showing up at the hospital in the emergency room with no insurance, and the hospitals have been obligated to see them.

And who pays for that? Guess who pays for it? You do, I do, the American public does when people show up without insurance. But the Affordable Care Act reduced, in a very significant way, the number of people showing up like that.

Now, in my home State of Maryland, we have seen extraordinary reductions in the numbers of people showing up in the emergency room without insurance because of the ACA. We have cut the uninsured rate by more than one-third in Maryland. We had a rate of 10.6 percent. Now it is down to 7 percent since the ACA was implemented.

All of the people who run the hospitals and our healthcare system are terrified that, if the GOP bull in the china shop wrecks the Affordable Care Act, what is going to happen is we are going to have hundreds of thousands of more visits every year in emergency rooms by people who are not covered by insurance, which means that the taxpayers get stuck with the bill again.

Now, let me tell you about my congressional district, the beautiful Eighth Congressional District, of which I am very proud. Everybody loves their district, but I do have the most beautiful, the most extraordinary district in the country. In Montgomery County, Maryland, in Frederick County, Maryland, and in Carroll County, it is gorgeous. Please come out and visit us in Bethesda, in Rockville, throughout Carroll County, throughout Frederick County. Come to Middletown, go to Thurmont, check it all out. It is beautiful. Come and visit us.

Look what has happened in the Eighth Congressional District. Well, as I said, we have reduced the uninsured rate by a third. We have 444,600 people in the district who have health insurance that covers preventive services today, like cancer screenings and flu shots, without any copays, without any coinsurance or deductibles, and they now stand to lose this access if the majority succeeds in eliminating the ACA provisions requiring health insurers to cover preventive services without cost-sharing.

We have got more than a half a million people in my district with employer-sponsored health insurance who are at risk of losing important consumer protections like the prohibition on annual and lifetime limits, protection against unfair policy rescissions, and coverage of preexisting health conditions if the ACA is entirely or partially repealed.

We have 21,400 people in the district who have purchased high-quality marketplace coverage, who now stand to lose their coverage if the marketplaces are dismantled.

We have 16,000 people in the district who got financial assistance to purchase marketplace coverage in 2016, who are now at risk of coverage becoming unaffordable, if they have their way and they eliminate the premium tax credits, and so and so forth.

Everything is dismantling the protections you have, making your premiums go up, throwing millions of people out of health insurance, and transferring lots of wealth upwards through the tax breaks that they want to give to wealthy people and insurance companies.

By the way, as I understand it, there is a provision that they want to repeal which capped the tax deductibility of insurance company executive salaries beyond a half a million dollars. They want to repeal that, so that would continue to be tax deductible. You could pay them millions of dollars, and they get the tax break because, of course, that is going to be their first priority, making the wealthiest executives in the health insurance companies whole.

Who cares what happens to everybody else, whether they lose their insurance, their premiums go sky-high? They know exactly where their bread is buttered. And that is just the icing on the cake.

Mr. Speaker, I don't think that their legislation can pass because the American people are too smart for it and will not stand for it. I don't think it will pass.

The President is already distancing himself from it. We all started calling it TrumpCare. The word went out that he didn't want it called TrumpCare. We think he knows that it is not going to pass, or, if it does pass, it is going to be a debacle of historic significance and moment.

None of them want it to be named after them. We have offered RyanCare, we have offered TrumpCare. None of them want to be associated with it.

I don't think it is going through. I understand that the Freedom Caucus, which thinks that there should just be a total free market, is going to vote against their plan, which they say is worse than ObamaCare, which they hated from the beginning. Although they are ideologically opposed to it, they know that ObamaCare is working, and they know that lots of people are being covered on it. And now they are going to be throwing millions of people off of ObamaCare, but they don't get what they want, which is a total free market.

Of course, a free market in health care doesn't work because health care is not a social domain where the market operates.

□ 2030

If you get sick or if you get injured, then you are just taken to the hospital. You don't have a lot of time to shop around for the best hospital or the best doctor. You just need to go in, which is why the civilized countries of the world that can afford it have gotten to the point of a single-payer plan. But they want to take us from the Affordable Care Act backwards. They want it to be a dog-eat-dog medical care system.

The American people are not going to accept that. They don't have a majority in Congress to do it, and it is the job of the minority in Congress which represents a majority of the people. Remember that the Democratic candidate for President received 1.9 million votes more than the Republican candidate for President. So it is the job of the minority which represents the majority of the American people, and it is the job of the people of the United States to say that we reject this sloppy, terrible plan that they are trying to rush through Congress. If they want to have discussions about actually improving things, we are very happy to do it. Otherwise, this cannot be accepted, and the American people need to pay very close attention to what is taking place in Congress this week.

I yield back the remainder of my time, Mr. Speaker.

OBAMACARE

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Florida (Mr. YOHO) is recognized for 60 minutes as the designee of the majority leader.

Mr. YOHO. Mr. Speaker, I appreciate the opportunity to spend time here with my colleagues. We just heard a diatribe from our colleagues. It is interesting to me to note how they say the American people don't want us to change this, but I have to remind my colleagues that I think the American people spoke very loudly on November 8. We have run multiple times to repeal this bill. I heard one of my other colleagues say that we voted over 60 times, and we are going to vote one more time to get rid of the Affordable Care Act because the American people have delivered that message to us, and we have a President that says that we will do this.

I think, as we go through this, we are going to have some interesting conversations. Considering all the bickering and posturing you see in the media by partisans on the left and the right, it is time for Members of this body to step back for a moment and take stock of where we are in the healthcare debate.

I was not a Member of Congress when the Affordable Care Act was passed. I was a practicing large animal veterinarian in private practice plying my trade and not a political animal, if you will. However, I was concerned to see the way the law was passed. My colleagues on the other side were talking about how this was rammed through Congress and how it was passed in the shadows—or how we are doing that now. But I have to remind them that in 2009 it was passed in the dark of night—no Republican input, no debate, and no discussion. It was just passed and rammed down the American people's throat.

I want to go on here, and I want to yield to a couple of my colleagues before I do.

Mr. Speaker, I yield to the gentleman from California (Mr. LAMALFA) because he has to go tend to some other business. I would like to have his input on this. DOUG LAMALFA is my good friend and a great leader up here.

Mr. LAMALFA. Mr. Speaker, I thank my colleague from California (Mr. YOHO), a good friend here, and my other colleagues here, to allow me the moment to speak.

Mr. Speaker, I am really excited about the opportunity with this new administration for relief for regular Americans from the Affordable Care Act. I think the intentions may have been good when it was passed, but we see the devastating effects from the many emails, letters, calls, and the communications my office received from middle-income families. They are the ones that are the most negatively affected by this act. We have seen their premiums and their deductibles go out of sight. They may not even need to have the insurance anymore because the deductibles are so out of reach for them on cost, so insurance means nothing to them.

Indeed, with most Americans having health insurance before the ACA that they were at least reasonably happy with, they have had that choice taken away from them. They have had choices taken away. My wife and I were sitting there in December 2013, being forced, just like everybody else, to enroll in a plan with a broken website trying to get it to go through. We knew at the time we were going to have big problems with that.

We even agreed with the Republican conference when we were on the eve of this taking effect. The President decided that maybe we need to have a 1-year pause for this for employers of 100 people or more. We agreed with that. We offered legislation because you are not supposed to just do that with the stroke of a pen. Indeed, it was duly passed legislation with all Democrat votes, no Republican votes, just a few short years before. We agreed, let's lay this for a year, if nothing else, for those larger employers.

But we also said: Mr. President, we should also delay it for everybody else because we know it isn't going to work. We know this is going to do nothing to curb costs. That really is the bottom line. It is the middle-income families that I am really worried about in this thing because, again, we received so many communications from them saying: Please help us. We can't afford it. We are putting off being able to buy a home because we are seeing these costs go up. We are putting off college savings for our kids because our costs are spiraling out of control.

So if we do nothing else in the process, again, are we going to come up with the perfect bill?

There is no perfect bill when you have this many years of the type of government takeover of health care that we have seen here. But we are going to do the best we can because it is those folks out there—middle-income Americans—that we are trying to help to bring relief from the ACA so they can go back to doing the priorities they see: having affordable insurance, doctors they can choose, a plan they can choose, and being able to go off and do the things like saving for their kids' college and maybe buying that home that is part of the American Dream instead of the American nightmare they see it has been.

So I appreciate my colleague, again, having this time this night and for allowing me to speak for a few minutes.

Mr. YOHO. Mr. Speaker, I thank my colleague from California.

Mr. Speaker, as I was saying, I was concerned to see the way the law was passed. It was passed in the middle of the night. I thought it was passed through hastily and without transparency. I did not think that boded well for the law's success. Unfortunately, I was proven right.

If you remember the words of the then-Speaker of the House, it was passed without reading it, and the words were: We have to pass it to see what is in it. We have to pass it to see how it is going to work.

Talk about legislative malpractice that was poured on to the American people to get a bill they didn't want, that nobody read. Yet my colleagues on the other side are talking about how we are running this through without anybody's input. It has had 6 years of input, it is coming together now, and our goal is to fix health care for the American people.

As someone who has practiced medicine, I believe that, despite all the good intentions behind the Affordable Care Act, it was doomed to fail, as most Big Government programs are. In fact, one of the main reasons I ran was on behalf of patient-centered, free-market oriented health care. I supported and still support healthcare reform that allows us in Congress to keep our promises when we talk about what we want to achieve.

I was one of the Members that came up here who lost my health care because of the Affordable Care Act. My premiums have gone up over $11,000 since I have been here. My deductibles have gone up and my coverage has gone down. It is a disaster. I have to remind my colleague from Minnesota who was talking about how bad the Republican bill is that his own Governor from the State of Minnesota said that this bill is a disaster, the Affordable Care Act in its present form, and his premiums have gone up 45 percent in his own State.

I want to remind this body that many people lost health care they had before ObamaCare was passed with the promise that if you like your plan, you can keep it. It was broken by our own President of the United States. If you like your plan, if you like your doctor, and if you like your insurance company, your premiums will go down $2,500 on an average. Lie after lie after lie. The American people answered that by electing a majority in Congress to the Republican Party to fix that, and that is what we aim to do.

Supporters of the ACA also told us that the premiums wouldn't increase. It turned out that was false. Premiums in the individual markets have increased partly because ObamaCare has forced insurers to leave the exchange. For example, benchmark silver-level plan premiums have increased by an average of 25 percent from 2016 to 2017, according to the Department of Health. If you like the State of Arizona, the premium this year is going up an astounding 116 percent. They worry about us, and then they blame us for raising the cost of health care. Sophistry, pure sophistry.

Many families have been forced to pay drastically higher out-of-pocket costs, which hits their pocketbooks hard even though they are not wealthy people by any stretch of the imagination. As my friend, Mr. LAMALFA, was talking about the cost, at the end of the month people are finding out they are running out of money before they run out of the month.

I am reminded of one family in my district whom I met with personally many times over my tenure in Congress. They had to deal with the intense treatments and frequent hospitalizations for an illness that has hit two generations of their family very hard. They had coverage through an employer that they started out with, and it was a $350-a-month premium right before the ACA passed in 2010. However, around the time the ACA mandates kicked in, their plan went up over $100 a month. Today their premium is a staggering $680 a month. That is over $8,000 a year in premiums, nearly double what they were paying before the ACA. These are the people that sent us up here to fix health care. Unless you are making six figures a year, this is an absolutely painful sum.

Mr. Speaker, I may not generally be a supporter of government benefits, but I do believe very strongly that our government should make every effort in protecting our Nation's vulnerable population, especially the chronically ill. My concern is the ACA has resulted in those groups being harmed more than anybody else. Particularly for those who had employer-provided insurance prior to the ACA, the law's effect has been hurtful, especially if their coverage was for families afflicted by long-term illness. Simply put, no healthcare law should ever make things worse for people who were responsible and had health care to treat a medical condition. If anything, that is the opposite of health care.

Mr. Speaker, I yield to the gentleman from Texas (Mr. BABIN), who is a good friend of mine. Dr. BABIN has practiced dentistry in our military and in the private sector. Right after graduating dental school, he was commissioned in the Air Force as an officer and was stationed overseas. I thank the gentleman

for his service. He later returned to his native east Texas to open his own dental practice, which he operated for over three decades. He has served on the Texas State Board of Dental Examiners and as a member of the American Dental Association.

Mr. BABIN. Mr. Speaker, I thank the gentleman for holding a Special Order on a topic that could not be more relevant than at this very time: the failures of ObamaCare.

As a healthcare professional myself, the elected representative of over 700,000 constituents, and the grandfather of 13, I have a duty to see that access to medical care is more affordable for the welfare of my patients, for my constituents, and for the livelihood of my children and my grandchildren.

ObamaCare moved us away from the patient-centered affordable medical care—the traditional doctor-patient relationship—that we have enjoyed for well over a century. ObamaCare was designed by Washington bureaucrats who, unlike other Americans, are exempt from ObamaCare. In the last 24 hours, I have heard from nearly 1,000 of my constituents who are overwhelmingly begging me to repeal ObamaCare and replace it with a bill that restores their healthcare freedom.

That is no surprise to me. I have heard from thousands of my constituents, including my own patients and my own family members, about how their premiums have skyrocketed and their deductibles have skyrocketed. They have health insurance, but they can't afford to access medical care because their deductibles are too high and their longtime family doctors are no longer accepted as providers in their new health insurance. They have to drive long distances to get to a new and different doctor in their medical plan. They have had medical care interrupted. Simply put, they want this ObamaCare nightmare to end.

A truck driver from Hardin County told me how she was forced to switch plans last year from the PPO that she wanted to keep to an HMO that she did not want. This has made it significantly more difficult for her to find a doctor to accept her insurance when she gets sick out on the road even though she pays much higher in premiums than she did last year for her PPO.

Melissa, who lives in Harris County, has the same story. Last January she had to switch her family to an HMO plan because of ObamaCare's limited choices in her community. This forced her family to leave their doctor of 20 years and their local pharmacy.

Melissa said: I have always been a very responsible American citizen, yet ObamaCare told me what kind of plan that I had to buy.

□ 2045

This is what ObamaCare does. It makes decisions for patients instead of the other way around. Brute Federal force.

The message is clear: ObamaCare's top down, Big Government approach is leading to higher premiums, less choice, and insufficient access for people in my district and all across this great land of ours. These higher out-of-pocket costs and premiums have priced too many Americans out of the insurance market altogether.

Melinda, who lives in the county next to me, had an ObamaCare plan last year and paid nearly $600 a month. She also had a $3,000 deductible. She had to spend over $10,000 before her health insurance plan paid for anything. Even with these high premiums, her insurance plan would not cover many of her asthma medicines or the cataract surgery that she desperately needs.

This year, when her premiums went up another $100, she dropped coverage altogether. Under ObamaCare, now she has lost affordable coverage, and she must pay a penalty, a tax.

Angela, from Harris County, actually decided to sign up for an ObamaCare plan after going uninsured for some time. Unfortunately, she soon realized that the cost vastly outweighed the benefits. So this year, she chose again to go without insurance. Now she pays the ObamaCare tax.

Others in my district don't want insurance coverage or only want catastrophic coverage. Yet, they are forced to pay expensive fines. Their freedom of choice is grossly limited.

Gina, a hardworking single mother and businessowner told me that she is now forced to use the little bit of money that she gets from her tax refund to pay the ObamaCare tax.

Charlie from Harris County says that he wants me to vote to repeal the individual mandate, stating that ObamaCare has forced him to buy a product that he doesn't want.

ObamaCare relies on force and coercion, but this is not the American way. If ObamaCare is so good, why did a larger percentage of Americans elect to pay the penalty than to take the subsidy for their coverage last year? The American people deserve much better.

I have got hundreds of similar stories, including those from a college student who couldn't work more than 27 hours a week over her Christmas break to earn money for school because the ObamaCare law imposed costly mandates for her employer if she does.

ObamaCare is in a death spiral and is imposing too much pain and suffering on the American people. Premiums have gone up, on average, by 25 percent across the country for enrollees this year alone. Some States, like Arizona, had a 116 percent increase in premiums.

Twenty-five percent of Americans have only one health insurer to choose from, and 50 percent of Americans live in areas with only two insurance providers. Folks, that is not a choice.

The complaints I am hearing now are at a fever pitch, and the American people are demanding a change now. We need a patient-centered healthcare system driven not by mandates and coercion, but by freedom and choice for my patients, for my constituents, for my family, and for all Americans.

Mr. YOHO. Mr. Speaker, I appreciate Dr. Babin's comments. He is very astute. He has been around health care. You know how this thing is not working and the strain it has put on people in your district, as it has in mine, and people around the country.

I am relieved that Congress is moving forward on legislation to right these wrongs. It feels so good to be a Member of Congress today to live up to a campaign promise that everyone in the majority in the House, Senate, and executive branch says: We are going to fix this; trust us. I have the complete confidence in that. I look forward to engaging with my colleagues.

Mr. Speaker, I yield to the gentleman from Washington (Mr. NEWHOUSE). He is a farmer, small-business man, and good conservative who understands the importance of keeping government out of our healthcare system.

Our country's farmers have been hit hard, just as much as others, by ObamaCare. Congressman NEWHOUSE is, no doubt, well aware of these issues.

Mr. NEWHOUSE. Mr. Speaker, I thank my friend for his leadership on this issue this evening and throughout this year. I also want to thank him for the opportunity to address the House of Representatives on this very important issue that we are dealing with right now.

Mr. Speaker, throughout my time representing the good people of central Washington State in the U.S. Congress, constituents from across my district, the Fourth District, have shared with me their deeply personal stories. These are personal stories about the struggles and the hardships that they have experienced and that they have faced since the passage of the Affordable Care Act.

So let me just relate to you a couple of those because I think they are very important and help illustrate exactly what it is that we are trying to correct.

In late 2016, a gentleman from the city of Yakima wrote to me in distress, as his insurance provider was pulling out of Yakima County.

He told me: My wife and I are losing our healthcare coverage. Our financial lives are about to be radically changed and a literal risk to our health is upon us. The challenge to find affordable, acceptable healthcare insurance will be immense.

That is not unlike another story that I heard in early 2015. A young woman from Grandview wrote to describe her dire situation being forced on to the Affordable Care Act exchange.

She told me: I was paying $231 a month for a policy that had a $500 deductible with a $10 copay.

However, under the ACA, she said her healthcare costs have skyrocketed.

She continues: I now pay $475 a month for a policy that has a $5,500 deductible. This is not affordable health care.

It is the middle class American who has worked hard to have a good retirement who is being hit hard by this.

Another gentleman from West Richland recently pleaded that the many middle class workers like him must not be forgotten as we repeal and replace this broken law.

He says: Do not forget us when fixing. We liked our plan, and we lost it.

Just last week, a farmer from Moses Lake called my office and said that, before the ACA, he was paying less than $200 a month for a catastrophic plan that provided coverage for his family. Now he is forced to pay $1,000 a month with high deductibles that discourage his family from even being able to use and access the healthcare insurance that they are paying for.

These are just some of the many stories of the dozens, the hundreds that I have been hearing from over the last couple of years since I started representing the good people of central Washington.

Like I said, these are true stories, personal stories of the struggles that people are facing on a daily basis and have pleaded with us to take strong action to deliver them from this situation that they find themselves in. I think it is similar across the country. As you hear tonight from other Members speaking about their districts, you are hearing similar stories.

So that is something that, I think, as we debate the best way to repeal and to replace the Affordable Care Act, I am committed to ensuring that we protect the most vulnerable.

I am also committed to providing relief for the majority of everyday, middle class Americans who have been devastated by this misguided and broken law.

Let me just say: I hear you, I will not forget about you, and I will keep your stories at the forefront of my mind as we work to fix this failed system.

Mr. YOHO. Mr. Speaker, I thank my good colleague from Washington State. I appreciate his words, his thoughtfulness, and the stories. You learn more from a story than you do facts and figures.

I want to go over a couple of things here. As we have heard, the average increase of health plans in the United States rose by over 35 percent. I already talked about Arizona: 116 percent this year alone.

The insurance exchanges that were set up—the 26 in the beginning—are down to 5, with some counties not even having exchanges to purchase insurance.

I think for the people that are watching this at home, whether they are Members of Congress, the American citizens, I want you to listen to this, and I want to take you back to the information that came out when the Speaker of the House then talked about, we have to pass it to see what is in it, how it is going to work. Then I want you to picture the words of the architect of this bill, Jonathan Gruber: The lack of transparency and the stupidity of the American voter helped ObamaCare pass.

The Democrats want to blame this body, the Republicans, for wrecking health care. This is what they passed on us and the American people.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. CARTER), who is the only pharmacist serving in Congress. As a healthcare professional, he knows these issues very well.

He is the co-chair of the Community Pharmacy Caucus and sits on one of the main healthcare committees in Congress, the Committee on Energy and Commerce. He ran his own business, like me, and witnessed firsthand the problems that government regulations and red tape cause on job creators, large and small.

I want to remind folks, too, that there were over 22,000 pages of rules and regulations that came out of the Affordable Care Act.

Mr. CARTER of Georgia. Mr. Speaker, I want to thank my good friend, the gentleman from Florida, Representative YOHO, for this opportunity and for hosting this tonight to discuss how ObamaCare is affecting folks at home.

Consider the case of Bob Joiner, an independent adviser in south Georgia. His wife, Kim, is an audiologist who works in a small practice that does not provide healthcare benefits.

Bob and Kim exercise regularly, they watch their nutrition, and they are fortunate to not have any health problems. They also have a 28-year-old son named Wesley.

In 2016, Bob's monthly healthcare premium increased 134 percent, and his son's climbed to an astonishing 190 percent. In total, their 2016 annual premiums were $4,285.56 for their son Wesley and $19,026.12 for Bob and Kim.

The Joiners should have been hopeful that, in 2017, they could change their plan for something more affordable. But thanks to the Affordable Care Act, that wasn't the case. This year, only one Affordable Care Act-compliant plan was accessible to them on the healthcare.gov website. An additional policy featuring a higher deduction with lower premiums was available. However, the plan was not ObamaCare-compliant, leaving the Joiners subjected to the Affordable Care Act penalty.

Before ObamaCare, the Joiner family's annual premium for the whole family—the entire family—was $7,428. At the time, they had access to multiple providers and dozens of plan designs. Unfortunately, ObamaCare has brought chaos into the healthcare system.

I want to repeat that again. Before ObamaCare, the family's annual premium for the whole family—for Bob, Kim, and their son Wesley—was $7,428. Last year, just for Wesley, it was $4,285. For Bob and Kim, it was $19,026. Folks, that is just astonishing. That is not right.

The Joiners are not alone when they explained that they are unable to save for retirement or pay down their mortgage because of progressive increases in healthcare costs. Patients across the country now face this grim reality because ObamaCare has failed.

Just as the Joiners saw patient costs are skyrocketing, last year the Obama administration even admitted that premium hikes were coming for this year's healthcare plans.

It turns out the national average premium increase is an astonishing 25 percent. That is the average. In seven States, it is more than 50 percent. Unbelievable.

Well, Mr. Speaker, today is a new day. This afternoon, the Energy and Commerce Committee completed a marathon markup of its portion of what was ultimately to be the ObamaCare reconciliation bill.

□ 2100

It was an honor to be a part of that. Twenty-seven hours and 27 minutes we met, and we finally got it out of committee. Now it goes to the Committee on the Budget, along with the bill that the Committee on Ways and Means has sent. So those two bills will be put together and they will go to reconciliation.

Mr. Speaker, I am proud to have been a part of this historic opportunity, taking the first meaningful steps toward entitlement reform and replacing ObamaCare. I thank all of my colleagues who are here this evening taking part in this Special Order as well as thank each Member of Congress who has and continues to take a stand against the idea of a top-down, one-size-fits-all approach to health care.

Our plan presents a better way. The American Health Care Plan will give us access and affordability. It will give us patient-centered health care. Enough of this top-down, cookie-cutter approach that we have had, thinking that everything from Washington, D.C., is better, thinking that we know what the States need. That is not right. What we need is to empower patients. What we need is to have patients in control of their healthcare system, and this is what the American Health Care plan does. It empowers patients through health savings accounts, through tax credits, reforming Medicaid. The American Health Care Plan is on its way. I am excited. I am excited for America.

I, again, thank Representative YOHO for hosting this Special Order. We appreciate your work. I thank all Members of Congress who have had a part of this on both sides of the aisle. I thank everyone. Help is on the way: better health care, market-based health care, where competition and choices will be the case, where insurance companies will be fighting for your business, where you will have choices, where you will have competition in the market. That is what we need. That is what is going to bring healthcare costs down.

Mr. YOHO. Mr. Speaker, I thank Dr. CARTER. I appreciate his being here. The effort he has put in, working diligently to help us right this wrong that

has been instilled upon the American people.

Mr. Speaker, I yield to the gentleman from Illinois (Mr. RODNEY DAVIS), a great colleague of mine who is the chairman of the Subcommittee on Biotechnology, Horticulture, and Research of the Committee on Agriculture; a member of the Committee on Transportation and Infrastructure; and the Committee on House Administration.

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I thank Mr. YOHO for leading this Special Order tonight to talk about this issue. It is an issue important to the entire country and all hardworking taxpayers of America.

1.4 million people were kicked off their plans and forced to purchase different insurance plans. We saw 45 to 55 percent premium increases in my home State of Illinois in 2017. Deductibles have increased 64 percent nationwide. 31 million people can't afford to use the insurance they have because their deductibles are so unaffordable and high.

One-third of the Nation only has the option of one insurance provider on the $2 billion websites that we know as the ObamaCare exchanges, a monopoly that drives up costs, and 75 percent of people in my home State of Illinois have one or, at most, two providers.

One in four people in Illinois are on Medicaid. That is unsustainable for a State with an $8 billion budget deficit.

These statistics tell us ObamaCare is collapsing, and if we do nothing, we will be leaving millions of Americans without any option for healthcare coverage. But we are not offering this alternative because of statistics. We are doing it for Rich and Sandy in Pana, Illinois, whose deductibles went from $300 to $2,000 per person for less coverage. We are doing it for Janet from Edwardsville, whose family plan was considered a Cadillac plan and was replaced with a plan that had a $6,000 deductible. We are doing it for Lynne, a farmer in Springfield, Illinois, who provides insurance for her barn manager, but the best she could find after ObamaCare was one with a premium that increased by more than $100 and increased her out-of-pocket expenses by another $1,000.

This is our one shot to fix our failing healthcare system for the constituents I just mentioned and the millions more across the U.S. who have had the same thing happen to them. This is a pretty good bill to start with. After 4 years of watching premiums more than double, deductibles skyrocket, and choices dwindle for my constituents under ObamaCare, I am proud to be part of a responsible healthcare solution to lower costs and increase options for individuals and families.

The American Health Care Act may not be the exact bill we would have written to reform our healthcare delivery system prior to ObamaCare, but we can't go back in time. We have to face reality, and the reality is we have States like Illinois who chose to expand Medicaid, and we can't abruptly rip coverage away from them like ObamaCare did for 1.4 million Americans.

In addition to protecting people with preexisting conditions and allowing young adults under the age of 26 to remain on their parents' insurance, those who currently qualify for Medicaid will remain covered until their economic situation improves.

Our goal should be to ensure that every single person who wants a career, a good-paying job, and wants to get off of Medicaid should be our priority. But when their situation does improve, which is, again, what all of us should hope for, then we help them with monthly, portable, age- and income-based tax credits that will go directly toward paying their health insurance. These also help those who were left behind by ObamaCare, middle class Americans who were forced to buy insurance with costly premiums and deductibles but did not qualify for subsidies.

This is just the first part of our plan, which can be done through the budget reconciliation process. Next is making changes to lower the overall cost of health care so these tax credits go further for every American. We have one chance to fix this for the American people because ObamaCare is collapsing, and I urge all of my colleagues to support this plan.

I thank again my colleague, Mr. YOHO, for leading this effort tonight.

Mr. YOHO. Mr. Speaker, I thank the gentleman from Illinois (Mr. RODNEY DAVIS). He brought up a very astute point. This is collapsing on itself. If we were to do nothing, this would collapse, and the American people would be left without any coverage. We have heard other people on the other side say: Leave it alone.

That is irresponsible, and we will not do that. We will repeal and replace the Affordable Care Act, and we remove it from Washington bureaucrats and government mandates. If government can tell you what kind of insurance to buy, you have to buy it, and if you don't, they penalize you, what else can they force you to do?

Our Constitution is not a function of the government. Government is a function of the Constitution. Yet when government steps beyond the boundaries of the Constitution, it is up to us, we, the people—and we are the representatives of we, the people—to change how government works. That is what we are doing with the repeal and the replacement of the Affordable Care Act. We have heard about the nightmare this has caused to the American people, to our economy, the loss of jobs, the depression of job growth, wage growth. We can go on and on for hours, but it is not going to fix this problem.

What I want to focus on for the next few minutes is what the replacement does do. We have heard about the mandates that are going away, the taxes that are going away, the expansion of Medicaid. The reality in America, our country is in financial dire straits. It is unsustainable. It would be imprudent for us to sit by and do nothing while the country goes into default.

So with the direction we are going, this will bend the cost curve to Medicaid to make it solvent for a longer period of time. This will empower the individual to have health care and make those decisions between the doctor and the patient, the way it should be, instead of a government-controlled mandate.

This empowers individuals to be more responsible for themselves, to incentivize them to go out and buy health care by the use of health savings accounts, where they can buy over-the-counter medications to share with family members the benefit of the health savings account.

Republicans, Democrats, and Independents all want preexisting conditions covered, so that is something we all are in agreement with. There is the argument about should children be able to stay on their parents' policies until the age of 26. Personally, I don't think they should have to—I think they should be out on their own, but I have heard from enough people in my district that I am willing to compromise and go along with that. Truth be known, children could already stay on their parents' health plan until the age of 26 if they were actively enrolled in college or disabled. So we are compromising.

This will make health care better. It puts health care into the hands of the American people and their doctors and drives government out of it. Let them oversee the process.

We have heard over and over again that we need to open up the market across State lines. There is legislation coming out that will free up the insurance companies. We are introducing legislation to hold harmless insurance companies now, before we get through with this process, so that insurance companies are not held to the standards of the Affordable Care Act, so that they can start writing policies today when this legislation passes, so they can write their policies and start marketing now so that the American people will have time to research these products.

There will be a transition period. I can't guarantee it is going to be smooth. I can guarantee you it will be smoother than the last one.

I think the last thing I want to leave the American people with is we don't want to pull the rug out from anybody. We will do everything possible, and I know on both sides of this. I would think the Democrats, with the debacle that they created, the legislative malpractice that they passed in the dark hours of the night in December of 2009 or 2010, that they would want to come to the aid to fix health care for the American people instead of chastising us and telling us how bad and how wrong we are to interfere.

This plan is going to collapse on its own. We invite them to come to the table to help us fix this because this is for all Americans, not just Republicans. It is for all Americans—Republicans, Democrats, Independents, everybody. I would hope they would come and help us do this.

I think the last thing, Mr. Speaker, is this is a historic opportunity. The Wall Street Journal said never before has there been a chance to change a program as significant as what we are getting ready to do. We are the ones who are going to lead this effort to bring healthcare stability to the American people.

I look forward to the discussions in the future. I ask the American people to believe in the people you sent up here to fix this. We are going to get it right.

One last thing. I will guarantee you that this bill will be read before it is passed, and we will know how it is going to work.

Mr. Speaker, I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Mr. JEFFRIES (at the request of Ms. PELOSI) until 4 p.m., March 8.

SENATE BILL REFERRED

A bill of the Senate of the following title was taken from the Speaker's table and, under the rule, referred as follows:

S. 496. An act to repeal the rule issued by the Federal Highway Administration and the Federal Transit Administration entitled ''Metropolitan Planning Organization Coordination and Planning Area Reform''; to the Committee on Transportation and Infrastructure.

ENROLLED BILLS SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled Joint Resolutions of the House of the following titles, which were thereupon signed by the Speaker:

H.J. Res. 37. Joint Resolution disapproving the rule submitted by the Department of Defense, the General Services Administration, and the National Aeronautics and Space Administration relating to the Federal Acquisition Regulation.

H.J. Res. 44. Joint Resolution disapproving the rule submitted by the Department of the Interior relating to Bureau of Land Management regulations that establish the procedures used to prepare, revise, or amend land use plans pursuant to the Federal Land Policy and Management Act of 1976.

H.J. Res. 57. Joint Resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to accountability and State plans under the Elementary and Secondary Education Act of 1965.

H.J. Res. 58. Joint Resolution providing for congressional disapproval under chapter 8 of title 5, United States Code, of the rule submitted by the Department of Education relating to teacher preparation issues.

SENATE ENROLLED BILL SIGNED

The Speaker announced his signature to an enrolled bill of the Senate of the following title:

S. 442. An act to authorize the programs of the National Aeronautics and Space Administration, and for other purposes.

ADJOURNMENT

Mr. YOHO. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 9 o'clock and 14 minutes p.m.), the House adjourned until tomorrow, Friday, March 10, 2017, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

752. A letter from the Secretary, Securities and Exchange Commission, transmitting the Commission's final rule — Exhibit Hyperlinks and HTML Format [Release Nos.: 33-10322; 34-80132; File No.: S7-19-16] (RIN: 3235-AL95) received March 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

753. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Streptomycin; Pesticide Tolerances for Emergency Exemptions [EPA-HQ-OPP-2016-0540; FRL-9957-65] received March 8, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

754. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Oxytetracycline; Pesticide Tolerances for Emergency Exemptions [EPA-HQ-OPP-2016-0539; FRL-9959-19] received March 8, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

755. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Flupyradifurone; Pesticide Tolerances for Emergency Exemptions [EPA-HQ-OPP-2016-0557; FRL-9958-75] received March 8, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

756. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of California Air Plan; Owens Valley Serious Area Plan for the 1987 24-Hour PM10 Standard [EPA-R09-OAR-2016-0660; FRL-9958-80-Region 9] received March 8, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

757. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of California Air Plan Revisions, Yolo-Solano Air Quality Management District [EPA-R09-OAR-2016-0245; FRL-9958-43-Region 9] received March 8, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

758. A letter from the Chief of Staff, Media Bureau, Federal Communications Commission, transmitting the Commission's final rule — Revitalization of the AM Radio Service [MB Docket No.: 13-249] received March 6, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

759. A letter from the Assistant General Counsel for Legislation, Regulation and Energy Efficiency, Office of Energy Efficiency and Renewable Energy, Department of Energy, transmitting the Department's final rule — Energy Conservation Program: Energy Conservation Standards for Commercial Prerinse Spray Valves [Docket No.: EERE-2014-BT-STD-0027] (RIN: 1904-AD31) March 7, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

760. A letter from the Labor Member and Management Member, Railroad Retirement Board, transmitting a report in accordance with 5 U.S.C. 552b(j), the annual report for Calendar Year 2016, of the United States Railroad Retirement Board, in compliance with the Government in the Sunshine Act, Public Law 94-409, as amended; to the Committee on Oversight and Government Reform.

761. A letter from the Deputy Assistant Administrator For Regulatory Programs, NMFS, Office for International Affairs and Seafood Inspection, National Oceanic and Atmospheric Administration, transmitting the Administration's final rule — International Affairs; Antarctic Marine Living Resources Convention Act [Docket No.: 120201087-6641-02] (RIN: 0648-BB86) received March 7, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Natural Resources.

762. A letter from the Deputy Chief, Enforcement Bureau, Federal Communications Commission, transmitting the Commission's final rule — Amendment of Section 1.80(b) of the Commission's Rules; Adjustment of Civil Monetary Penalties to Reflect Inflation received March 7, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on the Judiciary.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. SHUSTER. Committee on Transportation and Infrastructure. H.R. 654. A bill to direct the Administrator of the Federal Emergency Management Agency to carry out a plan for the purchase and installation of an earthquake early warning system for the Cascadia Subduction Zone, and for other purposes; with an amendment (Rept. 115–30). Referred to the Committee of the Whole House on the state of the Union.

Mr. SHUSTER. Committee on Transportation and Infrastructure. H.R. 1117. A bill to require the Administrator of the Federal Emergency Management Agency to submit a report regarding certain plans regarding assistance to applicants and grantees during the response to an emergency or disaster; with an amendment (Rept. 115–31). Referred to the Committee of the Whole House on the state of the Union.

Mr. SHUSTER. Committee on Transportation and Infrastructure. H.R. 1214. A bill to require the Administrator of the Federal