

from the \$7.2 billion that President Obama put in the stimulus for broadband expansion.

They did not get any of that money. They got left further behind and pushed further out of the economic mainstream for the 21st century. As with any program, infrastructure alone is no guarantee of success, but the presence of new and expanded Internet exchange facilities will create a stronger and more competitive web. More hubs will enable faster data transmissions, allowing local businesses to expand and, in rural communities, e-commerce to flourish.

Farmers, manufacturers, miners, will gain access to state-of-the-art technologies that support safer and more productive operations. Medical practitioners will be able to care for neglected populations via telemedicine. Schools and libraries will have advanced tools at their fingertips and open the world to their students. The local law enforcement will add an important tool in their “public safety toolbox.” Businesses looking to lay down roots will notice that rural communities are investing in themselves and, hopefully, make the decision to bring jobs and business opportunities to local workers and to rural America.

But perhaps, most importantly, rural residents and their guests will be able to decide for themselves whether they want to connect or unplug, and they will be able to do it on their own terms.

Mr. President, 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.

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 President, I ask unanimous consent that the order for the quorum call be rescinded.

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

UNANIMOUS CONSENT REQUEST—S. 455

Mrs. SHAHEEN. Mr. President, I come to the floor today to raise awareness about the open enrollment period for health insurance marketplace coverage.

Between now and December 15, Granite Staters and Americans across the country can enroll in healthcare plans for 2020 through the Affordable Care Act’s health insurance marketplaces. Tens of thousands of Granite Staters and millions of Americans will be eligible for Federal premium tax credits to help pay the cost of monthly premiums as well as financial assistance to reduce the cost of annual deductibles. I am sad to say the Trump administration refuses to be a reliable partner in helping to spread the word about open enrollment.

For the third year in a row, we have an administration that has focused on sabotaging the Affordable Care Act instead of raising awareness for open enrollment. This administration is even focusing resources on promoting enrollment and junk health plans that

don’t provide coverage for preexisting conditions and that don’t meet the Affordable Care Act’s comprehensive coverage requirements.

After failing to repeal the Affordable Care Act in the Senate, the Trump administration is making an end-run around Congress, trying to dismantle the ACA through regulations, administrative actions, and lawsuits in the Federal court.

As we can see in this chart, 2 years ago, the administration cut funding for advertising and outreach efforts to promote open enrollment by 90 percent. The administration went from \$100 million—we can see on that bar—down to \$10 million in 2017 and \$10 million in 2018 and \$10 million in 2019.

These advertising cuts are pennywise and pound foolish. They are part of the administration’s concerted attempt to keep Americans in the dark about what their insurance options are.

Federal advertising on television and through digital platforms and other media is critical to drawing a healthy and balanced mix of consumers into the marketplace. In fact, research shows that California’s State-level investments in marketing and advertising for open enrollment generated a 3-to-1 return on investment through lower premiums from a more balanced risk pool.

By refusing to adequately promote open enrollment, the administration is forcing our insurance markets to miss out on an opportunity to improve the markets, to lower premiums for consumers, and to ensure a healthy health insurance market—no pun intended—throughout this country.

That is why I introduced the MORE Health Education Act—to restore those health insurance marketplace advertising dollars and to increase outreach funding back to the \$100 million a year. My bill would also prohibit the administration from using any of these funds to promote short-term plans or junk plans—plans that don’t comply with the Affordable Care Act’s requirements for preexisting condition protections among many other provisions that provide real insurance coverage for people who need it.

The Congressional Budget Office projects that approximately 500,000 more people would enroll in the health insurance marketplace or Medicaid coverage each year as a result of my legislation. That is half a million people who would be insured and be able to better take care of themselves and their families, and they would have access to primary care, to preventive services, and to a wide variety of other services they need and that they would be afforded under the essential health benefits of the Affordable Care Act.

My bill would also result in a reduction in marketplace premiums thanks to the increased enrollment from a more balanced risk pool. It would be a win-win all around.

Mr. President, at this time, as in legislative session, I ask unanimous con-

sent that the HELP Committee be discharged from further consideration of S. 455 and the Senate proceed to its immediate consideration. I ask unanimous consent 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.

The PRESIDING OFFICER. Is there objection?

The Senator from Indiana.

UNANIMOUS CONSENT REQUEST—S. 913

Mr. BRAUN. Mr. President, reserving the right to object, ObamaCare has failed because it is the classic example of Big Government getting in cahoots with a healthcare industry that is broken. It was doomed to fail because when has Big Government and Big Business ever resulted in something that is going to cost less and be more effective?

Under ObamaCare, decisions are made by the healthcare industry executives and the Federal Government bureaucrats—not patients, not consumers. This program is authorizing millions of dollars we don’t have to prop up a system that is not working. If ObamaCare was working, it would sell itself, but it doesn’t work. Costs continue to rise, and Americans continue to be stuck with the bill.

I believe there are things that ObamaCare does that we should keep. I actually incorporated it into my own business’s plan back before the law required you to do it. I covered preexisting conditions and no cap on coverage. The pillars of ObamaCare—we should all accept that.

When they added keeping kids on there until they are 26, that is fine too. Those ships have sailed. But the Affordable Care Act is not remotely affordable, and it is only going to get worse.

I applaud the Trump administration for doing their due diligence on how healthcare policy changes are going to affect average Americans. They are taking the approach to not go deeper in the hole with something like ObamaCare but to reform the industry by making it competitive, transparent, eliminate the barriers to entry and, yes, encourage the healthcare consumer to get involved in his or her own well-being.

I do believe President Trump is right. The Republicans can be the party of healthcare without involving more government, but we need to do that by putting more power back into the hands of the American people, not ceding total power to government bureaucrats and big healthcare executives.

I have a better idea. The truth in pricing act—my bill I am countering with—encapsulates some of the ideas behind the proposed and final rules announced by the White House last week, which I fully support. The complex, opaque nature of healthcare pricing makes it difficult for consumers to anticipate, measure, and compare healthcare costs and coverage options.

Hospitals have a chargemaster that nobody can understand, which actually inflates retail prices billable to a patient or an insurance provider, but insurers usually negotiate steep discounts to these inflated prices that consumers and the employers who pay all the bills never see. It is done behind closed doors.

More pricing transparency would address this market failure. Increased competition gives more decision making to the people who are supposed to use it.

This is why I introduced the truth in pricing act, which requires health insurers to disclose negotiated rates, including any cost-sharing obligations for consumers for healthcare services covered under their health plans. It is difficult for insured consumers to shop for healthcare services in our current, opaque, and broken market within which ObamaCare works, especially if they don't know actual prices. Insurers have the unique ability to provide this information to consumers.

Why subsidize insurance companies to pay for navigators and insurance agents when we can instead make the market work better and be more consumer-driven and transparent? This is the way we break the stranglehold that government in big healthcare has on healthcare delivery.

I ask unanimous consent that the Senator modify her request and instead, as in legislative session, the Committee on HELP be discharged from further consideration of S. 913, the True Price Act, and the Senate proceed to its immediate consideration. I ask unanimous consent 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.

The PRESIDING OFFICER. Does the Senator so modify her request?

Mrs. SHAHEEN. Reserving the right to object, let me say that I agree with my colleague that we need more transparency in healthcare pricing. I would argue that one of the places we most need that transparency is when it comes to the price of prescription drugs.

As I am sure my colleague knows, the cost of prescription drugs is probably the biggest cost driver right now in increases in healthcare. Yet we in Congress and the Centers for Medicare and Medicaid are stymied because they can't negotiate with the big drug companies to lower the prices of prescription drugs and to make that more transparent to consumers.

The Veterans' Administration can negotiate for the cost of prescription drugs. If you talk to any veteran about the cost of their prescription drugs and compare them to what people are paying in the marketplace, there is a huge difference because they have that ability to negotiate.

I am sure that at some point we could probably find some agreement on transparency that would make sense. I

think what my colleague is proposing is not something that has had a chance to go through the HELP Committee and, therefore, would need a further look. I would want to know what hospitals in New Hampshire, the doctors, consumers, and the insurance department in my State would have to say about that. Until I find that out, I would have to object to what my colleague is proposing, but I hope we could work together to address the challenges that my constituents—and I am sure his constituents—are facing because of the cost of healthcare.

He talked about the failure of the Affordable Care Act. Actually, in New Hampshire, we have over 90,000 people who have now gotten coverage for health insurance because of the Affordable Care Act. Through the expansion of Medicaid, we have reduced the number of uninsured in New Hampshire to half the number we had before we passed the Affordable Care Act.

What my legislation would do is help people understand what the filing period is and how to sign up for the Affordable Care Act and health insurance.

In fact, under the Affordable Care Act as it exists now, according to estimates from the administration, approximately 54 percent of Granite Staters who are shopping for coverage on healthcare.gov are eligible for a plan with net monthly premiums of less than \$75, after accounting for tax credits, and nearly 40 percent of Granite Staters shopping on healthcare.gov can find a plan with net monthly premiums under \$10.

Now, the cautionary note is that when constituents of mine or in Indiana or anywhere else in the country are shopping for plans, they need to watch out for those short-term, limited-duration insurance plans—what are commonly called junk plans—because they are not required to cover preexisting conditions. I was pleased to hear my colleague from Indiana say that for existing conditions, coverage is important.

Those junk plans are not required to provide coverage for essential health benefits, like maternity care, prescription drugs, and mental health services. If you don't pay very careful attention when you go on the healthcare.gov website, you can be redirected to third-party insurance broker sites that sell both junk plans and ACA-compliant marketplace plans. That creates further confusion for customers. What we heard is that those insurance brokers are able to charge multiple times the price for those plans for their fee than they are for plans under the Affordable Care Act.

The administration has been allowing these links to redirect consumers to sites that sell junk plans, even though the ACA expressly prohibits any health insurance exchange from making available any plans that are not qualified health plans under the Affordable Care Act.

A number of my colleagues and I have been pressing the administration to conduct better oversight of brokers to ensure that healthcare.gov customers are not being sold junk plans.

I urge consumers, when they go on the website, to make sure they stay on the healthcare.gov website or their State's official health insurance exchange website when they are shopping for coverage. Be careful when you click on links that provide assistance from third-party insurance brokers.

I encourage Granite Staters and people across this country who need health insurance coverage to take a look at their options between now and December 15, during this year's open enrollment period. There is still time to enroll. It is important to tell your friends and neighbors and your family members who may not know about open enrollment because the amount of money available for outreach has been reduced so dramatically.

When the administration was trying to repeal the Affordable Care Act and this Senate voted, Americans across the country made their voices heard. Now we need that same level of engagement to raise awareness of this year's open enrollment and overcome this administration's sabotage of the ACA.

Thank you. And if it was not clear earlier, I object.

The PRESIDING OFFICER. The objection is heard to the modification.

Is there objection to the original request?

The Senator from Indiana.

Mr. BRAUN. Mr. President, reserving the right to object, we have made progress here this evening in the sense that my colleague has brought up another topic—transparency for prescriptions.

Across the board, when it comes to hospitals and exposing their charge practices, drug companies becoming transparent and competing, health insurance companies getting rid of the secret agreements behind the scenes, and even practitioners, publish your prices in print or on the web so we as employers and consumers of healthcare can try to make the right decisions and bring costs down.

I do object to the original request.

The PRESIDING OFFICER. The objection is heard.

The majority leader.

CLOTURE MOTION

Mr. McCONNELL. Mr. President, I send a cloture motion to the desk on the nomination.

The PRESIDING OFFICER. The cloture motion having been presented under rule XXII, the Chair directs the clerk to read the motion.

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 Dan R. Brouillette, of Texas, to be Secretary of Energy.

Mitch McConnell, John Boozman, Richard Burr, Shelley Moore Capito, John