

There was agreement and disagreement on where we should go with the ACA treatment and where we should go with the funding of EPA. But what I am happiest about is that at least we were able to come together, 1,400 people and me and my staff, and have a dialogue that, again, at times was a little loud, a little raucous, but also people looking forward to being able to hear each other and listen to each other on the issues that are important as we go forward in this Congress.

I commend people in Nevada County for reaching out and for helping us get started with our outreach that we are going to have in northern California. Upcoming next will be Butte County, Shasta County, and the farther reaches a little bit later.

Mr. Speaker, this is a good dialogue I need to have.

DEFENDING PUBLIC BROADCASTING

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

Ms. KAPTUR. Mr. Speaker, I rise today to defend public broadcasting and honor the late Fred Rogers, whose birthday is today, March 20. Known fondly by millions simply as Mr. Rogers, his wonderful, beloved presence has reached millions of homes across our Nation captivating generations of children, and even adults.

The Corporation for Public Broadcasting is a vital part of America, including cities, but small towns as well. NPR and PBS stations will be disproportionately impacted by President Trump's proposed budget zeroing out public broadcasting. It is not right.

President Trump's travel bill to Mar-a-Lago and the growing security that the American people are paying for over at his Trump Tower in New York, which reports show to already be in the tens of millions of dollars, will soon swamp the \$200 million America dedicates to public broadcasting annually.

We have been here before. In 1969, President Richard Nixon threatened to slash funding for PBS. Mr. Rogers went before the Senate to defend public broadcasting and its value to our children, especially for learning. I know I am not alone in wishing Mr. Rogers were with us once again to make the case for America's children and public broadcasting.

I hope President Trump and my colleagues will join me in supporting programming that boosts kids' confidence and helps children enjoy learning and the wonder of math, science, and books.

HONORING THE LATE ANTONIO CLAUDIO MARTINEZ

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

Mr. ESPAILLAT. Mr. Speaker, it is with great honor that I rise today to

pay tribute to a community leader, a pioneer, and a humanitarian.

Mr. Antonio C. Martinez was one of the first Dominican-American members of the New York State Bar. He was born in Santiago, Dominican Republic, in 1926, and immigrated to the United States with his mother through Ellis Island. He passed away on December 16, 1999, leaving behind a great legacy.

Antonio attended Hunter College in Manhattan and graduated from Brooklyn Law School in 1956. And when the call to duty came during World War II, Antonio selflessly enlisted in the U.S. Army and served honorably in the Pacific theater.

Antonio dedicated his 43 years of legal career to immigration, assisting thousands of families through the process of legally entering the United States. His efforts and the cases he argued helped improve the law.

I am privileged to speak from my heart about Antonio's great work in the legal field, because my family and I were fortunate enough to have Antonio represent us when we needed to navigate the immigration system here in the United States. Antonio's dedication to our legal system played an important role. I am proud to say that, as the first Dominican-American Congressman, my family and I are very proud of the work he did.

Today, his professional legacy lives on. His son is here in the gallery. I am happy to recognize Antonio's work of many years.

CONGRESSIONAL BLACK CAUCUS

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentlewoman from the Virgin Islands (Ms. PLASKETT) is recognized for 60 minutes as the designee of the minority leader.

GENERAL LEAVE

Ms. PLASKETT. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this Special Order hour.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Ms. PLASKETT. Mr. Speaker, for the next 60 minutes, it is with great honor that I rise to coanchor this CBC Special Order hour. For the next 60 minutes, we have a chance to speak directly to the American people on the issues of great importance to the Congressional Black Caucus, to Congress, and to constituents who represent all Americans.

At this time, Mr. Speaker, we would like to use this time to talk about the Affordable Care Act. What do you have to lose? What do you have to lose, Mr. Speaker? Such was President Trump's constant refrain to the African-American community when rallying for their support of his administration's various policies.

Mr. Speaker, today, I rise to say that with critical elements of the American healthcare policy on the chopping block, African-Americans have a lot to lose, possibly even their lives.

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There is as much at stake if President Trump and the Republican-controlled Congress healthcare policies take shape in their current form.

By illustration, I want to address the impact on low-income families and individuals in the Virgin Islands who rely on Medicaid, and, presently, Medicaid is capped in the Virgin Islands. You can look at our territory as an example of what will happen when there is a cap on services, which could compromise a State or local government's ability to administer those most in need.

Since its inception, Medicaid has been an open-ended program that was intended to expand and contract with need, especially when States and localities face crippling economic downturns of both manmade and natural origins. Medicaid covers one in five Americans, and of those, the majority of enrollees are children and individuals with disabilities.

Under the Affordable Care Act, widely known as ObamaCare, millions of African Americans finally gained access to healthcare coverage. In 2015, approximately 11.2 million African Americans became eligible for Medicaid through the expansion, health care that they previously did not receive and which would have cost this country much more if that early-warning health care was not taken care of.

President Trump and Republicans in Congress propose converting Medicaid from a shared payment program between States and Federal Government to an arrangement much like a block grant, where the Federal Government puts a cap on its payment assistance, creating a huge cost shift to the States. If you want to know what you have to lose if caps on Medicaid are enacted nationwide, look no further than my home, the Virgin Islands. It is a grim outlook.

Federal caps on Medicaid programs in the Virgin Islands are set on a per-enrollee basis. Unlike States in the mainland where Federal Medicaid spending is open-ended depending on the needs of the people, the Virgin Islands can only access Federal dollars up to an annual ceiling. Beyond that cap, the Virgin Islands' government is responsible for the remaining costs. That means many Virgin Islanders who would qualify in other States and in other circumstances don't get the healthcare coverage that they need now.

Under the proposed fiscal arrangement, spending caps don't take into account the cost of providing services or unpredictable changes in a community—such as the closure of a major employer or a natural disaster—forcing a cost obligation for critical support services onto the already strained budgets of the territory.

As a result, States and local governments, increasingly, would have to make tough choices to either reduce services for recipients of Medicaid or restrict eligibility and enrollment of additional people who may need it. Those are the choices that Virgin Islanders must make. So the most vulnerable of our constituents—in this case, children—who need the safety net that Medicaid, by definition, is supposed to provide have that final option cut out from under them.

When it comes to Medicaid coverage, the Virgin Islands struggles to provide low-income families with Medicaid services for three major reasons:

First, while the Affordable Care Act raised the territory's Federal Medicaid assistance percentage up to 83 percent for newly eligible enrollees, this increase in Federal match funding did not apply to those previously enrolled, which the Federal Government only matched at 55 percent in the Virgin Islands, requiring that the remaining costs be covered by the Virgin Islands government, a government already strained to meet basic needs.

The Virgin Islands and the smaller territories are not included in the Medicaid Disproportionate Share Hospital, DSH, program, which would shoulder the unanticipated costs our hospitals must take on to provide adequate care for individuals who use hospitals for basic services since they have no insurance.

Three, With no Affordable Care Act exchange and no Federal subsidies to create our own health exchange, many Virgin Islanders were only able to obtain coverage through the Medicaid expansion if they met the already strenuous requirements. That means that 30 percent of Virgin Islanders presently have no health insurance.

This is what the rest of the States are going to have if this American Health Care Act, as it stands, is passed. A cap on Medicaid is a cap on medical services that our constituents just can't do without; and in poor communities, it is going to be even more impactful.

When ObamaCare provided increased funding to expand Medicaid, the island of Saint Croix was able to start a monthly homeless clinic at the Frederiksted Health Care Center about 15 months ago. That clinic has been able to serve many people, providing them with medical care, showers, meals, and transportation.

On St. Thomas, with the East End health clinic, they were able to expand their services and increase dental services to people who were sorely in need of that. If this funding decreases or is lost altogether, it is highly unlikely that this initiative can be continued.

Our current healthcare struggle is set to become a future hardship for mainland American States that provide Medicaid to a significant number of their population should the current proposals to cap Medicaid nationwide become law.

How do we avoid this? Do not place a cap on Medicaid. Too many in the African-American community have everything to lose if healthcare policy goes in this direction.

At this time, I yield to my colleague, the distinguished gentleman from Pennsylvania (Mr. EVANS).

Mr. EVANS. Mr. Speaker, I would like to thank the gentlewoman from the Virgin Islands, my good colleague and good friend. I thank her sincerely.

Last summer when speaking to the African-American community at a rally in Philadelphia, President Trump asked the question: What do you have to lose? Yes, he asked that question: What do you have to lose?

President Trump, what don't we have to lose? The programs the President wants to cut is the Community Development Block Grant, Meals on Wheels, and funding for Medicaid. There are programs that help combat poverty by providing the resources for better schools and food nutritional programs. These are the programs that help provide for the most vulnerable Americans who are fighting every day to try to get ahead.

What do we have to lose? Look at what the Republicans are trying to do with the Affordable Care Act. They say they want to cut costs and cover more Americans, but their plan doesn't do that. It does the opposite.

Take, for example, how they want to change the core structure of Medicare. They want to shift the Medicare from an open-ended entitlement program to one with a limited lens that does not take into account individual needs on a case-by-case basis.

What do we have to lose? All of the investments we have made to try to stabilize our cities, the budget cuts will have a direct impact. Take, for example, Temple University Hospital in the heart of the Second Congressional District. Temple University Hospital stands to lose \$45 million in funding. This translates into less jobs for our city and reduces the capacity of quality patient care. The President's proposal takes our city backwards. It unravels all of our hard work to make our communities more stable.

What do we have to lose? Everything that builds a brighter future for our neighborhoods, block by block. It is time step up, speak up, and speak out to hold our President accountable.

President Trump, we have a lot to lose. We are going to make sure you hear our message and our voice.

Ms. PLASKETT. Thank you so much to my distinguished colleague from Philadelphia (Mr. EVANS) and for the information you have shared with us.

Mr. Speaker, I yield to the distinguished gentlewoman from Chicago, Congresswoman ROBIN KELLY, who is also the chair of the Congressional Black Caucus Health Braintrust, so she can expound upon this question: What do we have to lose?

Ms. KELLY of Illinois. Thank you to my distinguished colleague from the

Virgin Islands. It is an honor to be with you this evening, and thank you for your hard work and helping us to keep families healthy. Thank you also to CBC Chairman RICHMOND for organizing this important Special Order.

Mr. Speaker, I rise today to speak out for more than 975,000 residents of Illinois, including nearly 240,000 children that my Republican colleagues are plotting to strip of their health insurance.

This bill, the so-called American Health Care Act, ends the guarantee of quality, affordable, and accessible health care. This bill puts politics before people. But it isn't the politics that matters.

Mrs. Johnson affording her cancer treatment matters. A 5-year-old dying because her parents can't afford a transplant matters. Keeping our neighbors healthy no matter what street they live on or what their ZIP Code is will keep us all healthy.

So I must ask: What are my Republican colleagues thinking?

This bill was introduced at night, but the cover of darkness cannot hide the fact that this bill will kill tens of thousands of Americans every year. The dark of night cannot hide the reality that, because of this bad bill, more Americans will die of cancer, nor can it conceal the fact that millions of older Americans will be punished by the Republican's new "age tax."

Conversely, the Affordable Care Act protects older Americans from insurance companies who want to use their age as a reason to charge thousands and thousands more. While this bill from my Republican colleagues was written to empower insurance executives, the Affordable Care Act protects everyone. It includes unprecedented healthcare access safeguards for America's elderly, people living with disabilities, children, and young adults.

Meanwhile, the GOP's American Health Care Act reduces consumer protections. The American people will be left with more expensive healthcare coverage plans, and 24 million will lose their healthcare insurance completely, 14 million next year.

A disproportionate number of those losing insurance will come from African-American, Latino, Asian-American, and Pacific Islander communities. They will be women and children or older Americans, especially those living on the edge.

As chair of the Congressional Black Caucus Health Braintrust, I am working to close the gap in healthcare disparities that is plaguing these communities. This bill will make these disparities even worse.

And for the record, the ACA more than halved the uninsured rate in the African-American community and halved the national uninsured rate.

But the recent Congressional Budget Office report makes it clear that this will not continue in a positive way. In less than 10 years, 52 million Americans will be uninsured under the GPO's

plan. The majority of these will be our grandmothers, grandfathers, great-aunts, and great-uncles.

Under the Speaker's plan, my State, Illinois, will have to cut Medicare eligibility. More than 53,000 constituents will lose their health care just because of this provision. The GOP also plans to defund Planned Parenthood, a decision that means 60,000 residents of Illinois will go without lifesaving cancer and STI screenings.

The list of the not very good, very bad things from the Republican healthcare bill go on and on and on. It will make us sicker.

It also raises the national debt, and it kills at least 1.2 million American jobs. And it stops us from reaching what should be our ultimate goal: the ability of every American to live a long, healthy life.

Mr. Speaker, can we finally get serious and call this bill, your GOP healthcare bill, what it really is: the Trump don't care bill.

Well, the Congressional Black Caucus cares. The House Democrats—and hopefully some House Republicans—care, and they will care enough to do the right thing and will oppose this bill.

Ms. PLASKETT. Thank you so much, Congresswoman KELLY, for that information that you are sharing and for the work of the Congressional Black Caucus Health Braintrust and for the information that you are giving in the seminars and the groups, the different experiences that you have had throughout the country.

I yield to the gentlewoman from Illinois (Ms. KELLY) so that she can tell us about some of the places that the Congressional Black Caucus Braintrust has had workshops or townhalls when sharing information with Americans.

Ms. KELLY of Illinois. Besides the District of Columbia, we have been to South Carolina. We have been to a couple of places in Los Angeles as well as Oakland to deal with the issue of AIDS. Also, of course, in my town of Chicago, we have had healthcare seminars; and, actually, we have had big health fairs so we can make sure that people get back-to-school checks, mental health checks, and AIDS checks. We gave food to people that might be in food deserts.

So we really tried to be well-rounded and also tried to educate people. And going forward this week, we do plan to be on a call with ministers all across the United States so they know exactly what is going on and how they can help their constituents in this fight against this new healthcare bill.

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Ms. PLASKETT. Mr. Speaker, I know the work that the gentlewoman from Illinois has done in health disparities that African Americans face. We disproportionately are struck with hypertension, high blood pressure, and diabetes, which are some of the things that we are concerned about. Lapse in coverage under the Affordable Care Act

will affect African Americans in a large way because then those will become preexisting conditions, which are not covered under this healthcare plan.

Mr. Speaker, I yield to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, actually, of the top 10 diseases African Americans die from, African Americans die more from 8 out of the top 10.

So this new bill is not going to send us in a better direction, and we don't want to keep those statistics. We want to do better, and we were doing better, especially around the area of cancer. We want to keep going in the positive direction, not the negative direction.

So we don't want to see this bill passed, and we want to educate as many people as possible and encourage them to call their Congressperson and Senator.

Ms. PLASKETT. Mr. Speaker, I thank the gentlewoman from Illinois for the information and for being with us.

I also thank Chairman RICHMOND for providing this opportunity for the Congressional Black Caucus to speak before all of you and let you know.

I yield to the gentleman from Texas (Mr. VEASEY), my distinguished co-chair, who has some great information to share with us about what do we have to lose under the new Health Care Act that is being considered by the Republicans at this time.

Mr. VEASEY. Mr. Speaker, I thank the gentlewoman from the Virgin Islands. And I always enjoy hearing from the gentlewoman from the Chicago area, and I appreciate everything that she is doing as well.

It is interesting the President posed that question: What do you have to lose?

What he was referencing to was the African-American community. Instead of offering anything of substance, he just put out that very simple question.

I have got to tell you that it is pretty evident what we have to lose now. It is not only a lot of the gains that were made under the Obama Administration, but something that is near and dear to all of us, and that is health care.

I think about the district that I represent, and 40,000 people or more have actually been covered because of the Affordable Care Act. They will probably lose that insurance if TrumpCare were to become law. And if you represent low-income families and workers out there, that is a scary prospect.

It is already bad enough that the State of Texas made probably what is considered one of the biggest policy blunders in Texas State legislative history when they decided not to expand Medicaid, which left so many others statewide, including in the district I represent, again, off of the insurance rolls.

What do you have to lose?

God, there are so many ways and so many areas that I can sort of describe what you would have to lose. The first

thing I think about is, in the Dallas/Fort Worth area, if you lose your insurance, of course, that means that the burden is going to fall back on John Peter Smith Hospital, which is one of our county hospitals in the north Texas area, and Parkland Hospital in Dallas.

So instead of people having insurance that they pay into, that they have where they can go and see a doctor, they will end up back in the county hospital rolls and, of course, that will end up costing the taxpayers more money.

During President Trump's first 50 days, the Republicans introduced this legislation that, again, will just decimate the progress that so many people around the country have seen under the Affordable Care Act.

This Thursday, as we actually mark the seventh anniversary of the signing of the Affordable Care Act, the House is set to vote on the Republicans' healthcare replacement. Ironically, on a day that we should be celebrating the tremendous progress our country has made since this landmark law's passage, we will be defending the merits in our continued battle to fight its repeal.

So what does the Black community have to lose?

Again, we pose that question. The Congressional Budget Office—and there is a Republican appointee that runs that office, by the way—says that 24 million people are going to lose their healthcare insurance. Of those 24 million who are set to be kicked off of their healthcare plan and sent out to nowhere, African Americans are going to be hit the hardest.

The ACA boosted the African-American insured rate from 79 percent to 88 percent, just slightly below the 91 percent national figure. Some of those gains stem from Medicaid expansion under the ACA, where nearly 15 million of the nearly 40 million African Americans gained coverage.

That is what I was talking about a little bit earlier, Representative PLASKETT. In Texas, we did not get to benefit from that. That would have been a huge benefit to us. Again, it is really considered one of the biggest policy blunders in the country.

As you see, Republican governors are actually afraid right now that the Medicaid expansion that has benefited their States that they are going to lose out on that because of this repeal that is going to take place. They are pushing back. They are saying this whole TrumpCare and RyanCare plan is a hot mess and that they absolutely want nothing to do with it.

It is also important to remember, under the Republican plan, the decision to cut \$880 billion from Medicaid over the next 10 years will translate into millions of African Americans potentially losing health care. While these numbers are alarming, it is the human impact that cannot be lost on GOP colleagues.

I have heard directly from constituents that I serve how the ACA has improved or saved their lives, and I would like to actually share some of those stories with you today.

One of the constituents that I serve worked for the same company for 35 years but was forced to retire because of declining health before he was eligible for Medicare. He faces drug costs of over \$500 per day and requires a life-saving procedure four times a year that costs \$14,000 per treatment. You can imagine what \$14,000 per treatment would do, and that is four times a year. Overall, his medical costs per month is \$15,000.

With the implementation of the Affordable Care Act, he had access to quality care that helped ease his financial burden. Under the Republican plan, this hardworking man, this taxpayer, this person that has worked hard, that worked for one company for 35 years—that used to mean so much in this country when people would give 35 years to one company and expected to be treated right—under the Republican plan, this hardworking man would pay thousands of dollars in out-of-pocket medical expenses for lifesaving care that would not be covered by this disastrous plan that we are actually going to have to take a vote on on Thursday.

It is stories like that that I think are really sad and why we need to tap the brakes and see what we can do to help make the current healthcare plan that we have, the ACA, stronger and better, to help out people like this gentleman who are going to be left out in the cold.

You have to really be wondering what our Republican colleagues are thinking, because it is not just the constituents that I represent. It is many of the constituents that they represent, too. I can tell you that out in the Dallas/Fort Worth metroplex, while I do represent largely urban areas—Dallas, Fort Worth, Irving, Grand Prairie, Arlington—I know that there are a lot of people that live out in these rural areas, that live outside of Dallas and Fort Worth, that live outside of Dallas County and Tarrant County. They consider themselves conservatives, and I can tell you that they cannot afford \$14,000 per treatment; but if the Republicans pass their plan, that is what they are going to be left with and they are not going to be able to afford it. They are not going to get the care that they need, and that is what they need to understand tonight and that is what the Republicans need to understand tonight.

The only thing that they can guarantee individuals, like I just talked about, is that they are going to be paying a whole lot more for a lot less coverage. I think that is really a shame.

Another constituent was forced to pay \$100 per month for medically necessary birth control pills after her husband lost his job in 2010. Luckily, the Affordable Care Act provided access to health care, and now her birth control that she needs is covered in full. And that is important, too.

We have actually seen teen pregnancy rates in this country drop all over the country, which is good. Because when people can afford to start a family when they are ready, when they are financially ready to start a family, those kids are more likely to do better in school. They are more likely to be in a stable household. They are more likely to get the education that they need to be able to achieve the things they want to achieve when they leave the house. So there are a lot of these initiatives around the country where we have really seen teen pregnancy rates drop 20, 30 percent or more. It has been great.

I can tell you that in Dallas County, while the teen pregnancy rate is dropping all over the country, we have actually seen it rise at an alarming rate.

So what does that tell me?

That tells me that if you see the teen pregnancy rate going up and that you are going to kick all these people off their health care, that is going to be more of a strain on the social service system.

Republicans used to pretend like they were for people to have an opportunity to get off the system. But once you take people's birth control away and not give them the options that they need for family planning, you are increasing the social services. The Republican CBO report actually points that out, and they are still going ahead with this. So I think that that is really what is sad.

I think overall what we want to get at tonight is that the Affordable Care Act has been a lifeline for African Americans and African-American families. The full repeal will snatch the safety net out from under the Black community.

Despite the lies that our colleagues across the aisle and in the White House want to spread about the ACA, my colleagues and I will continue to defend it to the very end because it turns out that the Black community has a lot to lose under the Republican healthcare plan.

I am so glad that so many of our colleagues came out tonight. I am glad that you are here helping lead this hour because we need to get the word out. We can stop something really devastating from happening here. The thing about it is that we really need to try to stop something devastating from happening on a bipartisan basis, such as people losing their health care, getting left out in the cold, being kicked off of their health insurance; trying to figure out, if they have a preexisting condition, how they are going to afford being pushed back into a high-risk pool.

What is this going to do to so many Americans? We are here focusing on the African-American community tonight with the Congressional Black Caucus, but what is this going to do to all Americans?

It is going to hurt them. It is going to hurt their bottom line. It is going to

hurt their families. It is going to leave them in financial disrepair. I think it is going to be a sad day for our country.

Instead of trying to destroy something, we need to be trying to work together to try to strengthen the current system and make sure that all Americans have the opportunity to be covered.

Ms. PLASKETT. Mr. Speaker, I agree very much with everything that the gentleman from Texas (Mr. VEASEY) has said. I thank him for the stories of individuals because it is individuals that the Affordable Care Act was meant to cover, not groups of people, but everyday Americans, children, disabled, our elderly.

Some of the reports say that TrumpCare would be the largest transfer of wealth from working families to the rich in our Nation's history; that the Republicans are handing \$600 billion in tax breaks to rich and big corporations through this bill while taking money away from those Americans who have been able to have their healthcare needs taken care of in an affordable manner.

You have families that are going to be paying more for less under TrumpCare. Deductibles and out-of-pocket costs are going to skyrocket, leaving sick people unable to afford the care that they need. Premiums will soar and quality coverage is going to be priced out of reach for many families.

We also heard earlier about the middle-aged American paying an age tax that is going to come from this, that older Americans are going to be forced to pay premiums five times higher than what others pay for healthcare coverage.

I yield to the gentlewoman from Florida (Mrs. DEMINGS), the distinguished freshman Congresswoman from the 10th District of Florida, so she can explain to us how TrumpCare and the new Health Care Act is going to affect her constituents and all Americans and, particularly, African Americans in this country.

Mrs. DEMINGS. Mr. Speaker, I thank the gentlewoman from the Virgin Islands (Ms. PLASKETT), Mr. RICHMOND, and all of the distinguished members of the Congressional Black Caucus for leading this very important and critical conversation and discussion this evening.

President Trump said it couldn't get any worse for the African-American community. He asked the question: What did we have to lose by supporting him?

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Well, it is even clearer now that we have everything to lose, starting with health care.

Marian Wright Edelman said: "The question is not whether we can afford to invest in every child, but it is whether we can afford not to."

Health care, we all know, is one of the most important investments we

can make in our children. Nearly 12 million African Americans are insured through Medicaid. In Florida, 41 percent of children, in my home State of Florida are covered through Medicaid.

This GOP healthcare plan guts Medicaid, cutting funding by \$880 billion over the next 10 years. It also eliminates Medicaid expansion, which covers 1.5 million African Americans.

So what do we have to lose?

Families, children, will lose their health care. For those who do not lose health care, they will be forced to pay higher premiums. That, for some families, could mean the difference between a doctor's visit and food on the table.

Since the ACA was signed into law 7 years ago this Thursday, our community has seen its insured rate increase to the highest number in recent history. For a community that has long faced increased barriers to healthcare access and delayed doctor visits because of the cost, the ACA has meant the difference between life and death.

There is no question, we can make the Affordable Care Act more affordable for all Americans, but this bill doesn't do that.

So what do we have to lose?

President Trump, and to my GOP colleagues, I tell you the stakes could not be higher. Progress will be lost—progress that took many years to make, progress could be lost—by repealing the ACA.

The most vulnerable of people, the people we really should be taking care of in a country that we say is the greatest country in the world—I do believe that to be true—people that we should be taking care of, including our children, will be hurt the hardest.

Florida has the Nation's highest enrollment number in the ACA, at 1.67 million sign-ups for 2017. But not only does repeal hurt children, but, in my home State of Florida, it also hurts millions of seniors.

A recent analysis from AARP shows that Florida will be "Ground Zero" for the Republicans' health plan's effects. They found that nearly a half a million Floridians between the ages of 50 and 64 would face higher premiums under the GOP plan, more than any other State; the people affected the most, low-income seniors.

So here is what is at risk in Florida's 10th Congressional District. The district's uninsured rate has gone from 22 percent to 15 percent since the ACA was implemented. 343,000 individuals in the district who now have health insurance that covers preventative services like cancer screenings and flu shots, without any copays, coinsurance or deductibles, stand to lose this access if the Republican Congress eliminates the ACA provisions requiring health insurance to cover important preventative services without cost-sharing.

392,000 individuals in the district with employer-sponsored health insurance are at risk of losing important consumer protections. 64,000 individuals in the district who have purchased

high-quality marketplace coverage now stand to lose their coverage if the Republican Congress dismantles the marketplaces.

Over 60,000 individuals in the district who received financial assistance to purchase marketplace coverage in 2016 are now at risk of coverage becoming unaffordable if the Republican Congress eliminates the premium tax credits.

So what do we have to lose?

The evidence could not be clearer.

Ms. PLASKETT. Congresswoman DEMINGS, in fact, you do have a lot to lose. We see how Florida, with its elders, its senior citizens, will really take a major hit if this law is passed. And our colleagues have been giving us examples all the time.

I am always trying to let them know that the Virgin Islands stands as an example of what it will look like if the Affordable Care Act is repealed because the Virgin Islands doesn't have the expansion. We were not put in the mandate for the exchange, and that has led to 30 percent of Virgin Islanders having absolutely no health insurance, which then means that our hospitals are strained because the hospitals have to pick up costs for individuals who are without health care.

Listen, if your child is ill or sick, or you are dying, you are going to go to the hospital whether you can take care of it or not, whether you can pay the bill or not; and that has put a tremendous burden on our hospitals for them to meet the costs of those 30 percent of individuals living in the Virgin Islands who do not have health insurance, are not covered by either the government group insurance for the local government or by the Medicaid money that we utilized because we did not have the expansion.

And even that is scheduled to leave after the fiscal year 2019, and we are going to have to make choices of removing people from Medicaid, of removing care from children, removing care from elderly and from individuals with disabilities. That is not a choice that Americans should have to make in this day and age, that individuals do not receive health care.

I know, Congressman VEASEY, that you are hearing from people in your own district who are giving you these same stories: What is going to happen if I don't have healthcare coverage? What is going to happen to my children if they are not able—they have asthma, they have juvenile diabetes, they have these issues, and I am not going to be able to take care of them because I am not going to have this insurance. Or the Medicaid is going to have to be pulled back in our State because we are going to have it capped; and our State is not a wealthy State and is not going to be able to make up the difference.

I know that the gentleman has examples from other Members who have come and given statements for us to bring to the RECORD about what is going to happen.

Mr. Speaker, I yield to the gentleman from Texas.

Mr. VEASEY. Absolutely. Representative PLASKETT. And one of our colleagues, who also happens to be my neighbor, EDDIE BERNICE JOHNSON, you can easily make the argument that she knows something about health care, considering that she worked in the healthcare arena before she came to Congress. And not only did she work in the healthcare arena, she has a lot of people that were uninsured that live in her district that are now insured because of the Affordable Care Act.

So, again, not only does she have that healthcare experience, she has been out in the community and has met with people for many years now on health care, even before she came to the Congress, when she was in the State Senate; so she has sat down and she has talked to people. She understands why it is important for people to have health care. She understands why it can be financially hard on people when they are hit by a catastrophic illness.

She gave a speech on the House floor—or she has a speech that she is going to submit—where she talks about the fact that the district that she represents, the uninsured rate dropped 27.3, all the way down to 20.8 percent; and that was a huge benefit for the constituents that she serves on a daily basis.

I mentioned Parkland Hospital a little bit earlier. Parkland Hospital is a Dallas County public hospital. Parkland Hospital provided \$1 billion in uncompensated care in 2015—\$1 billion. And if this RyanCare-TrumpCare bill were to become law, you can imagine what a large system like Parkland, that already provides so much in uncompensated care, what they are going to be hit with. It is going to be absolutely devastating.

I already talked about the fact also that Texas—and Representative JOHNSON mentions Medicaid in her letter. I have already talked about the fact that Texas made a big public policy blunder and decided not to take the money that the Federal Government was going to give them to help expand Medicaid coverage. They just prefer to just leave all those people uninsured.

So now one of the things that will happen under this GOP bill that the Congresswoman points out is that the money will be sent to people in a block grant; and you can imagine the shortfalls that that would create, particularly in a large State like Texas, because there are going to be shortcomings. So hospital systems like Parkland, like John Peter Smith, they are really going to be hit with a hammer were this ever to pass and become law just because they are already being pushed so much.

Again, what just doesn't make any sense is that the Republicans so prided themselves for so many years about being the party that was about self-empowerment and helping people out, so

now they want to kick people off of their insurance and leave them out in the cold and have them start going back to Parkland, start going back to John Peter Smith because they are not going to be able to afford their insurance anymore under this. It doesn't make any sense.

Ms. PLASKETT. From our experience in the Virgin Islands, that is what you do not want to happen.

People talk about: Who is on Medicaid? Who are these types of individuals? Why don't they get jobs?

I mean, in the Virgin Islands, when we had our largest employer, Hovensa, an oil refinery, close, of course, then our unemployment rate went up. And these are families in need, families who need the support.

With a cap on Medicaid, we were only able to have 55 percent of individuals who would qualify for Medicaid with that cap, with that ceiling that was in place from the Federal Government. It means that a tremendous amount of children, homeless individuals, people, families that are out of work for a period of time, are not covered. That, then, creates this huge burden on a hospital for those families to be taken care of, for individual care and individual need.

Particularly in the African-American community, when you have things like diabetes, hypertension, all of these diseases which need constant monitoring and primary care physicians to take care of and to ensure that they do not become life-threatening, and come to a place where then they are coming to the hospital, it is in the millions of dollars that you are going to need support and care for the servicing of individuals with these diseases.

So I know that we are pushing that there be an expansion of Medicaid, that the cap not be put on Medicaid services, not because we want to coddle people who are poor, but because we know it is necessary. And the cost of not taking care of them on the front end of health care, with Medicaid, is an astronomical cost on the back end when they have diseases that have just gone out of control because they have not been able to go to primary care physicians and get the health care that they need.

Mr. Speaker, I yield to the gentleman from Texas.

Mr. VEASEY. All of those are absolutely good points, and I was talking about the uncompensated costs there for public hospitals. The one thing that I did not mention—and everybody knows this—is that if you don't have insurance and you do find yourself having to depend on the county hospital system or the public hospital system in your area, and those lines get longer and longer, which is what would happen if this bill were repealed—people have to remember that if someone is having an emergency and they know that the lines at the county hospital are just out of control and long, they are going to go to the private hospital.

□ 2015

They are going to go to the nonprofit hospital like in Dallas County that could be Baylor, that could be Huguley, and those hospitals are going to take on uncompensated costs. That is what is going to end up happening. They can't get a regular appointment there without insurance, but if they go to the hospital emergency room, they can't be turned away. Not only is it going to be a burden on our county hospital system, it is going to be a burden on our nonpublic providers as well.

Again, one thing to remember is that, before the Affordable Care Act, we had over 1 million people in Dallas-Fort Worth that did not have insurance. Just in the congressional district, alone, that I represent, I have the largest uninsured rate out of any congressional district in the entire country. That surprises a lot of people just because of the growth and the opportunities that the Dallas-Fort Worth area have been blessed with. But I actually have the largest uninsured rate out of any congressional Member in the country.

So when you think about the district that I represent and then you expand that across the Dallas-Fort Worth metroplex, you are talking about 1 million people in a very prosperous area that still find themselves without insurance. That is scary.

I mentioned a little bit earlier the district I represent, the uninsured rate has gone from 37.9 percent to 31.4 percent since ACA was implemented; 2,003 individuals in the district now have health insurance that covers preventive services like cancer screenings and flu shots.

When you start talking about kidney dialysis, for instance, I visited a kidney dialysis center in Dallas County shortly after I was first sworn in. I was taking a tour of the kidney dialysis center, and I asked the doctor who was in charge of the center, I said: Wow, there are a lot of younger people in here.

About 60 percent of the patients were African American. About 40 percent were Hispanic. There was one White patient that was in there.

The lady said: It doesn't matter where you go. If you go to visit any of our clinics or any of our kidney dialysis centers, this is what a typical day looks like.

I asked her: Is it hereditary? What is going on? I don't understand what the problem is here.

She said: No. A lot of it is because they weren't receiving the care that they needed.

The sad part about that, she went on to explain to me, is sometimes it can be a person who has high blood pressure issues, and if they had just gotten those high blood pressure issues addressed, it could have been the difference between them taking some high blood pressure medicine instead of them basically having to give up their careers and go and sit in a chair to receive dialysis treatment 3, 4 days a

week, 2 to 3 hours each time. That is sad.

She also talked about diabetes and how some people have diabetes, and they don't get that diabetes treated in time. Maybe they didn't even know they had diabetes. Again, type 2 diabetes is something very treatable. You can imagine the difference between treating somebody, giving them a prescription to treat their type 2 diabetes or their high blood pressure versus your earning capacity being greatly diminished by you having to go sit in a chair 2, 3, or more times 3 or 4 days a week versus if they had just been able to go see a primary care physician.

That is the type of thing that the Affordable Care Act is doing, giving people the opportunity to go and get those things treated before they become more costly to the system. That is something that is being missed.

The other thing that I think scares everybody—and it doesn't matter if you, again, live in my district or you live in the one of many districts in the Dallas-Fort Worth metroplex, when you start talking about people who have preexisting conditions and you start talking about the fact that people are going to lose consumer protections that have been put in place under the Affordable Care Act and that they are going to see those consumer protections killed—like the prohibition on annual and lifetime limits, protection against unfair policy rescissions and coverage of preexisting conditions—again, if you see the ACA repealed, it is people like that who, for the first time, didn't have to worry about those limits, and they are going to see that snatched away from them. That is just really one of the tragedies.

Mr. Speaker, 27,000 people in the district that I represent, again, received financial assistance to purchase marketplace coverage in 2016. Now they are going to risk being uninsured again, and the insurance is going to be unaffordable under the Republican plan. There are just so many stories like that.

One of the things that I didn't point out about some of the people that are going to lose some of these consumer protections is that some of those people have worked really hard on their jobs, they are still working on their jobs, and they are going to be hit with those lifetime limits. It is going to be completely unfair to them while they are out there working hard every day. It was something they didn't have to worry about before, or at least when the ACA was put in place. If the ACA is repealed, they are going to be subject to that, too.

I think the narrative that has been put out there by the Republicans is that, no, it is just people that are taking advantage of the system. But understand, there are people that fall into these categories that we are talking about right now that get up and they

go and work hard every day—every single day—and they have health insurance on their jobs, and they are going to be greatly impacted by this.

Speaking of people who go and work hard on their job every day, one of the things that I know that a lot of Democrats would like to see put in place—and even some Republicans have said they would like to see put in place—is they want to see the Cadillac tax repealed. That is not happening under this Republican plan. That is completely out of it.

So, again, there are a lot of problems with this and a lot of unfairness about this, about the people that are going to be harmed and affected. I hope that we can work in a bipartisan manner to really stop this from happening. And again, like we are here talking about tonight, the African-American community, in particular, will really be hit very, very hard.

Ms. PLASKETT. I thank the gentleman for all of the examples that he has given, real-world, real-people examples. I think it is important that all of us, as Members of Congress, really take to heart the words that we are hearing from Americans that are going to be affected by this.

Particularly in the African-American community, this is going to have a devastating affect on them to have this Affordable Care Act be repealed and this replacement. It does not take into account the lives that people are really living.

This is really a tax break bill. That is what this boils down to in many respects, because the individuals who are going to be displaced from this are those individuals who are the poor.

I just want to thank Congressman VEASEY for the time that he has given us this evening and all of our colleagues who are here and spoke about the Affordable Care Act and what the African-American community and what many Americans have to lose from this bill.

At this time, I conclude this CBC Special Order hour.

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

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in opposition to the American Health Care Act. As a member of the Congressional Black Caucus, I would like to answer President Trump's repeated question to the black community: "what do we have to lose?" Our healthcare, Mr. President. The Affordable Care Act has been working.

The Affordable Care Act brought my district's uninsured rate from 27.3 percent down to 20.8 percent, and insured 265,600 individuals who didn't have health insurance before. While the main safety net provider in my district, Parkland Hospital, provided \$1 billion in uncompensated care in 2015, Parkland and the other safety net providers faces severe financial burdens in the House GOP proposal. One of my main concerns with this bill is that it punishes people who get their coverage through Medicaid by capping and slashing the program. With 70 million Americans and 5.2 million Texans who currently rely on Medicaid,

per capita caps on the program would not meet the needs of the population and people would suffer.

Under the Republican proposal, millions of Americans will lose their coverage and families will pay more for fewer protections. To put this into exact numbers, according to a Congressional Budget Office report, 24 million people would lose coverage by 2026, and 7 million people would lose employer-based coverage. This bill includes an \$880 billion cut to Medicaid, then cuts and caps the program so that it cannot expand and contract as needed. Medicaid covers 1 in 5 Americans and in 2015, Medicaid covered 11.2 million African Americans. This is a 25 percent cut to the program and it is harmful and unsustainable.

This piece of legislation forces Americans to pay more and get less. The average subsidy under the American Health Care Act will likely be about 60 percent of the average subsidy under current law. Deductibles and out-of-pocket spending in the individual market will have to increase due to the elimination of requirements that insurance plans cover a certain value. Americans will pay more for their premiums, more for their care, more on out-of-pocket expenses and deductibles; all the while giving tax breaks to the wealthy and the tanning industry.

I urge my colleagues to consider the harmful effects of this bill. Your constituents are asking you to work with Democrats to repair the Affordable Care Act. We are ready to work.

Ms. LEE. Mr. Speaker, first let me thank Congressman VEASEY for his tireless work to protect healthcare for all people.

Also to Congresswoman PLASKETT, I thank the gentlewoman for continuing to speak out, to organize us, and for her stellar representation of her district.

Let me also thank Congressman RICHMOND, Chair of the CBC, for his steadfast leadership on so many issues.

Mr. Speaker, 2 weeks ago Republicans unveiled their dangerous plan to repeal the Affordable Care Act.

A plan the CBO confirmed would rip healthcare away from 24 million Americans.

This week—on the 7th anniversary of the Affordable Care Act—their terrible plan will make it to the House Floor.

Mr. Speaker, one thing is clear: the proposal Republicans wrote in secret backrooms would be a disaster for struggling families, seniors, and people with disabilities.

Their proposal would mean 24 million fewer people with health insurance and 2 million jobs lost.

Their plan defunds Planned Parenthood and rations healthcare for low-income Americans.

It would make working people sicker, in order to provide a \$600 billion tax giveaway for billionaires.

We know who this plan will devastate the most: communities of color, especially African Americans.

By ending Medicaid as we know it, at least 1.5 million low-income African Americans could lose their coverage.

And millions more would lose access to high-quality healthcare with the elimination of the ACA's marketplace.

Mr. Speaker, this is outrageous.

We know that African Americans already suffer from shocking health disparities, including diabetes, heart disease, and cancer.

And sadly, these disparities are all too often fatal.

Mr. Speaker, when we wrote the ACA, we worked hard to ensure that our healthcare bill would help end these disparities.

I was Chair of the CBC at the time and addressing harmful health disparities—especially for African Americans—was at the top of our priorities in drafting the ACA.

The final legislation was a huge step forward for underserved families—particularly communities of color.

Through the exchanges and Medicaid expansion, millions of African Americans gained the insurance that they needed and they deserved, including those living with pre-existing conditions.

Take the issue of HIV/AIDS for example. Although they represent only 12% of the population, African Americans disproportionately account for 44% of new HIV cases and 40% of those living with HIV in the U.S.

Before the ACA, many African Americans living with HIV didn't have any insurance at all.

Through the exchanges and Medicaid expansion, millions of African Americans gained the insurance that they needed and they deserved.

Let me be clear: For people living with HIV in this country—repealing the ACA could mean a death sentence.

Without the Affordable Care Act, people living with HIV are at risk of losing access to the medicine and doctors that keep them healthy.

Clearly, health insurance is critical to keeping people healthy and reducing health disparities.

Mr. Speaker, we know that the ACA works.

It has provided healthcare for over 20 million Americans—7.8 million of whom are African American—since it was signed into law.

And because of this bill, young people, working class people, and people of color now have high-quality, affordable healthcare.

But Republicans don't seem to care.

They are on a rampage to make America sick again—and we must stand in their way.

Mr. Speaker, millions of Americans are making their voices heard in protests, in town halls and in the streets.

And their message is simple: "Keep your hands off of our healthcare."

I'm standing with the millions of Americans who are in opposition to this disastrous healthcare bill.

The fight to protect affordable healthcare is on.

We will not rest until Republicans and Trump end their cruel campaign to kick American families off their healthcare.

HISTORICAL CONTEXT OF THE AFFORDABLE CARE ACT

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

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous materials on the topic of the Special Order.

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