

instrumental in establishing Jackson Memorial Hospital, which is now the third largest public hospital and the third largest teaching hospital in our great country.

Another Miami staple of the Rotary Club of Miami is the Bascom Palmer Eye Institute, which was established by one of the club members, and is ranked the number one eye hospital in the United States.

The Rotary Club of Miami also helped found one of the largest burn centers in the south, the Bone and Tissue Bank at the University of Miami. And the Rotary Club of Miami has also supported education by providing scholarship opportunities for high school, college, and postgraduate students.

Mr. Speaker, I am honored to recognize the Rotary Club of Miami for its impressive legacy. I thank everyone who is involved in this club supporting this wonderful organization. And I wish the members of the Rotary Club of Miami much continued success in the decades to come.

TRIBUTE TO CONGRESSMAN ROBERT GARCIA

Ms. ROS-LEHTINEN. Mr. Speaker, I would like to pay tribute to a former Member of the House, Robert Garcia, or, as we used to call him, Bobby, who passed away nearly 2 months ago.

I had the opportunity to serve with Bobby for only a few months before his retirement, but during that short time, I was able to see firsthand his commitment to our great Nation.

Bobby was a patriot. After graduating from high school, Bobby joined the Army and went on to serve as part of the Third Infantry Division in the Korean war, where he earned two Bronze Stars.

As the first Hispanic woman elected to Congress, I have been invigorated by Bobby's unwavering passion to fight for better opportunities for our Hispanic community. He was a founding member of the Congressional Hispanic Caucus Institute and NALEO, the National Association of Latino Elected and Appointed Officials, to ensure that more Hispanics become involved in our political arena.

Bobby was also instrumental in guaranteeing that Hispanics were counted in the U.S. Census. One of Bobby's legacies, Mr. Speaker, was the creation of free enterprise zones designed to spur job creation and economic opportunities in inner city neighborhoods. Bobby also led the effort to establish the Martin Luther King national holiday.

The loss of Bobby's experience and knowledge is felt in New York, in Puerto Rico, and all across our country by everyone who benefited from his contributions. Bobby Garcia's memory will stand as a great example of a tenacious public servant and a remarkable life lived.

REPUBLICAN ATTACK ON MEDICAID

The SPEAKER pro tempore. The Chair recognizes the gentleman from

Oregon (Mr. BLUMENAUER) for 5 minutes.

Mr. BLUMENAUER. Mr. Speaker, one of the most disturbing aspects of the Republican attack on the Affordable Care Act and the success we have had in extending care to Americans has been the specific attack on Medicaid. Fourteen million of the 24 million people who will lose coverage under the Republican bill are under the Medicaid program. Medicaid is critical to the provision of health care in the United States. Medicaid covers more people than Medicare.

Medicaid expansion has been transformational in the 31 States that took advantage of the provision in the Affordable Care Act to provide coverage to people who make up to 138 percent of poverty—roughly \$16,600 for a single individual and almost \$34,000 for a family of four.

Until then, Medicaid has provided extension of care to the elderly, to the poor, and to the disabled. It was helpful, but very restrictive. In some cases, people who earned a modest sum—\$7,000, \$10,000, \$12,000—were ineligible, especially in those 19 States that refused to take advantage of the opportunity to expand the Medicaid coverage at Federal expense.

Mr. Speaker, this is America. So even though these poor, disabled people did not have access to Medicaid, many of them did ultimately secure health care. But they got it too late. They got it in the emergency room. They didn't get it in a clinic in a timely fashion. And, of course, the cost for that charity care in emergency rooms or in clinics was borne by the rest of us in increased costs for our insurance.

The Republican draconian provisions, even before they put into effect an absolutely unnecessary and unenforceable work requirement, will be devastating to millions. Bear in mind, these people now are receiving care in an appropriate clinic session. They will be getting it now when it is too late, and that burden shifted on to the rest of us.

There will be a tax credit that doesn't help people who don't have enough money to buy meaningful coverage in the private market. Under the Republican plan, coverage will become worse, deductibles and copays will become higher, and we risk destabilizing the insurance market for the rest of us.

Now, we have heard on the floor, in committee, and on the news shows our Republican friends and the President talking about the Affordable Care Act is in a death spiral and that the insurance industry is collapsing. Hardly.

There was a fascinating article in the weekend New York Times that looked at the insurance industry. Since March of 2010, with the passage of the Affordable Care Act, the overall stock market has more than doubled. It has increased 136 percent. But the managed care health organizations have increased their stock value almost 300 percent. The largest, UnitedHealth, 480 percent.

A signal of an industry in a death spiral?

Absolutely not. The companies are healthy and investors are bidding up their stock. The CBO report that our Republican friends did not want us to have before we voted on the bill in committee in the middle of the night testifies to this underlying stability of the insurance market and the Affordable Care Act.

Medicaid under the Republican plan will be shifted back increasingly to the States, which have repeatedly proven that they are incapable of maintaining high eligibility funding to help the poor and the near poor. And when budget crunches hit, it is the poor who suffer most with restrictions in their coverage.

We have also heard that the Republican plan will provide much-needed flexibility. That is nonsense. There is already ample flexibility under the Affordable Care Act. I represent Oregon. We were able to negotiate an agreement with the Federal Government under the 1115 waiver program that other States have that represented a unique partnership with the Federal Government to achieve better care, better results, and restrain Medicare costs. We have got the flexibility. There is no need to destroy the program.

OBAMACARE IS FAILING HOOSIERS

The SPEAKER pro tempore. The Chair recognizes the gentleman from Indiana (Mr. MESSER) for 5 minutes.

Mr. MESSER. Mr. Speaker, I appreciate the opportunity to come here to the floor and talk about what is really happening under the Affordable Care Act, better known by the American people as ObamaCare.

I just left a meeting with the President of the United States where he lobbied my colleagues to make clear to the American people what a disaster this law has been and why the law needs to be repealed and replaced with something far better.

Mr. Speaker, there is no doubt that ObamaCare is failing Hoosiers. Healthcare costs continue to rise, and people have less coverage and less choice today than ever before. No doubt, some have benefited from the law, but millions more Hoosiers have been hurt by the law and are worse off today than they were before this law was passed.

I have heard from countless Hoosiers in the Sixth District of Indiana, who are hurting under ObamaCare and who have sent me here to repeal this disastrous law.

There is one message from a constituent from Greenfield who said: "I am a perfectly healthy human being, and I used to pay \$230 a month with a \$500 deductible for my health care. Since ObamaCare, my premiums have risen to over \$1,480 a month with a \$10,000 deductible."

Or a dad in Shelbyville, who lost the healthcare plan he liked when

ObamaCare took effect, and whose prescription costs for his daughter have now doubled and tripled under ObamaCare.

Or the owner of a small telecom company in southern rural Indiana, who tells me that he and his employees have faced higher health insurance rates every year since ObamaCare with out-of-pocket costs increasing as well, not to mention the endless paperwork and red tape. He says: “ObamaCare has been an absolute disaster for small businesses and our employees.”

I heard from a cancer survivor from Vevay, whose plan went from \$199 a month to over \$800 a month, and who couldn’t keep her plan or her doctor. She says: “I am a cancer survivor, and the old policy has taken me through three surgeries and worked well for me. Now we’re paying over \$1,300 a month with a \$5,000 deductible, and the policy paid nothing the entire year. Then, we received a notice that, in 2017, the premium would raise again.”

Or the family physician from Muncie, who told me his patients have “more limited options, longer wait times for approval of vital procedures and medications, and—through the confusing nature of the health insurance marketplace—have ended up with plans they didn’t understand and couldn’t afford.”

Or the hardworking mom and wife in Shelbyville, whose husband lost hours at work because of ObamaCare’s full-time employee mandates, and whose own health insurance increased in cost with less coverage. She says: “We work hard for our benefits, and now the benefits are terrible. I am paying more for worse coverage, and we lost income. It was a double whammy.”

These Hoosiers and so many others are being crushed by ObamaCare and its burdensome taxes, mandates, and fees. We can do better for Hoosiers, and this week we will. We will start the process of repealing ObamaCare and replacing it with something better.

This week, Congress will vote on the American Health Care Act, the first phase of our plan to repeal and replace ObamaCare. This is a transformational change that will do away with ObamaCare’s costly mandates, provide much-needed relief to Hoosiers, and create a healthcare system that actually lowers costs and increases choice. We are going to keep our promise, come together, and get this done.

□ 1030

ENDING FEDERAL MARIJUANA PROHIBITION ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Hawaii (Ms. GABBARD) for 5 minutes.

Ms. GABBARD. Mr. Speaker, I am rising today to urge my colleagues to support H.R. 1227, the Ending Federal Marijuana Prohibition Act, which I have introduced with my Republican colleague, a fellow Army veteran and former prosecutor from the State of

Virginia, Congressman TOM GARRETT, where we are seeking to address our outdated and widely problematic marijuana laws by federally decriminalizing marijuana.

FBI reports have shown that, in 2011 alone, an individual in the United States was arrested for marijuana use, sale, or possession every 42 seconds—every 42 seconds—mostly in poor and minority communities. Our current laws are turning everyday Americans into criminals, sending them to jail, ruining their lives, tearing apart families, and wasting huge amounts of taxpayer dollars to arrest, prosecute, and incarcerate people for marijuana use, a drug that has been proven time and time again to be far less dangerous than alcohol both for individual consumers as well as for the people around them.

Dr. Donald Abrams, who is chief of oncology at San Francisco General Hospital, has talked about how, in the 37 years that he has worked and served as a physician, the number of patients that he has admitted to his hospital with marijuana complications is zero. The number of patients that he has admitted due to alcohol use is “profound.”

So, rather than actually helping people, our current laws are turning them into criminals, forever impacting their future and the future of their families. Over the years, we have spent hundreds of billions of dollars locking people up for nonviolent marijuana offenses, creating strain within our criminal justice system, and clogging court calendars, resulting in further overcrowding of our prisons.

Now, just a few weeks ago, I had the chance to go and visit a number of our prisons and jails in Hawaii, where I saw firsthand the crumbling infrastructure, the extreme overcrowding and facilities in dire need of upgrades, as well as the shortage of services that are actually needed to help rehabilitate people and reduce our recidivism rates.

So whether you personally think that marijuana use is good or bad, whether you would choose to use marijuana or not, the question is: Should we really be sending people to jail and turning them into criminals for it? The answer is no. The fiscal impacts and the social impacts of our current policy are having devastating ripple effects on individuals and our communities and are only continuing to perpetuate the problem.

For example, the contradiction that we see currently between State and Federal laws on marijuana has created a serious problem for many of our local businesses. I have talked with local bankers in my home State of Hawaii who expressed great frustration, and even confusion, about the contradiction between our laws with the fact that even though our State of Hawaii has legalized and authorized marijuana dispensaries to grow, process, and dispense medical marijuana, Federal law prohibits banks and credit unions from

offering any type of financial services to both businesses and individuals whose financial transactions have anything to do with marijuana.

So what this means in practical terms is that our State-recognized and licensed medical marijuana dispensary owners as well as their employees can’t open a bank account. They can’t get a loan from our local bank. The businesses, literally, have to hold thousands, or even millions, of dollars from their transactions and have to conduct their transactions in cash. Businesses that provide services to these medical marijuana dispensaries are also unable to access financial services due to the gaps between Federal and State law.

So as we look at ways that we need to update our outdated drug policies and the need for us to reform a very broken criminal justice system, we need to take into account the growing body of evidence that suggests the medicinal benefits of marijuana, including, preventing epileptic seizures, reducing anxiety, and even halting the growth of cancer cells.

However, the FDA still currently classifies marijuana as a schedule I drug, basically saying that marijuana is just like heroin, LSD, and MDMA, ignoring the fact that at least 28 States, including my home State of Hawaii, have already accepted the medical use of marijuana under State law.

In addition to passing H.R. 1227, we need to require the FDA to remove marijuana from schedule I based on State-accepted medical use. These reforms that we are calling for in this bipartisan bill are common sense and they are long overdue, long overdue changes that will help to reduce the strain on our criminal justice system, create certainty and reduce contradictions and confusion between State and Federal law, and update those Federal laws to actually meet the needs and progress that States are making across the country.

REPEAL AND REPLACE

The SPEAKER pro tempore. The Chair recognizes the gentleman from California (Mr. MCCLINTOCK) for 5 minutes.

Mr. MCCLINTOCK. Mr. Speaker, any discussion of the American Health Care Act needs first to consider where we would be without it.

ObamaCare is collapsing. More people are paying the State tax penalty or claiming hardship exemptions than are choosing to buy ObamaCare policies. In a third of the counties across America, there is only one provider to choose, and we are now seeing counties where there are no providers at all.

ObamaCare premiums soared an average of 25 percent last year, and we are warned that this year will be worse. I have strongly advocated that the House address this crisis in a single, comprehensive bill that fully repeals ObamaCare and replaces it with a healthy, competitive market.