

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.

Instead, we have to rely on the reconciliation process in order to bypass Democratic obstructionism in the Senate, and this only allows us to repeal parts of ObamaCare and enact only parts of a replacement. Finishing the job will require administrative actions and followup legislation in the Senate, both somewhat speculative enterprises. So we need to ask if this bill alone is enough to produce a better healthcare system for the vast majority of people.

Its biggest defects are its failure to restore to consumers the failure to shop across State lines and to fully free consumers from having to purchase coverage they don't need and don't want. I am afraid in States that have insurance commissioners who refuse to approve innovative replacement plans, consumers will be stuck in a market still governed by ObamaCare mandates. This will require followup measures.

Critics cite the Congressional Budget Office estimate that 24 million Americans will lose their coverage, but this conclusion is largely based on the premise that unless people are forced to buy health insurance they won't. In fact, people won't buy health insurance that is not a good value for them; and, clearly, they believe ObamaCare isn't.

We envision a vigorous buyer's market where plans across the country compete to offer consumers better services at lower costs, tailored to their own needs and wants. This is the AHCA's biggest achievement: replacing coercion with choice for every American.

It ends the individual mandate that forces Americans to buy products they don't want. It ends the employer mandate that has trapped many low-income workers in part-time jobs.

It begins to restore consumers' freedom of choice, the best guarantee of quality and value in any market.

It allows Americans to meet more of their healthcare needs with pretax dollars.

It relieves the premium base of the enormous cost of preexisting conditions by moving them to a block-granted, assigned risk pool.

In making this transition, though, it is important to leave no one in the lurch, and that is where we need to heed the CBO's warning. The fact that many low-income families could no longer afford basic health care is what produced ObamaCare in the first place.

Now, when fully implemented, our reforms will correct the government mandates that trapped people in restricted markets that forced health care out of reach. But until then, the CBO warns that a 64-year-old, for example, earning \$26,500 will see her out-of-pocket health costs balloon from \$1,700 to \$14,600 per year. This is neither morally defensible nor politically sustainable.

The Budget Committee adopted my motion, on a bipartisan vote, to ask the House to correct this inequity by adjusting the tax credits to assure that health plans are within the financial

reach of every family. I want to thank the leadership for responding to this motion by creating architecture in the bill to shift an additional \$75 billion for this purpose.

As our pro-growth economic reforms cause incomes to rise and our healthcare reforms bring healthcare costs down, families will be earning more and will be paying less of what they earn for their health care, and reliance on these tax credits will recede.

But we need a bridge from the present to the future, and we simply can't get there without addressing the bill's initial impact on older, low-income Americans.

It is also important that we assure stability in the Medicaid system as we transition to flexible, State-run programs that correct the inequities of ObamaCare that have pushed the elderly, blind, and disabled to the back of the Medicaid line. This bill does so.

I wish it did everything necessary to restore an optimal health insurance market, but it moves us toward that goal. And even as a stand-alone measure, I am confident that it will ultimately create a market in most States that will produce better services, greater choices, and lower costs for the vast majority of Americans.

THE AFFORDABLE CARE ACT HAS IMPROVED AMERICAN LIVES

The SPEAKER pro tempore. The Chair recognizes the gentleman from New York (Mr. JEFFRIES) for 5 minutes.

Mr. JEFFRIES. Mr. Speaker, this is a monumental week here on Capitol Hill as we will decide the fate of health care in America.

Despite the evidence that the Affordable Care Act has made a positive difference in the lives of everyday Americans, Republicans are set to destroy it. But the Affordable Care Act has improved the quality of life for tens of millions of people all across this country.

As a result of the Affordable Care Act, people born with preexisting conditions can no longer be denied health insurance.

As a result of the Affordable Care Act, young people can remain on their parents' health insurance all the way through to the age of 26.

As a result of the Affordable Care Act, women can no longer be discriminated against with respect to the issuance of insurance simply based on their gender.

As a result of the Affordable Care Act, seniors are paying less for life-saving prescription drug medication.

As a result of the Affordable Care Act, more than 1 million people throughout this country—including in rural America—are able to receive substance abuse treatment because of them being caught up in the opioid addiction epidemic.

The Affordable Care Act has made a positive difference in the lives of everyday Americans, yet this President says

it has been a disaster. This is the same President who, for 5 years, perpetrated the racist lie that Barack Obama was not born in the United States of America, who said that he received more votes than Hillary Clinton, who claimed that there were more people at the inauguration than in 2009. This is an individual who still maintains that his predecessor, Barack Obama, committed a felony and ordered a wiretap, despite testimony from the FBI Director to the contrary.

Let's be clear. What will be an unmitigated disaster is TrumpCare, which House Republicans are working to jam down the throats of the American people.

TrumpCare, the Republican healthcare plan, will result in 24 million Americans losing their health care.

TrumpCare, the Republican plan, will gut Medicaid, stripping it of \$880 billion, taking dead aim at seniors, the poor, and the afflicted.

TrumpCare will impose an age tax on people between the ages of 50 and 64, causing some in that category who are currently paying approximately \$1,700 per year to pay close to \$14,000 in age tax—on people between 50 and 64.

□ 1045

That is TrumpCare, the Republican plan, an unmitigated disaster taking dead aim at the American people. It will result in tens of thousands of Americans dying. It is a death sentence. Seniors will die. The poor will die. The chronically ill will die. Rural Americans will die. People between the age of 50 and 64 will die. And the executioner will be the authors and those who support the Republican healthcare plan.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

MNIKESA'S ACA TESTIMONY

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

Ms. DELAURO. Mr. Speaker, I rise today to share the testimony of one of my constituents. Her name is Mnikesa Whitaker-Haaheim. She is a fifth-generation, college-educated woman, founder of Ballet Haven, a rigorous dance training program. She is an English teacher who has won the Teacher of the Year award twice. And I regret to tell you that she is also living with and dying from a debilitating disease, and these are her words:

“The debate about healthcare has turned into something of a spectacle—as if it exists apart from the flesh and bones that are experiencing the consequences of the decisions being made. I think it is exceedingly important to talk about the felt experience of illness.

“The feeling like an elephant's sitting on my chest—daily—because I