

*Administration of Donald J. Trump, 2026*

**Remarks at a Roundtable Discussion on Rural Health Care Improvement Efforts**  
*January 16, 2026*

*The President.* Thank you very much. Please. This is a very important one today. We've worked on it long and hard. For years, they've been working on it.

And I see Kevin is in the audience, and I just want to thank you. You were fantastic on television today. I actually want to keep you where you are, if you want to know the truth. Kevin Hassett is so good. I'm saying: "Wait a minute. If I move him, these Fed guys"—certainly the one we have now—"they don't talk much." I would lose you. I—it's a serious concern to me.

So I just want to say thank you very much. You've done incredible.

We don't want to lose him, Susie. But we'll see how it all works out. Okay?

Thank you, Kevin. Great job.

And thank you for all being here as we discuss the largest investment in rural health care in American history. This is the big one. We're delighted to be joined by many incredible members of the health care community, including doctors, nurses, and pharmacists from all across America.

We're also very happy to have with us some very talented people, a man who is really good at this—extremely noncontroversial, which is—I wanted somebody noncontroversial, so I chose Robert F. Kennedy, Jr.—[*laughter*—]to head the whole shebang up.

*Secretary of Agriculture Brooke L. Rollins.* The best. The best.

*The President.* And he's—also happens to be a great guy.

Brooke Rollins, who's doing a fantastic job at Agriculture. And thank you. And how are the prices coming?

*Secretary Rollins.* They're coming—they're—sir, they're coming down.

*The President.* Don't forget: We inherited a mess.

*Secretary Rollins.* We sure did.

*The President.* Remember eggs? They were up four times higher than they ever were. And in my first day, they said, "What are you going to do about eggs?" I said, "I didn't cause the problem." We didn't cause—we inherited a mess. But the prices are coming down.

*Secretary Rollins.* Yes, sir. Wholesale prices are down 86 percent. Retail, a little bit less than that. But yes, you're making—

*The President.* Good.

*Secretary Rollins.* —America affordable again.

*The President.* With you in charge, I have no doubt. And I appreciate it.

*Secretary Rollins.* Thank you, sir.

*The President.* Thank you.

*Secretary Rollins.* Thank you.

*The President.* And administrator for the Centers for Medicare and Medicaid Services—a really good man, a really brilliant guy—Dr. Mehmet Oz. Thank you, Mehmet. Thank you, Dr. Oz.

And thank you also to Governor Jim Pillen, Senator Dan Sullivan, and Representatives Rob Bresnahan, Mike Lawler, John McGuire, and Nick Begich. Thank you all for being here. Appreciate it very much.

And we have other Congressmen here I see and a couple of Senators, and we appreciate everybody being here. Everyone wants to be a part of this. It's very—so important. It's maybe—I don't know, for many people, there's nothing more important. I would say maybe defense. You know, we need defense. And we need offense too, by the way.

As part of the "Great Big Beautiful Bill," we're increased—and we have increased funding for the health care by an unprecedented \$50 billion. That's rural health care. Nobody thought that was going to happen, and we got it done. So we have rural health care.

For those that were trying to make a case that we weren't taking care of the rural community, I'm all about the rural community. We won the rural communities by numbers that nobody's ever won them before, and we're taking care of those great people.

So we already did this. We increased funding for rural health care by an unprecedented, record-setting \$50 billion over 5 years, which will benefit Americans in all 50 States.

And this made possible—and was made possible by cutting massive waste, fraud, and abuse from Medicaid and reinvesting those funds to revitalize hospitals in our cherished rural communities—and hospitals in rural communities.

And I want to say, with all of the fraud that we're seeing in Minnesota and California and other places, I actually think that if we do an unbelievable job, you could almost balance your budget, Kevin, if you take a look at the kind of numbers you're talking about. Nobody ever saw anything like it. They're all corrupt politicians, from the Governor of Minnesota to the Governor of California to the—everybody. They're just corrupt politicians. And you're talking about hundreds of billions of dollars in fraud—waste, fraud, and abuse. But in fraud, you're talking about hundreds of billions of dollars.

Under the "Unaffordable Care Act," which is Obamacare—it's called the "unaffordable"; it is unaffordable, remember that—rural hospitals and communities were devastated by soaring costs, and that continues. Despite colossal increases in Government spending since Obamacare was passed, only 7 percent of the annual Medicaid spending on rural hospitals has gone to rural hospitals.

So there's only a very little—they didn't care—Obama didn't care about the rural community, to be totally blunt. What he did care about is insurance companies. And this was a bill to make insurance companies wealthy. And they did. They made insurance companies very wealthy. I would say they don't like me too much, because they spent hundreds of billions of dollars. And we're going to have that money spent to the people and given to the people, not—we're going to circumvent the insurance companies.

Partially, as a result, rural health care facilities have suffered from low occupancy rates, workforce shortages, and failing programs that put Band-Aids—literally, put Band-Aids over the problems in those communities, and we're not going to have that. We're taking great care of them.

With the Rural Health Transformation Program, we are getting rural communities the health support they need, and we're getting it immediately. These funds will go to empowering rural hospitals, strengthening their workforce, modernizing facilities and technology, and ensuring that rural Americans get world-class health care in their own community—right, smack in their own

community, like they've never had it before. And they've been hurt very badly by the "Unaffordable Care Act."

Every single Democrat in Congress voted against the lifeline for rural communities. And I hope everyone knows this—and this is not about elections, but I hope you remember this in the midterms, because the Democrats are just so horrible toward the rural community.

But I want to take a moment to thank the incredible House and Senate Republicans who worked so hard on making this historic investment possible. That's what they did, and they did work hard. We, I don't think, got a Democrat vote. Did we? Did we get one Democrat vote?

We got all Republican votes. It was an amazing—it was amazing feat. And I want to thank Mike—our Speaker of the House, Mike Johnson, and John Thune, for really doing a great job. It was tough.

We—you know, we have small majorities. And I want to thank the Congressmen that are here for doing your—in particular, for working so hard and getting this done.

Yesterday I also announced our framework to lower health care prices for all Americans, including those in rural America. And we're calling it the Great Health Care Plan.

You know, we had to come up with a name. And everybody wanted to say, "Oh, well, can we put something about lowering costs," because we're lowering costs very substantially. So, I had Bobby and I had Oz—we had everybody in there. We had a whole group of people and—trying to come up with—some were saying, "The Cost Reduction Plan That Gives You Good Health Care." [Laughter] And I said, "It's too long. It's not going to sell." I said—we had more plans. And they wanted to get the words "cost reduction" in there, Lawler—especially you. [Laughter]

*The President.* They wanted "cost reduction" in, and then they wanted "Great Health Care" in. I said, "Look, you can have one or the other, but it gets too long." We're talking about the name of a plan.

So we got it down to seven or eight words, and—which is far too long. Nobody can remember that much. And I said, "How about just call it"—because this is—the Great Health Care Plan.

Now, a great plan has to be cost effective, otherwise it can't be a great plan. That's the way I looked at it. So we have a very glamorous name. It's called the Great Health Care Plan, not the "Unaffordable Care Act." I don't like that name.

This is called, officially, the Great Health Care Plan. That means low price and great health care. So you're going to have, at a lower price, great health care.

First, our proposal codifies the massive discounts on prescription drugs that my administration is achieving through our most favored nation provisions. Okay. We can go into this—we can go into this for hours, but the bottom line is we'll be paying the lowest price of any nation in the world. Whoever is paying the lowest, we match it.

This could have been done years ago. I was going to do it in my first administration so—but when COVID came, toward the end, I said, "Oh, I can't believe it." It wasn't the right—it wasn't exactly a good time to be doing it.

But I said, "Why isn't somebody doing it?" And the reason they're not doing it is that no other nation would agree.

France, as an example, paid 10 percent of what we paid. Germany was paying 13 or 14 percent what we paid. In other words, we paid many times more—not a little bit more, not 10 percent more—10 times more.

A pill would cost 10 times more in New York than it would cost in London, as an example—than it would cost in Munich. And this went on for many decades. This was right from the beginning.

And the reason it went on was a little bit of the health care companies, but it was other nations. And I understand that. If I were heading Germany, I'm not going to double and triple and quadruple my health care.

They got the health care companies to pay. Just took place over a long period of time, got worse and worse. And it just hit numbers that were just absolutely unsaleable.

And if you remember—the doctors in the audience remember. They would say, "Well, we have to do research and development." I said, "Well, what about research and development for Germany?" "Well, we've decided to put up the"—so the pill would cost five times more because of research and development, and five times more for other reasons—they had all these phony reasons.

And finally, I said to the health care companies: "We can't do it anymore. We can't do it."

And it started—really, I tell the story. It wasn't meant to be funny. People find it funny. But a friend of mine—who's a very smart guy; very, very rich; very powerful man, actually, but he is very fat. And he took the fat—I call it the "fat drug." I won't give you which one. It was Ozempic. I won't tell you that. *[Laughter]*

And he went to London on one of his many business trips. It's all he does is business. He can't walk across the street, but he's a great businessman. And he said, "President, President." I said, "What?" He used to call me "Donnie." Now he calls me "President." So I said, "You've come a long way." He goes, "But I have a problem." "What's your problem?" "In New York, I pay \$1,300 for this drug."

Now, this means nothing to him. This is like a penny out of your wallet. The guy's worth hundreds of millions—billions of dollars.

He said, "And in London, sir, I pay just a fraction of that." I said, "What are you paying?" "Eighty-seven dollars." I said, "Well, is it the same drug?" I knew exactly what he was getting at, because I've—you know, it bothered me for a long time. He said, "It's the exact same drug." And because of his wealth and his business smarts, he had it checked. It was made in the same plant by the same company. It's identical. "And here I pay \$87, and in New York I pay \$1,300."

So it was too much to bear. Because after I told him that the drug does not work on him—because I saw him recently; he's actually fatter than ever. *[Laughter]* I said: "The drug is not working on you. You're going to have to go to something else." But it does work on a lot of people. And he said: "Thanks. You make me feel good." I said, "Well, I've got to be truthful."

You always tell the truth. Right, Mr. Congressman?

Oh, look, one of the great—one of the great Congressmen—two of the great Congressmen.

But the drug, we have to do something about it. Because that's the same with every—I would say, Bobby, every drug, essentially. Doesn't have to be in that proportion. Some cases, it's much worse.

Because what happened—I might as well get off this crap, because it doesn't explain it properly. *[Laughter]* Because what happened is these countries are very smart, and the drug

companies would go to them, and they say: "Look, we're paying \$10 for the pill. We're not paying more. Charge America."

And this happened one time, then the next year, the next year. This is over 40 years. All of a sudden, they're paying \$10 for a pill, and we're paying, like, \$130 for the same pill.

It just happened over years, slowly. And it got to a point over the last 10, 12, 15 years where it just was unbearable.

And I went to a great executive at Eli Lilly, the top man. He's a very smart guy. And I confronted him. And he had the same line that they always had: "Bah, bah, bah. Research and development." I said, "Look, look, we got to stop this nonsense. We're paying 10 times more for things than Europe. It's not research and development. And if it is research and development, they should pay their fair share of that too.

And he said to me—and he's a great guy. He said: "Look, you're right. We can't defend it anymore." I said, "You're admitting it?" Because these guys had a stance—all of them, they must have taken a class together.

Must have been—it's probably illegal what they did. Lawler, you'll check it, right?

They must have gone to school together and said, "This is the way we're going to fight this crazy thing, where the United States pays 10, 12, 13 times more for a drug." Same drug. Same drug made in the same plant.

And he said: "Here's the problem we have—the nations are brutal. When we go in and say, 'We have to give you an increase,' they say, 'No, put it on America. We're not paying you anything.' And they say it with such power."

And they actually shut us off from selling the drug. And it just happened over and over again. It got a little worse, a little worse, a little worse. All of the sudden we're paying many times more for the same.

I said, "Well, it's not going to happen anymore." He said, "The problem is, sir, you'll never get the nations to agree. It will—it's impossible. They're very tough." And they are. "And they'd have to—agree to a doubling or tripling of their drug prices in order to get you down."

Because the world is a bigger place than us, so it's not like you cut it in half. Actually, if they raised it a little bit, we'd go down a lot. You understand that. I think people understand that. So, you raise it like from \$10 to \$20, or \$10 to \$30. But we'd go from \$130 down to \$30 or down to \$20. So—because the numbers are much bigger. The numbers on their side are much bigger. So, they'd need a doubling or tripling or quadrupling.

Now, if you're the head of France, the last thing you want to do is say, "I'm going to quadruple the cost of a drug." And that's the way it is. But I said, "I know, but it's not fair." And this has taken place.

And the head of Eli Lilly—and I really mean it, an unbelievable executive, an unbelievable guy, one of the most successful companies—and who's, by the way, spending hundreds of billions of dollars. Right now he's building—he told me the other day, he's building six major plants in the United States. You know why he's doing that? Because of tariffs. He's doing that because of tariffs. Without tariffs, he wouldn't be doing that.

Nobody understood tariffs until I came along. Nobody understands—other than President McKinley. He understood them a long time ago. And because of him, we—were the richest nation that we ever were at that period of time.

And then when he died—he was assassinated—Teddy Roosevelt came over, and he in— inherited a war chest. And he built the Panama Canal, which is the single most expensive thing ever built by—in the history of the United States, relatively. We spent what would be the equivalent of \$5 trillion building the Panama Canal. It was also the most successful thing, probably, we've ever built and to this day.

And then Jimmy Carter gave it away for \$1. This is the same theory we have on favored nations. The great Jimmy Carter—President Jimmy Carter gave it away for \$1.

We lost 38,000 men. In those days, it was men. I hate to say this, but mostly men.

*Secretary Rollins.* It's true.

*The President.* They didn't have a lot of women workers on the Panama Canal.

But we lost 38,000 people. They died from malaria and snake bites. It's a combination of the—a vicious snake, one of the most vicious. You get hit, you're dead. They died from snake bites. Thirty-eight thousand. They paid workers from the United States three times more than they made to come over to Panama and dig. For many of them, that was not a good deal. They died— 38,000. We gave it away for that.

But that same stupidity—having to do with the Panama Canal—and I could tell you about a hundred other stories too; you don't have time—but that's what went into this whole thing with favored nations.

So Europe and other nations all over the world were getting drugs from the same plant, same factory, same everything, same location—everything—same company, for a tiny fraction of what we're paying. So, our people were paying a tremendous amount.

So the gentleman from Eli Lilly and others—we had a group meeting, and they all finally put up their hands: "You've got us. We give up." And they were great from that time.

But we had a problem. The other nations weren't going for it. France turned it down. Germany turned it down. U.K. turned it down. European Union turned it down. The whole group.

And they said, "There's nothing you can do about it, sir." I said, "Yes, there is." "No, there isn't. You'll never get—be able to get them up. You'll never—I mean, the whole industry is going to be torn apart." I said, "We'll get them up easily." "Are you crazy?" "Of course, we'll get them up. That's what I do for a living: I get people up."

So I called. I started with President Macron of France, an—a very nice person. I like him a lot. I hope he's listening, because he doesn't believe that, but I do. He's a nice man. And I said, "Emmanuel." "Yes, Donald. Donald. Thank you so much for calling. Oh." I said, "You're not going to like this call. You're going to have to get your drug prices up." "No, no, no, no, no, I will not do that."

I said, "Emmanuel, we're paying 13 times more than—13 times, not 13 percent—13 times more than you are for this pill." I read—I rattled off some numbers that are crazy. You know the numbers I'm talking about, Oz. Oz would give me some numbers. I'd say: "This is crazy. We're paying 10 times, 12 times, 13 times."

"No, no, no, no, I will not do that." I said, "Look, you've got to do it. A hundred percent you're going to do it." "No, no, Donald. I told you, I will not do that."

I said, "Here's the story, Emmanuel. If you don't do it, I'm going to put a 25-percent tariff on all goods: wine, champagnes, and everything else coming into the United States of America." He said, "Donald, I would love to do this for you." [*Laughter*] "It would be a great honor to do it." And that's where it began.

And I went through country after country. Susie was responsible for getting every one of those leaders on the—thing.

Susie. By the way, stand up, Susie. She is doing such a good job. She's the first—she's the first female Chief of Staff, and she might be the best Chief of Staff too. But she's doing a great job. Thank you, Susie.

So Susie got them on. And I just went one after another. I called Germany: "No, no, no. We will not do that." I said, "No, we're going to put a 25-percent tariff," which is, by the way, about seven times more than they would have to pay by raising their drug. Like, seven times. This wasn't, like, a little bit more. Seven times more.

And I may do that for Greenland too. I may put a tariff on countries if they don't go along with Greenland, because we need Greenland for national security. So I may do that. I'll give you a little—I'll talk about—I'll take you out of the—in fact, that will end up being the story. But actually, this is a much bigger story, because we're reducing health care by numbers that you haven't seen.

So I spoke to the top 10 countries. They all said no. And within about 2 minutes, they all agreed, and we were off to the races.

And now we have favored nations. It's called "most favored nations." So, if France is paying, let's say, \$20 or \$30 instead of \$10, we are going to pay that \$20 or \$30. We pay the lowest price, whatever the lowest price is. So, if France is paying \$100 but Germany is paying \$20, we pay what Germany pays. So we go from a horrible situation on drugs—prescription drugs—to the lowest price anywhere in the world.

Is that a correct statement, Oz? Because they're going to blame you, if you— want to correct me, you can, but you know, you won't be here for long if you do. [*Laughter*]

They'll say—

*Administrator of the Centers for Medicare and Medicaid Services Mehmet Oz.* You are correct, Mr. President.

*The President.* —"Oz has left employment." [*Laughter*]

No, but is that a correct statement?

*Administrator Oz.* That's absolutely a correct statement, and that's what we want to codify in The Great Healthcare Plan.

*The President.* Yes. That's why we're codifying.

*Administrator Oz.* That's why it's so important.

*The President.* That's right.

*Administrator Oz.* Because if the President is not here, there's a flight risk with these companies not obliging us anymore, because I think it's the strength of your personality, but also they know that you'll follow through with the threats if we don't act. So we believe other countries will change their opinions and so will drug companies. So we've got to get it into legislation.

*The President.* Well, if you have the wrong President, the countries have tremendous influence over us.

You know, they—look, why are—why did we go to an income tax system instead of a tariff system? We had the wealthiest nation. If you go back to the 1800s—1887, we had money—so much money, we didn't know what to do with it. But the countries, at that time—same, no

different—they have a tremendous influence over this country, for whatever reason. I don't know. But they do. So, if you have the wrong President, they'll change the system in 2 minutes. I mean, they'll change it.

And the drug companies are very powerful too. You have to deal with them.

In this case, it was both. I mean, you had a problem with the drug companies, but you had a tougher problem, in theory, other than the fact that I understood how to deal with them, and I'm the tariff king. And the tariff king has done a great job. And I hope we win the Supreme Court case, because, if we don't, it'd be a shame for our country. Be a shame.

We have a great, safe, beautiful country now. We're doing better than we've ever done. We hit 42 stock market highs during the 11-month period that I've been here. It's never—there's never been anything like it. Stock market is hitting a new high again today.

So it's—you know, it's been incredible.

So, just to end it on this, because it's such a big subject, and it can't be explained by reading. As good as my speechwriter is—he's fantastic, but he can't write it in one sentence, what we're talking about.

So we're going to get most favored nations. We will take—be taking prescription drugs down to levels never even contemplated. And that's all great for health care, because when you're paying a tiny fraction of what you had anticipated paying prior to today, prior to this month—this all took place over the last month and a half.

And the sad part is that when we first announced it—and we did it in a little bit less, a more general forum. When we first announced it, the Times did a story on page 22 or something, way back in the—a little story in the back of the newspaper. This is the biggest revolution in the history of medicine in this country, because it's price. You're going to buy the drugs for a small fraction of what you were paying for them last month.

And I tell the story of my first term. I was the one, after 28 years, that got drug prices down. It was either one-quarter or one-eighth of 1 percent I got them down for the year. First time in 28 years.

I was so proud of myself. I called a news conference. I said, "Ladies and gentlemen, for the first time in 28 years, drug prices have gone down for the year—one-eighth of a point." In fact, I had a chart. It was the worst chart I've ever seen. It was a line that went from January to December, and it was dead straight. *[Laughter]* You had to get a little, you know, like a carpenter uses to—*[laughter]*—to see. I said, "This doesn't look good. It's not the greatest line." But I was proud of it, because it did—it went down either a quarter of a point or an eighth of a point. Tiny.

And now, think of what we're doing. We're bringing medicine down by many times—by many times. Nobody's ever seen—and there are two ways of—you could say 1,000 percent, 2,000, or you could say 90 percent or 80 percent. The Democrats want you to say 90 or 80, but there are two ways of calculating it. You understand that, Dan. And we'll take either way. It doesn't matter. But we'll be paying a tiny fraction. So that's going to go into our plan.

And what Oz said is very important. It's very important that whoever is in this office is, you know, strong and intelligent, and if it—if they're not, they could—you know, it could be ended. But what we want to do is we want to have it codified so it's very hard to change, and that's all part of the process.

I think it's the greatest revolution, because it's—financial is, you know, a big part of the drugs, and all of the doctors sitting there know exactly what I'm talking about. They have their patients in Europe, and they say, "I can't believe it, I'm buying the same thing for, you know, 15

percent of what I pay in New York or in Chicago." And they're all nodding their heads. That's right.

That's not going to happen anymore. We pay now—just to end it, the lowest price in the world. Whatever that is, that's what the United States of America will be paying. Isn't that an amazing, long story? I was going to say "long, boring." It's not boring. To me, it's long and exciting. It's the biggest thing to happen to health care. I don't think there's anything we can do—we can do all of our different methods, but there's nothing we can do that can ever top what we do.

And the press should treat it fairly, instead of not writing about it, because they don't write about it because it's me. Primarily because it's me, but also because it's Republican, and they don't write about it. And they should be ashamed. But fortunately, the public understands it, and that's why we won the election in a landslide. So it's a great thing.

Instead of Americans paying the highest drug prices anywhere in the world by far, by—10 times, sometimes—we'll now pay the lowest cost paid by the lowest nation. So, the lowest nation, whatever that is—I hope they negotiate a great deal. I hope they—somebody out there, of all those nations, going to be a better negotiator than everybody else.

And whatever they get, we get, Mike. Is that pretty good? Look at Mike. Even Lawler—first time I've ever seen him smile. *[Laughter]*

And next, our plan would reduce your insurance premiums by stopping Government payoffs to big insurance companies and sending the money directly to the people. So, instead of—and this started—and I'm not really a health care maven, but I was always a good businessman. I saw that, and I'm reading the paper, and I see the money that the insurance companies were making from us on Obamacare, and they're up by 1,000 percent, sixteen—I think one was up 1,723 percent—1,700 percent, and it's because of the massive amount of money that's sent to them by the United States Government.

And I said, "Why don't we just send it directly to the people instead?" And I made that statement. It was a commonsense statement. I didn't check with anybody. I didn't even call Oz or anybody. It just made sense. I made a statement, and it went viral. Can you believe it? It was so popular.

In other words, we cut out the insurance companies. They're making a fortune. And you know, they're good people. They're businesspeople. I don't blame them, but we cut them out. We pay the money directly to the people. The people love it.

I said it—you know, I said it as a nonprofessional in that business. And I made the statement like it was—all of a sudden, it's, like, the—the biggest story. That one, the biggest story.

And I get a call from Karoline, who's around here someplace. She said, "Sir, we're getting inundated." Margo called me too. Margo, you called me too. Margo—everyone knows Margo. She's been here from the beginning, right from the beginning. But she said, "Sir"—both of them. They said, "Sir, we're being inundated." "By what?" "You made a statement about health care being paid directly to the people, into health savings accounts"—or whatever you want to—"health care accounts." And I said, "I did. What's the story?" They said, "It's—crazy. It's blown up." People loved it, and so, that's where we started.

So Obamacare was designed to make insurance companies rich. It really was. I mean, maybe not knowingly at the time by Obama, because he didn't know much about this stuff. That was designed by other people in Congress that are total pros, that are bought off by the insurance companies.

And the problem we'll have with this is, we'll get no Democrat votes, even though it should be very bad—very bad for them if they don't. But maybe you'll get some. You'll call some of your friends, fellas. And, Bob, you'll call some of your friends over on the other side. I don't know how they can reject it. It's just so popular. It's so compelling.

So Obamacare was designed to make insurance companies rich with taxpayer subsidies, and I want that extra money straight to the health savings accounts for you, and you can choose your own health care. You go out and negotiate your own health care. It makes people entrepreneurs. Many entrepreneurs. They'll pick the health care that's best for them, because it's so different. A young person, they need health care for different reasons, and an old person doesn't need certain things that a young person needs, and vice versa.

To further reduce insurance premiums, my plan ends the giant kickbacks to insurance brokers and corporate middlemen. We're getting rid of the middlemen. How long have you heard, doctors—all these doctors over there. They look so smart. They're all brilliant people. I assume you're brilliant. Otherwise, you wouldn't be here, right? I assume we have the best. Do we have the best of the doctors? I would imagine, right?

Hey, how cool is the White House? [*Laughter*] Okay? They're always in operating rooms. I wouldn't want to be in an—I don't like operating rooms, but they do. But how cool is the White House? Right? The coolest place on Earth.

And this is where it all begins. This is where we came up with a little concept about a place called Venezuela. How did that work out?

And this is going to be the same thing in terms of its precision. Its importance is so big. It's going to work just like that. What is—Venezuela was so amazing, but I equate that to other things, because we can do other things like that.

It doesn't always have to be a Minnesota, where everything is corrupt, where they have health care centers that nobody shows up and somebody is making millions of dollars, where they have daycare centers where there are no kids. It's a scam. It's a big scam. It's, like, a horrible thing.

We have a country that was great. We have a country that's now great again. It's really—it's really come a long way. "Make America Great Again" is almost going to be obsolete, because our country is very close to—you know, we—originally, we were going to "Keep America Great." We may have to switch to "Keep America Great." But I don't know. There's something about MAGA. We should never change it. Susie said, "Don't change." We like MAGA. Everybody likes MAGA.

So we want to make this precision just like a Venezuela; just like the attack on the Iran nuclear weapons, which wiped that out; just like all of the other things we do. They're precision. We want to make it the opposite of Minnesota, California, and all these places that are so badly run.

So, to further reduce insurance premiums, my plan ends the giant kickbacks to those insurance brokers and corporate middlemen that you've been hearing about for so long.

It also funds the so-called "cost-sharing reduction program" to bring down the cost of the most common plans on the exchanges by more than 15 percent.

And next, the Great Health Care Plan mandates unprecedented accountability and transparency from insurance companies and all health care providers. We want transparency. You're not allowed to ask a doctor, "How much is it going to cost?" You're going to have your heart ripped out, and you're not allowed to negotiate. This is a giant scam.

It's, in certain ways—look, nothing can compare to most favored nations. But when you give yourself the right to negotiate—you know, you're not allowed to even ask how much it costs. You supposed to go into a hospital and get operated on, then they send you a bill and you have to file for bankruptcy. Not going to let that happen.

So we're going to have insurance companies and health care providers—going to have to have great—and hospitals—great transparency—the word "transparency" is a very important word—so they can't get away with ripping you off any longer. It requires insurance companies to make it easy for you to compare plans. You've got to be able to compare plans. You can't do that now. You're not allowed to do that. It's not even believable.

I tell you what. I used to sit, before I was a politician, at home, and I used to say, "How is that possible?" Things of—things happen that—I guess it's just the forces of nature, the forces of power, and you end up with very, very badly treated people. And they won't stand for it.

But these forces are going to release an earthquake of reduced-price health care. You're going to have massively reduced costs. This is no longer, "We're going to cut it by the famous 'one-eighth of a point.'" You're going to have massively reduced health care, and it's going to be massively better. You're going to have great health care at a much lower price, which is a—the two things: We want great health care, and we want low price. You're going to have great health care at low price.

Now, you have terrible health care at a high price. You have horrible, horrible Obamacare health care. Like everything else he did, it was crap. It was a horrible plan. It was from day one. It should have never been approved.

It was a very sad night, that night when there was a thumb raised.

Most importantly, we'll require any hospital or insurer who accepts Medicare and Medicaid to prominently post all prices—you're going to post your prices—at their place of business. Something they don't have to do. Something they're not even allowed to do.

We'll have the maximum price transparency, and the cost will come down just by that—not even talking about favored nations. The price will come down.

So, just in conclusion, I'm calling on Congress to pass this framework into law so that we can get immediate relief to the American people, including rural America.

And I hope to get Democrat votes. They know. They saw it. I know a lot of Democrats, and they say, "That plan is unbelievable." "Are you going to vote?" "Well, I'm going to try." They have tremendous pressure on them. "Vote no. Vote no."

We have a couple of Republicans—Massie—Thomas Massie. He always votes no. He's like—something wrong with the guy. If you have any clinical psychiatrists in there, maybe go check out his mind. But he always votes no. He's a very bad person. He's a very bad Republican—bad American, when you always vote no. "Just vote no." "Do you approve?" "No."

You know, there's not a thing you can say to him either, Lawler. Look, Lawler wants to be nice. He likes to get along with everybody. *[Laughter]* I don't. I don't.

But they vote no. But—so, I don't know. You know, you have some people—they're very—I call him "Rand Paul, Jr." Rand Paul always votes—I don't know why he votes no, but he just—he—I guess he thinks it's good politics.

I got him elected twice. If I didn't endorse him, he wouldn't have been elected. But he doesn't reciprocate, and I guess that's okay.

But I want to hear now, if I could, from Dr. Oz. And then we're going to have Dan Sullivan say a few words, and Rob and Mike. And, Governor, you're going to say a few words, and we appreciate you being here very much. You're doing a fantastic job.

I just want to leave by saying that this is the biggest thing to ever happen to health care in our country. It will not be covered that way by the fake news, and that's a sad thing. It will probably not be voted positively by the Democrats, and that's a sad thing. They all know how good it is.

I think we can make health care into a Republican issue, because the Republicans are going to be close to unanimous on this. It should be unanimous. Maybe we will be unanimous, but it will be close.

But we have a small majority. We probably need a little bit of help from the Democrats. So, whatever we can do, we're going to do it.

It's the biggest thing to happen to health care, maybe from the beginning.

So, Oz, would you take it away, please? Thank you very much.

*Administrator Oz.* Mr. President, thank you for standing up for American health care.

And I just want to underline this fundamentally important issue: We need Congress to help craft the Great America Health Care Plan.

And the Great Health Care Plan will work. It's a brilliantly conceived framework. And as it comes to the American people and they understand it, they'll want it. And it should represent the analogous situation—similar to what you did so brilliantly last spring with the Working Families Tax Cut legislation—that the President mentioned—has created the Rural Health Transformation Fund, which is why we're here today.

*[At this point, Administrator Oz continued his remarks, concluding as follows.]*

It's a true State-Federal partnership. Unbelievable, extraordinary milestone for health care. Your Zip Code will no longer dictate whether you have excellent health care. Your Zip Code will no longer be your destiny. It's not going to dictate your life expectancy.

Mr. President, I cannot thank you enough for the leadership that it took to get this \$50 billion investment in rural health care. They don't make a lot of noise. They just want to get the job done.

You stood up for them in Congress. God bless you for making this possible. Please do it again. Please do it again for the Great Health Care Plan.

Let me hand it to Dan Sullivan, who is a spectacular Member of the Senate. And obviously, Alaska—they're pretty rural.

*Senator Daniel S. Sullivan.* Thank you, Dr. Oz.

And, Mr. President, I am very honored to be here. This is a really exciting day. I want to thank you, sir, and your team. Worked really closely with Dr. Oz, Secretary Kennedy, many others. You know, this is a great example of how Congress, working closely with your administration, can achieve historic things.

This is historic for our rural health care, certainly in the Working Families Tax Cuts Act. You combine it with what you were talking about, sir, in terms of drug price reductions for all Americans. So these are two things that are happening right now and are historic. And I agree 100 percent with you, Mr. President: hasn't gotten a lot of press, even though it is historic.

It's going to really impact people in rural America, especially in my State—this fund that I want to talk about. But what you've—

*The President.* Will you get Lisa Murkowski—

*Sen. Sullivan.* —done on the drug pricing is even—

*The President.* Dan, will you get Lisa Murkowski to vote for it?

*Sen. Sullivan.* She voted for it.

*The President.* No, are you going to get her to vote for the great, big, beautiful health care bill that we're doing?

*Sen. Sullivan.* Oh, when we get that—I think MFN drug pricing, I'll bet every—

*The President.* No. Are you going—

*Sen. Sullivan.* —every Member—

*The President.* —to get her to vote for it?

*Sen. Sullivan.* —of Congress votes on that.

*The President.* Are you going to get her to vote for it?

*Sen. Sullivan.* We'll work on it, sir. [*Laughter*] We'll work on it.

So let me actually talk a little bit about the context of what's going on in Alaska and how this—and how this relates to it.

You know, after 4 years of being locked up and shut down by the previous administration, we are on the cusp of achieving some huge goals in my State that we've been working on for decades. We have this huge resource development boom going on on the North Slope of Alaska. I was with a bunch of the Iñupiat Alaska Native people who live up there. They are so excited about what's happening there.

[*Sen. Sullivan continued his remarks, concluding as follows.*]

I'll just end with this, Mr. President. Like I said, a lot of excitement. We got Governor Dunleavy, who sends his greetings—was hosting the stakeholders in Alaska who are going to be applying for these funds, working with CMS in our State. Over the last couple days, you have over 300 people coming to these meetings on how to use this transformation fund to better health care in Alaska.

And this is going to help my constituents. It's going to help every American, and it is really exciting.

And I want to thank, again, you—

*The President.* Thank you.

*Sen. Sullivan.* —Mr. President, and your team.

*The President.* Thank you, Dan. Appreciate it.

*Sen. Sullivan.* Thank you very much.

*The President.* Thank you very much.

We're going to have to go very fast. We're going to have to go very—we are way behind schedule, and I have a couple of meetings that are very important. Nothing more important than this, but let's go. Come on. [*Laughter*]

Bob. Rob.

*Representative Rob Bresnahan.* Fire round.

*The President.* Please.

*Rep. Bresnahan.* Mr. President, thank you very much for having me here today, and I represent Northeastern Pennsylvania.

Your Governor—from Scranton, Pennsylvania.

*Sen. Sullivan.* [Inaudible]

*Rep. Bresnahan.* So, never had the opportunity to meet.

But I inherited a very similar problem. Before I was even sworn into office, I had two hospitals—Moses Taylor and Regional in Scranton—that were imminently facing closure.

*The President.* Right.

*Rep. Bresnahan.* And it's been—and working with Dr. Oz—Administrator Oz and the CMS team has been absolutely incredible on so many levels. And thank you again for intervening and—and shepherding us through that process.

But when you're looking at Pennsylvania, we're going to receive over \$193 million. In 5 years, it will be over a billion dollars for the Commonwealth of Pennsylvania. And when you think about Northeastern Pennsylvania, clinics and regional hospitals, rural hospitals are the backbones of our community. So, making a targeted investment, that is not just going to Band-Aid over poor operational procedures. It's going to actually transform rural health care. That's what we are so excited about.

Pike County, in my district, is the largest growing county in the Commonwealth of Pennsylvania, where there's not a hospital. The nearest commute to a hospital is over 55 minutes away. So these are going to be funds that will be so imperative. The unprecedented investment is going to be incredible.

And thank you for having me up here and being a part of this journey.

*The President.* Thank you, Rob. Appreciate it.

*Representative Michael Lawler.* Thank you, Mr. President. This is a great opportunity to be here with you and your team. Dr. Oz has been a tremendous asset.

The \$50 billion commitment to rural health transformation is critical. New York State is going to see about \$212 million in the first year, which is vital for workforce development, access to care—primary, behavioral, maternal, emergency, telemedicine, et cetera.

[*Rep. Lawler continued his remarks, concluding as follows.*]

And you are a thousand percent correct on expanding HSAs. I fundamentally believe that we can address the issues with Obamacare, make sure that the American people have access to care at a lower rate. We can get a bipartisan agreement to address the EPTC with expansion of HSAs so that the money goes to the people and not the insurance companies.

We are committed to working to get this done. And I thank you for your leadership.

*The President.* Thank you, Mike. Thank you.

Governor Pillen.

*Governor James D. Pillen of Nebraska.* Mr. President, a gigantic thank you, and thank you for your incredible leadership. Your courage gives me courage—more courage to say it the way it is.

We're working very hard in Nebraska to run government like a business. This investment into rural America—which, by the way, in all of Nebraska, you poll 85 percent. I don't know what the hell is wrong with the other 15—[laughter]—but your 85 is a pretty good number.

*Secretary Rollins.* It's pretty good.

*Gov. Pillen.* I think—be very, very brief. This plan will allow us to do commonsense, pragmatic investments in rural Nebraska, and they will be sustainable. We will make sure that we don't need another dollar after 5 years.

We are working on simple things like food. Real food is good medicine.

We're working on making sure that all of our veterans—Nebraska is 500 miles long, 250 miles wide. No longer are veterans going to have to drive to Omaha to get care. We're going to take care of our veterans at home.

Investments in technology so we can educate our children in rural Nebraska to provide health care—are really, really important issues.

And I think that the other is we've—developed what we call "6 Regions, One Nebraska," and that will for—focus and take advantage of those.

So we're working on what we have, and then being able to use these resources to also help us within mental health and drug care as well.

So we're incredibly grateful. Nebraska—we work hard. We're about faith, family, hard work, the American dream. And we don't ask for much help in rural Nebraska. So we're really grateful for this investment.

*Secretary Rollins.* Well said. Well said.

*The President.* Thank you very much, Jim.

*Gov. Pillen.* Thank you.

*The President.* Thank you.

*Gov. Pillen.* Thank you.

*The President.* Thank you for being here.

One minute. [Laughter]

*Secretary Rollins.* How about 30 seconds? How about 30 seconds, sir?

As a small-town kid from Glen Rose, Texas—population 1,200, where I grew up—what you are doing today changes everything. And on behalf of our farmers and our ranchers in rural America, it is a new day, and we're so grateful.

The final thing I'll say is, I think about Abraham Lincoln, who also sat in this room, and I think about other presidents throughout American history. And you think about how the fundamental course of American history has changed in certain pivot points throughout history.

I think about you as the peace President: Eight wars solved, more coming. I think about you as the security President: A border that is secure for the first time and more than any time in American history. I think about you as the prosperity President: We talk about, Kevin, wages going up, poverty coming down.

*The President.* We'll give her more than 1 minute. [Laughter] In fact—

*Secretary Rollins.* [Laughter] Oh, no, I'm almost done.

*The President.* She can——

*Secretary Rollins.* I'm almost done.

*The President.* No, she can speak as long as she wants.

*Secretary Rollins.* I'm almost done. [*Laughter*]

The prosperity President—and what's happening.

Think about you as the affordability President. Everything is coming down. Inflation is coming down. The cost of groceries is coming down—fuel, housing, et cetera.

And, sir, today, in the last 2 weeks, you will go down in history as the greatest President for the health of this country in history.

Think about our new dietary guidelines from Bobby Kennedy and I, but with your leadership, putting real food back in the middle of our health care conversation. Whole Milk for Healthy Kids, with those dairy farmers 2 days ago. We were in Pennsylvania talking about it yesterday.

And today, putting the patient and the doctor back in charge of health care, with great leaders like Governor Pillen.

God bless you——

*The President.* Thank you very much.

*Secretary Rollins.* ——your leadership, and all of our leaders. Thank you so much, sir.

*The President.* Thank you very much. You've done a great job.

And Terri and Andrew, thank you. Thank you very much for being here. I hear you're just outstanding people——

*Secretary Rollins.* Yes.

*The President.* ——and have really helped. We appreciate it.

You want to say something?

*Member of the Board of Commissioners Terri Fortner of San Juan County, NM.* Thank you, President Trump, and I would just echo everything that's been said here. Thank you very much for what you're doing.

I'm from the northwest corner of New Mexico. We also work with the Navajo Nation.

*The President.* Right.

*Commissioner Fortner.* And so we have a lot of rural areas in our State and in our county.

I'm also a county commissioner.

*The President.* Good.

*Commissioner Fortner.* So I take—as being a nurse practitioner, a county commissioner—with the—a heavy weight in order to see this happen. And it will help prevent—produce accessibility, which is a huge thing. People have to drive for miles in order to see a health care provider. Workforce, quality care, and sustainability for our hospitals—that's what we're looking at.

We meet next week as—in Santa Fe with our legislators. And so that is—we're going to be addressing the licensure compact as—as well.

*The President.* And they've got to clean up their elections in New Mexico——

*Commissioner Fortner.* We're working.

*The President.* ——because those elections are so corrupt, it's incredible.

*Commissioner Fortner.* Okay.

*The President.* If they clean it up, we win by a lot. But they are really corrupt elections. So, I think if you want to do this, you have to tell them to start working on that. It's unbelievably one of the more corrupt States in terms of that.

But you're corrupt it. So I appreciate you being here today. [*Laughter*]

*Commissioner Fortner.* Well, the northwest corner loves you. [*Laughter*] Thank you.

*The President.* I know—I know it. No, we have great love in New Mexico. But it's—the elections are so corrupt, you—not much you can do about it. We have that with numerous States.

Thank you very much.

Andrew, thank you very much. You have anything to say?

*Compassus Assistant Medical Director Andrew McCue of Calhoun, GA.* Mr. President, thank you for having me here today. It's an honor to be here to represent my community. I'm from northwest Georgia. I grew up in West Virginia. To represent my colleagues and my profession, it's truly an honor.

This is so important to our patients, to put the physician and the patient back together and take everything else out of the middle.

I practice in cardiology. You know, having efficient, effective, high-quality care is so important. And time is of the essence, and patients need to be able to have close proximity to their doctors to get the care that they deserve.

Quality of care shouldn't matter about the Zip Code. We should be able to do what we are best at and take care of our patients on an equal playing field, and this certainly helps that.

I greatly appreciate all that you've done for the American people. You are an inspiration to us. You make us believe no problem is too big to solve. I mean, you're a representative of that. And I thank you for your leadership. Thank you for this opportunity to be here.

And thank you for putting health care at the forefront. It's so important to every patient and every family that we take care of.

*The President.* Thank you very much, Andrew. Great job.

Great job you both do. Amazing. I've heard unbelievable things.

And doctors, in particular, thank you very much for being here. We very much appreciate it.

Thank you, everybody. It's a big story. Thank you. Thank you, Bobby.

NOTE: The President spoke at 10:18 a.m. in the East Room at the White House. In his remarks, he referred to National Economic Council Director Kevin A. Hassett; White House Chief of Staff Susan Wiles; Governor Timothy J. Walz of Minnesota; Governor Gavin C. Newsom of California; Senate Majority Leader John R. Thune; David A. Ricks, chair and chief executive officer, Eli Lilly and Co.; White House Director of Speechwriting Ross Worthington; White House Press Secretary Karoline Leavitt; White House Communications Adviser Margo Martin; and Sen. Lisa A. Murkowski. Rep. Bresnahan referred to Gov. Michael J. Dunleavy of Alaska.

*Categories:* Addresses and Remarks : Rural health care improvement efforts, roundtable discussion.

*Locations:* Washington, DC.

*Names:* Begich, Nick; Bresnahan, Rob; Fortner, Terri; Hassett, Kevin A.; Johnson, J. Michael; Kennedy, Robert F., Jr.; Lawler, Michael; Leavitt, Karoline; Macron, Emmanuel; Martin, Margo; Massie, Thomas H.; McCue, Andrew; McGuire, John; Murkowski, Lisa A.; Newsom, Gavin C.; Obama, Barack; Oz, Mehmet; Paul, Randal H.; Pillen, James D.; Ricks, David A.; Rollins, Brooke L.; Sullivan, Daniel S.; Thune, John R.; Walz, Timothy J.; Wiles, Susan; Worthington, Ross.

*Subjects:* California, Governor; Centers for Medicare and Medicaid Services; COVID-19 pandemic; Economic improvement; Egg prices; Food market and prices; France, President; France, trade with U.S.; Fraud enforcement, strengthening efforts; Greenland, ownership and administration; Health care costs and affordability; Iran, U.S. airstrikes on nuclear facilities; Medicare and Medicaid programs; Minnesota, Governor; National Economic Council; Nebraska, Governor; Patient Protection and Affordable Care Act; Pharmaceutical supply chains, improvement efforts; Prescription drug costs, reduction efforts; Rural health care access and infrastructure, improvement efforts; Secretary of Agriculture; Secretary of Health and Human Services; Senate majority leader; Speaker of the House of Representatives; Tariffs; Venezuela, U.S. military capture and exfiltration of President Maduro; White House Chief of Staff; White House Communications Adviser; White House Director of Speechwriting; White House Press Secretary.

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