

stand in recess until 3 p.m., Monday, December 8; that following the prayer and pledge, the Journal of proceedings be approved to date, the time for the two leaders be reserved for their use later in the day, and the Senate be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each. Finally, notwithstanding rule XXII, the cloture motion with respect to Executive Calendar No. 571, Robert Chamberlin, ripen at 5:30 p.m.

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

ORDER FOR RECESS

Mr. THUNE. Mr. President, if there is no further business to come before the Senate, I ask that it stand in recess under the previous order, following the remarks of Senator CASSIDY.

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

The PRESIDING OFFICER. The Senator from Louisiana.

HEALTHCARE

Mr. CASSIDY. Mr. President, we just had a shutdown over something that the American people I am not quite sure understand, but what they do understand is that they cannot afford their health insurance. They cannot, if you will, afford the cost of being insured. Prices of health insurance and of healthcare are up for everybody. It is not sustainable, and they are looking to us—they are looking to Congress—for solutions.

As a physician, as a doctor, I have seen it firsthand. I have seen patients come to see me with insurance, but they could not afford their deductibles. I have seen people who could not afford their insurance and who therefore take the risk that they will not get sick. We should not have that in our country.

In July, the Health, Education, Labor, and Pensions Committee—the HELP Committee, which I chair—discussed affordability across the entire commercial insurance market, trying to find out why costs are going up so high when you are buying your insurance through your employer or, as the employer, buying the insurance for the employee. But it doesn't matter. If you are on the individual market or if you are on the small business market, you are paying more, and because of increasing healthcare costs, insurance premiums are climbing as well.

Now let's go to the ObamaCare exchanges because the shutdown we just had for over 40 days was related to the fact that subsidies are ending on the ObamaCare exchanges.

A little bit of history: During the COVID pandemic, health insurance premiums were going up so much that Democrats passed extended, temporary, enhanced premium tax credits—if you will, EPTCs—which helped give more money on top of the original ObamaCare subsidies to help people afford their premiums.

The way it works is they didn't give the money to the patient, to the individual, to our fellow American; they gave the money to highly consolidated insurance companies, which take 20 percent of that for profit and overhead.

Now, I am not knocking insurance companies. We all have insurance for our cars, for flood insurance, for property and casualty, et cetera. I am just pointing out that they do take 20 percent of what we give them for profit and overhead.

By giving the money to the insurance companies, we are not actually lowering the cost of the premium; we are just papering over it with subsidies. Somebody is paying for that. It is the taxpayer who is paying for that. The premium is going up. Yes, the person getting the insurance pays less, but we the taxpayers are paying for it. There is no free lunch when it comes to this.

The enhanced premium tax credits don't lower the cost of healthcare, but they are a bandaid on a broken bone.

By the way, we can prove this.

In 2014, taxpayers covered 68 percent of an ObamaCare exchange enrollee's premiums. By 2020, 60 percent had become 80 percent, meaning that is how much the taxpayer was subsidizing. From 2021 to 2025—the era of the enhanced premium tax credits—the taxpayers' share of subsidizing the premiums on the exchanges grew to 93 percent. What started off as 68 percent has become 93 percent this year. Yet, despite all this money—let me repeat—the actual premium never decreased; it is just that the taxpayers were paying more of it for our fellow Americans.

Now, somebody is paying. You and I are paying it. By the way, if you are not getting extra money, if you are paying for it on your own, you are still paying those higher and higher rates. If I were that person individually insured who was not getting the subsidy when everyone else was but my tax dollars were going to subsidize other people, I would feel totally taken advantage of. You are paying for others to get cheaper insurance, but you are paying more because nobody is addressing the higher costs of healthcare.

We should be fair to our fellow Americans who can't afford their premiums. We should be fair to our fellow Americans who are not getting subsidies. So what do we have to do? Well, let's go after the root cause of what is causing the healthcare costs to rise. Let's find out why that is, and let's attempt to decrease the cost of healthcare. It is hard, but I think there are practical solutions that are implementable that could actually do that.

But that is only one part of the conversation. The second part of the conversation is, what do we do about January 1, 2026, when the tax credits that the Democrats passed are set to expire at the end of this year? What do we do for those Americans who are in some cases facing \$33,000-a-year premiums who have a salary of \$90,000? What do we do for them?

Some people just want to continue the subsidies as they are—the status quo: Let's continue the subsidies for 3 more years. And, yes, the premiums will continue to rise. Yes, it will require taxpayers to subsidize more and more. By the way, the policies we are buying have \$6,000 deductibles. They want to continue that status quo.

Well, I can tell you that I am not interested in the status quo. As a physician, I can tell you that putting a bandaid over a broken bone doesn't work. And the Republicans are absolutely interested in finding a solution that can make healthcare and health insurance more affordable beginning on January 1, 2026, but going on beyond that.

So what can we do for January 1, 2026? This is where I think we are headed: If Congress does what it always does, Democrats are going to put up a bill, and it is going to fail. They are going to put up a bill, and they are going to know it is going to fail. The Republicans will put up a bill, and it will fail, and everyone will know that that bill will fail too.

Then premiums will rise on January 1, 2026. The American people who are looking to Congress for a solution will find two bills side by side, neither of which passes and both of which we know will fail, and their premiums will go up. That should not be an option.

I suggest that we find a solution—not a Republican solution, not a Democratic solution, but an American solution. Put differently, not an R, not a D, but an A solution. There are ideas out there on the right and the left that are big ideas, good ideas, or bad ideas, but they are going to take a long time to discuss, debate, figure out, and implement. We have to be focused on January 1, 2026, and that means we have to build on what we already have. Now, folks may not like what we already have, but we have to focus on getting something done in 3 weeks.

So we have two choices: Do nothing and accept the premise that no deal is possible, that the enhanced premium tax credits go away, that there are no reforms to a failing system, that a Democratic bill and a Republican bill both fail like so much fails in Congress, and that the American people are not served—that is one option—or we can roll up our sleeves and figure out something we can all live with.

I think that there is, if you will, such a sweet spot, one in which Congress appropriates funds equivalent—roughly equivalent—to what we would spend on the enhanced premium tax credits, but instead of 100 percent of this money going to insurance companies, which take 20 percent of it for their deductibles and copays, we give 100 percent almost to the patient, to our fellow American, in an account that she controls and can use as she wishes.

So I am proposing not to continue—I will put it up there for our guests in the audience.

Good to see you all.

If we just keep doing what we have been doing for the last 4 years, we send \$26 billion to the insurance companies, which take 20 percent of it for profit and for overhead—that is under the ObamaCare law that they can take that 20 percent—or we can send 100 percent to an account that the patient controls. She makes the decision on her doctor, her dentist, and on some things that insurance doesn't pay for: eye care, dental care, orthodonture. She makes the decision. She gets the healthcare she knows she needs as opposed to the healthcare the insurance company gives her permission to have. Put differently, giving her the money gives power to the patient. That is where we should be.

What Democrat wants to give 100 percent of the money to the insurance companies for them to take 20 percent for profit and overhead? What Republican does not want to give power to the patient by putting money in her account for her to use—I am chuckling, and I will tell you why in a second—as she sees fit?

Sometimes people say—and there are a lot of men up in the audience who are chuckling with me. Some people say: Well, why do you use the feminine when you speak about this? Because women make 85 percent of the decisions in healthcare, and we can trust her to make a decision which is good for her family's health and which is good for her purse, which is good for her pocketbook.

Let's have faith in her to make the wise decision for her family as opposed to having to go to the insurance company, which returns roughly 80 percent of it back but takes 20 percent for profit and overhead. Give power to the patient.

Now, you can do this because under ObamaCare, you can take a credit which goes to a more expensive healthcare policy or you can apply it to a less expensive policy. That gives you savings, and those savings you can split up between all of the eligible people on the exchanges into their health savings accounts. It would be to the patient's financial advantage to take a cheaper plan but to have the health savings account to help pay for her expenses.

By the way, the health savings account, it has been shown, empowers, encourages somebody to make wise decisions. If she knows that "I can get the x ray here for \$500 or down the street for \$2,500," she is going to go where she gets it for \$500. That begins

to lower costs because the people who are more expensive will lower their costs. She, the woman in charge of this, is going to drive lower costs across the healthcare economy.

Some folks say: Wait a second. Health savings accounts—aren't those just for rich people?

No. One, I don't think they are in general, but in this case, we are prefunding them. It doesn't matter what your income is. You get more money. The Federal Government, instead of sending it to the insurance company, puts it into the account for you. You get more money.

By the way, if you do it the way I would like to set it up, if you are less well-off, you get more money. If you are a little bit older, you get more money because—I hate to say it—when you get a little bit older, your healthcare costs go up. If you have a bunch of kids, you get a little bit more money, too, because taking a child to the emergency room can be expensive.

We can make this work for the American family as opposed to the American family working to get the insurance company to approve the care they know they need. My plan does not take away coverage. It doesn't touch the original ObamaCare tax credits. The patients need a solution that reduces their costs of being insured, not just the cost of the premium.

There are a lot of other issues to address. I am pro-life. There are some pro-life issues. But I have found that if we come together in a well-meaning way and work out a way that we can keep the American people from getting stuck with a high healthcare cost, treat their tax dollars with respect, and ideally lower the cost of the program, we can work out other issues.

President Trump endorses this approach. President Trump has said he would rather not give money to the insurance companies. He would rather give it to the people. Actually, he said: Don't give the money to the money-sucking insurance companies; give it to the patient—or something like that. President Trump has a way with words. So, however you say it, let's give the patient the power.

Because President Trump endorses it, though, I do think that Republicans will by and large support it, that there will be a vote in the House of Representatives, and that there is enough in here that Democrats want that Democrats can find some way to embrace it.

The American people want something to pass. Let's work to find something

that can pass. Let's give power to the patient, not profit to the insurance company. Let's make healthcare affordable again.

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.

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

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

ACTION VITIATED—H.R. 3174

Mr. CASSIDY. Mr. President, I ask unanimous consent that the Senate action with respect to H.R. 3174 be vitiated.

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

I yield the floor.

RECESS UNTIL MONDAY, DECEMBER 8, 2025, AT 3 P.M.

The PRESIDING OFFICER. The Senate stands in recess until 3 p.m. on Monday, December 8, 2025.

Thereupon, the Senate, at 3:50 p.m., recessed until Monday, December 8, 2025, at 3 p.m.

NOMINATIONS

Executive nominations received by the Senate:

IN THE ARMY

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE RESERVE OF THE ARMY TO THE GRADE INDICATED UNDER TITLE 10, U.S.C., SECTION 12203:

To be brigadier general

COL. CLINTON MEAD

IN THE MARINE CORPS

THE FOLLOWING NAMED OFFICER FOR APPOINTMENT IN THE UNITED STATES MARINE CORPS TO THE GRADE INDICATED WHILE SERVING AS THE CHIEF DEFENSE COUNSEL FOR MILITARY COMMISSIONS UNDER ARTICLE II, SECTION 2, CLAUSE 2 OF THE UNITED STATES CONSTITUTION AND SECTION 1037 OF THE NATIONAL DEFENSE AUTHORIZATION ACT FOR FISCAL YEAR 2014:

To be brigadier general

COL. JONATHAN H. VAUGHN

CONFIRMATION

Executive nomination confirmed by the Senate December 4, 2025:

THE JUDICIARY

SUSAN COURTWRIGHT RODRIGUEZ, OF NORTH CAROLINA, TO BE UNITED STATES DISTRICT JUDGE FOR THE WESTERN DISTRICT OF NORTH CAROLINA.