

this President is cozying up to dictators and authoritarians all over the world. In fact, if you just read their National security strategy that came out last Friday, you will see it completely abandons the idea that the United States will stand up to dictators and authoritarians, abandons the idea that we stand up for democracy and freedom and human rights and the rule of law. It is a document that actually green lights cozying up to people like Maduro.

So what they are doing is using the American military in an attempt of outright regime change. And I just read the words of James Madison, who really put it best back in 1793 when he wrote:

In no part of the Constitution is more wisdom to be found than in the clause which confides the question of war or peace to the legislature, and not to the executive. . . . The trust and . . . temptation would be too great for any one man.

As I said earlier, Donald Trump has been asked directly whether he has to comply with the Constitution of the United States, and he said he doesn't know.

It is our obligation to uphold our duties under the Constitution of the United States. That is what Senator MERKLEY's resolution does. It says we shouldn't be spending any of our country's precious resources on going to war against Venezuela unless this Congress undertakes its responsibility and were to decide to declare war.

In my view, going to war against Venezuela is a very bad idea. Let us not simply slide into it through negligence. That is what we are trying to avoid through this resolution.

I yield the floor.

THE PRESIDING OFFICER. The Senator from Kansas.

UNANIMOUS CONSENT REQUEST—S. 3380

Mr. MARSHALL. Mr. President, healthcare is in a crisis. What Republicans want to do is put patients in charge, not insurance companies. But the first thing we need to do to fix ObamaCare is to address the fraud in ObamaCare. If we can't agree on this, I don't know how we can possibly begin to fix ObamaCare.

I refer everyone to the recent week's Government Accounting Office report. They show people enrolled without consent, subsidies flowing from the Federal Government to insurance companies from people who don't even know they are enrolled in ObamaCare. They show that there were toddlers enrolled in ObamaCare. They demonstrated 58,000 dead people who were enrolled in ObamaCare, each of them having premiums sent to insurance companies on their dead body's behalf for some 9 months on average. We saw one Social Security number being used over and over again.

In fact, over a third of the people on ObamaCare didn't file a claim. Now, I am not saying that all those people are fraudulent. In a group of otherwise healthy folks, maybe 20 percent of peo-

ple don't file a claim. But from 2021 to 2024, we saw that the number of people not filing a claim went from 19 percent to 35 percent, and that is when the enhanced subsidies kicked in, and therefore many people had zero premiums, so the Federal Government was paying their entire premium.

Again, we think that this report demonstrates billions of dollars of fraud, very often estimated at some \$25 billion. That is why we introduced our bill, S. 3380, the ACA Marketplace Integrity Act, to stop the fraud. Who could be against that? Who could be against stopping the fraud?

Our solution—I think it is pretty simple.

First of all, mandatory identification verification for enrollment. Look, you can't get on an airplane, you can't get a hotel room, you can't rent a car without an ID. So let's verify identification. That is going to help decrease the fraud.

Secondly, we are asking for a minimal monthly payment from everybody involved in ObamaCare. We are asking for \$5—the cost of a Big Mac, maybe a Big Mac meal. For \$5—we are asking people to contribute to their own healthcare insurance, and we don't think that is too much to ask.

How is that going to prevent fraud? Well, look, if you are seeing \$5 taken out of your paycheck or your bank account or charged to your debit card every month, you are going to sit there and say: Huh, where is that coming from? And if you contact the person where that debit is going to, then you are going to find out, oh, it is an insurance company.

I know we have all had something similar to that happen to us where we signed up for some type of streaming service years ago, and you can't get it off your credit card, but it just keeps recurring.

So what we are asking for is a minimum monthly payment of \$5 from everybody on ObamaCare.

Now, my friends across the aisle are going to say that eliminating the zero-dollar premium will prevent people from getting a plan and that it is a trap to dismantle the ACA.

Look, I am not trying to dismantle the ACA; I am trying to fix it. I am trying to fix it for the folks who have seen their premiums more than double, people whose deductibles went from \$1,000 a year to \$15,000 a year. Why would we want those fraud dollars going to the insurance companies of all things? Let's take that same money and fund healthcare savings accounts.

Now, the next point we do with our bill is we codify President Trump's integrity rule to strengthen verification. I think that just these simple tests, these simple solutions, will decrease the fraud.

I think what consumers need to realize is that, just like shoplifting—even though the day you are there shopping, someone shoplifting doesn't impact the price of what you are buying, eventu-

ally it does. So this shoplifting, this fraud that is going on where we are taking good, hard-earned taxpayer money and sending it to insurance companies, is driving up the cost of healthcare for everybody, and every wasted dollar skips the real care that is needed.

I don't know why my Democrat friends want to prioritize insurance companies over real people and shrug their shoulders at fraud by fighting subsidy cuts.

What we as Republicans demand is honesty, accountability, transparency, and then we are going to redirect these subsidies. Let's redirect the subsidies, empowering patients over insurance companies—again, all with transparent services. But we have to start with anti-fraud. If we can't agree to stop funding imaginary enrollees, what can we agree on? If it is not our plan, then what is the Democrats' plan? Show us a plan that fights fraud.

In Kansas and in every State of this Union, resources are blessings. It is Christmastime. It is a time to remember other people. I truly want every person in America to have meaningful, affordable access to healthcare, and the Republican plan does that. But we have to start by stopping the fraud.

Let's not waste hard-earned taxpayer dollars. Let's stop throwing good money after bad money.

This bill will stop the fraud. It is going to prioritize patients. And I urge every Member of the Senate to help us immediately stop the fraud.

Mr. President, I ask unanimous consent that, as if in legislative session and notwithstanding rule XXII, the Finance Committee be discharged from further consideration of S. 3380 and the Senate proceed to its immediate consideration. I further ask that the bill be considered read a third time and passed and that the motion to reconsider be considered made and laid upon the table.

THE PRESIDING OFFICER. Is there an objection?

The Senator from Georgia.

Mr. WARNOCK. Mr. President, reserving the right to object, listen, I have had the honor of working with my friend the Senator from Kansas on many issues, and I welcome him to join the conversation on our side of the table about how to get people affordable healthcare.

I can tell you that as I move across the State of Georgia, which is a non-expansion State, much like Texas, people are trying to figure out how they are going to keep their healthcare.

In about a month, folks will see their healthcare premiums double, on average. For some, it will triple. For others, it will quadruple. People will lose their healthcare, and some people will die as a result of that.

A healthcare policy in general is a matter of life and death. We have seen the Republicans through their "Big Ugly Bill" cut \$1 trillion out of Medicaid, and 15 million people lost their

healthcare. Now 22 million people are going to see their healthcare double, on average. That is the problem we are confronting right now.

I have not heard a solution from that side of the aisle about how to fix that. So I object that we would add yet another 1 million people who will not be covered as a result of this plan that my colleague from the State of Kansas is offering this evening.

It is particularly harmful for non-expansion States. Some may reasonably ask: Why these zero-dollar premiums? Georgia, like Kansas, is a non-expansion State. The truth is, a lot of these folks who have the zero-dollar premium plans, they would have zero dollars if they were in an expansion State.

So for me, it is a matter of fairness. I am standing up for the people in my State of Georgia. There are 500,000 Georgians in the healthcare coverage cap. If they lived in California, if they lived in New York, if they lived in North Carolina, they would be covered. And so, for that reason and others, I object.

The PRESIDING OFFICER. The objection is noted.

The PRESIDING OFFICER. The Senator from Alabama.

HEALTHCARE

Mr. TUBERVILLE. Mr. President, for months, our Democratic colleagues have been fearmongering about our healthcare system. They blamed everyone but themselves for the skyrocketing premiums Americans are dealing with today.

The truth is, Obamacare destroyed—absolutely destroyed—our healthcare system. It is completely unaffordable. As a result, American families are now paying the enormous price for Barack Obama and woke Democrats' ObamaCare system.

Sure, the idea of ObamaCare sounded great. Who doesn't love the idea of free healthcare? But those of us who live in reality or understand basic economics knew this was never, ever going to work, which is why not a single Republican voted for it in the Senate or the House, when it was voted on.

You see, Obamacare was always destined to fail. You can't pump millions of dollars into healthcare and not expect rampant fraud to take place. It is not possible. Nevertheless, woke Democrats rammed it through Congress, and it was signed into law by President Obama on March 23, 2010. It was the biggest overhaul of our healthcare system since Medicare and Medicaid, in 1965.

On paper, it sounded great—expand access, protect people with preexisting conditions, and make insurance cheaper for families without employer plans. But to no one's surprise, what started as a bold Democratic dream of affordable coverage for all turned into a bloated mess. In fact, the only winners of ObamaCare are the big insurance companies that are getting filthy rich on the taxpayers' money.

Meanwhile, Americans are spending thousands of dollars on premiums for coverage that often doesn't cover their needs. And Americans can thank nine of my current Democrat colleagues who voted yes on that final passage, in December 2009—Senators MURRAY, CANTWELL, WYDEN, MERKLEY, SCHUMER, GILLIBRAND, COONS, DURBIN, SANDERS, and TAMMY BALDWIN, who was in the House at the time. These Democrats jammed this through with not a single Republican vote, ignoring real concerns about how the system would limit competition, leading to lower standards of care; or how it would line the pockets of the big insurance companies while forcing hard-working Americans to pay high premiums; or how it would decrease transparency, leaving Americans to often leave the doctor's office not having a clue how much they owe when they leave; or how rural hospitals would be forced to close their doors, and doctors and nurses would be leaving the medical field because they couldn't make a living.

But they didn't care about any of this. They didn't care about any of it because they always knew we would wind up, today, in the position we are in, 15 years later. They knew costs would become unaffordable for Americans. They knew that, but they were just fine with that because their end goal is to have socialized medicine paid for by American taxpayers, which, by the way, has not worked anywhere in the world. They have terrible healthcare when they do that.

Obamacare was just the first step toward free healthcare for all—the first step. To start, ObamaCare created State and Federal Marketplaces where individuals could shop for coverage. These Marketplaces were intended to be online for health plans.

By the way, if you remember this, they spent about \$10 billion and couldn't get the healthcare website going. But we wasted all this money. When they launched this, it just crashed. People couldn't use it for weeks, months. It cost us hundreds of millions of dollars daily. That was a foreshadowing of the disaster to come, if you just think about it.

On the Marketplace, health plans are sorted in different levels—bronze, silver, gold, and platinum. Each level shows how costs are split, with bronze being the most basic, and platinum being the best and higher coverage. The middle-of-the-road silver plan means that the insurer pays for 70 percent of your care—insurance companies. The enrollee pays the remaining 30 percent through deductibles, copays, and coinsurance. Regardless of tier status, each plan covers what is called the central health benefits—things like hospital stays, maternity care, prescriptions, emergencies, and preventive services. That sounds comprehensive, doesn't it? But it came at a heavy, heavy price, driving up costs from day one.

This is where the Democrats' real problems started. They named this ridiculous bill the Affordable Care Act. So they couldn't have headlines on day one saying how prices were going up. What did they do? To address this affordability issue, Democrats came up with two big financial plans to supposedly help with affordability.

The first thing they did was create cost-sharing reductions, which were designed for lower income buyers who had the silver plan. Basically, CSRs allowed the government to help these silver plan enrollees pay out-of-pocket costs like deductibles and copays. Shifting the bulk of the cost to whom? The American taxpayers.

By 2017, a court ruling stopped these ridiculous CSR payments. So insurance started raising silver plan prices to cover that gap that the court said you couldn't do. As a result, families saw their premiums jump 20 percent to 30 percent in some States.

And the second big Democrat idea was the premium tax credits, which was created for people earning about \$15,000 a year, and it was capped at those making \$60,000 a year. This program ballooned during the pandemic, when Democrats decided to expand these subsidies.

In 2021, the American Rescue Plan got rid of the \$60,000 income cap, meaning higher income Americans could now qualify for the subsidies. This meant that many lower income Americans got zero-premium plans for the very first time. This caused enrollment in Obamacare to double in just 5 years—double—from 11 million people enrolled in 2020 to 24 million in 2023.

Here we go.

This was all thanks to fatter subsidies, slacker rules, and year-round special enrollment periods, which allowed people to sign up at any time, no questions asked.

These exchanges didn't lower costs. They just shifted the bill. To whom? To the American taxpayer. Premiums kept rising, thanks to price-gouging and decreased competition.

But the taxpayer-funded subsidies temporarily shielded enrollees from seeing how much costs were going up.

Take a family of four earning \$80,000, for example. They might have paid \$500 a month for coverage before Democrats expanded these subsidies—\$500 a month. But now, they are paying zero for coverage while you, the American taxpayer, are stuck with paying the rest of the bill, just moving closer and closer to socialized medicine.

This is all thanks to the Democrats' broken subsidy system.

Guess who benefits the most. Not you. The Joint Economic Committee report revealed that insurers and brokers are getting rich off of these subsidies. For every \$1 that is paid by the taxpayers, the families only get 34 cents of this \$1. The other, where does it go? It goes to the insurance companies or it just disappears. I wonder where that goes?