

own RomneyCare plan, which has actually worked pretty well. They have purchasing pools just as we do in States across the country—these exchanges. But they also have something in place that is an individual mandate if somebody didn't get coverage. They want everybody in Massachusetts to be covered. But if they elected not to be covered, after 1 year or 2 years or 3 years, people just said: I am not going to get coverage. I am young, I am invincible, and I don't need health care coverage. I can't afford it—even with the tax credit they received through RomneyCare. They said: You are going to have to pay a tax or a fee if you don't get coverage, if you will not sign up. You can't just get away with it. You are going to have to pay something.

The idea was to have an escalating fee so that eventually people would say: You know, it is one thing to be fined or taxed a \$100 tax if I don't sign up for health care coverage, but how about when it is \$300, \$500, \$700, \$800 a year? So eventually people signed up.

In this country, as well, we have the exchanges, which actually were a gift from our Republican friends. I think it was a good idea then and now.

We also have the individual mandate, which is gradually ramping up so that the young invincibles, the young people who are not getting health care coverage, will get coverage. As more younger, healthier people join the purchasing pools, the idea will be that it will bring down the cost of health care coverage overall so it is not just the sick, the elderly, but it is a healthier group of people.

That is sort of where we are today. The idea of pulling the plug on the Affordable Care Act or significant parts of it because a principal component of it—and that is the purchasing pools, these exchanges—is not working as advertised would be a mistake. If it isn't perfect, make it better.

We had a chance in 2009 to negotiate a real bipartisan health care reform plan. Unfortunately, we didn't do that. We are going to have a chance again in the early part of next year with a new President and a new Congress to again take up that which is flawed, which is imperfect, and that is the Affordable Care Act, to make it better—not to get rid of it, but to make it better.

Senator ALEXANDER is a very wise and highly regarded colleague. He may have a very good idea. I just heard about it here on the fly today. But my hope is that Lamar and the rest of us who want to get things done, to do our job, will seriously take this challenge that is before us and take that original good Republican idea from 1994 on the exchanges, create purchasing pools, and make it better. We should take a look at the individual mandate that Governor Romney adopted in Massachusetts and see how that is working and look at other exchanges as well.

The long-and-short story is that when we took up the Affordable Care

Act in 2009, here is where we were as a country: We were spending 18 percent of GDP for health care costs. In Japan they spent 8 percent. We were spending 18 percent of GDP; they were spending 8 percent. They were getting better results, longer life, longevity, lower infant-mortality rates, and they covered everybody. They covered everybody in 2009.

Where were we? We were spending 18 percent of our GDP. We didn't cover—we had 40 million people going to bed at night without any health care coverage at all. One of the reasons the cost of coverage has gone pretty high right now for people in these new exchanges and purchasing pools is that a lot of the people who are signing up—not all of them, but a lot of them—haven't had health care coverage for years. They have been sick, and they have just not had access to doctors or nurses, except for going to an emergency room doctor.

This is not a time to just throw up our hands and walk away. This is a problem. This is a problem we can fix. I would say we can fix it by embracing what I call the three Cs: communicate, compromise, and collaborate. We need to embrace those when this Congress is over.

#### ZIKA VIRUS FUNDING

Mr. CARPER. Let me just add a P.S. on Zika funding, which was discussed here earlier today. We had a bipartisan roundtable in the Homeland Security Committee on Zika funding not long ago. Two reasons we need to resolve this funding issue are, No. 1, that we would have money to continue development of a vaccine—that is the single most important thing—and, No. 2, to provide for contraception and family planning. Those are two of the most important things for us to do as we try to avoid this endemic.

I thank my Republican friends for allowing me to speak on their time.

With that, I yield the floor.

#### RECOGNITION OF THE MAJORITY LEADER

The PRESIDING OFFICER (Mr. SULLIVAN). The majority leader is recognized.

#### EXTENSION OF MORNING BUSINESS

Mr. MCCONNELL. Mr. President, I ask unanimous consent that morning business be extended until 12 noon today.

The PRESIDING OFFICER. Is there objection?

Without objection, it is so ordered.

#### MEASURE PLACED ON THE CALENDAR—S. 3318

Mr. MCCONNELL. Mr. President, I understand there is a bill at the desk due a second reading.

The PRESIDING OFFICER. The clerk will report the bill by title for the second time.

The senior assistant legislative clerk read as follows:

A bill (S. 3318) to amend the Consumer Financial Protection Act of 2010 to subject the Bureau of Consumer Financial Protection to the regular appropriations process, and for other purposes.

Mr. MCCONNELL. In order to place the bill on the calendar under the provisions of rule XIV, I object to further proceedings.

The PRESIDING OFFICER. Objection having been heard, the bill will be placed on the calendar.

#### OBAMACARE

Mr. MCCONNELL. Mr. President, let me start by stating the obvious: ObamaCare is a direct attack on the middle class. Premiums are shooting up by double digits, copays are spiking, and deductibles are skyrocketing. Co-ops are collapsing and insurers are withdrawing.

We all know the statistics, and they are literally shocking. Yet they still do not truly capture the toll this partisan law is taking on America's middle class, because behind every premium increase headline is a family budget stretched to its limits, and beyond every co-op collapse is an agonizing uncertainty about where a family will find insurance. This is what too often gets lost in the debate over ObamaCare, especially amongst our Democratic friends, perhaps because it helps them rationalize away the pain of this law. But this is not some theoretical discussion; these are people's lives this law is hurting.

That is why I shared the story of a mom in Louisville who said her family's health care costs would consume nearly a fifth of their budget this year. "I wish somebody would explain to us," she wrote, "how a hard working middle class family paying this much for health insurance became a loser under Obamacare."

That is why I shared the story of the Campbellsburg man who had just lost the health insurance he had had for many years. "Instead of something affordable," he wrote, "I [now] face the possibility of struggling to purchase an Obama[care] health plan that costs two to three times what I had been paying."

That is why I shared the story of a small business man in Lexington who may have to end his decades-long practice of providing insurance to his employees at no cost thanks to, as he wrote, "the cynically named Affordable Care Act."

I shared stories from other States too. There is the New Jersey man with chronic health issues who lost access to his doctor the moment ObamaCare placed him on Medicaid. "You have a card saying you have health insurance," he said, "but if no doctors take it, it's almost like having one of those

fake IDs.” He reminded us that having health insurance under ObamaCare is not the same thing as actually having health coverage.

There is a woman from Ohio who lost her plan after ObamaCare forced out her insurer. “They fine you if you don’t have insurance,” she said, “then they take your options away.” She put words to the frustration of literally millions.

I explained how ObamaCare is chasing out insurers in States such as Ohio, Arizona, and Alabama, throwing thousands off their plans all over again. I explained how ObamaCare’s co-ops are failing in States such as New Hampshire, New Jersey, and Connecticut, massively disrupting coverage for thousands more. I explained how ObamaCare is shooting up premiums by almost unimaginable amounts in States such as Minnesota, Illinois, and Montana, forcing more Americans to make impossible financial decisions.

I invite Democrats to recognize that ObamaCare’s human toll is evident from north to south, from east to west. That includes States such as California, where, according to what the Democratic leader told us yesterday, ObamaCare is supposedly “working wonderfully.” Really? Is it wonderful that premiums in California are set to spike by more than three times the average of recent years? Is it wonderful that ObamaCare is causing huge, double-digit increases in the Golden State, while reducing access to doctors and hospitals at the same time?

The Los Angeles Times quoted a left-wing activist summarizing the situation this way. This is a leftwing activist: “We’re paying more for less.” Indeed, before these massive increases had even been announced, polling showed Californians more concerned about the cost of health care than whether they even had insurance. Two thirds reported they worried “very much” about rising health costs, and a majority credited ObamaCare for causing costs to go up “a lot” for average Americans. It is similar to what Americans said nationwide when they cited health care as their biggest financial worry. That was ahead of wages, ahead of college costs, and even job loss—more concerned about health care. No wonder even some on the left have taken to calling ObamaCare the un-Affordable Care Act.

What we are seeing with ObamaCare may be shocking, but it is not surprising because there are inevitable consequences to this partisan law—the partisan law littered with broken promises. Democrats said premiums would be lower. Remember that? Democrats said copays and deductibles would be affordable too. Obviously, that was wrong. Democrats said Americans could keep their health plans. Remember that promise? Democrats said Americans could keep their doctors. Of course, that wasn’t true. Democrats said ObamaCare wouldn’t touch Medicare. Democrats said taxes wouldn’t in-

crease on the middle class. Democrats said shopping for ObamaCare would be as simple as shopping for a TV on Amazon. Wrong, wrong, and wrong again.

Democrats have broken one promise after the next on ObamaCare. But now, get this: They are asking Americans to trust them to fix—they want to fix the mess they created. They say they have the perfect solution too. It is more ObamaCare. Really. Seriously, I am not kidding. They actually think they can pull another fast one on the American people. They are actually pushing government-run ObamaCare 2.0 as some kind of solution, and they are doing this with a straight face. So, look, we already know what we could expect from a Democratic-run Congress next year on ObamaCare: more broken promises, more stonewalling, more of the same.

ObamaCare’s attack against the middle class is a nationwide phenomenon. It is hurting the very people we were sent here to represent. The only way to deliver true relief for the middle class is to finally build a bridge away from ObamaCare. That is why we passed a bill to repeal this partisan law and sent it to the President—because the middle class deserves better than the pain of ObamaCare.

I think even President Obama, if he is being honest with himself, should be able to recognize that as well. Here is what he himself said last month: “Too many Americans still strain to pay for their physician visits and prescriptions, cover their deductibles, or pay their monthly insurance bills; struggle to navigate a complex, sometimes bewildering system; and remain uninsured.” That is from the President himself. That is not the description of a law that is working. It is time to leave this failed experiment in the past and move toward the real care that Americans deserve.

The PRESIDING OFFICER. The Senator from South Dakota.

#### FOREIGN POLICY

Mr. THUNE. Mr. President, a FOX News poll released this month found that “a record-high 54 percent of American voters feel the U.S. is less safe today than it was before 9/11.” Fifty-four percent of Americans think they are less safe than they were before 9/11.

The article went on to say:

Voters also think: A major terrorist attack is likely in the near future. . . . Last year’s U.S.-Iran agreement on Iran’s nuclear program made the U.S. less safe. . . . The \$400 million the U.S. paid Iran after American prisoners were released was ransom. . . . Terrorism is one of the most important issues facing the country.

Those are all quotes from the survey that was done where 54 percent of Americans indicated they thought they were less safe today than they were before 9/11. And it is not surprising that Americans are worried.

When President Obama was elected, he was widely regarded as America’s

next great foreign policy President. Here was a President who would restore America’s standing in the world and calm the troubled waters of international conflict. Confidence in his abilities was so high that he was awarded a Nobel Peace Prize before he had actually done anything to bring peace.

But after 8 years of the Obama administration, the world is less, not more, safe. America’s standing in the world has been weakened, terrorism is spreading, the Middle East is more hostile and dangerous, Iran is counting pallets of ransom money and is in a better position to develop a nuclear weapon, and all too often, President Obama and Hillary Clinton’s foreign policies have been a contributing factor.

Take the rise of ISIS. When President Obama came into office, he was determined to fulfill his campaign promise to withdraw U.S. troops from Iraq, and that is exactly what he and Secretary Clinton proceeded to do on a timetable that he announced to our enemies. America’s hasty withdrawal left gaping holes in Iraq’s security, and before too long, ISIS had stepped in to fill the void. By mid-2014, ISIS had made significant territorial gains in Iraq and neighboring Syria.

Although ISIS has since lost territory in both Syria and Iraq, it was able to establish a foothold from which to expand its global terror reach. The list of ISIS-linked attacks has grown very long—Nice in France, Istanbul, Brussels, Paris, Orlando, San Bernardino, and on and on and on. In the past 2 months alone, ISIS has been linked to a suicide bombing at a Turkish wedding, a suicide bombing at a hospital in Pakistan, a suicide bombing in Yemen, and a gruesome attack at a church in northern France. ISIS has also been linked to an attack on police officers in Belgium, a music festival bombing in Germany, and another railway attack there. And that is just in the past 2 months. Yet, despite this ever-growing stream of attacks, the President has never seemed to understand the depth of the threat.

While U.S. efforts have succeeded in reclaiming some territory from ISIS, the group’s terrorist activities continue unabated and its international profile is increasing. Its communications have grown especially sophisticated, making intercepting and decoding ISIS’s messages and tracking its recruitment efforts increasingly difficult.

In June the President’s own CIA Director told Congress, “Our efforts have not reduced the group’s terrorism capability and global reach.” That was from the President’s own CIA Director. Yet, just days before the CIA Director’s testimony, the President claimed we were “making significant progress” against ISIS. As long as ISIS’s global terrorism capability remains unchecked, we are not making significant progress.