they were either enrolled or had made changes to their insurance without their consent. Now, this is a problem. If you are taking a medication or even if you have a particular doctor you like, having your plan change without your knowledge or consent could result in the loss of coverage altogether or force you to change doctors unnecessarily.

But this underscores one of the most significant problems that my Republican colleagues and I have raised with these so-called ObamaCare enhanced subsidies. They directly line the pockets of insurance companies without lowering the costs for consumers and taxpayers, and they do so in a way that is rife with fraud.

When insurance brokers are enrolling patients or making changes to their coverage without their consent, the insurance company receives those tax dollars for the enrollee. But since the patient doesn't—or may not—have knowledge that they have even been enrolled, or perhaps they are already enrolled in some other policy elsewhere, the insurance company will have to pay out zero in claims.

That is what insurance companies like. They like to collect the premium, and they like to pay as few claims as possible. So it is a perfect arrangement for them, but it is not for the taxpayer.

These ObamaCare-enhanced subsidies are rife with fraud and should not be extended without meaningful reforms. In addition, the problems raised by the GAO report, the subsidies don't contain Hyde protections. I mentioned that a moment ago.

People who have a conscientious objection to abortion policies shouldn't have to be forced, using their tax dollars, to subsidize it for people who want to fund abortions and transgender procedures.

Again, this used to be the 50-year-long consensus known as the Hyde amendment. Many hard-working taxpayers who elected us have religious or moral objections to these operations—myself included. And the government should not be forcing Americans to participate or subsidize practices that violate their deeply held beliefs by financing them with their tax dollars.

The Democrats' plan does nothing to address rampant fraud, the use of tax dollars to line the pockets of insurance companies, and the lack of Hyde protections in these subsidies. The lack of these changes does not mean this extension proposed by Democrats is clean—far from it.

We understand—I understand—that Texans need access to affordable healthcare, but this is not it. We look forward to working together to find a real workable solution to healthcare affordability.

What I worry about is that our Democrat colleagues really don't want to solve this problem. They want to have a political issue they can ride all the way to the midterm elections. That is not just a cynical view of mine, I think that is a very likely reality.

We can do better. We need to do better. Our constituents expect us to do better by working together to come up with affordable solutions for them without taking advantage of the taxpayers and lining the pockets of wealthy insurance companies.

I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk proceeded to call the roll.

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

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

## HEALTHCARE

Mr. HAGERTY. Mr. President, I rise today to speak about the unaffordability of healthcare, a crisis created and perpetuated by my Democrat colleagues across the aisle.

Fifteen years ago, without a single Republican vote, congressional Democrats authored and signed into law the so-called Affordable Care Act, also known as ObamaCare.

Ever since, congressional Democrats, without Republican support, have continued to prop up this failed system with tax credits and bogus incentives to hide a broken foundation. Congressional Democrats even expanded these tax credits under the guise of the pandemic—again, on a wholly partisan basis—not once but twice, which included setting a deadline for their expiration this year.

Now they are expecting the American public to believe that Republicans are culpable—culpable—for what the Democrats have done. They have clearly broken the system.

When ObamaCare passed in 2010, Democrats promised the American people that this legislation would make insurance affordable. Sadly, this promise has gone unfulfilled. I have heard from constituents across my home State of Tennessee who are grappling with the realities of this broken system.

In 2014, the premium for a benchmark plan was $197. That is 2014. In 2026, that premium is expected to be $711. That is an increase of 260 percent.

As if this wasn't enough evidence, take the story from a constituent in East Tennessee who is self-employed. He and wife own and operate a consulting firm. For his family of three, their insurance premium for the exact same plan they had this year will increase from $1,400 a month to $2,200 a month; no new coverage, no additional family members, just higher cost from an inefficient and fraud-ridden system that is collapsing under its own weight.

This is not affordable health insurance. If health insurance were truly affordable, then Tennesseans like the one I just mentioned would not be forced to rely on taxpayer subsidies just to afford their monthly premium, not to mention out-of-pocket costs, copays, and coinsurance.

Beyond affordability, the Democrats promised to ''fix'' the healthcare system without adding to the national deficit. Their reforms were supposed to lower the deficit by more than $100 billion. Instead, according to the Committee for a Responsible Federal Budget, ObamaCare has cost taxpayers an additional $1.3 trillion. The deficit has continued to grow, with healthcare spending being a driver of that deficit.

Welcome to socialism, my friends.

ObamaCare was supposed to ''end abuses by insurance companies'' and create what they call a ''robust and competitive'' marketplace.

Well, ObamaCare has been nothing but a profit-making machine for insurance companies. ObamaCare has funded tens of billions of dollars, especially in pandemic-era subsidies, directly to insurance companies. And we have seen insurance companies' profits balloon to historic levels.

Now, let's talk about the fraud that prevails in the ObamaCare system. We will never have a competitive marketplace when that marketplace is riddled with fraud.

As a test for the ease and the extent of the fraud that plagues ObamaCare, the GAO created applications for fictitious individuals—all using invalid information—and submitted these fake applications to the Federal ObamaCare exchanges for enrollment. The results—shocking.

Of the 24 invalid applications that were submitted, 23 of them—that is more than 95 percent of the applications—were wrongly approved for subsidized health insurance. Get that. Over 95 percent of these fraudulent applications were approved to be subsidized in ObamaCare.

As of this September, 18 of the 20 fake enrollees for 2025 are still covered. Not only did the ObamaCare exchange not identify these fraudulent identities, but insurers didn't either. Why? Well, perhaps it is because those 18 applicants paid more than $10,000 per month to the insurance companies for these nonexistent patients. The money wasn't paid to the patients. The money was paid directly to the insurance companies to the tune of $10,000 each. No wonder the insurance companies aren't complaining. No costs, no services provided; it all falls to the bottom-line profitability of the insurers when this happens.

The solution to this floundering system, created by the Democrats without a single Republican vote, is certainly not what Democrats have proposed today. They want to continue wasting Americans' hard-earned dollars.

Earlier today on the Senate floor there was a stark difference of views. On one side, Senate Democrats proposed a 3-year extension along with the repeal of anti-fraud provisions that we passed during the Working Families Tax Cut. More fraud, more waste, more ill-obtained profits for insurers. This unserious, partisan proposal would cost a whopping $83 billion. It would not

lower premiums for 93 percent of Americans by a single cent. I opposed that effort.

Instead, Republicans are offering real solutions, solutions that will lower benchmark premiums by 11 percent, save $30 billion by appropriating cost-sharing reductions, and empower patients to make their own healthcare decisions.

There are further Republican solutions being debated right now, solutions that add serious fraud protections and ensure that wealthy Americans are not receiving taxpayer subsidies, solutions that ensure no Federal funds are used for abortions; that ensure illegal immigrants aren't accessing these credits to free-ride and overwhelm the American healthcare system.

I hope my Democratic colleagues will stop playing their political games and begin to work with Republicans to actually lower the cost of healthcare for the American people.

Mr. President, I yield the floor.

I suggest the absence of a quorum.

The PRESIDING OFFICER. The clerk will call the roll.

The legislative clerk called the roll.

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

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

Ms. MURKOWSKI. Mr. President, there has been a lot of discussion today following the votes on the floor this morning about healthcare and healthcare costs.

It was just about a year ago exactly—it was December 12 of last year—I spoke to a reporter from Alaska, and we were talking about just the staggering costs of healthcare costs and what we were seeing with the rise at that time. I pointed out to this reporter that Alaska had already seen 3 years of premium increases that exceeded 50 percent in total. This was putting a pressure on individual and household budgets in a way that people were telling me that this is an unsustainable trend.

I said then that we are going to have to address the issue of the enhanced premium tax credits at the Federal level. We are going to need to address the fact that these come to an end at the end of this calendar year. And I said then we have got a year to kind of figure this out, to buy time to pursue what I feel is important, and that is true reform—some of the long-term reforms that will not just help us address the cost of health insurance but, more importantly, the overall cost of healthcare in this country. That is the driver there. That is the problem.

So that was about a year ago—almost exactly a year ago, and yet here we are. Little has changed. Key transparency in legislation remains stalled. Too many Alaskans are facing premium increases that are now approaching 500 percent. Think about what that means. I have shared with some colleagues a text that I received from a friend of mine in Fairbanks, and she and her husband will be looking at the potential for premiums in the range of $36,000. Nobody—nobody that I know of—can afford premiums for $36,000.

So we know we have got a job here in the Congress. We know that we have to address this issue of rising costs to healthcare. But what we are facing right now, literally, on this 11th day of December, the immediate issue is this expiration of the enhanced premium tax credits and this cliff that is in front of thousands of Alaskans—about 24,000 Alaskans. Millions of Americans are facing this.

So this morning we saw what we saw. The Senate voted on two dueling healthcare proposals to address this healthcare cliff. Both proposals were partisan in nature. Neither one was written in a committee setting or reported through what we refer to as the regular order process. Unfortunately, neither really included any attempt at compromise. Neither tried to gain the support from the other side or to address perhaps the very valid concerns that were raised by the other side, and so it is no surprise that we are where we are, which is two failed votes on the Senate floor.

And those measures failed. But, Mr. President, I would just suggest that we have failed. We have failed. This institution here in this Senate, we failed to work together. We failed to reach consensus. We failed to help all those who are facing these, shockingly, completely unaffordable increases in their healthcare premiums as they are looking at the new year.

We voted on a Democratic proposal as part of the agreement that allowed us to reopen the Federal Government after a record-setting but ultimately a pointless 43-day shutdown. And the headline of that measure was that it would extend the current subsidies for 3 years.

Unfortunately—unfortunately—there is no recognition of the much needed reforms. The two speakers preceding me both pointed out there are flaws in the existing system. If we are going to be addressing a program and a continuation of it, I think it is our responsibility to make sure that we are making sure that these programs don't have ways—that they are not being abused.

We also voted on a Republican proposal which would have prefunded health savings accounts. This is something that so many Americans are very familiar with, but it would allow for Americans to receive dollars more directly in their hands, to go in their pockets for their own care while also funding cost-sharing reductions projected to reduce premium costs down the line and some other provisions. But it was good work by the chairman of the HELP Committee as well working with the chairman of the Finance Committee. And I was encouraged by what we were beginning to see there, but there were flaws, quite honestly, with that approach as well.

So where did I end up? I ended up voting in favor of the motion to proceed to both of these proposals, but I want to be clear here. It is not because I fully endorse the Democratic proposal and I fully endorse the Republican proposal. Neither of the proposals, in fairness, met the challenge, as far as I am concerned.

The Democratic proposal would have extended the status quo under the Affordable Care Act which, as we have heard, has failed to restrain costs, and it has done so for longer than necessary to build the stability that I think we need to develop better policy.

More importantly, it included no reforms—no reforms whatsoever. We have seen examples of how the system has been abused, and as stewards of Federal taxpayer dollars, it is incumbent on us to address matters like that.

So making sure that there were legitimate reforms, making sure that we don't set up another cliff just like we would have done under the Democratic proposal—it would have set up another cliff in 2029. And that cliff would look even more staggering if we just continued to allow and subsidize unchecked premium growth.

And then on the Republican proposal over here, again, I give credit to the authors of that measure because it did focus on some longer term reforms that I do believe can help people over time. But what it didn't address was the immediate situation that folks are facing: this immediate cliff, the imminent pain that is going to come with this massive spike in premiums in Alaska.

Again, maybe it is more extreme in other States, but we are still one of the 50 States. And when you are talking about premium increases that are doubling or, in many cases, tripling, that is not sustainable. So we had a proposal that had its flaws. There were also some provisions in the Republican bill that we know were not going to garner support from across the aisle.

And I guess where I am today—as most Members have left the Chamber, have left the building, they are going back to their States for the weekend—we are leaving with unfinished business, and this is something that we have known was coming for a long time, for a long time. It is not like this just crept up on us. We had a chance to address it in budget reconciliation, but we couldn't agree to do so. We were told: No, no, no. You know, we have got a lot of time on that. We will do it later.

That would have been a win on healthcare. We would have avoided this anxiety that we are in right now. We had a chance to address it, to avoid or end the shutdown. The same story; we weren't able to do that, and so we let the clock run. We wait and we wait and we settle for competing proposals, and now we are where we predicted—where I predicted we would be. We failed in both, and nobody wins from that. Nobody wins from this either politically and certainly not in real life.

As I was coming over here, I asked some of the folks that were with me—and I said: What day is Festivus Day? Festivus, for those who are not familiar, is kind of like the day of grievances, which apparently is December 23, just before Christmas. I am not here to do a preemption of Festivus and just air grievances because I don't think that is what people want us to do here.

I think they want us to try to figure out, OK, you have demonstrated what you can't do. Now, can you demonstrate what you can do? And that is where I want to put us. I refuse to accept that where we are right now, which is two failed bills, is the best that we can do.

I voted to proceed to both proposals, not because they solve the problem, not because they are great policy, but because I think they kind of represented the least bad options available to us at this eleventh hour and because I think we should be talking about it. We should be debating them, amending them, having an opportunity to do so on the floor, and seeing if we can't make some progress there. Sometimes out in the open gets us somewhere—not too often these days. But I will tell you the alternative, which is doing nothing and letting people—really letting people suffer here, I think, is worse.

So, again, today, we showed the country what we can't do, but I wanted to show that there are bipartisan votes in the Senate that are eager, that are anxious for a bipartisan compromise. And I don't think it is too late for that. It is December 11 here. The year is not over. Our session is not over. I agree that we don't have a lot of time, and we know that. But I think we can still come up with something that, again, would give people in this country comfort knowing that my premiums are not going to double and triple in the calendar year 2026.

So that is exactly what I am hoping the Senate is going to do and what I challenge every one of us to focus on before we adjourn this year.

And it is not like we are starting from scratch here. The ingredients for what we are going to need have been out there. We just need to get them all together and figure out how we are going to bake this. I think we know a lot of the work has already been done. We know the general contours of what an agreement could look like.

By my count, there are no fewer than eight plans that are out there. There are probably more than that that we can draw from. You have got the Democratic bill that we saw, which was the 3-year offering. You saw the Cassidy-Crapo effort. Senators MORENO and COLLINS have a proposal. I have put forward a proposal. Senator RICK SCOTT has, and Senator HAWLEY, Senator MARSHALL, Senator HUSTED. There is a lot that is out there. And so many have been speaking about this for so long now.

I have put legislation on the table, a 2-year extension of the premium tax credits, to buy us time to avoid this situation. I have also proposed ways to address it in both budget reconciliation and in my frameworks, when we were trying to figure out how we handle the shutdown. So there is not a lot of new stuff out here. We know what the component pieces are.

And it is not just in this body. Look at what is happening down the hall here.

Two—two—bipartisan proposals by Members of the House, and they are circulating for signatures so that they might be able to discharge and be able to move this. To me, I think that is really significant. You have got Members in the House that are coming together, and they are going to stand out and put their name up front on a bipartisan effort. Maybe, it is not everything that they want, but they are willing to put something out there because they believe that the American people demand and deserve a solution.

And so I am encouraged. I am really encouraged by the momentum that we are seeing coming out of the other body as a way out.

And so if you take time to look at the proposals that are out there, you can see where we need to go. You can see where there is overlap. You can see where there are areas that serve as the foundation for an agreement. I think there are so many that agree that we have got to have some extension of an enhanced premium tax credit. Maybe it is not 3 years. Maybe it is. We know it is at least 1 year. Perhaps it is 2 years.

Most agree on the need for reasonable reforms to ensure that these credits are going to go to those who need them most and to protect the taxpayers who foot the bill from the waste, fraud, and abuse, because we know that that is real. We have to address that. We have got some good measures, good ideas on what to do there. They are already written. We can plug them into a bipartisan measure.

And there is consensus for reasonable limits on who can receive the credits and an understanding that reforms need to be made, again, to reduce the fraud in the system.

And I think we can do some of that through some of the program integrity reforms and by addressing plans where the customer is not currently paying any premium whatsoever.

So, again, I acknowledge the great work that Senator CASSIDY has put forward with proposing solutions that give families options here when it comes to their healthcare choices.

So here we are on December 11. We have taken the partisan votes, and now we need to move forward. We need to develop a bipartisan product based on what we do agree on. And I firmly believe—I firmly believe—that it is in our reach, if we try, but to get there in this short period that we have in front of us, we have got to remember that none of us get to design this on our own. None of us will get exactly everything we want. The time for that is over.

We have proven that no specific plan of that nature has the kind of support that we need. So we have got to do better. We have got to do better. We can't just say: Happy holidays. Brace for next year. That is our message to you.

We need to focus on the people who are going to be hurt if we do nothing, and we need to set aside the politics and the partisanship that are preventing us from helping them.

I think there is still a consensus to be had here, and know that I stand at the ready to do everything that I can to help in that effort before we adjourn at the end of this year.

I yield the floor.

The PRESIDING OFFICER. The Senator from Washington.

NATIONAL DEFENSE AUTHORIZATION ACT

Ms. CANTWELL. Mr. President, I rise today to make a point clear, and that is that section 373 of this year's National Defense Authorization Act poses a serious risk to the aviation safety and should be removed.

Last night, I came to the floor to raise alarm about this provision, and today I want to explain even more clearly why it is so dangerous and why it should be removed from this bill. This section, section 373, eliminates safeguards added after the January 29 DCA collision. It weakens essential military aircraft technology standards. It enshrines these lower standards into law. And it leaves the public less safe.

The National Transportation Safety Board Chair, the head of the Agency investigating the crash, has called this provision, section 373, ''A major step backwards from where we are today and an unacceptable risk to the flying public'' and she adds ''an unthinkable dismissal'' of the 67 families who lost loved ones. The families of Flight 5342 have said section 373 does nothing meaningful to mitigate the risks that prove fatal for their loved ones.

Senators CRUZ, MORAN, myself, and Senator DUCKWORTH have pointed out in a joint statement that this provision needs to be stripped from the bill. We have worked on a bipartisan solution after much of the discussion and investigation by our committee, the committee of jurisdiction, the Commerce Committee, and said that in this ROTOR Act, we should pass these provisions that would help still make aviation safer.

The families of 67 victims are facing their first holiday without their loved ones. They have spent the past year advocating for meaningful reforms that, as I mentioned, we passed out of the Commerce Committee. They deserve to see real safety reforms, not a reversal of progress made since the tragedy.

Let me explain to my colleagues how we got here. Current FAA regulations require aircraft operating in busy airspace, including military helicopters, to be equipped with what is called ADS-B Out technology. That stands for Automatic Dependent Surveillance Broadcast, meaning that the vehicle should be broadcasting out its location.

It is a critical safety technology. When transmitting, it is broadcasting