ObamaCare took effect, and whose prescription costs for his daughter have now doubled and tripled under ObamaCare.

Or the owner of a small telecom company in southern rural Indiana, who tells me his employees have faced higher health insurance premium rates every year since ObamaCare with out-of-pocket costs increasing as well, not to mention the endless paperwork and red tape. He says: “ObamaCare has been an absolute disaster for small businesses. It has driven up costs for families, and wasting huge amounts of tax payer dollars to arrest, prosecute, and incarcerate people for marijuana use, a drug that has been proven time and time again to be far less dangerous than alcohol both for individual consumers as well as for the people around them.

Dr. Donald Abrams, who is chief of oncology at San Francisco General Hospital, has talked about how, in the years that he has served as a physician, the number of patients that he has admitted to his hospital with marijuana complications is zero. The number of patients that he has admitted due to alcohol use is “profound.”

So, rather than actually helping people, our current laws are turning them into criminals, forever impacting their future and the future of their families. Over the years, we have spent hundreds of billions of dollars locking up people for nonviolent marijuana offenses, creating strain within our criminal justice system, and clogging court calendars, resulting in further overcrowding of our prisons.

Now, just a few weeks ago, I had the chance to go and visit a number of our prisons and jails in Hawaii, where I saw firsthand the crumbling infrastructure, the extreme overcrowding and facilities in dire need of upgrades, as well as the shortage of services that are actually needed to help rehabilitate people and reduce our recidivism rates.

So whether you personally think that marijuana use is good or bad, whether you would choose to use marijuana or not, the question is: Should we really be sending people to jail and turning them into criminals for it? The answer is no. The fiscal impacts and the social impacts of our current policy are having devastating ripple effects on individuals and our communities, and are only contributing to perpetuate the problem.

For example, the contradiction that we see currently between State and Federal laws on marijuana has created a serious problem for many of our local businesses. I have talked with local bankers in my home State of Hawaii who expressed great frustration, and even confusion, about the contradiction between our laws with the fact that even though our State of Hawaii has legalized and authorized marijuana for medical use, Federal law prohibits banks and credit unions from offering any type of financial services to both businesses and individuals whose financial transactions have anything to do with marijuana.

So what this means in practical terms is that our State-recognized and licensed medical marijuana dispensary businesses literally can’t open a bank account. They can’t get a loan from our local bank. The businesses, literally, have to hold thousands, or even millions, of dollars from their transactions and have to conduct their transactions in cash. Businesses that provide services to these medical marijuana dispensaries are also unable to access financial services due to the gaps between Federal and State law.

So as we look at ways that we need to update our outdated drug policies and the need for us to reform a very broken criminal justice system, we need to take into account the growing body of evidence that suggests the medicinal benefits of marijuana, including preventing epileptic seizures, reducing anxiety, and even halting the growth of cancer cells.

However, the FDA still currently classifies marijuana as a schedule I drug, basically saying that marijuana is worse than heroin and MDMA, ignoring the fact that at least 28 States, including my home State of Hawaii, have already accepted the medical use of marijuana under State law.

In addition to passing H.R. 1227, we need to require the FDA to remove marijuana from schedule I based on State-accepted medical use. These reforms that we are calling for in this bipartisan bill are common sense and they are long overdue, long overdue changes that will help to reduce the strain on our criminal justice system, create certainty and reduce contradictions and confusion between State and Federal law, and update those Federal laws to actually meet the needs and progress that States are making across the country.

REPEAL AND REPLACE

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCCLINTOCK) for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, any discussion of the American Health Care Act needs first to consider where we would be without it.

ObamaCare is collapsing. More people are paying the State tax penalty or claiming hardship exemptions than are choosing to buy ObamaCare policies. In a third of the counties across America, there is only one provider to choose, and we are now seeing counties where there are no providers at all.

ObamaCare premiums soared an average of 25 percent last year, and we are warned that this year will be worse. I have strongly advocated that the House pass H.R. 1227, the House leadership bill that truly reforms the Affordable Care Act in a balanced, comprehensive bill that fully repeals ObamaCare and replaces it with a healthy, competitive market.
Instead, we have to rely on the reconciliation process in order to bypass Democratic obstructionism in the Senate, and this only allows us to repeal parts of ObamaCare and enact only parts of a replacement. Finishing the job will require administrative actions and followup legislation in the Senate, both somewhat speculative enterprises.

So we need to ask if this bill alone is enough to produce a better healthcare system for the vast majority of people.

Its biggest defects are its failure to restore coverage to the poor and low-income families who lost it under ObamaCare; its failure to stop the many low-income families from paying more of their healthcare costs; its failure to bard Obamacare mandates.

We envision a vigorous buyer’s market where plans across the country compete to offer consumers better services at lower costs, tailored to their own needs and wants. This is the AHC’s biggest achievement: replacing coercion with choice for every American.

It ends the individual mandate that forces Americans to buy products they don’t want. It ends the employer mandate that has trapped many low-income workers in part-time jobs.

It begins to restore consumers’ freedom of choice, the best guarantee of quality and value in any market.

It allows Americans to meet more of their healthcare needs with pretax dollars.

It relieves the premium base of the enormous cost of preexisting conditions by moving them to a block-grant, assigned risk pool.

In making this transition, though, it is important to leave no one in the lurch, and that is where we need to heed the CBO’s warning. The fact that many low-income families could no longer afford basic health care is what produces the last line that we know.

Now, when fully implemented, our reforms will correct the government mandates that trapped people in restricted markets that forced health care out of reach. But until then, the CBO warns, a 54-year-old, for example, earning $26,500 will see her out-of-pocket health costs balloon from $1,700 to $14,600 per year. This is neither morally defensible nor politically sustainable.

The Budget Committee adopted my motion—a bipartisan vote, to ask the House to correct this inequity by adjusting the tax credits to assure that health plans are within the financial reach of every family. I want to thank the leadership for responding to this motion by creating architecture in the bill to shift an additional $75 billion for this purpose.

As our pro-growth economic reforms cause income to rise and our healthcare reforms bring healthcare costs down, families will be earning more and will be paying less of what they earn for their health care, and reliance on these tax credits will recede.

But we need a bridge from the present to the future, and we simply can’t get there without addressing the bill’s initial impact on older, low-income Americans.

It is also important that we assure stability in the Medicaid system as we transition to flexible, State-run programs that correct the inequities of ObamaCare that have pushed the elderly, blind, and disabled to the back of the Medicaid line. This bill does so.

I wish it did everything necessary to restore the healthcare insurance market, but it moves us toward that goal. And even as a stand-alone measure, I am confident that it will ultimately create a market in most states that will produce better services, greater choices, and lower costs for the vast majority of Americans.

The Affordable Care Act has improved American lives

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. JEFFRIES) for 5 minutes.

Mr. JEFFRIES. Mr. Speaker, this is a monumental week here on Capitol Hill as we will decide the fate of health care in America.

Despite the evidence that the Affordable Care Act has made a positive difference in the lives of everyday Americans, Republicans are set to destroy it. But the Affordable Care Act has improved the quality of life for tens of millions of people all across this country.

As a result of the Affordable Care Act, people born with preexisting conditions can no longer be denied health insurance.

As a result of the Affordable Care Act, young people can remain on their parents’ health insurance all the way through to the age of 26.

As a result of the Affordable Care Act, seniors are paying less for lifesaving prescription drug medication.

As a result of the Affordable Care Act, more than 1 million people throughout this country—including in rural America—are able to receive substance abuse treatment because of them being caught up in the opioid addiction epidemic.

The Affordable Care Act has made a positive difference in the lives of everyday Americans, yet this President says it has been a disaster. This is the same President who, for 5 years, perpetrated the racist lie that Barack Obama was not born in the United States of America, who said that he received more votes than Hillary Clinton, who claimed that there were more people at the inauguration than in 2009. This is an individual who still maintains that his predecessor, Barack Obama, committed a felony and ordered a wiretap, despite testimony from the FBI Director to the contrary.

Let’s be clear. What will be an unmitigated disaster is TrumpCare, which House Republicans are working to jam down the throats of the American people.

TrumpCare, the Republican healthcare plan, will result in 24 million Americans losing their health care.

TrumpCare, the Republican plan, will gut Medicaid, stripping it of $880 billion, taking dollars from seniors, the poor, and the afflicted.

TrumpCare will impose an age tax on people between the ages of 50 and 64, causing some in that category who are currently paying approximately $1,700 per year to pay close to $14,000 in age tax—on people between 50 and 64.

That is TrumpCare, the Republican plan, an unmitigated disaster taking dead aim at the American people. It will result in tens of thousands of Americans dying. It is a death sentence to seniors will die. The poor will die. The chronically ill and those with a history of chronic illness will die. People between the age of 50 and 64 will die. And the executioner will be the authors and those who support the Republican healthcare plan.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

MNIKESA’S ACA TESTIMONY

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Connecticut (Ms. DELAURO) for 5 minutes.

Ms. DELAURO. Mr. Speaker, I rise today to share the testimony of one of my constituents. Her name is Mnikesha Whitaker-Haasem. She is a 26-year-old, college-educated woman, founder of Ballet Haven, a rigorous dance training program. She is an English teacher who has won the Teacher of the Year award twice. And I regret to tell you that she is also living with and dying from a debilitating disease, and these are her words:

"I think it is exceedingly important to engage in personalities toward the President."

"The feeling like an elephant’s sitting on my chest—daily—because I..."