

**U.S. Senator Maria Cantwell**  
**Floor Remarks on the Affordable Care Act**

**December 10, 2025**

**[[VIDEO](#)]**

**Sen. Cantwell:** Now, Mr. President, I rise today to urge my colleagues to continue to work on the affordable care issues that are facing our nation. We know that we have to work together to address the Affordable Care Act and that the system needs to continue to have updates.

We know that in this time period since 2010 the uninsured rate in the United States was a staggering 18.2%. After the enactment of the ACA, which significantly expanded coverage, around 45 million Americans had access to either Medicaid or the ACA plans -- and that is that we actually cut by more than half the uninsured rate to an all-time low in 2023 of 7%.

Now in my home state, we took advantage of the Affordable Care Act and further drove the uninsured rate down to 4% significantly reducing hospitals' and providers' financial burden from providing uncompensated care. So, there's much been said about these individual provisions in the Affordable Care Act on the exchange, but the bottom line is -- that ability for the Affordable Care Act to drive the uninsured rate in half to an all-time low of 7% and 4% in my state is a great example of what it did to help lower costs across the whole system.

There are still some challenges on the exchange, and there are more affordable ways to deal with that population on the exchange. I authored one of them called the Basic Health [Program]. It's now working in three states and soon to be the District of Columbia, and that is definitely thousands of dollars cheaper per year than what you can buy on the exchange. And I would encourage all of us to look at that as a solution for the future.

But according to a report from the Commonwealth Fund, states that expanded Medicaid through the Affordable Care Act saw an average 40% decrease in uncompensated care. Another, the Center for Budget and Policy, basically, as this chart shows, found that the Affordable Care Act reduced uncompensated care costs by more than \$6 billion in expansion states.

Just imagine -- reduce the cost by \$6 billion by just covering people and not having this tragedy of uncompensated care. Literally, I've had hospitals tell me that one person can cost millions of dollars by just constantly coming to the hospital. If they would have just had health care, had insurance, their costs would have been covered, instead of the constant uncompensated care costs.

So the real challenge here is that since the passage of the ACA, our colleagues on the other side of the aisle, the Republicans, have been trying to repeal this bill that cut the uninsured rate in half, provided care that was affordable in the Medicaid expansion and covered other things, as in the basic plan, they tried to repeal all that 70 times -- 70 times! Okay, so I'm not surprised that we're days away from a vote, and yet they're still not coming together to show us how they're going to reduce health care costs.

We need to keep covering people, because covering people is a way to help reduce costs. As I mentioned, the expansion of the Basic Health [Program] is one way to lower those costs. But I know that in this last big bill passed by my colleagues, they basically cut \$1 trillion from the health care system, taking away health insurance from 15 million Americans, raising the health care costs and basically

creating challenges. I know in one Seattle Times headline, basically, "Washington health care insurers fret as the ACA subsidies remain in limbo." That's because people are following what we're doing, or, I should say, not doing, and they're trying to understand where they're going to get affordable insurance.

I heard from a woman in Spokane, she has a chronic lung disease and recently fractured her knee. Her premium has gone from \$723 per month to \$2,180 per month. Her only option, a plan with less coverage, has a lower premium, but makes her liable for 30% of all hospital and ER payments, making the plan incredibly risky. She's just a year and a half away from qualifying for Medicare, but these massive costs mean her and her husband will have to cut back on groceries and other expenses.

I heard from another constituent in Clark County. She works three jobs, but none of them, none of them provide health care. Because of the expiring subsidies, the cost of her basic bronze plan has doubled [to] \$1,050 per month with a deductible of \$9,000. She's going to an occupational therapy provider for arthritis. But when she got the \$1,000 cost estimate, she canceled.

Another constituent from Long Beach, Washington told me her son has mental health issues, and she helps pay for his housing. But if her premiums go up, she will have to make the difficult decision about getting care for her son or a roof over their head, or this issue of premiums.

We know the costs are rising for other things, like groceries, prescription drugs and other necessities. So, health insurance is going to push people off of a financial stability.

If Congress doesn't extend the expiring ACA credits, an estimated 5 million Americans -- 80,000 Washingtonians -- will drop insurance altogether, creating more uncompensated care.

And as I said in the beginning, passing the Affordable Care Act, cutting the uninsured rate in half, was a huge milestone, beyond saving \$6 billion, but making the system healthier and less expensive.

So, why do my colleagues on the other side of the aisle not understand that we can't just cut, in the Big Beautiful Bill, these important healthcare programs. We can't try to repeal the ACA 70 times, and then all of a sudden believe that you can just cut people off of the ACA program without trying to provide a more cost-effective solution.

I know my colleagues Crapo and Cassidy are trying. My guess is they would like to get a solution here. I thought we should have done it before we opened the government back up, because we had the optimal period of time where people were listening to real solutions. Now, we've kind of divided into our corners.

I am very worried that we are not going to get this done when, in reality, we could. We could. We're making things more expensive when we don't need to. Without the extension, millions of Americans will simply choose not to purchase the coverage, and the premiums will, on average, double for the remaining people on the exchange. So that meager \$1,000 to \$1,500 provided by my colleagues, Senators Cassidy and Crapo, in health savings accounts is nowhere, nowhere close to covering the out of pocket deductible of a \$7,000 typical associated plan with the health savings accounts.

So, I talked to them before, I wanted to work with them in earnest. I thought it was some novelty in certain places like Indiana that was worth exploring. But we cannot take millions of people off of the Affordable Care plan and then say that you're going to give them \$1,000 when we know that their out of pocket expenses are going to be \$7,000.

So, as we've all suggested, fix this program, particularly for the very small 5% or 6% that are at the very high income level, figure out a plan that is more cost effective than what we are providing today, and I am sure, I am sure we can provide a solution for the American people.

We know now that the cost of hospitalization by people like my constituent in Spokane with chronic conditions like lung cancer or other issues are really worrying the American people. We know that even as we try to get a solution, that people are focusing on abortion restrictions, as if those people in the Affordable Care Act part of the exchange we're talking about are people that were part of this issue. So literally, our colleagues on the other side, who tried to say, let's cut the Affordable Care Act 70 times, put in decimating language in the Big, Beautiful Bill are also saying, the only way I'm going to solve this problem for you is if you change the law and try to put more restrictive reproductive rights into statute.

So we can do better, Mr. President, than this. We can focus on finding bipartisan solutions. We can focus on working together as members of the Finance Committee and actually get something done, but time is running out. I know that we want to get something done, but this Finance Committee, has the full committee met in open mark up for seven days of debating and amending legislation, and that is what it takes to get our colleagues in order.

I want us to understand what legislating really looks like. We know that when we had the Covid pandemic, we all came together and created a solution to help the economy keep going, to help the airline industry keep going, to help small businesses. We could have done more. We obviously had differences of opinion about how much to do, but we worked in a bipartisan fashion.

So now, as we face this crisis where Americans are losing their health insurance, people have retreated to partisan corners again on things like choice and things like cutting people off of health insurance, instead of working on solutions that really lower costs.

I ask my colleagues, let's work on solutions so that we will have something for Americans. Otherwise, beginning January 1<sup>st</sup>, which is not that far from now, Americans are going to have less insurance, they are going to have more costs, and many of them are going to be facing a health care crisis without the aid and help of insurance to get them through it.

I hope we can do better than that. I hope that we can learn from the fact that expanding affordable health insurance to Americans is a winning concept. It's worth achieving. I hope our colleagues will try to achieve it in the next day.

Thank you, Mr. President, I yield the floor.