

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

would get in the individual marketplace in the ObamaCare exchanges.

So what has happened is people in this market—and this is, again, 25 to 49 employees—who up until a few years ago actually did, in many cases, try and provide some sort of healthcare coverage for their employees, what they are now doing is they are dropping coverage. Look at what has happened. In 2010, it went from 92 percent to, in 2020, down to 70 percent; and then in 2025, down to 64 percent. So the employer marketplace is shrinking.

Why is that? That is a good question, right? So why would people be dropping out of the employee marketplace and going into the individual exchange?

Well, I mean, the answer is pretty obvious. If you are an employer or you are an employee and you can get into a marketplace where the government is subsidizing your premium—if you are an employer, they are just responding to, obviously, what most employers do, and that is a way to reduce their cost and to transfer that cost to the Federal Government.

So the employer market, particularly the small business market, is shrinking. At the same time, the ObamaCare market is expanding—and expanding pretty dramatically—and premiums cost about double what you would see in the employer marketplace.

So let's go to the next chart.

And the thing that you have got to remember here is, if you look at it, this was promised, at the time when ObamaCare was being debated—I happened to be here at the time—that this was actually going to reduce costs. This was going to score as an overall savings to the Federal Government.

Here is, in the exchanges, what ObamaCare actually costs. You can see it dramatically increased right about here, when enhanced subsidies—the Biden COVID bonuses—was passed by the Democrats, with not a single Republican vote in 2021, and then extended in 2022 and set to expire this year. This is all of their own making.

I mean, somehow, they have tried to shift the narrative here that this is somehow a problem of the Republicans' making. They set the expiration date, and they passed the legislation in 2021 and 2022 that led to this explosion in costs.

And so now the 10-year score on this program—the 10-year score on this program—is now \$1.3 trillion—\$1.3 trillion for the taxpayers to subsidize, in the individual marketplace, the 23 or 24 million Americans who receive their coverage there.

That is just flat staggering. Look at that. So we are looking at 2024, 2025 now—\$150 billion a year over a 10-year period. As I said, it ends up being scored by the CBO as \$1.3 trillion.

But here is what happened. The spending went up dramatically when the very issue that we are talking about here today, which is these Biden COVID bonuses—they were designed to be in response to the pandemic when

they were enacted in 2021. Now, in 2021, as most people remember, we were kind of past the pandemic, and that particular legislation, the Inflation Reduction Act—the so-called Inflation Reduction Act, obviously not the case—passed in August of 2021. We were well past the pandemic, but it gave the Democrats an excuse to put more Federal money into a failing program that is driving up costs and increasing dramatically the cost to the Federal taxpayer.

Then in 2022, they said—oh, they still had the majority—they said: Well, let's extend this thing. And they extended it.

I should say that 2021 was the American Rescue Plan, and 2022 was the Inflation Reduction Act.

They decided to extend this program and these Biden COVID bonuses—which, in 2022, as I recall, the pandemic was pretty well past us, right? They decided: Let's keep this thing going. This is such a great deal. We are passing all these costs on to the American taxpayer, and we can go to people in the Marketplace and tell them “We are reducing your premiums.”

So that is what happened.

Go to the next chart.

Interestingly enough, this is another effect of all this. This is what has happened in this Marketplace—again, just an example—because the way this thing is structured—and this is ironic to me because I have always thought of Democrats as standing—at least their narrative is that they stand up to Big Business and they stand up for the little guy, the person out there struggling to make ends meet. Yet the way this program is structured, the payments go directly to the insurance companies. So the insurance companies are incentivized to get more people into these programs because when they do, they get paid by the Federal Government.

There are a couple of other features about this plan today that make this thing even more, I think, staggering to the American people. One is, there are no income caps.

Another feature of the Democrats' narrative is that somehow this is going to—we want to be for the little guy, for the guy who is trying to make it out there, the person who is really struggling to get by, the lower income category. But what this does is this forces hard-working taxpayers—people out there trying to get by—to subsidize the insurance costs of affluent, wealthy people. Why? Because in 2021, they took off the income caps. There are no income caps in this program. It used to be 400 percent of poverty which, for a family of four, is about 128 grand a year. They took the caps completely off, blew the caps off. So now you have people making 500, 600 grand a year who are getting subsidies from people who are making \$25,000 a year in this Marketplace. That is pretty remarkable—pretty stunning, really.

So you have insurance companies, big insurance companies, being the

beneficiaries and affluent people, with no income caps, in this program.

But the other feature of the program is this: There are zero-dollar premiums. What does that mean? There are a lot of people who are getting covered by insurance companies because they meet the eligibility requirements who aren't paying anything for coverage. There is no premium whatsoever. We call them zero-dollar premiums. Those have exploded.

One of the reasons they have exploded is because an insurance company can say “I found somebody in this particular population group who meets these criteria, this eligibility. We are signing them up.” And since they don't have to pay a premium, they don't even know they are covered.

So what has happened the past few years? The number of people who haven't filed claims literally since 2021 has tripled.

As I said before, there are lots of reasons why people don't file claims. You might have a good, healthy year. You may be a younger person who doesn't have health issues. But the fact of the matter is, you would see—from 2021, when they made this change to take the lid off of income and to create zero-dollar premiums and then to see this explode—the number of people who didn't file a claim tripled in the last 4 years. What does that suggest? I would argue it suggests there are a lot of people out there who have no idea they are even covered. They have no idea they have coverage because they are not paying anything for it, and the insurance company is incentivized to autoenroll because they are getting the payment directly from the American taxpayer.

That is how this program is structured, and that is why it is never going to reduce costs. Insurance companies are incentivized to increase premiums. Businesses are incentivized to push people out of their marketplace into the individual Marketplace, where the taxpayers will subsidize the premiums, the cost of healthcare. Then what you get is a dramatic runup in healthcare costs, an explosion in healthcare costs.

Again, I just want to put that second chart up, which shows the difference in the different marketplaces.

This number right here, the orange number, that is the individual Marketplace. That is the ObamaCare exchanges. This is the employer market—half the cost. Again, taxpayers are paying the premiums. The incentives are all there to continue to run up the cost.

This is nothing more than a failed program, partly because it is a failed structure with no incentives to reduce costs; where insurance companies decide to cover you—you may not even know you have coverage; in which high-income people, people making \$500,000, \$600,000 a year, can go into this Marketplace and get subsidies from the Federal taxpayers, from people making \$25,000, \$30,000 a year. That is what we

are talking about. That is the fantasyland the Democrats are trying to take the American people for a tour of.

So we will vote on that extension, the 3-year extension, with no reforms.

By the way—and I don't have the chart here—the Government Accountability Office did a study of this Marketplace. They submitted fraudulent claims. In other words, they got people to submit to try to get into the program. They tried to get into the program. What the Government Accountability Office found was that 95 percent of these got enrolled by the insurance companies. That audit was not done 2 years ago, 5 years ago; that audit was just released last week. The Government Accountability Office said that in their survey population—they looked at a group of people, a population, and found that 95 percent of these people that the insurance company signed up were fraudulent.

So you have a program that is rife with waste, fraud, and abuse. What would you think you would want to do? Here is what I would want to do if I were them and I actually wanted to fix this thing. I would be interested in reforming it. I would be looking at some income caps. I would do away with zero-dollar premiums. I would figure out how to structure this so the money isn't going to the insurance companies.

That is not what they did. They just said: We are going to extend this for 3 years—at a cost, I might add, of \$83 billion, scored by the CBO. No changes. Just continue to run up the cost in the individual Marketplace like that but have the American taxpayers pay for it and then go tell people that you are trying to keep their premiums down.

This does nothing—nothing—to lower the cost of health insurance.

So Republicans will offer up something as an alternative. Just as a point of fact, it contains some provisions in it which try to move us away from a couple of the features of the ObamaCare exchanges.

One is, it tries to get the money in the hands of the American people. By doing that, creating health savings accounts where money flows into the health savings account, the individuals control rather than having it controlled by the insurance companies. Now, you still get your insurance in the Marketplace, but now you would have more dollars at your discretion to decide how you are going to use them. Instead of taking a silver plan in the ObamaCare exchange, you might take a bronze plan. A bronze plan would mean you are paying less for it, sometimes might have a higher deductible. But with the proposal we are going to put forward, there would be money coming into these HSAs that the individual would control.

It is about individual control versus government control, first and foremost. It is also about actually lowering costs.

Interestingly enough—put the next chart up there. This will be too small

for most people trying to watch this—although there are probably not many—on television.

It also has the advantage of scoring a savings. The proposal we are going to put on the floor will actually reduce premiums, according to the Congressional Budget Office, by about 10 to 11 percent—so a double-digit reduction in premiums under this proposal—and save the taxpayers some money. It scores it as a \$30 billion savings.

Instead of taking that \$30 billion and giving it to the insurance companies, what we would suggest here is you actually let the American people—the consumer, the patient, if you will—manage this and have these dollars available to them at their discretion. That is a very different business model than what is being offered up by the Democrats. It also has the added advantage of actually, as a matter of scoring by the Congressional Budget Office, reducing premiums—reducing premiums—something their plan will never ever be able to say.

This is the average reduction in premiums across the country State by State. Like I said, it is too far away for you to see. In my State of South Dakota, it will reduce them by \$900. That is pretty much going to be true everywhere.

We can do a lot better if we can continue to make some of these reforms and changes in these programs and get those premium rates even lower—what I would argue is actually a double-digit reduction in premiums relative to what they are offering up, which is a dramatic increase in spending, increase in premiums, increase in costs, which go on indefinitely.

This is a 3-year extension with no reforms. It doesn't adjust income limits. You can still have unlimited income and still qualify on these exchanges. It doesn't do anything about zero-dollar premiums and continues to incentivize insurance companies to autoenroll people, many of whom will never know they are enrolled. The insurance company is getting paid. This program continues to drive up costs in the individual Marketplace, which, as I said, is about double what it is in the employer marketplace.

So you tell me—is that the bet you want to make?

Now, the Democrats seem hard over on doing this. And I understand there is a lot of pressure: Just do it. Just do it. Just extend it.

But a 3-year extension without reforms and furthermore a 3-year extension that actually backtracks on some of the reforms that had been made earlier—and that also is in their bill—creates more fraud, more waste, more abuse, higher prices, and higher costs for the American taxpayer. It is a pretty bad bet. That is what this is all about for them.

The question is, Do you want the government deciding this or do you want to put this power and these resources in the hands of the American

people, the American taxpayers, patients? That is what we are about.

When we have that vote tomorrow, that is what is at stake. Like I said, I don't have any expectation probably that we are going to get Democratic votes for our proposal, but we are offering something that actually does reduce healthcare costs and premiums, puts power back in the hands of individuals, and that really is what this ought to be about. It ought to be about the American people being able to buy the insurance they want, the coverage they want, at a price they can afford.

Mr. President, that will be the vote tomorrow.

Thank you all for indulging me in walking through a little bit about the history of this because sometimes it has been very color-coded by our colleagues on the other side. But this is real. This isn't a fantasy. What they described for you the past few days here is a fantasy.

I yield the floor.

#### RECOGNITION OF THE MINORITY LEADER

The PRESIDING OFFICER. The Democratic leader is recognized.

#### AFFORDABILITY

Mr. SCHUMER. Mr. President, the first stop on Donald Trump's so-called affordability tour was a train wreck.

Last night's speech in Pennsylvania was supposed to kick off a new messaging campaign on affordability, but all it did was expose how Donald Trump simply doesn't get it. Anyone listening to Trump's speech could see he simply doesn't get what people are struggling through. He is trapped in his billionaire bubble.

In his speech that was supposed to be about affordability, Donald Trump kept making fun of the word "affordability." Does he have to go shop for groceries and not be able to buy the things his family needs? When your car is damaged in an accident and you don't have money for the deductible and you don't have a car, does he understand that?

Donald Trump is in his bubble, and he kept making fun of the word "affordability." People are struggling. They can't afford basic needs. And Donald Trump keeps making fun of it by calling it all a giant hoax. But Americans know affordability is not a hoax. They see it as very real every time they go to the grocery store, pay their bills, pay their rent. And Donald Trump just doesn't get it.

What was Donald Trump's solution to affordability? Well, last night, Trump said parents should buy their kids fewer dolls for Christmas. We are not talking about fewer dolls for Christmas; we are talking about necessities like food, like medicine, like fixing your car when it gets damaged, like maybe going to see the grandkids whom you haven't seen in 2 years because you can't afford the trip. He said