subsidies.

How do we avoid this? Believe it or not, we can avoid this situation by enacting a bill that will both prevent this strange phenomenon and reduce the Federal deficit by \$3.8 billion. Senator MURRAY from Washington, the ranking Democrat on the Senate HELP Committee, and I introduced this bill. We were among 12 Republicans and 12 Democrats last week who proposed the bill and recommended it to the Senate, to the President, and to the House of Representatives after we conducted four hearings. In addition, we invited Senators not on the Senate HELP committee to join us in the development of this bill, and 37 showed up. We had about 60 of us who had some participation in the development of this proposal that Senator MURRAY and I recommended. We presented to the Senate our recommendation for continuing cost sharing and giving States more flexibility in approving premiums so people would have more choices and lower prices.

You may have noticed that a growing number of Republicans and conservatives are recommending that Congress act to continue for 2 years the so-called cost-sharing reduction payments as copays and deductibles for low-income Americans. The heads of the two tax-writing committees, Senator HATCH and Representative KEVIN BRADY, introduced legislation that would continue cost sharing in 2018 and 2019. In fact, earlier this year, almost all House Republicans voted to continue cost

sharing for 2 years as part of their repeal-and-replace ObamaCare bill. Senators BILL CASSIDY and LINDSEY GRAHAM have said the provision to continue cost sharing temporarily would have been a part of their Senate repeal-and-replace bill, but Senate budget reconciliation rules didn't allow it.

President Trump has recognized this. He has asked for a short-term bill to prevent this kind of chaos. He encouraged me to talk to Senator MURRAY about this and to use cost-sharing reduction continuation as a way to negotiate some more flexibility for States so they could approve more choices at lower prices, which is exactly what Senator MURRAY and I did. That is what we recommended—the 24 of us, 12 Republicans and 12 Democrats—to the full Senate last week.

Some people still worry that continuing the cost-sharing payments is the same thing as propping up ObamaCare—those are the words we hear—or bailing out insurance companies. We hear those words too. In fact, just the reverse is true.

As the article explains in the Wall Street Journal, cutting off the cost-sharing payments, in the current circumstances, would increase insurance premiums on hard-working Americans who have no government subsidies, it would increase the Federal debt by nearly \$200 billion over 10 years, and it would spend billions more in taxpayer dollars funding ObamaCare subsidies. Let me say that again. As the Wall Street Journal article explains, cutting off the cost-sharing payments in the current circumstances will increase insurance premiums on hard-working Americans who receive no government subsidies—up 36 percent in Tennessee—increase the Federal debt by \$200 billion over 10 years, and spend billions more in taxpayer dollars funding ObamaCare subsidies.

There are two groups of people who would be basically held harmless if Congress does not approve the cost-sharing payments; one, Americans with ObamaCare subsidies; and, two, insurance companies. On the other hand, according to the CBO report last week, continuing the cost-sharing subsidies as part of the Alexander-Murray agreement would actually save taxpayers \$4 billion by reducing premiums and therefore ObamaCare premium subsidies.

During 2018, it would provide rebates to consumers State by State to those hard-working Americans with no government subsidy, and it would begin to lower premiums in 2019. It would also give all Americans the opportunity to buy a new category of policy—catastrophic—so that a medical catastrophe doesn't turn into a financial catastrophe, and it would give States more flexibility to write policies with more choices at lower prices.

Many States want to do that. They need these additional flexibilities to stabilize their markets because problems with the individual market did

not start with the uncertainty over the cost-sharing payments. We need to return power over the insurance markets to States if we want to begin creating long-term solutions.

The President and many others have said they don't want to bail out insurance companies. I don't want to bail out insurance companies. Senator MURRAY doesn't want to bail out insurance companies. I don't think I have run into anybody in the U.S. Senate who wants to bail out insurance companies. Our agreement doesn't bail out insurance companies. In fact, it does just the reverse.

If President Trump is looking for his majority, he might find it in Americans who don't like higher taxes and who don't like more government funding for ObamaCare subsidies. Somewhere the idea got started that continuing cost-sharing payments bails out insurance companies, but insurance companies are big boys and girls. They know how to take care of themselves, and they have proved it once again.

Failure to continue the cost-sharing subsidies is going to hurt taxpayers, and it is going to hurt unsubsidized Americans who have no subsidy to help buy their insurance. There is nothing conservative about that.

Before I yield the floor, I ask unanimous consent to have printed in the RECORD an article from the Wall Street Journal Weekend Edition entitled 'More ACA Plans to Come With No Premiums in 2018.'

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

[From the Wall Street Journal, Oct. 27, 2017]

MORE ACA PLANS TO COME WITH NO PREMIUMS IN 2018

(By Anna Wilde Mathews and Christopher Weaver)

Trump indirectly bolstered the federal subsidies that help consumers with their insurance premiums.

More people will be eligible in 2018 for no-premium health plans under the Affordable Care Act.

Insurers selling Affordable Care Act plans have a compelling new pitch: free health insurance.

When sales of plans on the law's exchanges begin Nov. 1, a growing number of consumers around the country will be able to get coverage for 2018 without paying any monthly premium, according to health insurers and an analysis of newly available federal data.

In nearly all of the 2,722 counties included in the data, some consumers will be able to obtain free health insurance because they qualify for larger federal premium subsidies that cover the full cost of a plan, according to the new analysis.

The growing availability of no-premium plans is a side effect of a decision by President Donald Trump's administration to end federal payments that are used to reduce out-of-pocket costs, such as deductibles, for low-income enrollees. The administration didn't halt—and indirectly bolstered—the federal subsidies that help consumers with their insurance premiums.

The new analysis doesn't project exactly how many consumers could be eligible for the no-premium plans, a figure that depends

on variables including people's income, household size, age, location and access to other types of health coverage.

In the coming weeks, insurers are gearing up to promote the no-premium option. Amid uncertainty about the future of the 2010 health law, known as Obamacare, many insurers have pulled back from the law's marketplaces. Many of the remaining ones are worried about losing enrollment next year—largely among consumers who aren't eligible for subsidies and won't be able to get premium-free plans.

Insurers hope the no-premium insurance draws in more enrollees, particularly those they need most: people with few health needs. Healthy consumers help bolster the stability of the market by balancing out the health costs of sicker enrollees.

"We absolutely will be promoting this opportunity to get coverage at a zero price," said Wendy Curran, a spokeswoman for Blue Cross Blue Shield of Wyoming, which is mentioning the no-premium plans in print, radio and social-media advertising. "We hope those younger people will say, 'Well yeah, if it's not going to cost me anything, sure.'"

Ms. Curran said it was "astounding even to us" how many people will be able to get no-premium insurance in Wyoming.

The no-premium plans will also receive a hefty promotional push from insurance agents. eHealth Inc. and HealthMarkets Inc., both big national agencies, said they're preparing to highlight the option in advertising and other outreach. "It's just the idea of something free being really appealing," said Nate Purpura, a vice president at eHealth. The company's surveys have consistently shown that price is the most important factor in consumers' choice of plan, he said.

Availability will vary by age and income, but some enrollees who don't have a very low income may be able to land zero-premium coverage, according to the analysis of federal data conducted by consulting firm Oliver Wyman, a unit of Marsh & McLennan. The firm found that zero-premium ACA exchange plans would be available next year to at least some consumers in a total of 2,692 counties, out of 2,722 in the study.

A 60-year-old making about \$36,000 a year could find free 2018 plans in 1,590 counties, while one with income of about \$48,000 could do so in 654 counties, according to the analysis, which used data released Wednesday for plans available on HealthCare.gov, the federal marketplace used by 39 states.

For 2017, no-premium plans were available in many places for the very lowest-income enrollees, but for those at slightly higher levels, they were much more scarce. For instance, in 2017, a 60-year-old making about \$36,000 could find free plans in about 300 of the counties.

That is what is different in 2018, said Kurt Giesa, a partner at Oliver Wyman. The zero-premium plans are "much more prevalent now than they were," he said.

In California, which isn't included in the federal data, there is a "huge increase from last year" in the number of people who are eligible for zero-premium plans, said Peter V. Lee, executive director of Covered California, the state's ACA exchange. Covered California currently has about 1.1 million enrollees who receive federal-premium subsidies, and more than half of them will be able to buy a no-premium plan for 2018, he said.

The growing availability of no-premium plans is tied to the complicated dynamics of the 2010 health law, as well as a recent move by the GOP president.

Under the law's rules, subsidies that help pay for premiums are available to people making up to about \$48,000 a year. Those sub-

sidy amounts are linked to the cost of the second-cheapest silver plan in an enrollee's location. So, when silver premiums go up, subsidies go up.

Earlier this month, Mr. Trump's administration cut off federal payments to insurers for covering certain out-of-pocket costs for low-income enrollees in silver plans. In response, insurers raised premiums on their 2018 policies sharply to cover the extra expense, now coming out of their pockets—and in many cases, they loaded the extra boost only onto the silver plans. Because the separate premium subsidies, which Mr. Trump didn't cut, are linked to silver-plan prices, those subsidies are rising, too. In many states, the costs for cheaper bronze plans are going up much less rapidly than silver plans, so many more people will wind up being eligible for no-premium plans.

On the flip side, those who don't get premium subsidies under the 2010 law may be responsible for the full brunt of steep rate increases, though they may be able to mitigate the impact by staying away from silver plans.

For those who can get free plans, the lure may be irresistible.

Medica, an insurer that is offering exchange plans in states including Iowa, Nebraska and Wisconsin, is running ads in some places that say "\$0 premium plans for individuals who qualify." It is also sending letters to some current exchange enrollees with bronze plans, who are likely to be enrolled with Medica in 2018, informing them that they can stop paying premiums next year. "That's a nice letter to get," said Geoff Bartsh, a vice president at Medica.

Jerry Dworak, chief executive of Montana Health Co-op, said, "of course we're hoping that" young and healthy enrollees flock to the no-premium plans.

"If they see that it's free, why not take it?," he said.

Mr. Dworak said that a person making as much as \$33,000 a year could get one of his company's Idaho plans and pay no premium.

The plans may attract more older consumers than younger because premiums and subsidies rise with age, making free plans more available to older people.

And for some, the zero-premium plans won't actually be the best deal, insurers and insurance agents say. The silver plans could be cheaper overall for people who use much health care, despite their higher premium costs, if these people are eligible for the health law's cost sharing help.

According to HealthCare.gov, for instance, a 40-year-old man in Cheyenne, Wyo., who makes about \$24,000 a year could get a zero-premium bronze plan, but he could pay as much as \$6,650 over the course of 2018 in deductibles and other out-of-pocket charges. Or he could get a silver plan that would cost him around \$125 a month, but cap his out-of-pocket costs at \$2,450.

"There's this trade-off," said Michael Z. Stahl, a senior vice president at HealthMarkets, who said the company's agents will walk through the pros and cons with clients.

Mr. ALEXANDER. I yield the floor.

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

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

LEGISLATIVE SESSION

MORNING BUSINESS

Mr. McCONNELL. Mr. President, I ask unanimous consent that the Senate proceed to legislative session and be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

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

REMEMBERING SUE MINTON

Mr. McCONNELL. Mr. President, today I wish to honor the life of Sue Minton, of London, KY, who passed away on September 27, 2017, at the age of 67. Her passing is a deep loss to the community and to the local newspaper, The Sentinel-Echo, where she worked for 41 years.

For those who knew her as a colleague and a friend, Sue will be remembered for her dedication and her friendship. She was also a beloved member of the Laurel County community, where she lived with her husband, Dennis, and their daughter Denise.

Sue was always willing to help others, and she especially enjoyed spending time with her grandchildren. Sue will be deeply missed by friends, family, and the community. Elaine and I send our condolences to them in their time of grief.

The Sentinel-Echo recently published an article on Sue's life and career. I ask unanimous consent that a copy of the article be printed in the RECORD.

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

[From the Sentinel-Echo, Sept. 29, 2017]
LONGTIME SENTINEL-ECHO LIFESTYLES EDITOR

SUE MINTON PASSES AWAY

(By Nita Johnson)

As the news of long-time Sentinel Echo employee Sue Minton's passing on Wednesday night spread throughout the community, many people who knew and had worked with her were shocked and saddened.

Minton began working at The Sentinel Echo in 1976 when the newspapers were printed in the basement area of the current building. She had many stories about the days when the operation was run by Luke Keith, and then by Al Smith, who sold the company to corporate ownership. She said she had withstood the many sales of the company since that time, but remained loyal to her job and co-workers throughout the 41 years of her employment.

Minton was the longest employee in the history of the Sentinel Echo, coming in next to former business manager Judy McCowan who retired after 39 years of employment. Minton and McCowan became acquainted during their early years at the newspaper and remained friends over the years, even after McCowan retired.

McGowan said hearing of her long-time friend's death was devastating.

"I'm so heartbroken," McGowan said. "We've been friends for over 40 years. She seemed more like a sister."

Minton and McCowan had a bowl of Cheerios every morning around 9 a.m. in the employee breakroom while McCowan worked for the newspaper. But McCowan's retirement ended that morning routine.