

I yield the floor.

The PRESIDING OFFICER. The Senator from Connecticut.

Mr. BLUMENTHAL. Mr. President, I thank my colleague from Alaska for those very powerful words from himself and the Commandant.

As he has remarked, this Marine Corps birthday always has enormous personal meaning for all of us who have served in the U.S. Marine Corps, including for my son Matthew, who was in Helmand Province. I am hopeful that he will invite his younger brother to one of the Marine Corps balls. Michael served as a Navy SEAL.

This occasion is joined by our colleagues Senators GALLEGO and YOUNG, also marines, and I am sure is supported by others in this body and in the House of Representatives who have served.

So on this great occasion, I ask unanimous consent that the Committee on Armed Services be discharged from further consideration of S. Res. 124 and the Senate proceed to its immediate consideration.

The PRESIDING OFFICER. The clerk will report.

The bill clerk read as follows:

A resolution (S. Res. 124) recognizing the 250th anniversary of the United States Marine Corps.

There being no objection, the committee was discharged, and the Senate proceeded to consider the resolution.

Mr. BLUMENTHAL. Mr. President, I ask unanimous consent that the resolution be agreed to; the Blumenthal amendment to the preamble, which is at the desk, be considered and agreed to; the preamble, as amended, be agreed to; and that the motions to reconsider be considered made and laid upon the table with no intervening action or debate.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

The resolution (S. Res. 124) was agreed to.

The amendment (No. 3936) to the preamble was agreed to as follows:

(Purpose: To include the liberation of Helmand Province in the list of historic battles where United States Marines served)

In the eighth whereas clause, strike "the liberation of Kuwait, and Fallujah" and insert "and the liberation of Kuwait, Fallujah, and Helmand Province".

The preamble, as amended, was agreed to.

The resolution with its preamble, as amended, reads as follows:

S. RES. 124

Whereas November 10, 2025, marks the 250th anniversary of the United States Marine Corps;

Whereas the United States Marine Corps holds a unique place in the history of this country and in the hearts of our people;

Whereas the United States Marine Corps embodies the values of honor, courage, and commitment, inspiring generations of people of the United States to serve and defend their country;

Whereas the United States Marine Corps has earned a distinguished reputation for

readiness in its role and faithfulness in its mission, both in times of war and in times of peace;

Whereas the United States Marine Corps has distinguished itself as a premier fighting force that is consistently prepared to face the challenges of tomorrow and adapt to the evolving character of warfare;

Whereas the United States Marine Corps has consistently demonstrated its ability to adapt to emerging threats and to respond to the security needs of the United States from its founding to the present day;

Whereas tradition has it that the United States Marine Corps had its beginning at Tun Tavern in the city of Philadelphia on the 10th day of November 1775, 250 years ago; and

Whereas this historic milestone is the result of the skill of the United States Marine Corps in battle, its distinguished leadership, its extraordinary courage, and its selfless sacrifice in every major war of the United States from the Revolution to the Global War on Terrorism, including service at such historic battles as Princeton, Derna, Chapultepec, First Bull Run, Belleau Wood, Guadalcanal, Tarawa, Peleliu, Iwo Jima, Okinawa, the Chosin Reservoir, Khe Sanh, Hue, and the liberation of Kuwait, Fallujah, and Helmand Province: Now, therefore, be it

Resolved, That the Senate—

(1) recognizes the 250th anniversary of the United States Marine Corps;

(2) remembers and venerates the Marines and Navy corpsmen who gave their last full measure of devotion on the battlefield;

(3) affirms the motto *Semper Fidelis*, embodying the honorable commitment of every Marine, past and present, who remain Always Faithful;

(4) honors the service and sacrifice of the men and women who serve the United States today carrying on the proud tradition of the Marines who came before them;

(5) reaffirms the bonds of friendship and shared values between the United States Marine Corps and allied fighting forces;

(6) salutes the 250th year since the founding of the United States Marine Corps;

(7) invites the people of the United States to join in the celebration of the 250th anniversary of the United States Marine Corps by attending commemorative events, sharing stories of United States Marine Corps valor and achievement, and recognizing those who have earned the title of United States Marine over the past 250 years; and

(8) encourages communities across the United States to recognize and honor the contributions of local Marines, and to partner with the United States Marine Corps to promote civic engagement and mutual support.

Mr. BLUMENTHAL. I yield the floor.

CONTINUING APPROPRIATIONS AND EXTENSIONS ACT, 2026—Motion to Proceed

RECESS

The PRESIDING OFFICER. The majority whip.

Mr. BARRASSO. Mr. President, I ask unanimous consent that the Senate stand in recess until 6 p.m.

There being no objection, the Senate, at 4:27 p.m., recessed until 6 p.m. and reassembled when called to order by the Presiding Officer (Mr. CRAMER).

CONTINUING APPROPRIATIONS AND EXTENSIONS ACT, 2026—Motion to Proceed—Continued

The PRESIDING OFFICER. The Senator from Louisiana.

HEALTHCARE

Mr. CASSIDY. Mr. President, there are reports that the government will be reopened tonight or tomorrow morning, and all I can say is, it is about time. It has been 40 days too long.

But we also know there is going to be some vote in the not-so-distant future on what do we do about high health insurance costs and, hopefully, another vote as to what can we do about the high healthcare costs that are driving the high health insurance costs.

And we need to talk now. We can't just like come up on the vote and suddenly have a solution. Rather, people need to be thinking about it between now and then, about the solutions that benefit the American people.

Clearly, we have a problem with the affordability of healthcare and of health insurance, and, of course, that is related. And this is something that, in my professional life as a physician, I addressed over 20-some years, before entering political life.

I practiced in a public hospital for the uninsured for over two decades, seeing middle-income and lower income Americans—fellow Americans—who, for whatever reason, couldn't afford their insurance or couldn't afford their healthcare, and they came to the hospital for the uninsured.

So health insurance, healthcare costs—very complicated—and we have got to be a little more creative than just the Federal Government throwing money at them. ObamaCare tried to do that, and it has not worked.

The enhanced premium tax credit, or the EPTC, is the latest example. It was a COVID program unrelated to the original ObamaCare program, and the enhanced premium tax credits sent billions of tax dollars straight to the insurers, hoping that families would see smaller bills.

But you know, it might paper money over the high health insurance costs, but it did nothing for healthcare costs, and, by the way, it also made health insurance more expensive for many. So I think we can do better than just hiding the costs of high healthcare and high health insurance costs by the Federal Government spending billions more.

So an idea that I am asking my colleagues and the American people to consider is a prefunded Federal flexible spending account.

Now, let me make a couple of things clear. First, I am not speaking for JOHN THUNE, the majority leader. I am not speaking for Donald Trump.

In fact, although I was the chairman of the Health, Education, Labor, and Pensions Committee, I am more speaking as BILL CASSIDY, a doctor that worked with the uninsured for 20 years and is now representing the great State

of Louisiana. And I am speaking to my colleagues and to fellow Americans, asking all of us to put aside our prejudice, to put aside our kind of: Oh, no, gosh, the Republicans are proposing it or the Democrats are proposing it; so, therefore, I must oppose.

No, to actually come together in good faith to try and find a solution—so let me first describe what I am speaking of. First, there are two types of tax credits on the Affordable Care Act exchange—the ObamaCare exchanges. And I am going into this for a reason. One is the baseline tax credit that was enacted into law in 2010 that lowers premium costs for those less than 400 percent of Federal poverty.

So the first one started, in 2010, under ObamaCare, the original legislation. It goes to people making less than 400 percent of Federal poverty. During COVID, there was another sum added called the enhanced premium tax credit, and that gives some extra benefits to those less than 400 percent of Federal poverty level but began to cover people over 400 percent of Federal poverty level—so two pots of money. One pot dates from 2010, part of the original Affordable Care Act law, and the other passed by the Biden administration during the COVID pandemic, benefitting those above 400 percent of Federal poverty.

What I am proposing does not touch that baseline. What I am about to propose does not touch the moneys that were set aside in 2010 under the Affordable Care Act. Why do I say that?

President Trump endorsed the concept I will be speaking of, and one of my Democratic colleagues said: Wait. Are you going to give all the insurance money for these accounts?

No. Time out. Absolutely not. We are going to leave that portion which was part of the baseline alone, not touching it at all, but trying to do something with the enhanced premium tax credits, which only began most recently by President Biden under the COVID pandemic.

That begs the question: Why were enhanced premium tax credits necessary?

Premiums had gone up so much. The Affordable Care Act was supposed to lower the cost of healthcare. The cost of healthcare has exploded. The cost of health insurance has exploded. And, unfortunately, under the enhanced premium tax credit, it doesn't matter what the premium is; the Federal taxpayer throws billions more at it. And the insurance companies lost the incentive to negotiate down prices because, whatever the price was, the taxpayer would help pay for it. And we misaligned the incentives to where the insurance companies actually do better if healthcare costs are high.

Now, by the way, I am not here to bash insurance companies. We need them. They are essential. But everybody is going to respond to incentives, and the incentive here is not the right incentive.

So how can we do something different?

Well, I would like to empower the patient instead of sending billions to the insurance company. And if we can put in programs that lower healthcare costs, we may still have premiums that are too high this year, because, by gosh, we only have 2 months until the next plan year starts; but we are going to be able to substitute out these enhanced premiums with something that doesn't go to the insurance company but goes to you the patient. And we are going to begin the process of aligning incentives for giving the patient the incentive to find the better deal, and that begins to lower costs. By the way, that means that we have to think differently.

Now, let's try a new approach, as opposed to just sending paper money to paper over the high healthcare costs and the resultant high premiums.

This is kind of my idea. Right now, we have the enhanced premium tax credit, which I have been speaking of. It goes to the insurance company.

That should say 20 right there. It says 80. I am just going to mark that out right now. Right now—give me just a second. I am going to take this down. I am going to go just like this, and I am going to go 20.

And I don't know if you can see this, but that 20 is the administrative cost and the profit that the insurance companies take out of every dollar you take them.

My assistant is getting me a marker. I had a misprint last night, and I don't want to be misprinted right now. This should be 20. Of that \$26 billion, we are going to send them next year, 20 percent of the \$26 billion goes to profit, and it goes to administrative costs.

Can we do it better? By golly, we can.

Here we go. I am going to get this out of here. I am just bugged the heck out of this. This should say 20. Twenty percent of the \$26 billion that we send them next year would go to profit and administrative overhead.

What if we give the patient the power? What if we say it goes to an account that she controls, that she can spend on her physician, her dental care, her prescriptions, on her eyeglasses? She can spend it on orthodontia. She can spend it on more things than this, and, by the way, 100 percent of the \$26 billion would go to the real care that that woman and her family needs.

So we need to empower her, not give 20 percent of \$26 billion to insurance companies. Nothing against insurance companies. God bless them. We need them. But if I have a choice of empowering you or empowering them—100 percent to you or 20 percent to them—my vote is with you. And I think we as a Congress, no matter what your political party, should all vote the same way.

I want to emphasize something here, by the way: This is prefunded.

People think about flexible spending accounts, and they think: Well, my gosh, this poor person—120 percent of

Federal poverty, 150 percent of Federal poverty—has to put their own money into this.

No. We take the dollars that are in the enhanced premium tax credit, and we put them there instead, and it is prefunded. So it is a little different than we normally think of flexible spending accounts, but, it still works.

Now, on a couple of things I have heard from my Democratic colleagues, by the way, my Democratic colleagues are concerned that whatever we pass over here will not get a vote in the House of Representatives. I am pleased to say that, yesterday, President Trump tweeted in favor of this proposal. I am sure he would ask MIKE JOHNSON to take it up. If Democrats want to vote on something that benefits the American people—and, by the way, here is the tweet. You can't read this. It is classic President Trump. He is talking about money-sucking insurance companies. And then in all caps he goes:

BE SENT DIRECTLY TO THE PEOPLE SO THAT THEY CAN PURCHASE THEIR OWN, MUCH BETTER, HEALTHCARE.

That is the President's way of emphasizing: Let's give power to the people, not send 20 percent of the money to the insurance companies.

And, as I said, with this tweet, the President is indicating his support. I think we rely upon him to ask Speaker JOHNSON to bring it up in the House of Representatives. So if the Democrats want to vote on something that will have a vote in the House, they have got it right there—the President's endorsement. I think this works all the way around.

And let me say once more, after the President tweeted—I am going to repeat, but it is important to repeat because this is a point of misunderstanding. After the President tweeted this, one of my Democratic colleagues said: Wait. Are you going to give all the money to this account for these people?

And the answer is no. The baseline continues to go to buy the health insurance policy, but that enhanced premium tax credit is the sum that goes there. And I am just going to say this once more: It is the enhanced premium tax credit that goes there.

Now, the other thing I hear is: This is way too complicated. No way, can't do it. Uh-uh, can't do it.

It turns out that I have a flexible spending account. Over 70 percent of government employees in the United States of America have a flexible spending account as one of their offerings. Over 40 percent of those in the commercially insured market have a flexible spending account as one of their offerings. The State of Indiana has used something similar to this for their Medicaid population, and it has worked extremely well. This is not so complicated. Federal employees, Medicaid recipients—you name it—70 percent of our fellow Americans have the option of choosing this if they work for

a government entity, and over 40 percent if they work for a business. So this is something which is already out there.

And then I am told: Well, the Federal Government has to set it up.

You know, I will point out that I am on an ObamaCare policy through the small business exchange. My FSA is already administered by the Federal Government through the small business ObamaCare exchange. All we are asking to do is to open that window a little bit more and to take in the individual market ObamaCare exchange. We already have the existing mechanism to do this within the Federal Government. This can be done. We should not consider it so complicated to accomplish.

Now, inevitably, there is going to be some bureaucrat that says they need 6 months to open a window, and that is why I am glad President Donald Trump is the President when this is coming up, because if there is one guy that can cut through the bureaucratic—I am a gastroenterologist, and certain terms came to mind. The Presiding Officer is from a farm State, and maybe they do to you. But the one guy that can cut through the stuff that seems an obstacle to others is President Donald Trump.

I always smile. On Operation Warp Speed, they said it might take 18 months, maybe 10 years, to get a vaccine to market, and President Trump's leadership led it to be in people's arms from before we started within 11 months. This man can make it happen.

So I don't consider it too complicated for the patient to understand, and I don't consider it too complicated for the Federal Government to adapt to, which means we can even do it in 2026.

Now, the next thing I hear: Is it going to cost money?

It is going to cost money. And, again, my Democratic colleagues should like this because the first year, it will cost about the same as the enhanced premium tax credits, because, right now, we are 2 months from the beginning of the year, and there is not a whole lot of time for reforms to be put in place to lower the cost of healthcare.

So for our fellow Americans who are depending upon this, we can fix it for them.

But now we also have the opportunity to pass other reforms that truly will lower the cost of healthcare. So come 2027, those reforms begin to work down the cost of healthcare, and we as Americans will benefit—not just in the ObamaCare exchanges, but in the commercial market, in the Medicare space, and in other spaces as well. We begin to lower healthcare costs for all. That is more value for the individual, more value for the employer, and more value for the taxpayer.

So the choice is before us. We can continue to try to paper over the cost of health insurance by throwing billions more at it—under the enhanced premium tax credit, the money goes to

insurance companies, and 20 percent gets hung up in administrative costs and profit—or we can spend 100 percent of it in prefunded, flexible spending accounts benefiting patients and their families.

What can it be used for? Under the enhanced premium tax credit, you are choosing to use it for insurance premiums and whatever the insurance company thinks you should get. Under the prefunded, flexible spending account, you decide or—since I am looking at Senator CRAMER—Senator CRAMER's wife decides because wives—women—make most of these decisions. She will decide to pay for dental, physician, glasses, prescriptions, or orthodontia. You name it—she gets to pick.

Who makes the decision under the enhanced premium tax credit? Insurance companies. Under prefunded, flexible spending accounts, the patient does, the mother does, the wife does. These are the people that will then make the decisions.

Does it lower costs? No. Under the enhanced premium tax credit, it drives premiums up.

Under the prefunded, flexible spending account, we empower patients to shop to find the best deal for their dollar. That drives competition, and that lowers costs.

I cannot imagine why anybody would choose the status quo of enhanced premium tax credits versus giving the patient the power. We should give the patient the power.

I say this—and I want to be very clear. I am not being partisan. I am in good faith trying to say that everyone should put their party behind them, put their partisan politics behind them, and be focused only on how do we lower healthcare costs for the average American—no, for all Americans. How do we lower healthcare costs? That should be our focus.

My staff asked me if I am wearing a purple tie because I am bipartisan. I said: No. I am wearing a purple tie because LSU lost badly last night, and I thought we should encourage them. So this is my LSU Tigers tie.

That said, just so it works out, I am really emphasizing that this is something we can work on together. President Trump is for it, and I would like my Democratic colleagues to consider it—not just reject it because a Republican proposes it but to actually realize it is in good faith, trying to find a solution for the high healthcare costs that are hurting American families.

Let's take a risk. Let's take a risk. Let's be bold. Let's do something different than we have done before—no, the same thing we have done before, but we have done it in a different space. We have done it on the small business ObamaCare exchange, we have done it through our employer, and we have done it through the Indiana Medicaid Program. Let's try the individual exchange. Let's just trust those patients to make wise decisions for themselves as opposed to treating them like

something—the Federal Government has to tell them what to do.

I return where I started. As a doctor, I took care of the uninsured for 20 years. I always found that my patients, even if they weren't really educated—but you explain the options to them, they make wise decisions. They made sophisticated decisions when you gave them control of their healthcare and you allowed them to make that wise decision.

Let's trust the American people, Mr. President. Let's give power to the patients, not billions to the insurance companies.

I yield the floor.

The PRESIDING OFFICER. The majority leader.

RECESS

Mr. THUNE. Mr. President, I ask unanimous consent that the Senate recess until 8 p.m.

There being no objection, the Senate, at 6:37 p.m., recessed until 8 p.m. and reassembled when called to order by the Presiding Officer (Mr. CRAMER).

CONTINUING APPROPRIATIONS AND EXTENSIONS ACT, 2026—Motion to Proceed—Continued

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MORAN. Mr. President, exactly 1 month ago today, I stood on the Senate floor and spoke about the impact that the government shutdown was having on an already troubled aviation system and that the traveling public was facing tremendous challenges with that shutdown, and I cautioned against prolonging it. Now, 30 days later, we are still here.

I was concerned that if the government shutdown continued, it could force the closure of parts of the airspace and lead to further reductions in the air traffic controller workforce. Unfortunately, both these concerns have materialized in what has become the longest government shutdown in our Nation's history. With 2,300 cancellations, and counting today—Sunday—it will go down as one of the worst days in air travel.

I have never seen anything good come from a government shutdown. Lapses in Federal funding have made it harder for families to access SNAP benefits, Head Start Programs have been put on pause, and thousands of Federal employees are unable to receive a paycheck.

This dysfunction is damaging enough to our constituents and economy here at home, but it also sends a dangerous—a dangerous—message to the watching world. It demonstrates to our allies that we are an unreliable partner, and it signals to our adversaries that we can't work together to meet even the most fundamental responsibilities of Congress.

As this shutdown continues, I want to particularly focus on the impact