

I just want to end this evening by saying that this Special Order is not really just about this generation but those to come, and for our children, for our grandchildren, the kind of world that we leave them. We simply cannot appease dictators, because we will leave a very ugly world to them in the future.

The last thing I wish to place on the RECORD, if you would allow me just a couple of seconds here, in 2014, when the Olympics were going on in Sochi, for the first time in Russia in modern history, Vladimir Putin used the Olympics, when most people were distracted, to cover up the fact that he was going to invade Ukraine, which he did. The Olympics were the shield from a public relations standpoint, but what had just happened was that his stooge who was the head of Ukraine then, Viktor Yanukovich, had to flee the country because he was such a crook and was totally a tool of Putin.

What the American people need to understand is, Ukraine had to dig itself out from under decades, centuries of Russian imposition and corrupt leaders that held down the ability of this country to flower into a free nation.

What we are fighting for is for the ability of people to have liberty first, last, and always, in the place, in the world where Stalin killed more people than anywhere else in the history of the world.

God bless America.

“Glory to Ukraine,” “Slava Ukraini.”

Mr. Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

CHANGING HEALTH INSURANCE MARKET

(Under the Speaker's announced policy of January 3, 2025, Mr. HARIDOPOLOS of Florida was recognized for 60 minutes as the designee of the majority leader.)

Mr. HARIDOPOLOS. Mr. Speaker, it is my honor to be here this afternoon as we talk about the need to promote accountability, flexibility, choice, and to allow small businesses to galvanize together to find the best options for their employees in the changing health insurance market.

I will start today by ceding some time to my friend from the State of Montana, Representative DOWNING, who has great experience in working with the marketplace in his home State of Montana.

I yield to the gentleman from Montana (Mr. DOWNING).

Mr. DOWNING. Mr. Speaker, I thank my colleague from Florida, Mr. HARIDOPOLOS, so much.

I rise today to discuss or to comment on what I see is the biggest fraud this body has ever put upon the American people.

Let's go back to the beginning of the unaffordable care act, ObamaCare. How was this sold to the American people? You can keep your doctor if you like them. You can keep your plan. Your insurance premiums are going to go down.

I will tell you, all of that—I will tell you; this is one time that both the Republicans and Democrats agree, that it did not deliver on that.

The Affordable Care Act, ObamaCare, has been one of the biggest drivers in increasing not just the cost of health insurance but the cost of healthcare.

To continue this deception, it was clear that this plan would not work. You don't have to be a Ph.D. in mathematics to understand why. As you start to add things—the essential health benefits that you added onto these policies, these required benefits, as you started to add things that had to be covered—and I am not saying whether those were good or bad. But if you add expenses, you can't make prices go down. It would be like saying if you went to a fast food restaurant and ordered a soda and the price is going to go down but they have to give you a free cheeseburger as well. It just doesn't make common sense. It doesn't make mathematical sense. So to further this deception, they realized that it only worked by subsidizing it. You had to levy a tax to subsidize it.

The architects on the other side of the aisle who put this together realized that the American people would rebel against this if they were given a tax to pay for it. How did they hide that? Well, let's just tax the payers, let's tax the insurance companies, and then they can pass those expenses down to the American people through higher premiums. That is exactly what happened.

Then let's look at another phenomenon. As these prices start going up, people start to question whether they are getting value for what they are paying for. For some folks, the answer was no. They didn't want to pay those higher rates, and so some folks came off.

As we see, the people who come off tend to be the people who least need services. So the healthy, younger people tend to be the ones that come off. As they do that, that concentrates the risk. That makes the prices go higher for the insurance companies, for the payers.

As that happens and you get into the next policy year, they have to raise the rates again. As they raise the rates again, you lose more subscribers to those policies. You further concentrate the risk. This is known as adverse selection.

What happens in adverse selection, every time you see that raise, those prices rise, you start to see more people come off. They look for alternatives like healthcare sharing ministries, they look for something else, or they go uninsured. You start this endless cycle of these prices going up.

There is another thing I want to point out. This is kind of economics 101. The more money you put into a system, the more expensive things get. We have seen that in so many different areas. We have seen that in subprime lending. We have seen that in student loans. You put money into a system, and it starts to push prices up.

One of the other contributors we have is not just adverse selection, which is concentrating the risk and making it more expensive for the insurance companies, but we put so much money in the system that we are seeing rises in actual healthcare.

It is important to make the distinction between the rising cost of healthcare and the related rising cost of health insurance. So we just come to this death spiral of this becoming more and more and more unaffordable. In my personal opinion, this entire system is going to collapse under its own weight, and you have got two solutions.

The other side thinks that we should just write a blank check from the Federal Government, no matter how big that check is going to be, so that we can hide the fact that this is failing.

Let's face it. This is seen as a landmark piece of legislation that the Democrats have pushed over the last couple of decades. It is important to them to protect this landmark legislation. I am sorry, but the emperor is not wearing clothes. In order to hide that, they are doing these smoke screens with these increased subsidies.

Now, let's look at the subsidies that have really gotten a lot of attention, these ObamaCare subsidies that we have been talking about that the Democrats brought in response to COVID. These are subsidies to folks who are on the individual market.

It is important to note that the individual market is a small percentage of the insureds. This is not the entire market. This is not a small group. This is not a large group. This is a small percentage of folks who are on the individual marketplace, who get their health insurance through healthcare.gov or through one of the exchanges. It is a very small part.

□ 1650

When the Democrats first put this, it was a reaction to the chaos during COVID, and it was, by their intent and by their architecture, a temporary solution for a temporary problem. So it was designed to expire. It had a sunset.

Then, when it was coming up to a sunset, when the Democrats still had control and had the ability to make this permanent, they still put an expiration date on it. These enhanced premium tax credits, or these ObamaCare credits, were designed to expire at the end of this year. Essentially, January 1 is when they were designed to expire.

It is entirely policy brought by the Democrats. This was not Republican policy, it was a smokescreen. There are estimates it will cost between \$300 and \$400 billion to pay for it over the next

10 years if they are expanded. Like I said, it is a smokescreen.

Folks are starting to talk about whether prices are going to go up or go down or what these subsidies will do. Let's talk about that for a second. These subsidies are a very small part of the increases that we are seeing in premiums because of what I have already talked about. It is because of rising costs of healthcare and because of rising costs of health insurance that are due to those healthcare increases as well as that adverse selection.

Let me just put this small percentage in perspective. In Montana, we have a number of payers, a number of insurance companies. The one with the largest increase on the individual market was about 25 percent. It is a high number, I agree, but that 25 percent was a single digit amount. About 9 percent of that, was attributed to the enhanced premium tax credits, the ObamaCare credits. Even without that, the prices are going up. Independent of these ObamaCare credits that we are discussing, it is going up in the small group, the large group, and it is going up in every other part of insurance.

That part without the enhanced premiums, as I said, that delta between 25 and 9, let's say that is 16 percent, everybody else is still seeing that. They are still seeing that increase.

One of the smallest increases we saw from our major payers was about 10, a little bit over 10 percent, and about 3 or 4 percent of that was attributed to the ObamaCare premiums.

The reason I am bringing this up is that it is a very small percentage of these overall costs. One thing that I want to point out is that if these tax credits are allowed to expire on the 31st, premiums are going up. If we extend them, premiums are going up. It is happening either way.

Just one thing I want to end on so that people understand how this process works. If this body decides to extend those premiums, let's say it is for 2 years or 3 years, an arbitrary amount, then what happens?

The way that insurance rates are filed is they go to the States, the payers, the insurance companies bring them to the States. They file, they are approved, they get filed with CMS, with the Centers for Medicare & Medicaid Services, and then the open enrollment period starts, which is usually mid-November to mid-December.

Mr. Speaker, during that open enrollment period is when you buy your policies for the following year. We just closed that open enrollment period a couple of weeks ago for the 2026 policy years. Those rates are already baked in. If we were to extend those credits, the rates are already baked in.

Unless we go to extraordinary measures of allowing the payers to, once again, refile their rates and then have another open enrollment period, which I guess would be March or April by the time we got all that through, then, what do we with that?

Do we make those rates *ex post facto*? Do we have them go back to the beginning of the year? Or do you allow it to go through its normal cycle, in which case those rates affect the 2027 year.

The point I am making is that by extending those ObamaCare subsidies, we are not affecting the 2026 rates without going to extraordinary measures to unroll everything that has already happened.

What will happen is those insurance companies that filed higher rates with the assumption of those premium tax credits staying in will get the benefit of having a higher rate plus having that tax credit.

Going back to how I started this, this fraud was put on to the American people to hide the taxes so that the American people weren't taxed directly. They taxed the insurance companies that are getting these tax credits to change those rates for the people. This is not going to affect what is happening right now without extraordinary measures.

In closing, what we need to do, and I thank the gentleman from Florida for yielding, we need to start looking at alternatives on what are the core drivers of the costs of health insurance.

How do we rate health insurance so that younger, healthier people are still willing to pay for it so we have spread risk there?

What are the things that we can look at for driving costs down to stopping this endless cycle of adverse selection so that people can actually, as was promised on this big fraud perpetrated on the American people, have the doctor they want, the plan they want, and have their rates going down?

This ObamaCare premium debacle is not the answer, but we do need to get to work and figure out how we can get to the root causes of these rising prices. That is because, as I said, this is either going to collapse under its own weight or we are going to be forced to write an unlimited check to the Federal Government which many of my colleagues and I are unwilling to do.

Mr. HARIDOPOLOS. Mr. Speaker, I thank the gentleman for his remarks. We appreciate his expertise and understanding on these issues as we take it on toward the future.

I want to read one comment before I call up the Congressman from Colorado.

This is from The Washington Post, which may be the most liberal major newspaper in America.

Their comments were simply: "Many honest people will feel the squeeze next year, but any serious effort to extend ObamaCare subsidies would need to include lower income caps, require some out-of-pocket premiums and impose additional anti-fraud protections."

The Washington Post said this. They recognize the reality that this has been a broken system that has been covered up for years at the expense of other taxpayers and the overall cost of

healthcare. That is why we are having the discussion today.

Mr. Speaker, I yield to the gentleman from Colorado (Mr. CRANK). I thank him for joining this conversation, and we look forward to his comments.

Mr. CRANK. Mr. Speaker, I thank the gentleman from Florida for yielding me time.

Mr. Speaker, we heard so much from the gentleman from Montana who knows a lot about health insurance.

Healthcare is more than these enhanced premium tax credits. The Democrats have tried to make it about enhanced premium tax credits, but healthcare is more than that.

As the gentleman from Montana pointed out, enhanced premium tax credits would cover 7 percent of the American people. That is what we are talking about with their solution. It would be 7 percent.

Even if we were to fix that 7 percent, what would the fix mean?

Let's talk about who these people are.

These are folks in the enhanced premium tax credit who make, for a family of four, over \$128,000 a year. That is what we are talking about. We are not talking about people who are making 40 or 30 or \$50,000. Those tax credits continue under this broken, failed Affordable Care Act system. Those continue.

What my friends over here want to do is pull money out of our pockets and give it to people who are making for a family of four over \$128,000 a year.

Is that their solution for 7 percent of the people?

That doesn't make sense. That is what it would do.

What effect would it have?

It would reduce premiums by 5 percent for 7 percent of the population all making over \$128,000 for a family of four. That doesn't sound like much of a solution to me because it is not a solution.

The solution is free market reforms.

The fact of the matter is that the enhanced premium tax credit is a Band-aid on the gaping wound of ObamaCare. It is a Band-aid on the gaping wound of the Affordable Care Act.

□ 1700

The left loves to mislabel things. We know that they called the spending package that they passed 4½, 4 years ago the Inflation Reduction Act. What did it lead to? It led to 22 percent inflation. In 1 year, 9 percent inflation. We are still dealing with the effects of their misnamed Inflation Reduction Act.

They called this the Affordable Care Act, and it has been nothing of the sort. It is anything but the Affordable Care Act.

My friends on the other side of this aisle created this mess. No one over on this side, not one person who is here serving in this body on this side of the aisle, voted for our current healthcare system—not one voted for the Affordable Care Act.

Those on the other side of the aisle who did vote for it promised a few things. What did they promise? Lower premiums. Where are the lower premiums? This is the ObamaCare system that we are living under right now. They promised lower premiums. We are not getting those.

They promised better healthcare. Are we getting better healthcare? I don't think most Americans believe that we are.

They promised that if you like your doctor, you can keep your doctor. Sure, if your doctor takes the insurance that they force you into.

We are currently living under ObamaCare, under the Affordable Care Act, so if you don't like our healthcare system, news flash, you don't like ObamaCare, you don't like the Affordable Care Act.

The fact of the matter is that this law was written behind closed doors in a backroom deal here in this building and down at the Obama White House with and by insurance companies. There you go, with and by insurance companies. That is a fact.

The scam is this: The scam is that the money is taken from average Americans and sent as a subsidy not to other Americans, but to big insurance companies. That is the scam. That is the scam. The profits of these big insurance companies are at an all-time high. UnitedHealthcare profits are up 1,200 percent under their plan. I get lectured all the time that we are the ones for big business, the ones cutting the deals. They are the ones that cut the deal with the insurance companies, and they put it to the American people when they did.

Those same insurance companies are denying the claims of the very same taxpayers who pay taxes to subsidize their profits. What a scam, a government-sponsored scam.

Under the ACA, the government colluded with insurance companies to ensure customers for themselves, for the insurance companies, and to profit from subsidies provided by the government.

Government intervention does not work in healthcare. In Medicare and Medicaid, the government sets reimbursement rates that underpay doctors and cause access issues.

Very quickly, what are the solutions?

We are \$36, \$37 trillion in debt. We have to fix this system. We can't throw money at the problem. We can't just continue to throw more money. We have to fix a broken system.

How do we fix that? We need long-term solutions for healthcare. What are the real solutions? There are lots of them. I don't have time to go through every one individually today, but the bottom line is that we need to get the government out of dictating healthcare to the American people. We need to return to a patient-centered, market-driven solution in healthcare that doesn't pick big insurance companies over the American people. The Amer-

ican people should have a choice about who they see and who they pay for their insurance.

That is the solution. It isn't this scam. It isn't this election-year gimmick that some are trying to make it out to be. It isn't the solution that fixes a 5 percent fix for 7 percent of the population. It is real, honest healthcare reform for all the American people.

Mr. HARIDOPOLOS. Mr. Speaker, I thank Congressman CRANK for his remarks.

I yield to the gentleman from the 13th Congressional District of North Carolina (Mr. KNOTT).

Mr. KNOTT. Mr. Speaker, I thank Congressman HARIDOPOLOS for hosting this Special Order hour on one of the critical issues that we face as a nation and have faced for the better part of 20 years now.

I am referring, of course, to ObamaCare, a deceptively named bill, the Affordable Care Act, which has, of course, been a disaster for Americans all over the country.

Before it was passed, Democrats essentially allowed big insurance companies and Federal bureaucrats to craft an extremely regulated patchwork of rules and cloudy regulations to enrich themselves at the expense of the American patient and American physician.

They then jammed it through Congress without a single Republican vote, ushering in a new era of high costs, restricted access, and lower quality healthcare.

As is the case far too often, this law is now harming precisely the groups of people it was designed to assist.

At its core, ObamaCare is a redistributionist program that empowers a public and private bureaucracy rather than patients and physicians.

In various medical fields that are not part of the ObamaCare web, the harmful effects of its policy have not been seen since the law's passage. For example, over the past decade, the cost of outpatient services rose between 80 and 100 percent on average. Prescription drugs are up, at times, 200 percent.

Meanwhile, as a counter example, the cost of LASIK surgery, which is not covered under the ObamaCare policy or subjected to its onerous regulatory framework, has decreased by 30 percent over the same time. Free from bureaucratic suppression, more providers have entered the LASIK market, and innovations like bladeless lasers have made operations safer, more efficient, and more available.

Another example: Cash-pay diagnostic imaging is often 75 percent cheaper than the ObamaCare-approved MRIs. Direct primary care providers offering wholesale labs can be, at times, 15 times cheaper than doctors who are required to fill out government-mandated paperwork.

The examples could continue on and on. Sadly, ObamaCare has succeeded in blocking free market innovations from reaching the broader American

healthcare system. Rather than reform the broken system that they designed, the Democrats are committed to throwing more money at the problem, literally subsidizing a framework that has elevated costs so much that they are even willing to subsidize households earning \$600,000 per year.

It is time to reintroduce competition into healthcare by removing handouts to corporate titans. We must cut the layers of red tape that hurt patients and providers. We must build a commonsense system that enables the patient to have choices, which will, of course, bring about more quality care and increased access. In a very basic sense, we should not make healthcare a DMV-type experience.

I thank Congressman HARIDOPOLOS again for holding this Special Order.

Mr. HARIDOPOLOS. Mr. Speaker, I thank Congressman KNOTT for his comments.

I yield to the gentlewoman from North Dakota (Mrs. FEDORCHAK).

Mrs. FEDORCHAK. Mr. Speaker, I appreciate Mr. HARIDOPOLOS' leadership on this issue and organizing this Special Order, inviting all of us freshmen and a few other nonfreshmen here to talk about an issue that is so important to our country and to all of our constituents.

Mr. Speaker, our healthcare system is broken, and my constituents in North Dakota know it.

The law that was supposed to make things better, the Affordable Care Act, has definitely not lived up to its name. If you like your plan, you can keep it, they promised. A typical family will save \$2,500 a year, they assured. The ACA will help bring down healthcare costs and even reduce the deficit, they claimed. Well, none of that is true.

Here we are, fixing the ObamaCare mess Democrats created 15 years ago. Families today are paying higher premiums, facing fewer choices, and watching Washington throw money at a problem that needs to be fixed immediately.

Yet, somehow, my colleagues on the other side of the aisle continue to paint this as a problem that Republicans created.

□ 1710

The reality is, Democrats passed ObamaCare without a single Republican vote, not one. They also set the enhanced premium tax credits to expire this month. Ask them why. They had the votes. They could have extended this. They could have made it permanent, but they didn't. They set the expiration date for this month. This was completely their doing.

The COVID-era enhanced premium tax credits expanded eligibility far beyond the ACA's original design, including households earning well into six figures. In North Dakota, that means a family of four earning over \$125,000 a year. Making those temporary subsidies permanent would cost taxpayers \$350 billion over 10 years. For all that money, it still won't fix the problem.

Since the enhanced subsidies were enacted, premiums have increased 31 percent. These subsidies don't show up in people's wallets. They go straight to the insurance companies with no incentive to lower prices or improve care. Even worse, massive fraud plagues the marketplace.

A recent Joint Economic Committee study found roughly 35 percent of marketplace enrollees are now considered phantom enrollees. These are people who exist on paper but generate zero medical claims. The chart on my right shows a massive growth of these types of claims, all the way up to almost 11 million of those types in existence today.

Regardless of whether they have a single claim in a year, insurance companies still get paid anyway, while working families pay more and more for their premiums.

Democrats call that affordable. North Dakotans sure don't. That is why Republicans offered a different path last night, one that focuses on patients, affordability, and real competition, not endless subsidies.

The Lower Health Care Premiums for All Americans Act takes practical steps to lower costs and expand options. It creates cost-sharing reductions that will actually stabilize the market. These will reduce marketplace premiums by 11 percent after the first year of implementation. That is nearly twice as much as the impact of extending the Democrats' credits.

Our plan also cracks down on pharmacy benefit managers, the middlemen who drive up drug prices. Our plan requires transparency so employers and workers can finally see where their prescription dollars are going.

It also expands association health plans, allowing small businesses and self-employed workers to band together and increase competition. This could lower premiums by as much as 30 percent. Our plan also protects employer-sponsored insurance and strengthens flexible tax-advantaged options like CHOICE arrangements.

These reforms give workers control over their coverage dollars and lets employers offer benefits for the first time.

Most importantly, this is just the beginning. We have many more policy reforms coming. Republicans' vision for healthcare is putting patients, not insurance companies, in control, with greater access, more choices, lower costs, and good quality care.

These are commonsense reforms. It is past time we move beyond temporary patches and tackle the problem head-on and fix what is broken.

Mr. HARIDOPOLOS. Mr. Speaker, I thank Representative FEDORCHAK for adding her voice to this very important debate.

Mr. Speaker, I yield to the gentleman from Missouri (Mr. ONDER), the doctor, for his ideas on how we reform our system.

Mr. ONDER. Mr. Speaker, recent polls show that the top issue on the

minds of Americans today is that of affordability. Whether food, education, childcare, energy, or healthcare, rising prices are resulting in more and more Americans feeling less secure about their economic well-being.

Indeed, prices have been going up. Under President Biden, inflation hit 9 percent in June 2022. Cumulatively over the Biden Presidency, inflation is up 21.2 percent.

Things have improved since President Trump and Republicans assumed office in January. Energy prices are down by 6.3 percent. Inflation is moderated, but with the exception of energy, we have not had deflation. Prices are higher than we would like them to be.

Nowhere is the issue of affordability more acute than in healthcare. We must address America's healthcare affordability crisis. As a physician, I will tell you, though, the first step in solving any medical problem is getting the correct diagnosis. If you do not know what the problem is, you will not formulate the right treatment. You may make the patient worse.

That is what has been going on.

What is the problem, then? Our problem is that Big Government's anti-free market, anticompetitive, and anti-consumer policies have made our healthcare system more and more expensive by the year.

This has been a problem for a long time, but it was made much worse after the passage of ObamaCare in 2010.

How did ObamaCare, the unaffordable care act, make healthcare more expensive? Quite simply, by removing what market forces there were in our system and expanding the role of government. The unaffordable care act literally outlawed the private insurance market.

Remember Barack Obama saying that if you like your plan, you can keep it. They lied. They outlawed your plan. What were the results?

The ostensible rationale for the unaffordable care act was to get more people insured, but we know that, in many cases, workers lost their private insurance and have been, if you will, dumped by their employers onto Medicaid.

The Foundation for Government Accountability has estimated that if non-Medicaid expansion States all expanded and added able-bodied, working-age adults to their Medicaid programs, an additional 3.6 million Americans would lose their private health insurance.

Similarly, enhanced COVID-era ObamaCare credits—remember, that is what we are talking about today—crowded out employer-based insurance.

According to the Paragon Institute and the Congressional Budget Office, extending the COVID credits would reduce employer-based coverage by roughly 4 million people.

In addition to crowding out employer plans, The Wall Street Journal's Allysia Finley recently highlighted that the ACA and its subsidies even led

many Democrat-run cities, including Chicago and Detroit, to offload public-sector retiree healthcare costs onto ObamaCare. These cities moved their retirees onto ACA exchanges, eliminating their unfunded healthcare liability. Finley correctly argues that COVID credits make this dumping of public-sector retirees' healthcare obligations onto the exchanges even more likely, as few governments have set aside, especially in blue States and cities, the money to pay their retirees' future healthcare costs. Through ObamaCare, you are paying for the financial irresponsibility of some of our biggest city governments, blue cities especially.

The unaffordable care act has resulted in skyrocketing health insurance premiums. In 2014, the first year that subsidized ACA marketplaces were in effect, premiums increased 47 percent. That is right. They increased by 47 percent in 1 year. Over the next decade, premiums increased another 96 percent.

The only reason that this is not more obvious to Americans today is that the healthcare consumer is not only paying the premiums, but the taxpayer is paying extensive subsidies, accounting for 90.3 percent of the increased premiums.

Healthcare affordability is critical. Therefore, we need to look at the issue that has received a lot of attention these days, the expiration of the COVID-era enhanced ObamaCare credits. The expiration date was passed by congressional Democrats as part of the misnamed Inflation Reduction Act without a single Republican vote.

□ 1720

Mr. Speaker, as mentioned, this scheme known as ObamaCare exchanges resulted in skyrocketing insurance costs. At the same time, we need to address some false assertions about what the expiration of these enhanced super subsidies would mean.

First, the vast majority of ObamaCare subsidies are not expiring at all. What is at issue are these temporary COVID-era subsidies. Even if these enhanced COVID super subsidies were to expire, the Federal Government and the taxpayers will still cover 78 percent of the premiums, compared to roughly 88 percent right now. That is a relatively small change, nowhere near doubling.

In fact, if the COVID subsidies are allowed to expire, only 4.3 percent of the projected premium increase would be attributable to that change. Again, that is less than 5 percent of the increase. Here is the key point the other side does not want to talk about. ObamaCare premiums are going up regardless, even if the COVID credits are extended.

ObamaCare premiums are expected to rise about 18 percent in 2026, driven by higher medical costs, labor shortages, economic uncertainty, inflation, and other conditions. These increases are structural. They have nothing to do with the expiring subsidies.

What Democrats are doing is conflating premiums with out-of-pocket costs. Premiums are not doubling, and out-of-pocket costs are rising only because the expiration of these enhanced subsidies is exposing a deeper truth that the unaffordable care act is, for many families, anything but affordable.

According to CMS, the projected average premium after tax credits for the lowest-cost plan, should the COVID subsidies expire, is \$50 per month. That is about \$20 less than they were in 2020.

In the year 2026, most enrollees on HealthCare.gov will have access to plans priced at or below \$50 per month. To put that into perspective, compared to the years prior to the COVID pandemic, marketplace enrollees this year will have access on average to lower-plan premiums and more choices.

This debate isn't just about premiums. It is also about expanded eligibility and widespread abuse. The COVID expansion dramatically broadened eligibility far beyond the middle-class and lower middle-class families and significantly increased the subsidies.

Under this system, households earning \$500,000 a year or more can qualify for subsidies. In 2024, nearly 42 percent of the enrollees, on the other hand, paid nothing at all. These subsidies don't go to individuals. They go directly to insurance companies.

That is why many Americans see these enhanced COVID subsidies for what they really are: Welfare checks to large healthcare corporations. Worse still, the system incentivizes fraud. People are encouraged to misreport their income in order to qualify for larger subsidies and zero-dollar plans. As a result, insurance companies collect an estimated \$35 billion in taxpayer subsidies for phantom enrollees.

An estimated 6.4 million individuals were improperly enrolled in ObamaCare in 2025, often fraudulently taken off their private insurance plans to do so, costing taxpayers \$27 billion. Among households claiming incomes between 100 and 150 percent of the Federal poverty level, roughly 62 percent were not actually eligible. It gets worse.

In 2024, insurance companies received at least \$35 billion in subsidies for about 12 million marketplace enrollees who made not a single medical claim—not a single checkup, not a single prescription.

About 40 percent of the people fully subsidized under the COVID credits never used their coverage at all, often because they didn't know that they were enrolled or they didn't even exist. One Social Security number, according to the Government Accountability Office, was used to purchase health insurance 125 times. That is massive fraud.

When fraud estimates from the exchange subsidies alone range into the tens of billions of dollars, it is not unreasonable—no, it is responsible—to ask people to contribute something.

Even a small copay insurance payment per month, \$10 or \$20 per month, promotes personal responsibility, discourages fraud, and helps ensure that the system serves the people who really need it, not those gaming it and not the corporations cashing the check.

That is what this debate is about. It is about facts, accountability, sustainability, and making coverage more affordable for all Americans. It is not the fear-mongering of my Democrat colleagues.

Mr. HARIDOPOLOS. Mr. Speaker, I yield to the gentleman from North Carolina (Mr. MOORE), the Representative of the 14th District. He is the former speaker of the house of North Carolina and my current colleague on the Financial Services Committee.

Mr. MOORE of North Carolina. Mr. Speaker, before giving my remarks about the Affordable Care Act, I want to mention a couple of things.

Mr. Speaker, it is with a heavy heart that I mention on the House floor the tragic passing of Greg Biffle, his wife, and two children in an airplane crash that happened just a few hours ago in North Carolina. On behalf of this body and all North Carolinians, I want to express my condolences to this wonderful family on this terrible tragedy. They will be in the thoughts and prayers of so many around the Nation.

Mr. Speaker, I want to let this body know about the passing of a great leader in our State, former Governor Jim Hunt, who passed away today. The news came out a little bit ago from his daughter who currently is our State's Lieutenant Governor.

He was a great man and a great leader in North Carolina. He loved and cared a lot about public education in our great State. He was a man I came to know during my time as speaker of the statehouse and he was someone who loved his State.

Our thoughts and prayers and condolences are with his widow and with his family, particularly as we go into this Christmas season.

Mr. Speaker, I appreciate the gentleman from Florida (Mr. HARIDOPOLOS) affording some time to not only myself but to a number of our colleagues today to talk about the legacy of ObamaCare that we find ourselves inheriting here in this Congress.

It is a program that passed some 15 years ago before I believe any of the Members who have spoken so far today were even serving in this body. Here we are in a situation where we have to try to clean up this mess. Why would I say it is a mess?

Mr. Speaker, I can think back to a time before ObamaCare, back before this passed. Healthcare was less expensive. Healthcare was more accessible. A person could go out and afford to buy health insurance. Prescription medications were more affordable. In fact, when I talked to colleagues, when I talked to businessowners, and when I talked to folks, it was easier to be able to get good health insurance.

ObamaCare passes. What happens? We see healthcare costs spike. We see prescription drug costs go out of control. We see total inefficiencies in the system. We see a lot of wasted money. We see these phantom insured folks. These people aren't really insured, but insurance companies are receiving billions of dollars every year for coverage that simply does not exist.

Look at the premiums. Look at a lot of the sticker shock that a lot of Americans are getting right now during this time of year, as we are in the Christmas season, where they are told, they will have to pay more. They need to understand ObamaCare is what has caused all of this mess.

When we move away from a free-market system where we are allowed to have greater efficiency, when we have a system that strives for cost containment but, at the same time, great health outcomes, it works better.

Today, we hear stories of denials and delays, everything on insurance, and it costs more. That, my friends, is unfortunately the legacy of ObamaCare. It is why this body is not going to continue to throw good money after bad. It is an investment that is not paying off economically, and it is an investment that is not paying off for the health of Americans around this country.

On the planned premiums, the actual cost, the premium cost, ObamaCare premiums have risen two times faster than employer plans.

We have a chart. We probably can't see it on TV. There is a chart where we can see this thing spiking up right there out of control. Those are the resulting ObamaCare premium increases that are happening.

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This is not acceptable, and it is not appropriate to keep throwing money after it.

These surging premiums are also driving a higher Federal subsidy cost. So what do we mean? The ACA subsidy grew from \$18 billion in 2014 to \$92 billion in 2023. Now, how many people out there think that they have actually gotten better healthcare in that period of time? I don't think many are going to speak up and say that they are.

Get this. I have talked about it going from \$18 billion to \$92 billion. This year alone, in 2025, costs are projected to reach \$138 billion. Again, it just keeps going up.

The only thing my friends on the other side of the aisle know to do is to keep throwing money at it—keep throwing money at it; nothing to try to improve efficiency, nothing to try to improve coverage, nothing to try to improve the system, nothing but wasting more and more money in a system that is not working.

The COVID extension is what a lot of talk has been about. There was a temporary COVID extension that, when Democrats were in charge, they solely passed, right? They passed to put that in place. The Biden administration put that in with an expiration date.

Well, they knew it could not continue. They knew it wouldn't sustain. I think, frankly, they knew it wasn't going to work.

Get this. Let's say we went along with extending that. It would cost right now \$335 billion over 10 years, which is going to, again, only put the budget more out of balance, is going to affect our national debt, and it is simply not sustainable.

The other thing that we looked at earlier was what is called the zero-claim enrollment. That is where folks really aren't even assured. I think they are called phantom insured. It is not real, but it is money being paid to insurance companies. These zero-claim enrollments have more than tripled—more than tripled—rising from 3 to 4 million in 2021 to nearly 12 million in 2024.

Get this. In 2024, about 35 percent of the marketplace enrollees had zero claims, up from 20 percent before the subsidy expansions. At the same time, these insurers received billions in taxpayer subsidies for enrollees who received no care, including—this is real numbers—\$21 billion in 2023 alone.

To those folks watching, those folks who are genuinely concerned about improving access to healthcare and affordability, know that Republicans are serious about this. We passed legislation this week to deal with that—to look at some marketplace reforms, to look at association health plans, to look at PBM reform and transparency, and to do things to drive those costs down and to make healthcare more accessible.

Also, look at the bill we put in a few weeks ago to put \$50 billion into rural healthcare that will help all of America. It will help my State in North Carolina, but it will help all 50 States because there are areas of our country where simply they do not have access to healthcare because of the rural location, distance to hospital, distance to provider, you name it. Republicans are putting those funds in there to make this more available.

Don't believe a lot of the hype on the other side out there of just spend money and spend money on a system that isn't working. Republicans are serious about improving healthcare for all Americans. The bills we have passed this week and the statements we have made are clear to that.

I appreciate Congressman HARIDOPOLOS, my good friend from Florida, for doing this.

I have to say, Congressman, you helped them bring attention to this. You did a great job in Florida when you were in the State legislature, the work that you all did, the work to help there and bringing this issue to the forefront here in Congress. Sir, as a colleague, I appreciate what you are doing, and I appreciate the time to speak today.

Mr. HARIDOPOLOS. Mr. Speaker, I thank the Congressman for those generous comments.

Mr. Speaker, I yield to the gentleman from North Carolina (Mr. KNOTT), the 13th Congressional District, for comments.

ALL THINGS WORK TOGETHER FOR GOOD

Mr. KNOTT. Mr. Speaker, I rise today in order to commemorate the extraordinary story and mission of one of my neighbors and her family in North Carolina, someone by the name of Olivia Wooten.

Olivia is currently suffering mightily in a battle with ALS. I have watched in admiration as she has remained a constant source of robust encouragement and joy despite her debilitating illness.

Her circumstances have only brightened because of the eternal hope that she has in the Lord, her Savior, Jesus Christ. I spoke to Olivia earlier today, who fearlessly and joyfully awaits entry into eternal life, where “... there shall be no more death, neither sorrow, nor crying, nor shall there be any more pain. . . .” as stated in Revelation 21:4. She helped me draft these remarks knowing that they would be heard by all today.

Olivia Wooten's parents, Robin and Elizabeth, met while attending college in Raleigh, North Carolina. Robin attended NC State, and Elizabeth enrolled at Saint Mary's School. They were married shortly after graduating in 1989 and returned to Robin's hometown in Kinston, North Carolina.

Robin and Elizabeth passed the years enjoying all that makes east North Carolina so special. They, with their loved ones, enjoyed hunting, fishing, time at the Crystal Coast, and a community that is more of a family than a neighborhood.

In the greatest blessings of all, Robin and Elizabeth became parents to two girls, Olivia in 1992 and Carrington in 1995.

In 2016, Robin was tragically diagnosed with ALS. Up to that point, Robin's faith in the Lord had been more ceremonial. While his wife, Elizabeth, regularly attended neighborhood Bible studies and prayer groups for years, Robin had not.

However, that fully changed as Robin came to grips with his diagnosis. Rather than indulging in fear or resentment of assured physical suffering here on Earth, Robin encouraged anyone he met to look up and to consider Christ. He pushed others to focus on eternity and to rely on the Lord rather than the fleeting things of this Earth. Robin helped others grow in their faith until entering his Heavenly home 1 year after his diagnosis.

Tragically, in July of 2023, Robin's daughter, Olivia, would herself be diagnosed with ALS. Since that time, Olivia has surpassed every expectation in how long and how well she has fought this vicious disease. Yes, while she has weakened, she remains buoyant and inexplicably joyful in a manner that can only be called inspirational and miraculous.

It was my honor and my privilege to speak with Olivia today. In spite of her

physical limitations and her suffering, which are unbelievably real, she will likely not walk unassisted again. She cannot go out with friends today. Absent a miracle, she will no longer be able to travel far from home. Absent a miracle, she will likely never meet her nephew, who will likely be born in the next few weeks.

Despite this very real suffering and the limitations that she is currently experiencing, her joy and her hope remain palpable. Olivia knows that her earthly departure is not the end but, rather, her new beginning in Heaven is with her Savior, Jesus Christ.

When I asked her what she wanted me to share with all of us, she simply requested the following for our consideration. She did not bring up policy. She did not bring up new types of ideas for Washington, D.C.

She simply said the following: “This Earth is fallen, and it offers afflictions for which there is no remedy other than the Almighty. My faith in Jesus has become more vibrant and real than anything I could have ever imagined. To anyone who hears this message, if you do not know Christ, I urge you to consider Him. Where this Earth offers temporary solutions, it cannot and it will not offer durable and lasting ones. Only Christ can offer real peace, real healing, real rest, and an eternal home.”

Olivia closed our conversation with a verse, which she aptly described as her life verse. It is Romans 8:28, and it simply states: “And we know that for those who love God all things work together for good, for those who are called according to his purpose.”

In Olivia's testimony, I can see firsthand and I have seen firsthand the truth of this passage. As we enter the week of Christmas, when we celebrate the birth of Christ, I stand in awe and in gratitude for Olivia and her family's witness and example, and I urge each person who hears this to consider her Savior, the Savior of the world, Jesus Christ.

Mr. HARIDOPOLOS. Mr. Speaker, I thank Congressman KNOTT, and she will not be forgotten.

□ 1740

BROKEN OBAMACARE SYSTEM

Mr. HARIDOPOLOS. Mr. Speaker, I thank Congressman KNOTT, Congressman CRANK, Congressman DOWNING, Congressman ONDER, Congresswoman FEDORCHAK, and also Congressman MOORE for their comments today about the broken ObamaCare system.

It is simply that; it is broken. It is the reason why they have been subsidizing a broken system for a long time, at the expense of so many Americans and so many potential innovations, as well.

As this issue has been talked about very well today, I just want to remind people of where we were versus where we are. The Democrats had the opportunity to make this a permanent plan. They did not have the votes or the will

to get it done. They also had the opportunity to reduce taxes on tips. They had the opportunity to reduce the taxes on overtime. They had the opportunity to reduce taxes on Social Security, all of which are earned. Those are not welfare programs. Those are programs that are earned. When they had the power, they chose to do nothing.

This year, when we were passing the big, beautiful bill back in July, we had the opportunity again to reduce costs for this broken system. The Republicans put forth in this body a CSR. What happened here? They used the Byrd rule in the United States Senate to fight what would have reduced rates by 11 percent.

Let's break away from this discussion about affordability. Let's talk about reality. This is purely politics. Their votes have been shown throughout the year. They care nothing about results. They care everything about politics.

Candidly, maybe Republicans aren't as good at politics as the Democrats, but we are pushing policies that work and are based in reality. That is what this push has been about today, laying out the facts for the American public to say this system is untenable, and it only undercuts what could be the best system in the world.

There has been so much discussion about the 22 to 24 million people on ObamaCare. We all found out today that half of them might be phantom enrollees. We found out that the future is not bright when you look at the contrast of what it is doing to the remainder of the people who are paying for their own healthcare system.

There are 165 million people who have employer-based systems that they most likely contribute to or pay out of their own pocket. They are paying \$1,500 to \$2,000 a month, and they have to subsidize a broken system on top of it and crowd out a medical system in the process.

All we are asking from the other side is to say let's start doing some commonsense things. The number one thing I would like to see us do is simply do income verification so that those people who pay full freight and subsidize the system know that the people who are being helped are actually people truly in need who qualify for a program, instead of giving it away.

It is simple identification checks, just like we have asked the Democrats to do on things like voting, just like we have asked the Democrats to do on simple ideas to make things work again, so that when you pay your taxes, which are quite exorbitant, in my opinion, people know they are actually going to help people.

Mr. Speaker, I appreciate your indulgence this afternoon as we get ready to celebrate the holiday season.

CALIFORNIA AUDITOR'S REPORT

(Under the Speaker's announced policy of January 3, 2025, Mr. KILEY of

California was recognized for 30 minutes.)

Mr. KILEY of California. Mr. Speaker, the California State auditor, the nonpartisan official auditor for the State, has just released a report that updates its assessment of the State's high-risk agencies.

The contents of this report are truly stunning—not really that stunning, actually, for those of us who have experienced the California State government at work. Even given our very low expectations, what the auditor has just reported is truly troubling.

This comes, by the way, as our State's Governor, Gavin Newsom, has recently boasted that California is the original DOGE. Newsom held out California government as a model of efficient, responsive, and accountable government.

Let's juxtapose that very notable statement, very surprising statement, with the clear-eyed fact findings of the State auditor. In this new report, which is issued annually, the auditor identifies high-risk State agencies. What does that mean? It means they pose a substantial risk of serious detriment to the State or its residents. To be considered high risk, an agency must not only exhibit serious waste, fraud, abuse, or mismanagement but must also have failed to take adequate corrective action.

In this new report, the auditor has identified eight separate California agencies as high risk. Four of those eight have joined the club, this dubious distinction, during the Newsom administration, including the newly added Department of Social Services this year.

Among the findings as to why these various agencies are considered high risk are that massive payment errors in our CalFresh program could now cost the State \$2.5 billion in Federal funds.

With Medi-Cal eligibility, ongoing problems in determining who is eligible, continuing to make payments to people who don't meet the income threshold, or who have left the State entirely, is also putting billions of dollars at risk.

Continued fraud and overpayment with our unemployment insurance benefits continue to cost the State billions of dollars. This is after the massive \$32 billion fraud in unemployment benefits during the COVID years.

Incredibly, the State has missed six straight deadlines for its annual comprehensive financial report, which puts in jeopardy our credit rating, as well as Federal funding.

The auditor's report documents IT projects that languish for months, for years, as antiquated systems beleaguer our bureaucracy, this despite Silicon Valley being a stone's throw away.

You have State entities that continue to fall short of minimum standards for information security and cybersecurity, putting our State, data, and privacy at risk.

Alarming, it is more than just cybersecurity. It is also the security of our physical infrastructure. For instance, the auditor finds that there are 49 dams that pose an extremely high hazard to life and property, and it is getting worse. In just the last 2 years, the number of dams rated either poor or unsatisfactory has increased by 73 percent.

The quality of government service is also unacceptably low. With the EDD, for example, not only do we have continuing, ongoing massive fraud and overpayments, but the folks who actually deserve to get paid benefits have a heck of a time getting the benefits they are entitled to.

The auditor found that, on average, the typical claimant has to call the EDD two to five times per week just to get assistance. The EDD has consistently failed to meet Federal benchmarks for timely payments to those who are actually deserving of benefits, whereas those who are committing fraud against the system seem to have no trouble getting their hands on as much money as they would like.

There are other examples in this report that just truly boggle the mind. For example, the aforementioned EDD during the COVID-19 years decided to order thousands of mobile devices, 7,224 to be exact—this is cell phones, hotspots—so that employees who aren't going into work can continue to do their jobs. These mobile devices, even after they were no longer being used because the pandemic was over, the State continued to pay for them, for thousands of them. They continued to pay service fees, costing the State millions upon millions of dollars.

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Another illustrative example comes from CARB, the California Air Resources Board, that is responsible in many ways for the very high gas prices that the citizens of California have to pay. The report found that there was one particular CARB employee who was paid \$171,446 in salary on an annual basis, so a pretty decent salary they are getting paid. Here is the problem: It was for nearly 15 months after the employee had stopped working that they continued to get paid.

On top of all of this, the auditor found rampant nepotism at the Department of General Services and Caltrans when it came to hiring. They would hire their family members. They would hire their friends for these State jobs. They would even find instances where managers gave the candidates the questions, interview questions, in advance in order to help them get the job.

Now, all of this is in addition to the very well-known examples of just mind-boggling fraud and waste that exist in the California government.

We, of course, have the high-speed rail, now estimated to cost \$128 billion, which is several times more than initially anticipated, where after nearly 20 years we still haven't seen any track laid.