

the Journal, which the Chair will put de novo.

The question is on the Speaker's approval of the Journal.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. ROE of Tennessee. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 246, noes 143, answered “present” 2, not voting 38, as follows:

[Roll No. 172]

AYES—246

Abraham	Espaillet	McCarthy	Stewart	Tsongas	Welch	Nos. 170, 171, and 172. Had I been present, I would have voted Aye on roll call vote Nos. 170 and 171. I would have voted ‘nay’ on roll-call vote No. 172.
Adams	Esty	McCaull	Suozzi	Vela	Wenstrup	
Aderholt	Farenthold	McClintock	Swalwell (CA)	Velázquez	Williams	
Allen	Faso	McCullom	Takano	Walker	Wilson (FL)	
Arrington	Ferguson	McHenry	Taylor	Walorski	Wilson (SC)	
Babin	Fleischmann	McMorris	Thornberry	Walters, Mimi	Womack	
Bacon	Fortenberry	Rodgers	Tiberi	Walz	Yarmuth	
Banks (IN)	Foster	McNerney	Titus	Wasserman	Young (IA)	
Barletta	Frankel (FL)	Meadows	Torres	Schultz	Zeldin	
Barr	Franks (AZ)	Meehan	Trott	Waters, Maxine		
Barton	Frelinghuysen	Meeks				
Beatty	Gabbard	Meng				
Bilirakis	Gallego	Messer				
Bishop (MI)	Garamendi	Mitchell				
Bishop (UT)	Garrett	Moolenaar				
Black	Goodlatte	Mooney (WV)				
Blumenauer	Gowdy	Moore				
Blunt Rochester	Granger	Moulton				
Bonamici	Green, Al	Mullin				
Brady (TX)	Griffith	Murphy (FL)				
Brat	Grijalva	Nadler				
Bridenstine	Guthrie	Newhouse				
Brooks (AL)	Hanabusa	Noem				
Brooks (IN)	Harris	Norcross				
Buchanan	Hartzler	Nunes				
Budd	Hastings	O'Rourke				
Bustos	Heck	Olson				
Butterfield	Hensarling	Palmer				
Byrne	Higgins (LA)	Panetta				
Calvert	Himes	Perlmutter				
Carter (TX)	Hollingsworth	Perry				
Cartwright	Huffman	Pingree				
Castro (TX)	Hultgren	Pocan				
Chabot	Hunter	Polis				
Cheney	Issa	Posey				
Chu, Judy	Jayapal	Richmond				
Cicilline	Johnson (GA)	Roby				
Clark (MA)	Johnson (LA)	Roe (TN)				
Clay	Johnson, E. B.	Rogers (AL)				
Cleaver	Johnson, Sam	Rogers (KY)				
Clyburn	Kaptur	Rooney, Francis				
Cole	Keating	Rooney, Thomas				
Collins (NY)	Kelly (IL)	J. Kelly (MS)				
Comer	Kelly (MS)	Ros-Lehtinen				
Comstock	Kennedy	Rothfus				
Connolly	Khanna	Royce (CA)				
Conyers	Kildee	Ruppersberger				
Cook	Kind	Russell				
Cooper	King (IA)	Rutherford				
Correa	King (NY)	Sanford				
Courtney	Krishnamoorthi	Scalise				
Cramer	Kuster (NH)	Schiff				
Crawford	Kustof (TN)	Schneider				
Cuellar	Labrador	Schweikert				
Culberson	Lamborn	Scott (VA)				
Davidson	Larson (CT)	Scott, Austin				
Davis (CA)	Latta	Scott, David				
DeGette	Lawson (FL)	Sensenbrenner				
DeLauro	Lewis (GA)	Serrano				
DelBene	Lewis (MN)	Sessions				
Demings	Lipinski	Sewell (AL)				
Dent	Lofgren	Shea-Porter				
DeSaulnier	Long	Sherman				
DesJarlais	Loudermilk	Shimkus				
Diaz-Balart	Love	Shuster				
Dingell	Lowenthal	Sinema				
Doggett	Lucas	Smith (NE)				
Donovan	Luetkemeyer	Smith (NJ)				
Duncan (SC)	Lujan Grisham,	Smith (TX)				
Dunn	M.	Smith (WA)				
Ellison	Maloney,	Smucker				
Emmer	Carolyn B.	Soto				
Engel	Marshall	Speier				
Eshoo	Massie	Stefanik				

NOES—143

Aguilar	Gosar	Pallone	
Amash	Gottheimer	Paulsen	
Barragán	Graves (GA)	Pelosi	
Bass	Graves (MO)	Peters	
Bera	Green, Gene	Peterson	
Bergman	Gutiérrez	Pittenger	
Beyer	Herrera Beutler	Poe (TX)	
Biggs	Hice, Jody B.	Poliquin	
Bishop (GA)	Hill	Price (NC)	
Blum	Holding	Raskin	
Bost	Hoyer	Ratcliffe	
Boyle, Brendan F.	Hudson	Reed	
Brady (PA)	Huizinga	Reichert	
Brownley (CA)	Kihuen	Rice (NY)	
Buck	Kilmer	Rohrabacher	
Burgess	Jenkins (KS)	Rokita	
Capuano	Jenkins (WV)	Rosen	
Carbalaj	Johnson (OH)	Rouzer	
Carbajal	Jones	Royal-Allard	
Cárdenas	Kihuen	Ruiz	
Carson (IN)	Kilmer	Ryan (OH)	
Carter (GA)	Kinzinger	Sánchez	
Castor (FL)	Knight	Sarbanes	
Chaffetz	LaHood	Schakowsky	
Clarke (NY)	Lance	Schrader	
Costa	Langevin	Sires	
Costello (PA)	Lieu, Ted	Smith (MO)	
LoBiondo	Maloney, Sean	Stivers	
Loebback	McCloskey	Tipton	
Crowley	Matsui	Turner	
Cummings	McGovern	Upton	
Luján, Ben Ray	McKinley	Valadao	
Lynch	Davis, Rodney	Weber (TX)	
MacArthur	Fitzpatrick	Watson Coleman	
Maloney, Sean	Flores	Westerman	
Denham	DeFazio	Wittman	
DeSantis	DeLoach	Woodall	
Duffy	Dodd	Yoder	
Evans	Gallagher	Yoho	
Fitzpatrick	Gibbs	Young (AK)	

ANSWERED “PRESENT”—2

Rice (SC)	Tonko		
		NOT VOTING—38	
Amodei	Grothman	Pascarella	
Blackburn	Harper	Payne	
Brown (MD)	Higgins (NY)	Pearce	
Bucshon	Jeffries	Quigley	
Davis, Danny	Jordan	Renacci	
Delaney	Joyce (OH)	Roskam	
Deutch	Katko	Ross	
Doyle, Michael F.	Kelly (PA)	Rush	
Duncan (TN)	LaMalfa	Simpson	
Larsen (WA)	Slaughter	Tenney	
Gohmert	Marino	Wagner	
Gonzalez (TX)	McEachin	Webster (FL)	
Graves (LA)	Napolitano		

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore (Mr. DUNN) (during the vote). There are 2 minutes remaining.

□ 1144

So the Journal was approved.

The result of the vote was announced as above recorded.

Stated for:

Mr. GRAVES of Louisiana. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted “yea” on rollcall No. 172.

PERSONAL EXPLANATION

Ms. SLAUGHTER. Mr. Speaker, I was unavoidably detained and missed rollcall vote

Nos. 170, 171, and 172. Had I been present, I would have voted Aye on roll call vote Nos. 170 and 171. I would have voted ‘nay’ on rollcall vote No. 172.

LEGISLATIVE PROGRAM

(Mr. HOYER asked and was given permission to address the House for 1 minute.)

Mr. HOYER. Mr. Speaker, I rise for the purpose of inquiring of the majority leader the schedule for the week to come, and it is my pleasure to yield to the gentleman from California (Mr. McCARTHY), the majority leader.

(Mr. McCARTHY asked and was given permission to revise and extend his remarks.)

Mr. McCARTHY. Mr. Speaker, before I begin, I do want to wish everybody a happy St. Patrick's Day.

Mr. Speaker, on Monday, the House will meet at noon for morning hour and 2 p.m. for legislative business. Votes will be postponed until 6:30.

On Tuesday and Wednesday, the House will meet at 10 a.m. for morning hour and noon for legislative business.

On Thursday, the House will meet at 9 a.m. for legislative business. Mr. Speaker, late votes are likely in the House on Thursday, and Members are advised to adjust their schedules accordingly.

Mr. Speaker, the House will consider a number of suspensions next week, a complete list of which will be announced at close of business today.

In addition, the House will consider several critical pieces of the Republican plan to repeal and replace ObamaCare:

First, H.R. 372, the Competitive Health Insurance Reform Act, sponsored by Representative PAUL GOSAR, creates competition in the healthcare market by eliminating antitrust protection for insurance providers.

Next, H.R. 1101, the Small Business Health Fairness Act, sponsored by Representative SAM JOHNSON of Texas, allows small businesses to pool together and purchase plans, an important step toward purchasing health care across State lines.

Finally, Mr. Speaker, we will consider the FY 2017 reconciliation bill, also known as the American Health Care Act. This bill eliminates the many taxes and mandates of ObamaCare. It gives patients enhanced tools to take control of their healthcare decisions, and it expands choice so Americans are free to pick the plan that is best for themselves and their families.

Mr. Speaker, it is known that ObamaCare is failing, and we have a responsibility to provide Americans relief. These bills are the result of much deliberation and hard work, and their passage will help create a competitive marketplace that provides high-quality care at an affordable cost.

Mr. HOYER. Mr. Speaker, I must hasten to add that the gentleman from California added a little comment that

In fact, we had a hearing yesterday when the former Director of the Congressional Budget Office appointed by Democrats testified on the Affordable Care Act and testified on the American Health Care Act. Lo and behold, Mr. Speaker, Mr. Elmendorf agreed with the present CBO Director. In other words—and everybody in America ought to be pleased on this because they all are asking for bipartisan—the former Director appointed by Democrats of the CBO agrees with the Republican Director of the CBO, who just came down with his advice and counsel to the Congress just a few days ago.

That ought to give pause to those who are pressing to pass a bill, which would result in the loss by 24 million Americans of their insurance and would result in the increased costs to almost every American of their insurance.

Now, yes, there are some Americans who would choose not to have health care. Then they would get sick or they would get in an automobile accident or something else would happen where they would require medical care, and they would not be able to pay for it. Guess what? We would all pay for it.

That is what was happening before the Affordable Care Act. It is still happening with some who choose either to pay their contribution toward health—some people call it a penalty; I call it a contribution—to meet their personal responsibility, as the Heritage Foundation suggested, of having provisions that, if they get sick, they will be able to pay for it.

Now, last week, Mr. Speaker, the majority leader had some quotes from people who did not like the Affordable Care Act. At this hearing that we had, we had a number of people, and I want to quote some of them:

I certainly never imagined I would have a child who would rely so much on a government program like Medicaid.

This child, Mr. Speaker, suffers from Rett syndrome, which is a neurology disorder that strikes mostly young girls with normal development for the first 18 or 24 months of their life. Then their development is arrested and, in fact, in some respects, there is a retreat in their abilities.

She went on to say:

Medicaid provides skilled nursing care, which allows us to raise our daughter, Caroline, in our home instead of a hospital or institution.

Of course, a hospital or institution would be far more expensive, Mr. Speaker.

She went on to say:

This allows my husband and me to hold jobs and take care of other family needs. The House Republican plan for Medicaid would put my daughter's life at risk, and my family is terrified.

That was Marta Conner, mother of a child with Rett syndrome covered under Medicaid.

I titled yesterday's hearing: The hearing that the Republicans refused to have on the American Health Care Act or the Affordable Care Act itself.

This quote is by a doctor:

In public debate in Congress, the actual people can be obscured by graphs and numbers. But, ladies and gentlemen, every day in clinic, I am one-on-one with the real people, real Americans who could take steps closer to health or suffer more with this Congress' decision. I urge you and your colleagues to reject the American Health Care Act and, instead, strengthen the Affordable Care Act.

To that extent, Mr. Speaker, as the majority leader knows, that testimony joined hundreds in the medical field: The American Medical Association, associations of physicians with particular skill sets, of hospitals, of insurance companies, of patients, of providers, of urban hospitals, suburban hospitals, rural hospitals, and literally hundreds of people intimately involved in the healthcare system who are urging us not to pass the American Health Care Act and to leave in place but improve the Affordable Care Act.

Mr. Speaker, I have indicated to many on this side of the aisle that we are prepared to work to improve any piece of legislation that has been passed and particularly a piece of legislation which affects so many Americans. Unfortunately, we have not had that opportunity since this bill, the Affordable Care Act, was first considered and passed.

This week, the Congressional Budget Office released their estimate and impacts of the House Republicans' bill to repeal the Affordable Care Act.

Mr. Speaker, as the majority leader knows, President Trump, in this body and at that rostrum, promised insurance for everybody that is much less expensive and much better. He has not offered such a bill. The American Health Care Act certainly does not provide that.

In fact, the CBO—both Republican and Democratic directors—opined at least 24 million people will lose their insurance and, by 2026, there will be 58 million people in America without health insurance.

Mr. Speaker, the majority leader has indicated this bill will be on the floor next week. I hope that everybody takes the opportunity to read the CBO report and the testimony given in yesterday's hearing on the bill. It was the first and only hearing that was held on the bill that will be on the floor. Previous hearings on the Affordable Care Act are not good, and previous hearings that there are alternatives out there don't deal with the bill that is going to be on the floor next Wednesday or Thursday.

Senator SUSAN COLLINS has said of the bill that is going to be on the floor:

It should prompt the House to slow down and reconsider certain provisions of the bill.

She was referring, of course, to the CBO report.

Senator BILL CASSIDY from that liberal leftwing bastion of Louisiana said:

Can't sugarcoat it. Doesn't look good. The CBO score was, shall we say, an eyepopper. I also hope it was a thought provoker.

And Senator ROB PORTMAN, who served in this body for many years, said:

I am concerned about the Medicaid population. That is the biggest part of coverage for Ohio.

That is why their Governor, a Republican, and ROB PORTMAN, a Republican who served on the Ways and Means Committee, is urging caution and has great reservations about the bill that has been announced to come to the floor.

□ 1200

Mr. Speaker, I would like to ask the majority leader whether or not he can confirm whether changes will be made to the repeal bill, that is the American Health Care Act, that was reported out of the Budget Committee, whether he can confirm whether or not the repeal bill will be changed before it comes to the floor.

Mr. Speaker, I yield to my friend.

Mr. McCARTHY. Mr. Speaker, I thank the gentleman for yielding.

And his question, based upon scheduling, and I know there were a lot of questions in there, so please let me work through and try to answer all of his questions.

The last question was in regard to the bill itself, and we are working through the process. It will be in the Rules Committee. As the legislative process works, there are always ways that you refine the bill, and I expect that there will be some elements that get refined inside the Rules Committee before it comes to the floor.

You had about five different questions there if I may follow all the way through. First, you talked about, and I was happy to hear—I wrote it down—you are glad to work to help to improve the bill—because when we were in the more than 26 hours of Energy and Commerce, the amendments the Democrats offered, we spent a couple of hours on just the one amendment about a hashtag of renaming the bill. So there is a change in attitude. I appreciate that from the other side of the aisle because we are always willing to work with you.

Mr. HOYER. Reclaiming my time, just to clarify, Mr. Speaker, that the bill to which he is referring is not the bill to which I was referring. I was referring to the Affordable Care Act and improvement of the Affordable Care Act.

He is now referring to the American Health Care Act which, we think, bears no resemblance to the Affordable Care Act.

Mr. McCARTHY. But you are not willing to help with it, then?

Mr. HOYER. Of course, with the Affordable Care Act. We think the bill that has been, as I said, Mr. Speaker, offered will devastate many individuals, millions and millions and millions of people in this country. We have said that pretty clearly.

But more importantly, the CBO Director, appointed by Republicans, said that in his report, which was, by the way, Mr. Speaker, given after, after it was considered in either one of the

committees, either the Energy and Commerce Committee or the Ways and Means Committee.

They did not wait for the CBO report. My opinion, Mr. Speaker, they did not wait for the CBO report because they knew how devastatingly negative the CBO report would be to the legislation they were considering.

Mr. Speaker, I yield to my friend.

Mr. McCARTHY. Mr. Speaker, I thank the gentleman for yielding to me, and I ask if he would let me finish through.

Mr. HOYER. I certainly will do that.

Mr. McCARTHY. It seems as though the gentleman has a little short-term memory of how they brought the Affordable Care Act and the CBO report when it came before us. It was not brought before us until it came right before the floor.

But let me follow through on all your questions because my response back was, I was actually excited to hear that Democrats wanted to work with us, that their attitude has changed from when we were in committee and they had amendments going forward, that it was no longer going to be hashtag amendments, it was actually going to be productive amendments; and I thank you for having that change of attitude.

Mr. Speaker, I am proud of the transparent process we have taken in the House, and I think this needs to be reminded to all the American public.

As I mentioned last week, our healthcare bill is the result of 113 hearings. I know the gentleman on the other side of the aisle, he is proud of the 72 hearings they had before they did the Affordable Care Act.

We have now marked up this bill in three separate committees, with over 18 hours of debate in Ways and Means, and over 27 hours of debate in Energy and Commerce, and the countless amendments from both Republicans and Democrats.

By the time we vote on the floor, this bill will have been publicly available online for 3 weeks. Now, it is only 127 pages. That is a far contrast to the 2,700-plus pages, if you want to compare it to ObamaCare.

So far, nearly 590,000 people have visited our website, and over 200,000 have downloaded this legislative text.

So, Mr. Speaker, that means more people have read our healthcare bill than went to Woodstock. I call that transparency. Republicans have been committed to repealing and replacing ObamaCare for years, and so now I think it is time to act.

The gentleman also commented about the CBO. Well, I am actually excited that you had another person who confirmed what the CBO said because what the CBO says about this bill is it will lower the deficit by \$337 billion.

It will also reduce premiums by 10 percent by 2026, and it will secure major entitlement reform by capping Medicaid spending, giving States certainty and flexibility, saving taxpayers

\$880 billion, and making the program solvent for future generations, because that was a concern in one of the letters.

Now, Mr. Speaker, those are the facts. With regard to the coverage numbers, the CBO reports that most of that increase would stem from repealing the penalties associated with individual mandates. Let me repeat that. Most of the increase would stem from repealing the penalties associated with the individual mandate.

Now, that makes sense to me, because if we no longer force Americans to buy something they do not want, one-size-fits-all health care, they will naturally choose not to buy it.

But, Mr. Speaker, I know the gentleman across the other side of the aisle argues with me about the knowledge that everybody knows ObamaCare is failing. I would ask the gentleman to visit one-third of the counties in this country that only have one option.

Or why don't you go to Tennessee, where the President just was because, you know, 16 counties in Tennessee have no option. But ObamaCare will penalize you for not having health care when you can't even buy it.

But if ObamaCare was working so well, why do more people accept the penalty or the exemption than actually buy ObamaCare? That is a number that is quite interesting. That is why I am encouraged to see our plan will decrease the average premiums that people have been asking for.

Now, our goal is not just to sign up people for insurance. Our goal is to get America better health care.

Now, the gentleman also commented and had letters—and I love to read letters. I love to listen to constituents because that is what our work should be. And you read a letter when it came to Medicaid. And I would not scare people, I would actually talk to that individual.

Medicaid is on an unsustainable path. In one 10-year window, it will cost \$1 trillion.

Mr. Speaker, the gentleman on the other side knows what \$1 trillion is because that is about the entire amount we spend on discretionary spending. From all of the appropriations that we go through, that would take up everything we have.

Well, we know that is not sustainable, so we should do something about it. That is why we had a meeting with 18 Governors, Republicans and Democrats. And the number one thing they told us, give us flexibility to be able to manage. That is exactly what this bill does.

But I like to read some letters. Here is one from Colleen from Annapolis:

I just received the notice for my 2017 health insurance policy. It will skyrocket, not by the advertised Maryland State average of 20 to 25 percent but, rather, by 60 percent. In addition, my deductible is going up 45 percent. Since the inception of ObamaCare, my policy has increased 75 percent.

I am a 63-year-old female in excellent health who takes no medication. My only

benefit from the ACA has been two mammograms, which I paid \$12,600 in premiums to get. What a disaster of a program.

I will be voting Republican this year, in the hope of finally getting the ACA repealed. I just hope it happens before my checkbook goes on life support.

Or the letter to the editor from Carl in Lusby, Maryland:

I can't afford my health insurance now under ObamaCare. It's been a burden on our joint income, which is just above the limit for qualifying for subsidies; and for 2017, I am facing a 61 percent rate increase.

I'm faced with either paying a premium that will bankrupt me and my wife, or paying the tax penalty at the end of the year, which will also be unaffordable. And there are probably several million Americans who are in the same boat as I am.

You know what, Carl? We listened to you. We listened, and now we are going to lead. We have moved a bill from the legislative process to the rules, what it says, for reconciliation. We have done hours of debate in three other committees. We will continue the process, as the rules say. We will go to the Rules Committee and then we will come to this floor. And for those who have written, change will come.

Yes, the Republican-appointed CBO Director and the Democratic CBO Director, as the gentleman, Mr. Speaker, from across the aisle says, agree that the premiums will go down, as so many Americans have asked for. We will put Medicaid on a sustainable path.

We will give Republican and Democrat Governors flexibility so they can manage their States in a better form. And most importantly, we will give America exactly what they asked for, the freedom to choose their own health care, the options of having more so they can direct what they want and desire, at the same time, having a lower cost.

So I welcome the gentleman for his questions. I know that wasn't about scheduling, but I think this is too important, because those 113 hearings we listened to the people before us, and we promised we would act, and we are keeping that promise as we move forward.

Mr. HOYER. Mr. Speaker, I thank the gentleman for his information. People, I am sure, listening to this colloquy must get confused because they hear one representation from somebody who sounds pretty reasonable, my friend, Mr. McCARTHY, and then they hear exactly the opposite from me. So they will have to make a judgment.

The bill that is going to be on this floor next week was introduced a week ago Monday. It was marked up less than 42 hours later.

My friend, the majority leader, Mr. Speaker, said: I love to listen to constituents. Not a single constituent on his side of the aisle or my side of the aisle, Mr. Speaker, had the opportunity to testify on this bill. Not a single one of my constituents, or the majority leader's constituents, had the opportunity to know what the CBO said was going to happen; that 24 million people

would lose their insurance, 14 million next year; that Medicare would be put at risk; and Medicaid would be gutted by 2021. Not a single constituent was listened to because they had no opportunity to come and say: this is what I think.

The testimony to which I referred was yesterday. I don't know the dates on the letters that the gentleman just read, but perhaps they were just within the last few days.

But I will tell that 63-year-old woman that what this bill does, if you got a 60 percent increase, will up that by 66 percent because you are going to go from a 3-to-1 ratio to a 5-to-1 ratio on which seniors, and 63 years of age, regrettably, from my standpoint, are referred to as seniors. The bill that is going to be considered will allow the insurance company to do a 5-to-1 ratio, rather than a 3-to-1 ratio, so that 60 percent is going to go up by 40, maybe get to 100 percent.

Mr. Speaker, the American people know about transparency. That means they can see something.

The gentleman says: Well, now it is online. Yes, they had 40 hours, give or take, to see this bill from Monday night to Wednesday, when it was marked up, and it was marked up and passed in the Ways and Means Committee in the dead of night, sort of like they passed the prescription drug bill, at 5:59 in the morning. The majority leader wasn't here. I was here. Perhaps there is a predilection to middle of the night. By the time the Energy and Commerce Committee passed it, they had been in session for over 24 hours and were bleary-eyed.

As I told him last week, Mr. Speaker, my folks were not up at 4 a.m. watching the Energy and Commerce Committee. And I would tell him further that—he said the bill was now online and people had an opportunity to read it. Perhaps, Mr. Majority Leader, Mr. Speaker, that is why the Affordable Care Act has now got more support from the country than it has had at any time since its existence; where there are 49 percent of Americans who now like the Affordable Care Act. Perhaps the reason that is happening now is because they have had the opportunity to see the alternative that the Republicans have offered and are offering on Wednesday.

□ 1215

This bill that they offered is going to significantly raise—I will tell Colleen—her out-of-pocket expenses.

And, yes, under their bill, the CBO says that perhaps the premiums will go down. Why will the premiums go down? Why does insurance go up and down? Because the risk goes up and down; and the greater the risk, the more the cost. But if you don't allow people who are sick people to get into the system because they can't afford it, then the risk goes down. When the risk goes down and you shut people out of the system and 24 million people are out of the

system, yes, of course, the rates go down because you are insuring the healthy.

Now, Americans know that very well because they know they have automobile insurance—which, by the way, they are mandated to have in almost every State, if not every State. Why are they mandated to have it? So the rest of us are protected when we have an accident or we are protected from our rates going up because there is not a broad spectrum of the insured so that the risk can be minimal for the insurance company.

So I say to my friend that CBO has told the truth. The Americans are seeing that, and they don't like that. I would urge those on the other side of the aisle to be very careful when they vote either Wednesday or Thursday on this bill because this bill is going to have a very detrimental effect on the American people.

Now, I understand there are going to be two other bills. There are going to be four bills on the floor, as I understand it. Can the gentleman inform us of when we will see the details of this additional legislation?

I yield to the gentleman.

Mr. McCARTHY. I ask the gentleman which bills he is referring to?

Mr. HOYER. The third bill and the fourth bill.

Mr. McCARTHY. Those will be later in the month. Next week we will have two of those up that you referred to.

Mr. HOYER. Are they available now to be reviewed prior to them coming up later in the month?

I yield to the gentleman.

Mr. McCARTHY. Yes. The committee has marked them up.

Mr. HOYER. Lastly—and I know you are glad to hear that comment, as are the folks waiting to do 1-minutes—we have received a letter from Secretary Mnuchin on March 8. It was directed to the Speaker, Mr. Leader, and like most Secretaries of the Treasury, he is hoping that we will pursue financially responsible and confidence-building policies.

I won't read the whole letter, but he says in the last paragraph: "As I said in my confirmation hearing, honoring the full faith and credit of our outstanding debt is a critical commitment. I encourage Congress to raise the debt limit at the first opportunity so that we can proceed with our joint priorities."

Mr. Speaker, I ask the majority leader whether that is going to be scheduled in the near term because, on March 15, we met the debt-limit extension. This administration and every previous administration have taken steps to prolong the time before we default by using extra mechanisms so that we are, in effect, not investing in the retirement system or something else and paying our debts.

I have indicated publicly, Mr. Speaker, and I reiterate here, that I will urge my side to support a debt-limit extension if it is clean. What I mean by

"clean," if it does not incorporate something that is not agreed to and there is not a consensus on. By that I mean, simply, if there are things that we have a consensus on that need to be passed, certainly including those in the debt-limit extension would not be objectionable. But if there are items in that bill designed to force us to vote for what is a responsible policy but takes something that we obviously very strongly disagree with, we will not do so.

So my questions to the majority leader are: A, can we expect a clean debt-limit extension? B, can we expect that in the near term, as Secretary Mnuchin requests, so that we can put that matter behind us and not undermine confidence in our fiscal posture as a nation?

I yield to my friend.

Mr. McCARTHY. I think we both agree that responsible fiscal policy is important to our country's ability to succeed, and that includes honoring the full faith and credit of the United States. We expect to continue working closely with Secretary Mnuchin to ensure that America is on the right path to a strong fiscal future.

We know the amount of debt that has been added in the last 8 years has been tremendous. I know that the gentleman, when he looks to what we do next week—to be able to lower premiums, save more than \$300 billion of the deficit, and let people have more choice—that is also a first step.

Now, I do not have any immediate action to announce, but we will relay any information to the Members as we move forward.

I thank the gentleman.

Is that going to be your last question?

Mr. HOYER. It will probably be my last question. I have an additional observation.

Mr. McCARTHY. Before I depart, though, I would like, Mr. Speaker, to wish my friend from the other side of the aisle a very happy St. Patrick's Day. I do apologize. I feel bad, when we look at the basketball round, what happened to Maryland; but if you look at NIT, Cal State Bakersfield is still on the march, so I have another team you can root for.

Mr. HOYER. Mr. Speaker, I ask that the gentleman's words be taken down. I have never had such a vicious attack made on me.

But I must admit I was deeply disappointed last night. My congratulations to the young men at Xavier and their coach, but my, my, my, I was disappointed in the quality of our play. We have got a great group of young people playing, but it was not their night.

I am sure that I will pick another team sometime as the March Madness continues. What I would hope, though, is we would not have March Madness on this floor next week.

Mr. Speaker, I yield to the gentleman.

Mr. McCARTHY. There will be no upsets.

Mr. HOYER. I guess the answer to that question, Mr. Speaker, is what will determine an upset. Will the American people be upset? Will the Republicans be upset? The answer to that question remains in the hands of our Republican colleagues, because what I want to do in observation, I disagree with all three of the propositions that the majority leader said in his closing statement.

This is not going to reduce the budget. Yes, on its face, they give a \$600 billion tax cut to the wealthiest in America. Where do they take it from? Medicaid, some of the poorest people in America. That is where that money comes from.

Premiums are going to go up. Deductibles are going to go up. You can quote me on this 2, 3 years from now. I don't think your bill is going to pass. But if it did pass, that is what would happen. You won't be able to test me because I don't think the bill is going to pass. It may pass this floor, but it will not become law.

The majority leader's statement, Mr. Speaker, that that is what the American people are expecting, I disagree with that. What the President of the United States said he was going to give to the American people is insurance for everybody. The majority leader ignores the 24 million. He hasn't spoken about that. He spoke about some other observations in the CBO report, as did Speaker RYAN. I don't blame him. I would try to point to some positive indicators myself.

I think this is going to up the deficit, it is going to up costs, and it will decrease the insured and make hospitals have more uncompensated care. We will have this debate next week, Mr. Speaker.

But on the last issue, I would hope, Mr. Leader, that we do agree on fiscal responsibility. I happen to believe, as you know, the debt limit issue is a phony issue, a totally political issue. It has been used as a political issue on both sides of the aisle. There should be no question but of course the United States is going to pay its debt, of course the United States is going to pay people whom it has bought things from, and of course it is going to pay people moneys that they have been promised. Of course it is going to do that. This is not about new spending. It is about spending that we have already incurred.

I would urge the majority leader to bring a clean bill to the floor. I will work with him. We will get the overwhelming majority of Democrats to vote for that. Let's not blame one another for the debt. There is plenty of opportunity to do that, and both sides are guilty of that result.

Mr. Speaker, if the gentleman has nothing further he wants to say, I yield back the balance of my time.

ADJOURNMENT FROM FRIDAY, MARCH 17, 2017, TO MONDAY, MARCH 20, 2017

Mr. McCARTHY. Mr. Speaker, I ask unanimous consent that when the House adjourns today, it adjourn to meet on Monday, March 20, 2017, when it shall convene at noon for morning-hour debate and 2 p.m. for legislative business.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from California?

There was no objection.

WELFARE REFORM

(Mr. DAVIDSON asked and was given permission to address the House for 1 minute.)

Mr. DAVIDSON. Mr. Speaker, I rise to talk about Welfare BRAC, an opportunity to reorganize our 92 social safety net programs.

Mr. Speaker, I call attention to the 92 programs that, over time, since the Great Society, our country has launched. I call attention to Ronald Reagan's prescient quote about the near eternity of government programs. It is very hard to take a program away once it is launched, and this plan acts on The Brookings Institution's data, which has rarely been accused of being on the right side of the political ideology.

It says that if we do three things, we will eliminate 80 percent of poverty: graduate high school, work full-time at any wage, and have no kids outside of marriage.

This program that I am proposing in this bill, H.R. 1469, the Welfare Benefit Reform and Alignment Commission, would nominate four Republicans and four Democrats. They would have 1 year to work together until September 30, 2018, to prioritize not taking any money away, but taking the 92 programs and making them fewer.

So if you think about the social worker out in the country trying to help somebody who is in a social safety net, each of these programs may have a 4-inch binder. I don't think we need 92. Maybe it is 6; maybe it is 12. It is not 92.

I encourage my colleagues to support this and work together to make this a more efficient program so we can help meet their needs.

THE HEALTHCARE BILL

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, just a little bit of history.

Let me, first of all, say happy St. Patrick's Day. Many know that the Irish fled in the 1800s, if my history is correct, because of the potato famine. We welcomed them as immigrants, and as an early member of the Immigration and Border Security Subcommittee, I remember the Irish sitting in our hear-

ing room saying: Remember the Irish as relates to immigration.

We all have come from someplace to do better. This last week, I sat in the Budget Committee listening to debate on the healthcare bill. I stand here today to argue vigorously against the Medicaid changes: \$880 billion taken away from Medicaid for low-income, hardworking Americans; the language that was added to the bill to instruct that we should not incentivize or that we should make sure that able-bodied men do not get Medicaid.

Well, let me say this. In the spirit of those who have come to this Nation, this bill cannot stand because it ignores the vulnerable and the people who need health insurance, who are, themselves, either addicted or have families.

I want to stand for what America is right for: its values. Let us vote down a healthcare bill that does not help America become unsick.

□ 1230

RECOGNIZING TODD ZOBRIST

(Mr. SHIMKUS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. SHIMKUS. Mr. Speaker, I rise today to recognize Todd Zobrist, a paramedic with Highland EMS in Highland, Illinois.

Yesterday afternoon, Todd was the first to arrive on the scene after receiving a call of a vehicle in Silver Lake with a person possibly inside. When he saw the vehicle partially submerged, he swam out in the cold water to search for anyone inside. He found an unresponsive baby boy, rescued him from the vehicle, and immediately began CPR on the roof of the vehicle. Todd was able to revive the 3-month-old at the scene and the baby was transported to a St. Louis hospital where he is expected to make a full recovery.

I would like to commend Todd for his heroic and lifesaving actions. It is a great tribute to a southern Illinoisan.

HEALTHCARE PLAN BAD FOR THE MIDDLE CLASS

(Mr. AGUILAR asked and was given permission to address the House for 1 minute.)

Mr. AGUILAR. Mr. Speaker, here are the facts: the Affordable Care Act covered over 20 million Americans. The House Republicans' bill will strip 24 million people of their health care.

I have received thousands of calls, emails, and social media messages regarding this topic from constituents opposing a repeal and sharing their stories of how the Affordable Care Act has helped them and how terrified they are of losing their coverage. I would like to share just one of those stories.

Daria from Redlands wrote to me about how Medi-Cal, California's Medicaid program, is called a lifeline in her