



United States
of America

Congressional Record

PROCEEDINGS AND DEBATES OF THE 119th CONGRESS, FIRST SESSION

Vol. 171

WASHINGTON, WEDNESDAY, DECEMBER 10, 2025

No. 208

Senate

The Senate met at 10 a.m. and was called to order by the President pro tempore (Mr. GRASSLEY).

PRAYER

The Chaplain, Dr. Barry C. Black, offered the following prayer:

Let us pray.

Eternal Lord God from whom all blessings flow, we thank You for the gift of this day. Lord, inspire us to use these precious hours, minutes, and seconds to glorify You. Give us the wisdom to number our days, that we may have hearts of wisdom. Lord, guide our Senators with strength, courage, and love.

Empower them to build bridges that will keep America strong. Use them to pull down walls of contention and replace them with gates that lead to unity. Provide them with a peace that the world cannot give or take away.

We pray in Your sovereign Name. Amen.

PLEDGE OF ALLEGIANCE

The President pro tempore led the Pledge of Allegiance, as follows:

I pledge allegiance to the Flag of the United States of America, and to the Republic for which it stands, one nation under God, indivisible, with liberty and justice for all.

RESERVATION OF LEADER TIME

The PRESIDING OFFICER (Mr. MULLIN). Under the previous order, the leadership time is reserved.

MORNING BUSINESS

The PRESIDING OFFICER. Under the previous order, the Senate will be in a period of morning business, with Senators permitted to speak therein for up to 10 minutes each.

The Senator from Iowa.

TRIBUTE TO UNIVERSITY OF IOWA CARVER COLLEGE OF MEDICINE

Mr. GRASSLEY. Mr. President, a few times every year I come to the floor to compliment the University of Iowa Carver College of Medicine. I am here again to do it. It has, once again, shown that it is a leader in medicine and advancing new treatments.

As the cofounder and cochair of the Senate's Cystic Fibrosis Caucus, I take a keen interest in cystic fibrosis treatment advances.

Dr. Michael Welsh at the University of Iowa has recently received several awards for his research on cystic fibrosis that has paved the way for new therapies, which is transforming the lives of people with cystic fibrosis. Most recently, Dr. Welsh received the 2025 Lasker-DeBakey Clinical Medical Research Award.

Dr. Lasker's awards are sometimes called "America's Nobels" and are among the world's most prestigious biomedical and clinical research awards.

Cystic fibrosis is a lethal genetic disease that affects a person's lungs, pancreas, and other organs and typically results in morbidity and even mortality.

Until recently, living with cystic fibrosis was challenging and often led to infections in lungs that were very difficult to treat. Thanks to Dr. Welsh's research, we can now target cystic fibrosis at the molecular level that has resulted in 90 percent of cystic fibrosis patients benefiting from the new and improved treatments.

Doctors no longer treat only a person's symptoms, they actually correct a person's defective gene through treatment discovered by Dr. Welsh. I would like to thank Dr. Welsh as his Senator and as chair of the Cystic Fibrosis Caucus for his decades of pioneering work on the fundamental biology of cystic fibrosis and also to congratulate him on winning this prestigious Lasker award. His landmark

discoveries have led to new lifesaving therapies that correct the effects of genetic disorders.

AFFORDABLE CARE ACT

Mr. GRASSLEY. Mr. President, on Monday, the Wall Street Journal editorial board published an article titled "ObamaCare is a Mecca For Fraud."

It articulates the waste, fraud, and abuse in the ObamaCare Program, so I am going to read this article on the floor today and do it for the benefit of my colleagues that maybe don't always read these editorials.

So quoting, and I will try to leave out commentary comment. If I do that, I will identify it as such.

The Minnesota Medicaid gift illustrates how open-ended government welfare can easily become an inducement for fraud. A new Government Accountability Office report finds the pandemic-era sweetened ObamaCare subsidies are . . . ripe for gaming.

The GAO last fall began an undercover test in which it submitted insurance applications for fictitious individuals to the federal ObamaCare exchange and insurance brokers. Nearly all of its invented people were able to enroll in subsidized plans despite submitting false or no records to verify their identities and incomes.

Of GAO's 24 applications, 23 were approved. Eighteen enrollees were still covered as of September, suggesting that the exchange and insurers didn't verify information even after enrollment. The subsidies paid to insurance companies for those 18 applicants totalled more than \$10,000 per month, equivalent to a \$6,700 annual subsidy for each enrollee.

GAO says in some cases "we were not prompted to provide documentation" to verify an applicant's identity. No Social Security number? No problem. In another instance, the ObamaCare exchange "notified us that it had verified the applicant's estimated income based on documentation we submitted. However, we did not submit documentation."

In two cases, brokers called the ObamaCare help center because applicants had submitted invalid Social Security numbers. The center let brokers submit the

● This "bullet" symbol identifies statements or insertions which are not spoken by a Member of the Senate on the floor.



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fraudulent applications anyway. This suggests the Centers for Medicare and Medicaid Services, which runs the federal ObamaCare exchange, was ignoring fraud.

GAO also analyzed enrollment data in 2023 and 2024 for data anomalies. It found more than 29,000 Social Security numbers in 2023 and nearly 68,000 in 2024 that were used to receive more than one year's worth of insurance coverage with subsidies in a single year—meaning the same Social Security number was used by more than one person.

In 2023 one Social Security number was used to apply for more than 125 policies. Perhaps this was identity theft, but it's also possible brokers submitted fake Social Security numbers to enroll ineligible or phantom people in plans. Brokers earn more in commissions from insurers if they enroll more people in ObamaCare.

The Justice Department has charged numerous brokers with enrolling people in ObamaCare plans, or switching them to new plans, without their consent. GAO identified at least 30,000 applications in 2023 and 160,000 in 2024 that had "likely unauthorized changes by agents or brokers."

GAO also found that incomes weren't later verified for enrollees who received \$21 billion in subsidies in 2023. That means they might have received bigger subsidies than they were eligible for. The Paragon Health Institute's Brian Blase has warned that ObamaCare's lax verification controls encourage people to understate income to get bigger subsidies.

Using Census Bureau data, Mr. Blase estimates that about 6.4 million people this year were improperly enrolled in subsidized ObamaCare plans, costing taxpayers \$27 billion. He has also found that about 40 percent of enrollees in plans fully subsidized by the government filed no medical claims. GAO's report suggests many may not be real people. Others may have employer coverage and been enrolled by brokers without their knowledge.

This year's GOP tax bill included modest reforms to prevent ObamaCare fraud, such as requiring the exchange to verify Social Security numbers and income data before enrolling applicants in plans. It also requires people to repay the government if their incomes turn out to be higher than what they estimated on their applications. The Congressional Budget Office projected that the tax bill's ObamaCare fraud controls could result in about one million more people going uninsured, but most aren't eligible for subsidies—and some might not even exist.

Democrats want to boost enrollment in ObamaCare no matter the cost because they view the subsidized and regulated plans as a way-station to a single-payer system. Senate Minority Leader CHUCK SCHUMER plans to tee up a vote this week to extend the pandemic-era subsidies, which have been an inducement for fraud.

Republicans would be wise to remind voters that Democrats sold ObamaCare on false pretenses—e.g., it would make healthcare "affordable." Extending the subsidies would perpetuate that fraud.

That is the end of my reading of the Wall Street Journal of Monday of this week.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The senior assistant legislative clerk proceeded to call the roll.

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

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

RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER. The majority leader is recognized.

HEALTHCARE

Mr. THUNE. Mr. President, tomorrow, we are going to be voting on the Democrats' partisan messaging exercise, which is their 3-year extension of the Biden COVID bonuses.

Now, the Democrat leader came down here yesterday—and he has a number of times now—and he has taken anybody who is listening here in the Chamber and elsewhere from around the country on a tour of fantasyland—a tour of fantasyland narrated by the Democrat leader—because what he is saying about a Democrat plan that will lower healthcare costs is a fantasy. It just is. It is a fantasy. I am going to explain to you why, in just a moment. And it is not any less a fantasy today than it was yesterday and than it was the day before that. It is that. It is a fantasy.

Now, interestingly enough, the Democrat proposal—which is a 3-year extension of the status quo—is an attempt to disguise the real impact of ObamaCare's spiraling healthcare costs. So, if we do this, if we extend this for 3 years at a cost of \$83 billion to taxpayers—\$83 billion to the taxpayers—what happens after 3 years? Another 3-year extension or patch as ObamaCare costs continue to spiral?

During the Democrats' shutdown, one Democrat Senator came to the floor, and, to his credit, he admitted the truth, and this is what he said. He said:

We did fail to bring down the cost of healthcare.

That was his quote:

We did fail to bring down the cost of healthcare.

And so what is the Democrat answer to that failure? An extension of the status quo, while healthcare costs continue to spiral for the American people.

Now, I am going to show you here, first off, where most people get their health insurance coverage in this country. So you have got, in the individual marketplace, which is the blue here, almost 50 percent of Americans—that is about 150 million Americans—who get their healthcare coverage through their employer. So they are in the small group plan, the large group plan, but it is something that, when they get their job, they get healthcare coverage.

You have got another almost 40 percent of the population, about 140 million Americans, who get it through Medicaid, 21 percent, as you can see, and Medicare, about 15 percent. And then, in the balance here, some are uninsured. And then there are some who get it in the nongroup market. There is a sliver there for the military. But in this nongroup, individual market, that is what we are talking about here. We are talking about that sliver right there.

So, remember, again, 150 million Americans, almost 50 percent, get their coverage through their employer. Another almost 40 percent, 140 million Americans, get theirs through Medicare and Medicaid. And then this little sliver right here represents about 23 to 24 million Americans who are in the ObamaCare exchanges.

Now, I just, as a point of fact, want to show you—next slide—what has actually happened in those various markets.

Of course, Medicare and Medicaid are something that the Federal Government—those are programs that have been in place for a really long time.

But if you look at what has happened in the Consumer Price Index since 2014—so take this stretch right here. That is the blue line. The blue line is how much costs have gone up in our economy overall. That is about 39 percent over the past 10, 11, 12 years. And then, as you look at what has happened in the employer-provided market—remember that I have just said that about 50 percent, almost 150 million Americans, get their health insurance coverage in the employer-provided marketplace. In other words, they are in a small group plan or a large group plan, and that rate of insurance increase—although way too high, I would argue—over that same 10-year or 11-year period, is 68 percent.

So the Consumer Price Index is 39 percent. The large group employer market went up 69 percent. So what do you think the premium cost increase was in the individual marketplace in the ObamaCare exchange? It went up 129 percent, and that is since 2014. If you go back to 2013, it has gone up 221 percent, because insurance companies, when this program was introduced, automatically significantly increased and boosted their rates.

So, today, if you are in the individual marketplace, this is how much your insurance rates have gone up since ObamaCare, since its inception a little over a decade ago. That is double—double—the rate of increase in the employer-provided marketplace and triple—triple—the CPI, which is the cost we pay for everything else out there.

So the idea that this has made healthcare less costly and more affordable for people in the Obama exchanges is just a fantasy. It is a fantasy.

Let's go to the next chart here.

So what has happened as a result of that? You have this dramatic increase in the individual marketplace, in the ObamaCare exchange, which is, like I said, double what you would get if you are getting your insurance from your employer in the marketplace.

So what has happened? A lot of employers, particularly small employers—let's take the 25-to-49-employee small business. What is happening in that marketplace? So a lot of those companies used to offer their employees insurance. And that insurance, as I pointed out, is about half of the cost of increase over this time period that you