The yeas and nays resulted—yeas 49, nays 46, as follows:

[Rollcall Vote No. 639 Ex.]

YEAS—49

Banks	Graham	Moreno
Barrasso	Grassley	Mullin
Blackburn	Hagerty	Murkowski
Boozman	Hawley	Paul
Britt	Hoeven	Ricketts
Budd	Husted	Risch
Cassidy	Hyde-Smith	Rounds
Collins	Johnson	Schmitt
Cornyn	Kennedy	Scott (FL)
Cotton	Lankford	Scott (SC)
Cramer	Lee	Sheehy
Crapo	Lummis	Sullivan
Cruz	Marshall	Thune
Curtis	McConnell	Wicker
Daines	McCormick	Young
Ernst	Moody	
Fischer	Moran	

NAYS—46

Alsobrooks	Hirono	Sanders
Baldwin	Kaine	Schatz
Bennet	Kelly	Schiff
Blumenthal	Kim	Schumer
Blunt Rochester	King	Shaheen
Booker	Klobuchar	Slotkin
Cantwell	Luján	Smith
Coons	Markey	Van Hollen
Cortez Masto	Merkley	Warner
Durbin	Murphy	Warnock
Fetterman	Murray	Warren
Gallego	Ossoff	Welch
Gillibrand	Padilla	Whitehouse
Hassan	Peters	Wyden
Heinrich	Reed	
Hickenlooper	Rosen	

NOT VOTING—5

Capito	Justice	Tuberville
Duckworth	Tillis	

The PRESIDING OFFICER. On this vote, the yeas are 49, the nays are 46.

The motion is agreed to.

EXECUTIVE CALENDAR

The PRESIDING OFFICER. The clerk will report the nomination.

The legislative clerk read the nomination of James D. Maxwell II, of Mississippi, to be United States District Judge for the Northern District of Mississippi.

The PRESIDING OFFICER. The Senator from Idaho.

HEALTHCARE

Mr. CRAPO. Mr. President, this week, we are going to spend a lot of time discussing problems with our healthcare system. To do that, we need to understand just how we got here.

Concerns about the rising healthcare costs are not new. In 2009, Democrats highlighted shortcomings in the American healthcare system as proof that the Federal Government had to intervene.

President Obama told us how to judge his healthcare plan. He told us that Americans would be able to keep their insurance plans and their doctors, and he also told us that insurance premiums would go down. As everyone knows, these predictions did not come true.

But there were signs from the start that ObamaCare would not work, which is why not one single Republican voted for it. That is also why the Democrats created the premium tax credits in the first place. They did not trust the one-size-fits-all nature of ObamaCare to lower costs and expand options.

Instead of decreasing, over the last 15 years, ObamaCare premiums have increased over 220 percent. A family of four pays $10,000 more for coverage today than they did before ObamaCare, and their deductibles have doubled. Insurance providers have dried up, and rural hospitals are struggling. ObamaCare has undermined healthcare in America.

In 2021, the Democrats again decided that premiums were too high and that a Federal response was necessary. But rather than fix the structural flaws in ObamaCare, they created an even bigger subsidy with fewer guardrails to entice more people into a broken program. Not only did they make the subsidy bigger, they made everyone eligible, regardless of their income. So families making $600,000 a year began to qualify. Democrats also temporarily eliminated reviews to confirm accurate payments and allowed individuals to continuously enroll throughout the year.

Because those changes were made under the premise of responding to the pandemic, the enhancements were only supposed to last for 2 years. But before they expired, the Democrats extended them for 3 more years—again, without a single Republican vote.

With those expanded subsidies again about to expire—and by the way, on a date set by my Democrat colleagues—the pattern has become clear: Democrats respond to rising premiums by throwing taxpayer dollars at the problem. Their supposedly ''short-term'' fixes only drive premiums higher and make the problem harder to solve, leaving us with apparently no choice other than to do the same thing again and again and again.

ObamaCare is broken, and throwing good taxpayer money after bad policy is not going to fix it.

The enhanced premium tax credits account for only about 4 percentage points of next year's projected 20 percent increase in insurance premiums.

Let me say that again. These enhanced premium tax credits that we are talking about only account for about 4 percentage points of next year's projected 20 percent increase in insurance premiums.

Extending them will not solve the crisis. What it will do is cause tens of billions more dollars to be paid directly to insurance companies without improving patient care or choice. With taxpayers footing the bill, these subsidies give insurance companies every single reason they need to keep hiking premiums.

Even the Washington Post just yesterday explained in their words that ''Obamacare subsidies make it too easy to scam the system.''

Last year, the Centers for Medicare and Medicaid Services found that 1.6 million Americans were enrolled in both Medicaid and ObamaCare plans. This year, 6.4 million Americans were improperly enrolled in the enhanced premium tax credits, at a cost of $27 billion. Another 12 million subsidized plans reported no claims in 2024, suggesting that many of them were opened on behalf of people who did not even know they were insured.

Because insurance companies receive the subsidies regardless of whether a plan is used, there is no incentive on their part to check the enrollment status. In 2024, $35 billion was paid out for these unused plans.

My colleagues in the House asked the Government Accountability Office to look into the fraud surrounding the ObamaCare tax credits. Their findings, the findings of the GAO, were shocking.

The GAO created fake identities and attempted to enroll them in ObamaCare plans. All four of their fake applicants in 2024 received a subsidy. This year, 18 out of 20 fake applicants received subsidies.

GAO also found tens of thousands of cases of apparent identity theft and hundreds of thousands of cases where insurers or brokers changed people's plans or enrolled them in new ones without their consent.

Perhaps worst of all, they found that over $21 billion worth of subsidies—nearly one-third of all subsidies paid in 2023—had not been double-checked against enrollees' income. That means that there was nothing stopping these enrollees from misrepresenting their incomes to receive higher subsidies than those for which they were eligible.

Ultimately, it is not just the taxpayers that are hurt by this fraud, although taxpayers should not be on the hook for it to begin with; the other Americans who rely on Federal health programs suffer as these program dollars go to waste.

Republicans addressed some of these program integrity issues in the One Big Beautiful Bill—the Working Families Tax Cut Act—when we tightened eligibility and verification standards for Federal healthcare programs, but no degree of oversight and enforcement is as effective as addressing the basic incentives in the system that result in fraud.

I appreciate that some of my Democratic colleagues have finally acknowledged these issues, but the fact remains they have not offered any ideas on how to solve them. Extending these expensive, fraud-ridden subsidies for another 3 years with no reforms—I repeat, no reforms—is a nonstarter. Continuing to pour billions of dollars more into the pockets of big insurance companies and fraudsters will not lower healthcare costs for American families, especially when you consider that the vast majority of Americans are not insured through the ObamaCare Marketplace and are therefore not even eligible for these subsidies in the first place.

Senator CASSIDY and I have a different plan. The motivating principle

is simple: Patients should decide where their healthcare spending goes, not insurance companies.

In line with President Trump's call to direct money to patients instead of insurance companies, this approach builds on the success of the Working Families Tax Cut Act, which expanded health savings accounts and their eligibility to be paired with more affordable insurance plans.

These prefunded, patient-driven accounts will help Americans pay for the out-of-pocket costs that are making healthcare unaffordable. Our plan would take some of the money that otherwise would be spent on the COVID bonuses and direct it to health savings accounts attached to ObamaCare bronze or catastrophic plans as monthly deposits totaling $1,000 to $1,500 per year. Families can use that money to cover costs not handled by their insurance policies without waiting for insurance companies to approve their treatment decisions. Because families want the best value for their money, they will seek out the most appropriate treatment. Over time, this should result in lower healthcare costs as providers compete for patients.

Our plan would also fund cost-sharing reduction subsidies, which mitigate out-of-pocket costs for low-income enrollees, reducing premiums by over 10 percent and saving taxpayers money. I will repeat that. Our plan will reduce premiums by 10 percent and save taxpayers money. These cost-sharing reductions would finally change the notion that Americans should simply accept ever-escalating premiums as the norm. In contrast, the Democrats' temporary COVID bonuses do not lower costs or premiums at all. They throw billions of dollars at insurance companies, up to 20 percent of which can go into profit and overhead. Our plan avoids that issue and empowers patients to control their own healthcare.

We cannot transform our broken healthcare system overnight, but we can make real progress. We still have a chance to enact reforms that will do more than paper over the cracks in our healthcare system. We should take that opportunity instead of making the enhanced premium tax credit mistake all over once again. It is time to lay the groundwork for giving Americans more control over their healthcare choices and making quality healthcare more affordable.

I yield the floor.

The PRESIDING OFFICER. The Senator from Louisiana.

Mr. CASSIDY. Mr. President, this is a really interesting debate.

Right now, Democrats are advocating to send $26 billion to insurance companies so that you subsidize plans—silver-level plans—which have a $6,000 deductible.

I have asked people who have asked me about this: Do you have $6,000 in your bank account to spend on healthcare before the insurance actually kicks in?

Not one has yet raised his hand.

I think some of those advocating for this among Democrats just don't realize the financial situation American families are in when we ask them to pay $6,000 before the insurance kicks in—$6,000 beyond the premium that they are paying for their health insurance. So people—patients—are going to see their doctors, and they can't afford the deductible.

When I was practicing, I would say to my patients: What about this procedure? this test? this medicine?

Doctor, I am in my deductible. I cannot afford that.

So, to have a $6,000 deductible is, for many, the same as having no insurance at all.

By the way, it goes without saying, under your traditional medical insurance plan, you don't get eyeglasses, and you don't get your teeth cleaned. Why not, instead of sending 100 percent of the money to the insurance company, of which they take 20 percent for profit and overhead, we send 100 percent to the patient. Then she can spend it on the services that she knows she needs. This is kind of, if you will, the Republican plan, and I will tilt it this way so those in the audience can see because they represent the American people.

Under the Democratic plan, they want to send 100 percent of the money to the insurance company that takes 20 percent for profit and overhead, and only 80 percent goes for patient care, but to get that 80 percent, you have got to ask permission.

We, the Republicans, want to give the money to the patient so that she can pay for her physician, her dentist, her drugs, her eyeglasses. She gets the money, and she can get the healthcare that she knows she needs as opposed to the healthcare that she gets permission from her insurance company to get. To put it simply, we want power to the patient, not profit to the insurance company.

Now, the other side is going to claim: ''Oh, no. Wait. No, no, no, no''; that, in some way, the plan we are proposing does not work out financially for the American people. You are not lowering their premiums. You are not helping them with their first-dollar cost.

So here is a prospective plan for my State for a couple 55 years old, with a 20- and 21-year-old on their insurance policy, at 500 percent of the Federal poverty level. The bronze plan is $2,250 per month. The silver plan is significantly more expensive. It is $6,000 more expensive a year. It is almost $3,000. Under our plan, everybody up to age 49 gets $1,000 into their health savings account. If it is a family account, it goes into the family account, and those over 49 get $1,500. So this family of four, with those ages, gets $5,000 into their health savings account. It is $5,000 so that, when I go to the doctor and I have got an earache and I need medicine, the health savings account pays for the doctor's visit, and the health savings account pays for the medicine.

Contrast that with what Democrats want. They want a plan which is $6,000 more a month. The net deductible is higher, and you don't have $5,000 to begin paying for your medical bill. You have got no money whatsoever, and on that first trip to the doctor, you are paying out of your purse; you are paying out of your pocketbook.

This is the plan that works for the American people? ''Not.''

When I was a physician—but no. As somebody who had three children, this is not the plan that would have worked for my family.

Republicans are trying to meet the American people where we know they are, not some theoretical ''oh, that is where they should be.'' Most Americans don't have $6,000 to pay for healthcare before they get it billed by the insurance.

So let's do just kind of a side-by-side comparison. Here is the difference between the two accounts.

Who gets the money?

Under their plan, the insurance companies. Under our plan, the patients and families.

What can the money be used for?

Well, here it is subsidized premiums, which means that the insurance company gets it and takes 20 percent for the deductible and copay.

Under our plan, you can use it for your doctor visit, your x rays, to see your dentist, your glasses, or your prescriptions. This is real medical care, not something the insurance company permits you to have.

Who makes the decision?

Under their plan, the insurance company. Under our plan, power to the patient.

We want that patient—we want that mama; we want that wife because they are the ones who always make the decisions on healthcare—to be the one who has the power.

Contributes to lower cost?

Under their plan, no, because it goes to the insurance company that continues to pay those higher rates.

To the patient, if you give her this money, you have got $5,000 to spend it wisely. She is going to say: Wait a second. The x ray is $150 here and $500 there. I am going to where it is cheaper, not more expensive.

I can tell you, when that begins to happen, the people who are more expensive will begin to lower their prices. This is a plan that by sending it to the patient for real care, to the patients with the power, you empower the patient to shop, driving competition and lowering healthcare costs.

We just heard from Senator CRAPO. Under the plan that my Democratic colleagues support, we have seen widespread fraud and unauthorized enrollment.

Under our plan, if you have got a health savings account, it is pretty easy. I just signed up for a similar type of account on my healthcare. You have got to show who you are. It is not really hard. It took me about 5 minutes,

but the banks that manage this money are going to require that you identify that you are a real person. This is an anti-fraud program. What is not to like? The money goes to the patient, not to the insurance company. It is used for real care. It gives the patient the power to shop and find a better price, which lowers healthcare costs, and along the way, we have mechanisms which cut out the fraud. This should be the basis of a bipartisan deal.

So I have called some of my Democratic colleagues. Let me start over. I have been asked by the press: Why wouldn't Democrats want this? I mean, why would they not want 100 percent of the money going to the patient instead of 100 percent of it going to the insurance company, and the insurance company takes 20 percent for profit and for overhead? Why wouldn't Democrats want to give power to the patient so that she can shop for a better deal, instilling competition, which ultimately lowers costs? Why would Democrats not want a system which begins to squeeze out the fraud that Senator CRAPO pointed out is so rampant in this program?

I just shrugged my shoulders. I am not sure. As I say in my Spanish language class, ''digame.'' I am not quite sure I follow.

Then I heard Minority Leader SCHUMER explain that this is all about Hyde. They are afraid that our plan will not allow abortions, so they are going to continue to send the money to the insurance companies, subsidizing premiums, profit for the insurance companies, contributing to healthcare inflation and with unchecked fraud—all because of what is called the Hyde amendment.

By the way, what is the Hyde amendment?

For those watching, the Federal Government, consistent with the will of the American people, has made a decision not to spend Federal dollars to pay for abortion. That is what the Hyde amendment is. For most Republicans, that is an important part of our position, and Democrats have decided that they are willing to forgo all of these advantages in order to protect insurance companies paying for abortion.

Let me tell you the ultimate irony in that. When ObamaCare passed, President Obama made a deal in which these plans were not supposed to pay for abortion. Section 1303 of the ObamaCare law, if I remember correctly, said that these dollars are not supposed to pay for abortion.

Democrats are defending dollars paying for abortion. Either they are going to acknowledge that insurance companies are ignoring the law, in which case—wait—we are going to enable insurance companies to break the law or they are attempting to introduce a source of funding for abortion that President Obama himself did not include.

Now, if your rationale is to send 100 percent to the insurance companies instead of 100 percent to the patient to subsidize premiums instead of paying for real doctor care—they let the insurance companies make the decision instead of the patient—and to not contribute to lowering costs versus empowering patients to shop for a better deal and, with competition, lowering healthcare costs—and, by the way, did I point out they can get a lower premium with $5,000 in a health savings account for that family that otherwise could not afford care because you are trying to introduce a new right to abortion in a Federal insurance policy? Be honest with the American people. Either the original ObamaCare law is being ignored or you are trying to establish a new right.

I have said before that we need to find a way that the American people can afford their insurance. Absolutely, we need to find that way. I have said repeatedly I don't want a Republican plan; I don't want a Democratic plan. I want an American plan, a plan that works for our fellow Americans so that they can afford the insurance that this Republican absolutely wants them to have, but we have got to do it in a way in which they have real insurance, not a policy with a $6,000 deductible, with lots of fraud associated with it, and which does nothing to achieve the goals that we know we need.

I don't see why Republicans merely pointing out that under the ObamaCare law this was not to pay for abortion in the first place should be the reason that we cannot protect Americans from these $6,000 deductibles.

With that, I yield the floor.

The PRESIDING OFFICER. The Senator from Iowa.

Mr. GRASSLEY. Mr. President, when the Affordable Care Act became law, President Obama promised affordable healthcare. Contrary to Obama's promises, in reality, ObamaCare has spiked health insurance premiums and led to higher costs.

Instead of fixing ObamaCare and lowering costs, Democrats established a new, temporary COVID subsidy for wealthy households—temporary. That ''temporary'' ends December 31. Democrats want to extend it way beyond that. It is another example of a temporary program never being very temporary. So this temporary subsidy has driven more taxpayer dollars into broken systems where premiums keep going up and more money is shoved to insurance companies.

Now, remember the promises of 2010—ObamaCare's passage that year. It promised to bring down healthcare costs by $2,500, and we see now, 15 years later, it is up at least $5,000. So you can see the promise in 2010 by President Obama was off by $7,500.

I want to explain how we got here, discuss my concerns about fraud, waste, and abuse in ObamaCare, and provide some commonsense solutions to bring down healthcare costs.

When ObamaCare became law, it established taxpayer-funded subsidies through the Federal Health Insurance Marketplace to reduce a household's monthly insurance premiums. However, these subsidies go directly to insurance companies, not to the consumer.

In the United States today, the median household income is $84,000 a year. Permanent law gives ObamaCare premium subsidies to a family of three making up to four times the Federal poverty line, which is about $106,000 a year. That means that someone making $20,000 more than the median household income is eligible for a subsidy under permanent law.

I assume the ObamaCare authors probably figured households making much more than the median household income made enough money to buy insurance without taxpayers subsidizing it.

Nothing in this debate takes away middle-income households' subsidies. A family making up to $106,000 is at 400 percent of the poverty line. Let me make it very clear, those families are eligible for a subsidy today, next year, the year after, and so on until the law is changed, and I don't expect it will be changed.

In 2021, things changed. It was supposed to be temporary. As I pointed out, temporary laws in this country soon become permanent. In 2021, the Democrats passed their partisan reconciliation law that temporarily lifted the income cap on ObamaCare subsidies. Now, that was supposed to be temporary. The cap, which was at four times the poverty line, was removed temporarily in the name of COVID. In other words, the country was facing a very dramatic health issue. The Federal Government shut down the economy, 22 million people were unemployed, and we didn't really know what it was all about.

Now, we learned a lot of lessons from that, and those lessons will not be repeated hopefully. But this temporary program was set up in this time of great distress about what the future held.

Now, as a result of this temporary program because of ObamaCare and COVID, wealthy households making $600,000, which is well above the median household income, are eligible for the temporary taxpayer-funded ObamaCare subsidies or better known as COVID bonuses. The expansion of ObamaCare subsidies for wealthy earners has cost billions, and the Congressional Budget Office, CBO, projections for its costs keep going up.

In 2021, anticipating some of these problems, I wrote a letter to the then-Health and Human Services Secretary and also the IRS Commissioner. In that letter, I expressed concern about the lack of fiscal responsibility in the ObamaCare subsidy expansion and how that expansion would lead to more waste, fraud, and abuse. At the time, the DHS Secretary responded saying:

HHS and the IRS take program integrity seriously.

The Health and Human Services Secretary outlined all the ways that the Agency was preventing fraud, waste, and abuse.

I can only conclude that the Biden administration's response was just empty rhetoric. Since my letter to the HHS Secretary, the Government Accountability Office has found ongoing fraud risks in these ObamaCare subsidies.

In the last 2 years, the Government Accountability Office successfully enrolled 96 percent of its fictitious applicants in ObamaCare. I really mean fictitious people. This was a test by the Government Accountability Office to see how easy it was to defraud.

Now, when they started it out, they didn't know that that might be the result, but I am going to tell you that that is the result. For example, the Government Accountability Office succeeded in enrolling these fake people despite rules requiring documentation to confirm citizenship status and income. The Government Accountability Office also found that HHS had let Social Security numbers be misused by allowing the same number to be used more than once. The Agency also failed to match enrollment data with Social Security's death data and chose not to reconcile tax credit overpayments with IRS tax data.

Fraud, waste, and abuse don't stop with those examples. This summer, the Trump administration found that 1.6 million people were dually enrolled in 2024 in Medicaid and ObamaCare, leading to billions in waste. Now, understand, 1.6 million people having 2 sources of healthcare and then, at the same time, we keep telling the public how many people in this country—the millions that don't have any insurance at all, and here we have 1.6 million people who were enrolled in 2 healthcare systems.

My own oversight has shown how billions in ObamaCare subsidy overpayments were not collected and—can you believe this?—rules let billions go uncollected.

The COVID bonuses created incentives to misestimate income to qualify for larger ObamaCare subsidies, leading to billions of wastes—yes, higher income people reporting lower income than they actually had just to get a government subsidy.

Lastly, insurance agents are using targeted internet ads to fraudulently enroll consumers with false income verification extension requests.

Extending the COVID bonus permanently increases the deficit by $350 billion and lets billions more go to fraud, waste, and abuse.

CBO has found that 3.9 million Americans would lose their employer-sponsored health insurance if we make these subsidies for wealthy earners permanent. In other words, because of a government program that was supposed to be temporary—if it is continued, employers are smart enough to stop their healthcare program, health insurance program, and turn it over to the government and the government subsidy that goes with it.

My colleagues on the other side of the aisle will suggest that they are only asking for another ''temporary'' extension of the COVID bonuses for wealthy households. Yet their bill will cost taxpayers nearly $300 billion, and there are no reforms to stop fraud, waste, and abuse.

Despite warnings from the Government Accountability Office, the Centers for Medicare and Medicaid Services last issued a comprehensive fraud risk assessment of ObamaCare subsidies in 2018. Now, the law doesn't require that report every year, but the Government Accountability Office said it ought to be issued every year. So by not issuing that on a regular basis—the Agency failing to update its fraud risk assessment plan—it doesn't surprise me that we have a lot of fraud.

My oversight in 2013 found the Obama administration at that time tried to exempt ObamaCare from certain Federal anti-fraud provisions. Yes, the administration at that time wanted anti-fraud provisions to be ignored. So any wonder why you have an environment for fraud.

The full arsenal of civil and criminal anti-fraud protections must be used. I have introduced the Fraud Risk Assessment of ObamaCare Subsidies Accountability Act. My bill simply requires the Agency to update its fraud risk assessment of ObamaCare and update it yearly.

I am glad the Agency is already working to update its fraud risk assessment, but we must hold the Agency accountable to complete this.

I am glad the Republican-led Congress and the Trump administration have begun cracking down on ObamaCare fraud, waste, and abuse, thanks to the One Big Beautiful Bill that the President signed on July 4. The new law stops resources from going to illegal immigrants and those not here permanently, establishes improved preenrollment verification, and requires excess subsidies to be repaid. It is a start, but more work needs to be done.

We can lower healthcare costs and increase quality. It starts with expanding access and competition to high-quality, affordable health insurance through health saving accounts, association health plans, and other consumer-driven health plans.

Lowering healthcare costs requires action to reduce prescription drug prices through pharmacy benefit managers and reforming that program. I have been leading the charge to hold PBMs accountable and put sunshine on their opaque business practices.

We also need price transparency. I am a cosponsor of a bill that is entitled Patients Deserve Price Tags Act and supported the Trump administration's efforts to establish price transparency on hospitals and health insurance companies through regulations.

Just like all of my colleagues on this side of the aisle, I am committed to finding solutions to bring down healthcare costs for American families and not extending government handouts to insurance companies.

I yield the floor.

The PRESIDING OFFICER. The Senator from Kansas.

Mr. MARSHALL. Mr. President, it seems like it was just yesterday. The year was 2010. I was in the surgeons' lounge, and what I remember on the headline news of the day was NANCY PELOSI saying something to the effect of this: We have got to pass the bill so we can read it.

And I knew this bill had something to do with healthcare. They were calling it the Affordable Care Act—ObamaCare, as we now know it by—the ''Not So Affordable Care Act.''

So the doctors and I scrambled, and we said: We better see what is in this bill.

And we said: First of all, gosh, it looks like the insurance companies wrote this bill. The Federal Government is going to give direct subsidies—corporate welfare—to health insurance companies.

It was supposed to max out at $50 billion a year. Today, it is $150 billion a year.

The next thing, when we looked at that bill, we said: My goodness, there is so much in rules and regulations, and we are going to have to take nurses off the floor and turn them into data entry. We are going to have to stay hours at a time, after practice, after office hours, just to do these electronic medical records.

We said that this overregulation was going to lead to consolidation of industry. Here we are 15 years later, and that is exactly what happened.

We have three PBMs controlling 85 percent of prescription drugs. Most every State has one or two healthcare insurance companies controlling the market. There are typically one or two hospital systems controlling healthcare in a large geographical area. The smaller companies can just never keep up.

So what we have seen is 15 years of failed policies. But families deserve real reform, and that is what we are trying to do. We are trying to reform, to fix the ''Not So Affordable Care Act,'' ObamaCare.

And of all the things we saw coming, we thought it would be fraud. But when fraud really spiked is when we added these enhanced premium tax credits—the Biden enhanced premium tax credits. And just like the original ACA, these enhanced premium tax credits were voted for only with Democrat votes. And what it allowed is for patients to have health insurance without paying anything toward the premium.

So we had headhunters who went across the country. They got a person's name. They got their birth date. They enrolled them in ObamaCare, and the

patient never even knew they were on it. But the Federal Government has been sending money to these insurance companies. In fact, one out of three people on ObamaCare, in a given year, never makes an insurance claim.

One out of three people on ObamaCare never makes an insurance claim. That is because most of them don't even know they are on it. And when there is no money coming out of one of their accounts, they have no idea that they are on it.

I think that to Americans, it is like shoplifting—shoplifting at a grocery store. We all end up paying for that. The rest of the consumers have to pay for the shoplifting. That is what is happening in ObamaCare. Everybody else is paying for that increased premium.

So the first thing that we want to do is to stop the fraud in the Affordable Care Act, and we do that in several ways. How about something as simple as checking IDs? I can't get a hotel room tonight—when you apply for Medicare, for Social Security, you need an ID. We need to have job verification. We need to check IDs. We need technology to figure out when dead people should have the stipends stop.

The recent GAO report showed that 58,000 dead people were having premiums paid to these insurance companies for an average of about 9 months each. So think of the cost of that to the Federal Government and to taxpayers—58,000 dead people having an insurance premium paid monthly for 9 months before the Federal Government realizes that they are dead.

Probably, a third of that $150 billion a year we are spending on ObamaCare right now is in fraud, waste, and/or abuse.

The next thing we want to talk about is price transparency. Could you imagine—let's just say that, boy, you had a great year, and you are living that American dream, and you are going to go buy a new pickup truck. And, you know, maybe your family usually drove Fords, and maybe your family drove Chevys, but you want a Dodge. So you know you want four-wheel drive. You know you want a nice V–8 engine to be able to pull your boat and to get unstuck when you are out hunting and fishing, but you would like to know the price. So what is the difference between a Dodge four-wheel drive truck, eight-cylinder engine—maybe a HEMI—versus that Chevy or Ford model which are similar? Could you imagine making that decision without knowing the pricetags?

Could you imagine going into the McDonald's, and you are trying to decide if you want the Big Mac or you want the Filet-O-Fish and not knowing the difference in the prices on that? So why, in healthcare, are we satisfied with not knowing the prices?

So one piece of our solution to solve this riddle of healthcare is to force all healthcare providers to provide prices. So if your doctor says that you need your knee scoped or your doctor says you need an MRI, they can give you a code. You get on your technology, and what the technology shows you, within 60 miles, is all the different facilities that are covered by your insurance and what the cost would be for that procedure and some outcomes as well.

You would be amazed. You can save thousands of dollars on an MRI by doing a little shopping, with the same quality.

You need a joint replaced. You might save $40, $50, $60,000 for having the hip replaced at a surgical hospital as opposed to a traditional hospital setting. And guess what. The infection rates are lower here at this surgical hospital.

So our bill forces, again, all healthcare providers to show you the true costs. This turns patients back into consumers. It is the only industry in America where we don't allow consumerism, and the ACA is just complicating this.

So what our bill does is require, again, all healthcare companies—healthcare providers—to show you the true costs, no excuses.

Think about the savings of this. Even I underestimated the savings of this. This will mean $1,000 a month per family. If we adopt our pricetags bill, it will save the average American family a thousand dollars a month.

America spends $5 trillion a year on healthcare now—$5 trillion a year. If we give the American consumers pricetags, it is going to save a trillion dollars.

Just like Black Friday, when we had people out there shopping, what is the first thing you want to know? You want to know the prices. And, by the way, 80 percent of healthcare decisions are made by women. And I know these women are expert shoppers. If you give them the technology, if you give them the prices, then they can figure out what they want to buy and where the best place to do it is.

Our third pillar is to bridge the subsidy issue for families. Look, I don't have to tell any American the challenges with the cost of healthcare. I never cared for the subsidies—the Biden-era subsidies. Again, they were passed with all Democrat votes. But here we are, and they are going to expire. The Democrats set them up to expire December 31. It was really a COVID-era extra bonus.

Remember, the other 80 percent of the premiums are still going to be covered. The original Biden-era subsidies are not expiring, and they typically cover about 80 percent of the premiums.

So I am willing to extend those for a year, as long as we get some of these other things, as long as there is long-term reform. We get our pricetag bill. We address the fraud. And then what we would do is slowly start putting money into your healthcare savings account.

Let me say that again. The Federal Government, rather than sending money to the insurance companies, we are going to put money in your healthcare savings account to pay toward your deductibles.

Remember, your deductibles under ObamaCare went from $1,000 a year to $15,000 a year. So our bill would start taking part of that money and turning you into a consumer. You combine our pricetags bill, putting money into your savings accounts, and then we are going to see true consumerism, and we are going to see the cost of healthcare come down 20 percent.

Our next pillar that I would like to talk about is high-risk pool protection. Now, what does that mean? Certainly, ObamaCare did some good things, and one of them was to protect people with preexisting conditions.

You may know, but I was an obstetrician. I delivered a baby every day for 25 years. And the most common preexisting condition that wasn't covered was pregnancy. Less than half of pregnancies are covered—are planned. Excuse me. Less than 50 percent of pregnancies are covered, and people buy their health insurance. They didn't think they needed maternity coverage. But guess what. They did.

So I want to make sure everyone's preexisting conditions are covered. I want everyone to have meaningful, affordable access to healthcare, and I want to make sure we protect this. But one way we protect that issue and drive the cost of healthcare down is a reinsurance pool—a high-risk, invisible reinsurance pool—so that when any person in America hits a certain spending amount, they would go into this high-risk pool. They would be State run. We need State money in the game as well.

Everybody that is getting insurance through that State needs to be contributing—probably $3, $4 a month—to that high-risk pool as well. And if the insurance companies knew that you were going to be able to grasp out those outliers, it is going to bring the premiums down for everybody else.

So we talk a lot about CSRs. You could take half of the money that we would save by funding the CSRs and put that money into the start of high-risk pools, and all of a sudden, you have got something going here. If you would implement our plan, I really do think you are going to see healthcare costs go down by a third, maybe 50 percent, but at least by a third. Between pricetags, between funding your HSAs, by making patients consumers, by setting up these high-risk pools, we are going to start decreasing the costs of healthcare for everybody.

So those are our five pillars. Let's stop the fraud. Let's give patients pricetags. Let's bridge the subsidy. I am willing to include the subsidy for a year longer if we start bridging to a better future, where we are not throwing good money after bad money. We set up the high-risk pools, and you end up with lower costs for patients.

We are fighting for patients. We are fighting for hard-working Americans.

We are not fighting here for big business. We are not here fighting for insurance companies. Small businesses are in desperate need to lower the cost of healthcare. For every business I talk to, every union I talk to, every self-employed person I talk to, the cost of healthcare is a top-three issue. And these pillars will help address that.

This plan was not made overnight. This plan, as I said, started really back in 2010 in a surgeons' lounge.

And when I was elected to come here in 2016, this is one of my three or four issues that I wanted to address. And I have continued to revise and refine and improve this plan from year to year to meet this moment. In fact, it was 2018 that now-Speaker MIKE JOHNSON and I put together a comprehensive replacement bill for the ACA.

And here we are today, no better off. Prices are skyrocketing, and we continue to struggle.

I am encouraged. I think we have some momentum. I continue discussions across the aisle. And what I hear my friends across the aisle saying is that we share a lot of the same goals. We want Americans to have affordable, meaningful healthcare.

And by the way, again, a $15,000 deductible for a family making $120,000 a year—that $15,000 deductible is not the same as access to care.

This is not a conclusive list. There needs to be more. There are more things we can do. We need to expand healthcare association plans. We need to allow insurance to be sold across State lines. We need to take on the PBMs. This is just the start, but this would be a backbone. And I don't know why any of my friends across the aisle would be opposed to any one of these particular pillars.

Our text for our bill is out. The legislative text is out there now. We welcome cosponsors. We welcome this as an opportunity to build toward a bipartisan bill in January.

Americans deserve transparency. They deserve accountability. They deserve affordability. And this plan delivers it.

I yield the floor.

The PRESIDING OFFICER. The Democratic whip.

UNANIMOUS CONSENT REQUEST—S. 1829

Mr. DURBIN. Mr. President, I am going to raise a different issue on the floor, and I am going to be joined in that issue by the cosponsor of the legislation, Senator HAWLEY of Missouri. So I will speak to the measure and then defer to him and then make a motion, which I believe the Senator from Oregon Senator WYDEN is going to respond to.

Mr. President, I come to the floor today to ask the Senate to pass the STOP CSAM Act, bipartisan legislation that would finally open the courthouse doors to survivors of child exploitation and their families.

Too many parents in America live in fear every time their child logs into a phone, a tablet, or video game console. They know the internet has, unfortunately, become a hunting ground for predators of children.

Earlier today, the Senate Judiciary Committee learned more about the horrors facing our children online, and we heard from one of those families.

Three years ago, 17-year-old James Woods—an honor student, an accomplished track athlete from the State of Ohio—died by suicide after being targeted by predators on Instagram. We asked his mother today: How long did this relationship online last?

She said: Start to finish—the finish was the end of her son's life—19 hours.

They tricked James into sending them sexually explicit photos, and they threatened to ruin his life if he didn't pay them to destroy the photos. His tormentors sent him 200 messages in 19 hours, encouraging, finally, that he end his life, which he ultimately did.

In January 2022, 13-year-old Jay Taylor—an artistic, compassionate child from the State of Washington, gifted in math—died by suicide after being targeted by predators on Discord. Jay was pursued by a group who used Discord to bully him into taking his own life, which was live-streamed for his abusers to watch.

These are two examples of cruelty and danger for kids that they can encounter on online platforms. How do we do something to stop this?

In 2014, the National Center for Missing & Exploited Children, called NCMEC, received 1.1 million cyber tips of child sexual abuse material, known as CSAM. By 2023, less than 10 years later, the number of cyber tips have exploded to 36 million—from 1 million to 36 million—and every one of those reports represents a child harmed, exploited, and degraded.

As I have heard and learned more about the horrors of online child sexual exploitation, I have made it my mission to try to put an end to it. That is why I worked with survivors, prosecutors, law enforcement, victim advocates, and my colleagues on both sides of the aisle to write a bill that responds with the urgency this situation demands. The bill is called STOP CSAM. The lead sponsor, beginning this year, is Senator JOSH HAWLEY, Republican of Missouri, and the cosponsor is DURBIN, Democrat of Illinois. I would like to thank Senator HAWLEY for being the lead sponsor who voted unanimously with the Judiciary Committee to advance this bill last year.

And I want to recognize the extraordinary survivors and advocates who continue to make this legislation possible by their impassioned pleas. Unfortunately, due to Big Tech's deep pockets, it has not been easy to pass a law to finally hold the tech industry accountable for the harms they cause.

Ask any parent or child walking around holding a cell phone if they are worried about what is going on, on that cell phone, and I will tell you they are. They hope that their children are doing the right things and not being lured into a trap by somebody on the other end of the line. The same thing, of course, is true with computers.

So when STOP CSAM didn't pass the Senate last year, Senator HAWLEY and I were determined to bring it up this year.

Because Big Tech has failed to take the steps to keep kids safe when they are online, it is imperative that Congress do something for the parents and the children who are victims.

The STOP CSAM Act takes a comprehensive approach to stemming online childhood exploitation. Most significantly, it creates accountability. It pierces the broad immunity granted to Big Tech by section 230 of the Communications Decency Act.

I can't think of another element of our economy that is free from any worry of being sued. If you drive in a haphazard and reckless way, you will be held responsible. But when it comes to this industry, they conduct their business with little or no regard for the victims. They are immune from responsibility under section 230.

STOP CSAM, which we bring to the floor today, changes it. It does one simple thing: It allows the victims to sue tech platforms and app stores that promote or aid and abet online child sex exploitation.

Survivors deserve a day in court. I just guarantee you, if there is civil liability on the line here, the industry is going to change and rework their online offerings to protect children. Right now, they could give a darn.

STOP CSAM also forces transparency onto Big Tech by requiring the companies to submit annual reports describing their efforts to protect children. This is more than a box-checking exercise. This bill requires providers to disclose concrete steps they are taking to protect children.

We have all seen the headlines. We all know the worry. Tech companies promise to improve but only repeat the same conduct over and over again at the expense of children.

Last year, half of all cyber tips provided by tech companies included insufficient information to be actionable by law enforcement. Civil liability will change that.

The STOP CSAM Act passed unanimously out of the subcommittee this summer. That unanimity is no accident. It reflects an understanding of what we need to do to protect children.

I am honored to have as my colleague in this effort Senator JOSH HAWLEY of Missouri, and I yield the floor to him.

The PRESIDING OFFICER. The Senator from Missouri.

Mr. HAWLEY. Mr. President, I want to thank Senator DURBIN for his incredible leadership on this issue. It is truly a privilege to partner with him on this effort.

And I just want to say that the premise of this bill is very simple. It is simply this: that our children are not safe online. And I know that because the statistics tell the story. Just looking at the number of reports of child