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in place—and even some Republicans have said they would like to see put in place—is they want to see the Cadillac tax repealed.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the African-American community, this is going to have a devastating affect on them to have this Affordable Care Act be repealed and this replacement.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?

There was no objection.

Mr. BURGESS. I thank the Speaker for the recognition.

Mr. Speaker, October of last year, October of 2016, Bill Clinton, speaking in front of a group of people in Michigan, said:

> So you have got this crazy system. There are all these people out there who are busting it sometimes 60 hours a week, and they wind up with their premiums doubled and their coverage cut in half. It is the craziest thing in the world.

Mr. Speaker, I don't often agree with former President Bill Clinton, but that quote pretty much sums up why we are here doing what we are doing this week with trying to fix the problems inherent in the Affordable Care Act.

Now, sometimes people turning in and watching these hours must wonder how can it be we are talking about the same thing where one side says it is good and one side says it is not. Mr. Speaker, it may help to set some of the historical context. I would like to do that tonight. I would like to talk about the beginnings of what we now know as the Affordable Care Act. Some people refer to it as ObamaCare.

This is a bill that was signed into law 7 years ago this month, but it didn't just spring forth. There was a lot of work involved in bringing it forward and getting it heard and getting it voted on on the floor of this House. I was part of the Energy and Commerce Committee that summer, as I still am today. The Energy and Commerce Committee did hear what was then H.R. 3100, several hours of markup in the committee, several days of markup. Other committees marked it up, and H.R. 3100 was a 1,000-page bill that left our committee. I didn't vote for the bill. I didn't think it was a good idea, but it did have Republican amendments at the end of that process.

That bill then went to the Speaker's Office—not to the Budget Committee, but to the Speaker's Office. Speaker PELOSI put it together, and when it emerged, it was a 2,000-page bill that really didn't have much to do with the bill that was marked up in the committee. But, nevertheless, the bill came to the floor of this House; and in November of 2009, after a significant amount of debate, a significant amount of anxiety expressed on the Republican side and even some on the Democratic side, the bill was passed by a very slim majority. The bill went over to the Senate, and that was the end of that bill.

What happened next was there were—it was not exactly a bill—several drafts of several ideas that people had over on the Senate side; and the Senate took up a bill that the House had previously passed, H.R. 3590 was the number of that bill, and the Senate debated and passed that bill on Christmas Eve of 2009. You may remember there was a snowstorm that was descending upon Washington, kind of a familiar story, a snowstorm that was coming to town. The Senators wanted to get home before the snowstorm hit, and they passed H.R. 3590.

Remember, back in those days, the Democrats had a 60-vote majority in the Senate. They were able to cut off debate and pass the bill on a party-line vote with 60 Democratic Senators voting in favor of that bill.

Then something strange happened. The Democrats actually lost a Senate seat in a special election in the State of Massachusetts that they weren't expecting to lose. As a consequence of losing that Senate seat, now, instead of a 60-vote majority, they had a 59-vote majority, so they actually could not cut off debate. It was not a filibuster-proof majority.

Harry Reid told NANCY PELOSI, who was then the Speaker of the House: Well, I have done everything I can do. You are just going to have to pass our bill as it is. I can't make any changes to it.

Speaker PELOSI wisely said—I am paraphrasing here because I don't remember the exact quote—but I think she said: I haven't got 100 votes for that thing over here in the House.

I think she was right. But they worked on it, and President Obama worked on it, and 3 months later, in March of 2010, indeed, they did bring that vote up in the House, passed exactly what had passed in the Senate. As a consequence, since the Senate bill was actually an amendment to a House bill that didn't have anything to do with health care in the first place, but since it was only an amendment to a House bill that had passed the House, so many as are in favor agree with the amendment to the Senate bill, the number being 218, that bill went down to the President for a signing ceremony that very same week. Thus was born the Affordable Care Act.

Now, what has led us to the point where former President Bill Clinton would say that it is a crazy system? Well, there is a lot of discussion back and forth.

Certainly, Republicans took the majority shortly after that bill was signed into law. I would submit that because that bill was signed into law, Republicans regained the majority in the House of Representatives in 2011 and since that time have had a number of votes either trying to repeal the Affordable Care Act or improve the Affordable Care Act. A number of those votes have, indeed, been bipartisan votes, that is, Democrats have voted with Republicans.

□ 2030

I think the total count is there have been 47 Democratic votes to either repeal, replace, reform, or repair the Affordable Care Act. It really has been a bipartisan effort these past 7 years.

We are where we are today because of the problems that exist in the bill. Despite the talk that we heard in the last hour, people are suffering under this.

There is a gentleman back home in my district. I think he is a plumber by profession. He has previously been diagnosed with bladder cancer. He says, under his Affordable Care Act policy, he gets to go see his primary care doctor once a year. His primary care doctor says, Well, you need to go to a urologist to have your cystoscopy, but his deductible is so high, he doesn't do it. He has got access to insurance, but he doesn't really have access to the kind of care that he needs that could be lifesaving and could prevent him from having a much greater problem down the road.

We can all bring our individual stories out, but the fact of the matter is, access to coverage is not the same thing as access to care.

During the course of the campaign this last fall—and I remember this very specifically because November 1 was the day that the new rates came out—the open enrollment period for the Affordable Care Act opened up on November 1, and people got a glimpse of what their marketplace rates were.

As a consequence of those marketplace rates, people started to pay attention. There was still another week to go before election day, and people started to pay a significant amount of attention to what the rates were.

It isn't just the rates. It is the access. One-third of U.S. counties have only one insurer willing to sell in marketplace in those counties. I think the number is either five or seven States that have entire States with only one insurance company. That is not really choice. That is not really access. That, in fact, is a monopoly.

2017 was a year marked by a sharp rise in premium increases across the country. Seven States saw premium increases of more than 50 percent. Texas was about 25 percent. Some States went up over 100 percent.

The individual mandate, which was part and parcel of the Affordable Care Act, the most coercive Federal legislation passed since the income tax passed 100 years ago—the individual mandate is the reason that the Affordable Care Act has never achieved widespread popularity. But even with the individual mandate—that is, we are going to send the Internal Revenue Service out and make them make you buy health insurance—over 19 million taxpayers elected to pay the mandate penalty or claim a hardship exemption.

There were 6.5 million individuals who paid the penalty and over 12.5 million people claimed a hardship exemption, according to the Internal Revenue Service's own files.

The Centers for Medicare and Medicaid Services reported that 10.5 million individuals enrolled in an exchange plan through the first half of 2016. More than twice that number chose to either exempt themselves through a hardship waiver or just simply pay the fine and walk away from the obligation to purchase insurance.

I am firmly of the belief that the individual mandate has no place in a free society. The one central thesis of the

Affordable Care Act that I long to see repealed is the repeal of the individual mandate. While we are at it, we might as well take care of the employer mandate.

By the way, President Obama delayed the employer mandate for 2 full years, not by a House passed bill, but by administrative fiat. He simply decided, prior to the Fourth of July in 2013: You know what? The employer mandate is going to cause trouble in the next congressional election, so I will just suspend it.

In a blog post put up by Valerie Jarrett on the evening of July 2, 2013, the employer mandate was simply suspended for a couple of years because it was felt to be too onerous and because of the effect that they feared it would have on the midterm elections in 2014.

Time after time, the Obama administration took it upon themselves to delay or turn back a portion of their own law, and there were multiple times where there were votes taken on this floor.

I think of the 1099, the paperwork that was going to be required in the business-to-business transactions; the 1099 forms that were required under ObamaCare that were repealed by this House in a bipartisan fashion because it did pass in the Senate, and the Senate was controlled by Democrats at the time.

Also, the CLASS Act, a particularly onerous part of the community living access ostensibly to provide some help with long-term care, except it really didn't. It was in an actuarial death spiral even before it was enacted. It was one of those things in the Affordable Care Act where you paid for 10 years of taxes and got 6 years of benefits. When they got finished collecting the taxes, it was decided they better do away with the benefit because, in fact, there was no benefit there at all.

Time after time, in a bipartisan fashion, this House has taken action to restrict or remodel or repair or repeal portions of the Affordable Care Act. We are now coming up on a time where significant change is going to occur in the issuance of health care in this country. The change is going to be tough. We always knew it would be, but it is the right change.

The Energy and Commerce Committee, the Ways and Means Committee, and the Budget Committee have put together legislation that we will be hearing up in the Rules Committee later this week; the American Health Care Act, which will come to the floor before the end of this week. Let me just make a prediction: it will pass the floor of this House.

I see that I am joined by a colleague this evening. I yield to the gentleman from Georgia (Mr. CARTER) to talk on this issue or any issue that may come to his mind.

Mr. CARTER of Georgia. I thank the gentleman for yielding, my good friend, Representative BURGESS from Texas.

We are very blessed to have Representative BURGESS' leadership on the Energy and Commerce Subcommittee, as he chairs the Health Subcommittee and brings his years of experience. I want to thank him for his leadership and for holding this tonight.

Mr. Speaker, every day, I hear stories from folks all across my district in the First Congressional District of Georgia, in southeast Georgia, who have been forced to choose. They have been forced to choose between paying their monthly insurance premium or buying other essentials for their families.

I want to give you an example of someone who I am talking about—a real life example, someone who has experienced this.

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

Bob and Kim exercise regularly. They watch their nutrition. They are fortunate to have no health problems. They also have a 28-year-old son, Wesley. In 2016, Bob's monthly healthcare premium increased 134 percent, and his son's healthcare insurance climbed to an astonishing 190 percent. In total, their 2016 annual premiums were $4,285 for their son Wesley, and for them it was $19,026.

The Joiners should have been hopeful that in 2017 they could change their plan for something more affordable. But thanks to ObamaCare, that wasn't the case. You see, what ObamaCare has done is to limit choices.

In 2017, there was only one ObamaCare-compliant plan that was accessible to the Joiners on the healthcare.gov website. An additional policy featuring a higher deductible with lower premiums was available; however, the plan was not ObamaCare compliant, leaving the Joiners subjected to the penalty. Before ObamaCare, the Joiner family's annual premium was $7,400. At the time, they had access to multiple providers and dozens of plan designs.

Unfortunately, ObamaCare has brought chaos into the healthcare system. The Joiners are not alone. This is just one example of many throughout my district and throughout America of what ObamaCare has done.

ObamaCare has done, essentially, three things. First of all, it has taken away choice. It has limited choices.

Representative BURGESS mentioned the fact that a third of the counties in America right now only have one provider. Only one provider. That is not a choice. Five States only have one provider. That is not a choice. Sixteen counties in Tennessee have no provider. No one. That is not sustainable.

We have a situation that faced us here in the majority party, the Republican Party. We had to decide: What are we going to do? Should we even touch health care or should we just leave it alone?

We did the right thing. We said: We need to rescue the healthcare system here in America. We have got to act, and we have got to act now. ObamaCare is imploding. We know that. Premiums have gone up, on average this year, 25 percent. In seven States, they have gone up over 50 percent. It is simply not sustainable.

It has decreased choices and increased cost. It has also caused much red tape and many obstacles between patients and their healthcare providers, between patients and physicians, between patients and pharmacists. That is not the way health care is supposed to be in America.

I am a strong believer in health care. I am the only pharmacist currently serving in Congress. My professional career, like Representative BURGESS, has been dedicated to health care. I am just not going to sit around and watch the greatest healthcare system in the world be ruined. That is why we have passed out of three committees thus far the American Health Care Act.

Representative BURGESS mentioned the fact that it has been through the Energy and Commerce Committee, it has been through the Ways and Means Committee, it has been through the Budget Committee. Now it will be on the floor this week.

Thursday will be a historical day for our country. It will be a historical day for health care in America. What are we going to be offering? We are going to be offering a plan that increases choices, that increases accessibility, that cuts red tape, that removes barriers between patients and healthcare professionals, that empowers people. It empowers citizens to be able to make their own healthcare choices.

Instead of having Washington, D.C., in their infinite wisdom, infinite knowledge, tell you what you need to have, you now will decide what you need to have, what is best for you, what is best for your family. That is what it is all about. That is one of the many reasons it is so good.

This plan offers so many good things in it. Health savings accounts. To be able to put more into a health savings account, to be able to roll it over from year to year, to be able to increase the amount in there, and even pass it on to survivors.

We utilize tax credits to make sure that, no, unlike ObamaCare, you are not penalized for not having insurance, but instead, you are rewarded for having insurance. That is what we are going to do.

Of all the bad things that I think ObamaCare has done to the healthcare system in America, first of all, it has taken the free market out of health care. No more competition, as we noted earlier. But the second thing has been this Medicaid expansion. That really is something that I take offense to.

Medicaid is a great program. It is a program that is necessary. It is a safety net program. It is intended to take care of the aged, the blind, the disabled, children and mothers. It was

never intended to be for able-bodied adults. This is not what a safety net program is about.

Under ObamaCare, I hear the other party say: Well, we have added 20 million people onto the insurance roles. Well, let's look at that. 14.5 million of those people were added on to Medicaid expansion. We shouldn't be calling this ObamaCare. We should be calling it ObamaCaid. Able-bodied adults added on to a safety net program. We are revising Medicaid. We are reforming Medicaid.

□ 2045

Medicaid is going to be even better for those people who need it. Instead of diluting that program, we are going to make sure that those people who truly need it—the aged, the blind, the disabled, children, mothers—have more access to it, as they should.

We promised three things among many things, but we promised, hey, we are going to keep a couple of things in here. We are going to make sure that parents can continue to have their children up to age 26 on their insurance. We promised that we were going to make sure that preexisting conditions were going to be included and that you would not be kicked off of your health insurance. We promised that we were going to have a stable transition. We are doing just that.

We are delivering on those promises. We are making sure—I often get asked: What about that 100 to 138 percent of the Federal poverty level? What are you doing for them?

Well, we came up with a refundable tax credit that is actually going to pay their insurance. That will go directly to pay their insurance.

The American Health Care Act delivers on what we promised. What we promised is that we would have more choices. What we promised is that we would have more accessibility. What we promised is that we would empower patients. We are doing that. We are empowering people. We are rescuing health care in America. I intend to vote for this plan Thursday night, and I am going to be very proud to vote for it.

We are going to rescue the healthcare system that I practiced in for over 30 years. I have seen how competition works in the healthcare system. I practiced in it. I have competed in it. I have seen how it lowers costs, and it will lower costs. People now will be empowered to have the ability to choose their own insurance instead of being mandated from Washington, D.C., what kind of insurance they should have.

I thank leadership for what they have done to pull this together. I thank the President. The President is behind this. President Trump made it one of his campaign promises: We are going to repeal and we are going to replace ObamaCare.

You know, it amazes me the media seems to—I get asked quite often: Can you believe he is doing this? Can you believe he is doing that?

I just think: Didn't he tell you he was going to do this? Didn't he tell you he was going to do that?

I think they are just amazed that we actually have somebody in the White House who is delivering on promises that he made, and he is doing just that.

This is a historical week in Congress. Thursday will be a historical day. We are rescuing health care. I am going to be proud to vote for this bill. Again, I thank leadership. I thank the White House. I thank Representative BURGESS, who has been a great leader through all this and has had a big part in this. I thank him for his part in this as well.

Mr. BURGESS. Well, as the gentleman knows, he and I spent—what was it—27½ hours in a committee markup 2 weeks ago getting us to this point. So the gentleman from Texas thanks the gentleman from Georgia for his part and his participation. That was a very long markup, but he stayed attentive and asked good questions and offered good insights all the way to the end. We were very fortunate to have him on the committee. I have been on the committee a few more years, but it was certainly one of the nights on that committee that I will long remember.

Mr. Speaker, I yield to the gentleman.

Mr. CARTER of Georgia. Again, I thank the gentleman from Texas for leading this Special Order here tonight, and I thank everyone who has been involved in this.

Mr. BURGESS. Will the gentleman maintain his position for just a moment so perhaps we can engage in a brief colloquy?

Mr. CARTER of Georgia. Absolutely.

Mr. BURGESS. Of course, the gentleman was not here in 2009–2010 when this thing came down the pike, but you may remember the townhall meetings from that summer, that August of 2009, and they were pretty intense. We hear a lot about townhall meetings today, but I promise you they were every bit, if not more so, intense during August of 2009.

When I look back on that, Mr. CARTER, what I remember is really two things that people were asking. Yes, it wasn't nearly as long as what the Affordable Care Act ended up being, but still a thousand-page bill, people have to dig through it, have to understand it. And the two things that I took away from those townhall meetings back in the district were people were telling us, number one: Don't mess up what we have got. We have something, and it may be imperfect, but by golly, it is working for us and our families right now, so don't hurt that.

The other thing they would ask is: If you are going to do anything at all, could you please help us with cost, because we are concerned about the cost of these products and we are concerned what the trajectory may be for the costs going up over time?

I will just ask the gentleman from Georgia—since he was a citizen at that time, how does the gentleman from Georgia think we did with those two requests that were coming to us from our constituents?

I use the term ''we'' advisedly. Obviously, I voted against that bill.

But as things turned out with the Affordable Care Act, how did that turn out for the American healthcare consumer?

Mr. CARTER of Georgia. Well, as we say in south Georgia, the proof is in the pudding, and the proof is right here. Premiums have gone up this year. Look, one thing that amazes me is we have almost created two new classes of uninsured. First of all, through ObamaCare, it has mandated that people have insurance. So you have got a class who have insurance, but their deductibles are so high they can't afford to use it. So there you have a new class of literally uninsured. Then you have another class of people who were able to afford insurance before, but now it has gotten so expensive, they just pay the penalty. They cannot even afford it. I think it has done just the opposite of what it was intended to do.

I have heard this same argument, that we had to do something, that costs were rising. I will agree that we have to address healthcare costs. We do. We are. In fact, we are doing it this week. Remember, this is the first phase. As you pointed out, what we vote on this week is only the first phase. We have got two more phases to go. In those two phases, we intend to do a lot that is going to help control healthcare costs.

I like to give the example, if you will indulge me for just a minute, when I was still practicing pharmacy—and I tell you this to explain just how competition works. When I was still practicing pharmacy, I still had my pharmacy, and I still owned it at the time. This drugstore opened down the street, a tiny company. I am trying to remember the name. Oh, yeah, it was Walmart.

They decided they wanted to be a player in the healthcare system, in the pharmacy system, in the pharmacy market. So they came out with this idea that they were going to sell a 30-day supply of generics for $4. I thought to myself, they must be crazy, I can't even buy it for that much. I bowed my back and I said: I am not going to do that. I am not going to do that.

Well, guess what. A week later, I was doing it.

I had people leaving my store. And I called my supplier up and I said: You have got to do something here, you have got to help me.

That is the way competition in health care works. When you have got choices, when you have got competition, prices go down, quality goes up. Sometimes we get caught up too much in the numbers game, thinking, oh, we

have got all these lives covered. Coverage does not necessarily equate quality health care, as you well understand. We have to be very careful with that.

Now, we want people to have coverage, and we want them more so to have quality health care. This plan addresses that. It addresses it by increasing choices, by increasing competition, by increasing accessibility, and by empowering people. I am very proud. I am going to be very proud to vote for this bill on Thursday.

Mr. BURGESS. Mr. Speaker, I thank the gentleman for participating this evening. It means a lot to me individually that he was willing to come up and stay up late with us tonight yet one more night dealing with the Affordable Care Act.

But the gentleman is quite direct. The journey of a thousand miles starts with the first step. It is a three-part program. This was the first part, the first phase that will happen on Thursday night. This deals with some of the more egregious aspects of the Affordable Care Act, those things that can be tackled through Senate rules of reconciliation that only require 51 Senators to get passed. So that is one part of this.

Another part is the administrative part. And our former colleague from Georgia, Tom Price, a physician, who is now Secretary Tom Price for the Department of Health and Human Services, he has an administrative part that is actually already underway. We don't have to wait for that to happen. It is already occurring.

Then there is the third part, the so-called regular order part, the part that will require 60 votes on the Senate side, the part that is, by its very nature, going to be bipartisan. We have reported two rules out of the Committee on Rules tonight, one on the McCarran-Ferguson changes that I think the gentleman is well aware of. There are already additional bills that will be coming to the floor of the House that are separate and apart from this reconciliation bill, which is just the first step in repealing the Affordable Care Act.

I do want to point out that Secretary Price sent a letter to the Governors last week or a week and a half ago now talking about some of the waivers that he is bringing forward right now, the 1332 waivers, which are waivers for parts of the Affordable Care Act.

Quoting from his letter here: ''Under Section 1332 of the ACA, states can apply for State Innovation Waivers and pursue innovative strategies to adapt many of the law's requirements to suit the state's specific needs.''

So many details to receive approval, what a State has to do, but he really stresses in this letter and in one of the last paragraphs: ''We encourage states interested in applying for Section 1332 waivers to reach out to the Departments promptly for assistance in formulating an approach that meets the requirements of Section 1332.''

I know the gentleman hasn't served here that long, but I will just tell you, that is a sea change of difference from the Federal agency which time after time told our Governors: No. Stop. Go back to go. Do not collect $200. You can't do that.

Now we have a Secretary at the agency who is reaching out to the Governors: Governor, we want to help you make this work for you. We are going to provide the flexibility that you need.

One of the things that I think is perhaps most promising is the hybrid, high-risk pool, State-operated reinsurance programs that have been proven in several States already. States that were in a so-called death spiral because of guaranteed issue community rating, the premiums were going up, people were dropping their coverage. And now these States have expanding coverage even without the things that we are providing in the American Health Care Act that we are going to be doing later this week. But already by providing that flexibility at the agency level, States are able to provide some relief for their citizens.

Then, finally, the part three of this. There are going to be some must-pass healthcare bills that will be coming up through our committee. We will have an opportunity to work on those things. We are going to work on the Food and Drug Administration user fee agreement reauthorization. So we will have that, which can happen as a bipartisan exercise in our committee.

I will just stress, the Committee on Energy and Commerce has a history of doing things in a bipartisan fashion. One of the reasons why I enjoy serving on that committee is it is a thoughtful committee and it does do things in a bipartisan fashion. Generally, that is one of the strengths of the committee as it brings legislation to the floor.

This is an important first step. It is a necessary first step. This is the key that gets us through the door of actually making a meaningful impact on cost and coverage in these United States. It has been 7 long years, but I am anxious and eager to get started on the next part of the process.

I thank the gentleman from Georgia for joining me here this evening.

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

REPLACING THE AFFORDABLE CARE ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Texas (Mr. GOHMERT) for 30 minutes.

Mr. GOHMERT. Mr. Speaker, yes, this is an important week. There are a lot of things we are bringing up, but nothing is more important than the bill that is supposed to address the Affordable Care Act, as it was called. But it is kind of tough to call it that since it has been completely unaffordable for so many. So many lost their health insurance and lost their doctor. Some lost medication that they were taking before. It is now no longer approved under their new policy. So it has been a very difficult period of time as ObamaCare has been foisted on the country. It came so close to not passing.

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And every Republican that I am aware of has promised: You give us the majority in both Houses and the President and we will repeal it. I believe Majority Leader MCCONNELL said we will repeal it and rip it out root and branch. Republican leaders, I believe, mentioned lock, stock, and barrel. And I have great respect for my friends who were just speaking here, but I have got a real problem with the bill.

We are told there will be three phases, three buckets, three stages, whatever you want to call it. The first will be to pass this bill. It leaves in place the parts of ObamaCare that caused insurance to skyrocket. It is leaving in place the part of ObamaCare that caused deductibles to rise from very little to thousands and thousands of dollars, beyond so many Americans' ability to ever reach. So the insurance, they are paying them money every month, but they realize: I don't have $5,000, $6,000, $7,000, $8,000 to pay the deductible; therefore, I am really paying for nothing. Especially young people have found this.

We are told that it is because the Senate has what they refer to as the Byrd rule that would not allow us to take the part that is not currently in the bill regarding all of the regulations. We are told that the Byrd rule—and we have looked into it, apparently—if a bill is moving under reconciliation, as this is, then in the Senate, in essence, it must do more than affect the budget incidentally; it must materially affect the budget. And yet we know that if we repeal all of the part that is being put off for stage 2 or 3, but particularly stage 2, the regulations that were put in place by the Obama administration, the regulatory authority that was given to them, by putting that off, it means the prices that dramatically skyrocketed, they are not going to skyrocket down.

We are told, well, they may go up some, but we think there is a good chance they will come down 10 percent. But for my constituents, so many of whom either lost their insurance or are now paying for skyrocketing prices two, three, four times or more than what they used to pay, a 10 percent drop will not be a help at all. Their deductibles will not be coming down anytime soon.

We are told, though, with the regulatory reform that my good friend Secretary Tom Price will do, that will be the phase, the stage, the bucket, that will drop the prices. But when I read through—and I know some people said 2,700 pages, my two part. And I have