

## BRINGING DOWN THE COST OF HEALTH INSURANCE PREMIUMS IN AMERICA

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

Mr. GARAMENDI. Mr. Speaker, I thank the Speaker for this opportunity to continue the discussion. My colleague from Texas really left here a moment ago with a plea about bringing down the cost of health care in America. Actually, it was the cost of premiums in America. That is a plea that I think all 435 of us would echo. It would certainly be our goal, as representatives of the American people, to find some way to accomplish that, some way to bring down the cost of premiums.

I would like just to make a point right at the outset. When discussing health care, there are really two connected, but very separate, parts to the healthcare system.

One part is the delivery of medical services. These are the doctors, some of whom are in organizations of doctors of various specialties. Some are in large practices, such as the Kaiser practice. Some are in hospitals disconnected from doctors. But there is just a plethora of different ways in which medical services are delivered. That is the delivery of medical services. That is one part of it.

The other part of the healthcare system in America, and really anywhere in the world, is the collection of money to pay for the services. Now, in the United States, we have many different ways to collect the money. One of them is through taxes. And this is how we pay for Medicare and Medicaid, what we call MediCal in California. We pay for the veterans' medical services through the collection of taxes, children's health services, and some other programs that are much smaller. So that is one way in which we collect the money to pay for services. You might call those single-payer taxpayer services, taxpayers' money being spent on services delivered by that whole range of providers, some of which happen to be government providers, for example, the Veterans Administration and military medical services.

Now, the other way in which we collect money to pay for services are premiums, health insurance premiums that are charged by health insurance companies. The largest single part of that is from corporations, businesses, that buy health insurance and pay the premiums. And the others are individuals, and this is the individual insurance market. There are some small group markets out there, also. But these two systems, we need to understand that they are different. They are connected, obviously.

Now, if we are going to deal with the cost of premiums, you have to go over and deal with the cost of health care,

because the health care drives the premiums and also drives the amount of money that we need to raise to pay for the services that are provided by the various governmental programs.

Now, in the Affordable Care Act, which is now some 7 years old Thursday of this week, the seventh anniversary of the passage of the Affordable Care Act, there are some very powerful mechanisms to reduce the cost of health care—doctors, hospitals, and the rest. Some of these are electronic medical records so that there is a continuity of knowledge as to what happened, what was provided, what services were provided to the individual.

□ 1730

Another one happens to be a penalty assessed on hospitals for hospital readmissions on hospital-acquired infections—profound in driving down the cost; also extremely important for individuals because hospital infection rates dramatically dropped.

There are also ways in which we pay for the services. It is very clear that the utilization of fee-for-service drove up the cost.

Anyway, as we go through this discussion today on the Affordable Care Act, and I see I am being joined by my colleagues here, I just want us to keep in mind that in order to deal with the cost of premiums, you have got to deal with the cost of services that are provided.

Now, in the Affordable Care Act, we actually saw, over the last 5 years as the Affordable Care Act, ObamaCare, went into effect, a decrease in the rate of increase. We haven't seen a decrease in the cost of medical services, but what we have seen is that the inflation rate has significantly reduced, so much so that the financial security of the Medicare program, which is the single biggest expenditure, has been extended by some 11 years because the inflation rate has declined—not decreased, but the rate of inflation has declined almost 50 percent from what it was before the Affordable Care Act.

That is a direct result of the many reforms that went into the way in which medical services were delivered. That allowed for a lower inflation rate for premiums and an extension of the financial viability of Medicare and other medical programs.

Now, unfortunately, we are now faced with a repeal or a partial repeal of the Affordable Care Act, and the promise has been made by my Republican colleagues that somehow this will reduce the premiums. Well, that is interesting. Now, exactly how are you going to reduce the premiums unless you are dealing with the cost of medical care?

In their reforms, there is—as best I can determine and everybody else—no effective way to reduce the cost of medical services and, in fact, the high probability that the cost of medical services will increase, specifically, because, in their proposed reform, men and women that are 45, 50 to 65 are

going to find it virtually impossible to continue to buy insurance. They will drop their insurance. That is part of those 14 million Americans that will lose their insurance next year and part of the 24 million Americans that will not have insurance 9 years from now.

That population, before they get to Medicare, when they begin to get ill, 40, 50, 60, they will not be able to afford insurance. It is something like a \$12,000 increase in cost to them. It is what is known as the senior tax.

Now, that will drive up the cost of medical services. Because they will not be able to have continuity of care, their diabetes, their heart issues, their high blood pressure, and on and on will not be treated.

Similarly, in the proposed reform, there is a significant reduction in the number of men and women across this Nation—and we are talking probably in the range of 4 to 6 million in the next 2 years that will not be covered under the Medicaid program. Those people, not having access to continuous medical services, will not seek treatment for those illnesses that can be treated effectively or held in abeyance, such as diabetes, heart disease, and the like. That means that the cost of medical care for them will rise.

Where will they go to get medical care? Not to worry, say our Republican colleagues. They can go to the emergency room. We have been there. We have seen what that means.

The expansion of the Medicaid program is unraveled by the proposed TrumpCare. I am going to come back to this.

I would like to ask my colleague from Texas to carry on here, if you would. I yield to the gentlewoman from Texas.

Ms. JACKSON LEE. Mr. Speaker, I am going to take just a moment.

This is an excellent presentation. I think our constituents should be aware, and our colleagues, of your enormous knowledge as the former State insurance administrator in California, years of service to the people of California, and we are grateful for that analysis because you are right on the money, if you will, on the disaster or the questioning that comes about through two points: the existing bill, and then now an amendment which has been called meaningless that will be on the floor on Thursday, meaning that this bill has been amended by those who want to make it worse.

We sat in the Budget Committee on Thursday with Ranking Member YARMUTH most of the day trying to debate these numbers. So I just want to make points about wellness, about some of the criteria that maybe is misrepresented as making the insurance product more expensive.

To the Republicans, 10, 20 years ago, the product you had may not have been worth what you paid. In the product we have now, preexisting condition, stay on your parents insurance until you

are 26, certain criteria that the insurance companies must have, by the nature of the market, premiums go up to take in the idea that there are “better benefits.” I would argue that those benefits should have been there, but they are better benefits.

The other thing is that there was a formula which pushed millennials into the market or into the pool of people and persons that will purchase insurance.

Now, let me be very clear. I think we have not seen the end of the story. I believe that 10 years, 15 years, the young population will buy insurance. It is an educational curve. And so as they buy insurance, they will create that cushion.

Now, let me make this other point. Premiums are raised under this Republican bill, really raised, and then there are smoke and mirrors to say, oh, at a certain point it will go down 10 percent. But it goes down on the raised amount.

If you allow the Affordable Care Act to continue, we have a very large piece of wellness. Talk to your doctors. It is working.

Individuals are coming in, taking advantage of the wellness check. So they are not coming in with metastasized cancer, with thyroid conditions. They are not coming in on a stretcher with strokes or a heart attack because they are getting wellness care. When you get wellness care, on the other side of the curve, premiums go down because you get more well people.

I want to finish on this point of Medicaid that we were just debating.

Over and over again, it doesn’t seem like there was any understanding that Medicaid is now part of people’s insurance. And it is not a situation where I have seen many of my constituents stand on the street corner with a sign, saying, “Give me Medicaid.” You get Medicaid either through the expanded Medicaid.

And for our colleagues, that means that you are in a State where your insurance comes through expanded Medicaid; or you are a sick and elderly person in a nursing home or a disabled person; or you are blind; or you are a pregnant woman; or you are a mother with children; or you are on the children’s health insurance program, which I was here in 1997 when this miraculous bill came forward and we established the Children’s Health Insurance Program, which is a Medicaid-based program that gives millions of children insurance.

But under this bill, all of that will be capped. It will be per capita. So the \$880 billion is being cut, my fellow Americans, ladies and gentleman, from your insurance.

Then, finally, this bill could not be more cruel. Besides the ailing that are in nursing homes—and I do want to tell one story of an individual who got into the nursing home, Mr. Speaker, because they didn’t have insurance to take their medicine, and it resulted in

heart attack and stroke. They are not an old person, but they are totally disabled, and they are in the nursing home on Medicaid now.

But in the Budget Committee, two amendments came up that I was just stunned. You worked very hard on the opioid legislation. Some of it came out of my committee, Judiciary Committee. Many Members have worked hard on this.

They had an amendment saying no able-bodied man or person should get Medicaid. I don’t know what that definition is. Are you an addicted young person, wholly addicted on opioids, that needs medical treatment? Are you an able-bodied person because you have all of your faculties and limbs but you are sick and addicted?

And then, don’t incentivize Medicaid. I am trying to find out what that means because all of my hospitals—and I think one of the things the Affordable Care Act has done is to question costs and to work hard to bring costs down in hospital care and to have an accountability assessment on that.

But to finish, I have not heard my rural hospitals, I have not heard my public hospitals, I have not heard the Texas Medical Center talk about people being incentivized to get Medicaid. They are sick and they come in for whatever they have.

The last point is someone gave an example that they were able to have a transplant because they were under the Affordable Care Act with expanded Medicaid.

So I want to thank the gentleman for raising these very important points, but it baffles me that there is such a skewing of a very successful legislation, very difficult. It was a very difficult piece of legislation. It took years, the Affordable Care Act, and it is doing what it is supposed to do.

As we have heard before, you can get more insurance companies. We have to do something with the premiums, and that is fixing or improving. But that is not what we are doing here. We are literally cutting people off of insurance.

I will give you the number that I keep using: 2026, 52 million Americans will be uninsured, and that will be our constituents all over the Nation. That is because of the underlying bill, this bill that is coming up now—which there are those who want it to be even worse. I just heard a gentleman say he wants to take away all the mandates. It will be worse on the American people, and I don’t want to make America sick again.

Mr. GARAMENDI. I want to thank the gentlewoman from Texas, SHEILA JACKSON LEE, for her consistent and constant caring for men and women in this Nation that are on the outside, that are not among the wealthy, that are struggling with their families to improve their situation. You are always there. And here you are once again this evening laying out the problems that we are going to see with TrumpCare.

Let me just very quickly run through this, and then I would like to turn back to my colleague from Rhode Island, Mr. CICILLINE.

The proposal that is on the floor, we could just lay out five very succinct arguments on why it doesn’t work.

I was going through a rather complete explanation of how the healthcare system works because it is kind of a basic understanding, but clearly, under the legislation that is going to be taken up this Thursday, Americans are going to pay more for less. And it is not just a few.

The senior citizens in Medicare are going to see a diminution in their benefits. We are looking at the 40-to 50-years-olds, which I have already discussed. We are looking at other individuals.

Pay more for less, we are looking, over the next 9 years, that 24 million Americans will lose their insurance or their opportunity to get insurance. And just this next year, just 18 months from now—excuse me, not 18 months from now. Nine months from now, we are going to see 14 million people begin to lose their insurance.

I talked earlier about this age tax, which speaks to those people that are 50 to 65 years of age. They are, under this legislation, going to pay up to five times more than someone who is between 20 and 30 years of age.

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Present law says they can be charged no more than three times what a 20- to 30-year-old pays, and so this is what is known as an age tax. It simply shifts the cost to those 40-, 50-, 60-year-old people who happen to be the most expensive. And I talked about the \$12,000 that they will have to pay in addition to that.

It guts Medicaid. We call it Medi-Cal in California and Medicaid across the Nation. The expansion of Medicaid was an extraordinarily important event that provided insurance not only to men and women who had no income, but to 85 percent of the people on Medicaid across this Nation who are elderly, in nursing homes, or elderly poor, unable to provide sufficient income from just their Social Security—those are called the dual eligible—or children.

Now, in the Affordable Care Act, there was what was known as Medicaid expansion; and those are the working men and women, families, who have less than 138 percent of the poverty rate. So those are the low-income working men and women who are able to get Medicaid, or Medi-Cal insurance in California. It simply guts it in a variety of ways, which we will come back and discuss a little later.

You can bet and you can count on there being less support for the elderly that are in nursing homes. There will be less support for the young families; the single-mother families who are struggling to get along, probably going to school, trying to learn skills; and for

the working families who are at \$10 an hour minimum wage.

Finally, this is the one that ought to drive Americans right off the rails. This is a whopping \$270 billion tax reduction for the top 1 percent of Americans. It is for 400 families in America, the richest 400, four of which are in the current Trump administration, including the President himself. They will see a \$7 million a year decrease in their taxes.

Now, that is great. I am sure the President will enjoy that \$7 million tax reduction, along with the \$3 million or \$4 million he is getting from the taxpayers every year so he can go to his home in Florida.

This is obscene. This is obscene because the way in which this thing works, working men and women and families across America at every income level are going to get less. They are going to pay for more, and yet the superwealthy in America are going to get a whopping tax reduction. This is the income distribution that we should never have, to take from the poor, to take from the middle class, and give to the superwealthy. I will come back and discuss this.

Mr. Speaker, I yield to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, I thank the gentleman from California (Mr. GARAMENDI) for leading this Special Order hour where we can really talk about the impact of what is about to happen if the Republicans get their way and pass TrumpCare.

I think it is important to recognize that this proposal that is currently before the House will substantially hurt the American people, beginning with, as your chart demonstrates, the loss of coverage, when fully implemented, for 24 million Americans who will no longer have access to affordable health care and will be uninsured by 2026. Those are our friends, our neighbors, our family members who no longer will have health coverage.

In addition, it provides an enormous tax break for the wealthiest people in this country. In fact, the total value of these tax breaks over the decade is \$600 billion to the richest individuals and the biggest corporations. It is the largest transfer of wealth for working families to the very rich in our Nation's history.

To accommodate this tax break, to give this huge tax benefit to the richest Americans and the largest corporations, they achieve this by stealing health care from millions of families all across this country and by cutting billions of dollars from Medicaid and Medicare. As the gentleman from California (Mr. GARAMENDI) said, the 400 richest families will each enjoy a \$7 million tax cut; and the way they paid for that is they take away health care from millions of Americans.

There is also the impact on our economy. There is a new analysis from the Center for American Progress, and they conclude that TrumpCare will destroy 1.8 million jobs.

We are all focused on: How do we get people back to work? How do we create good-paying jobs?

This is a job killer. TrumpCare will cost 1.8 million jobs, a loss of an ability to provide for yourself, for your family, and for your future.

As you said, people will be paying more money for less quality care. Deductibles and out-of-pocket expenses will skyrocket, leaving sick people unable to afford the care they need.

Particularly, as you mentioned, there will be an age tax because older Americans will pay more. Their premiums will go up at an even faster pace because they are allowed to charge even more based on their age.

Young people are also hurt. Young people are hit with a millennial tax. They put a 30 percent premium surcharge on those reenrolling after a lapse in coverage, which is often the case, particularly with young people where people may have lost a job and be out of work. So they are going to be penalized with a 30 percent premium.

The impact of the Republican proposal, this TrumpCare proposal, on women is devastating. In addition to new restrictions on comprehensive health care for women, this Republican bill, TrumpCare, defunds Planned Parenthood and will make it much more difficult for women to access essential preventative care and affordable contraception.

As I mentioned, the middle-aged American—the age tax—will pay more. For example, a 64-year-old individual with an income of \$26,000 in the individual market will pay \$12,900 more in their premiums each year. That is almost half their income under the Republican plan. So it is going to really get those who are above 55 but haven't yet hit the age to receive Medicare especially hard.

Also, TrumpCare hurts our seniors by weakening Medicaid and Medicare. It shortens the life of the Medicare trust fund by 3 years. It steals \$880 billion from Medicaid, which, as you mentioned, is the principal source of long-term care for seniors.

Also, it does damage to the protection for people who have preexisting conditions, because someone who has a lapse in coverage will be subjected to a 30 percent premium on top of their base premium. So there is another penalty for people who have preexisting conditions.

If you take all of this together, it is worse coverage, worse care, higher costs, huge tax cut for the richest people in this country—for drug companies, for insurance companies, CEOs. To pay for their tax cut, we take away insurance from the most vulnerable and working people in this country.

We have all received both emails and phone calls and had conversations with those whom we have the privilege of representing, and they have shared with us these heart-wrenching stories of what it would mean to lose their health care.

In my State, I am proud to say that, with the implementation of the Affordable Care Act, ObamaCare, we have the highest rate of coverage that we have ever had in our State's history. Ninety-seven percent of Rhode Islanders have access to quality, affordable health care. It is great. It makes a difference in the lives and quality of the lives of everyone.

I want to share with the gentleman from California (Mr. GARAMENDI) an email that I got from a constituent, just recently, from Lincoln, Rhode Island. Brenda said:

If all goes well, I am literally going into surgery for hip replacement on March 16 of this year. Though hip replacement is seen as elective, the pain I deal with now interferes with my quality of life. Without it, I will end up in a wheelchair in a few years once I can't handle the persistent pain.

Without the ACA, I would not be able to have this operation. I do not own a home for collateral and have a 19-year-old car. I work full-time in a hotel for \$12 an hour. I have not had a raise in 4 years. We have no benefits at all, including health care. We have no paid time off at all for sick days, personal days, or vacation.

I am not confident enough to move to another job with my current physical limitations, which have reached a point where it interferes with every activity, including sleeping.

My doctors, who are aware that I get my medical through the ACA, have been helpful and diligent about getting me in soon, knowing there is a major threat for those whose only way for medical coverage is through the ACA. My condition may not be life-threatening, but left untreated, it would limit where I can live, if and where I can work, and, most likely, leave me on permanent disability or Social Security, which most people can't live on.

I am only 52. I still have several functional, productive years ahead of me, and I receive a subsidy to help make my coverage affordable.

Brenda is just one example of someone whose life is literally being preserved. Her quality of life is being protected because she has access to health care. She can have the surgery she needs. She can eliminate the pain she is suffering and lead a productive life.

There are millions and millions of Americans who have the same kinds of stories, who have benefited from the Affordable Care Act, who will be deeply harmed when that insurance is ripped away if Republicans get their way and pass TrumpCare.

I want to end by just saying thank you again to the gentleman from California (Mr. GARAMENDI) and to also mention that he referenced, in his remarks, the process that has produced this very, very troubling piece of legislation, unlike the process that produced the Affordable Care Act that occurred over many, many months and many hearings, where 121 Republican amendments were accepted into the bill and it still didn't earn a single Republican vote. Yet, through TrumpCare, over 100 Democratic amendments were offered in three committees of jurisdiction and not a single Democratic amendment was accepted.

So even efforts to try to improve a terrible bill were rejected in the committee process, and that is because they are intent on making sure they deliver this big tax cut to the special interests who sent them here to Washington, and they are going to try to do it on the backs of the hardworking people of this country. We have to continue to stand up and fight and do everything we can to prevent it from happening.

Mr. GARAMENDI. Mr. Speaker, there is no better fighter than the gentleman from Rhode Island (Mr. CICILLINE) in the representation that he gives to the people of Rhode Island and beyond. The gentleman couldn't be more accurate about all that he said.

I was listening carefully to the story the gentleman from Rhode Island told of the individual who wrote him an email. I, too, have received many, many emails.

I was thinking, as he was describing the situation, of a woman who runs her own small farm near Marysville, California, in my district. For years, she could not afford insurance. She had a small orchard farm. She couldn't afford insurance. When she got sick, she went to the emergency room. She was able to get along.

But she knew that, as she approached 50 years of age, she would be facing a bad medical situation, and she did. She had cancer. She couldn't get a policy prior to the Affordable Care Act because she had a preexisting condition: she had cancer. Emergency rooms are not treating that. She wasn't able to get on a program, and she was going to die.

About that time, we established, in California, a covered California program that is an exchange based upon the Affordable Care Act. She, because of her income, was able to get a comprehensive insurance policy and a subsidy for her premium. She then had quality insurance, and she was able to get the cancer treatment because her insurance had no preexisting conditions and she was able to afford it. She had to pay a little bit, but she had a subsidy that made up the difference.

She is now looking at a situation, because she is in that age 50 to 65, where she will not be able to afford a \$12,000- or \$14,000-a-year premium because the subsidies were taken out and because of this age tax, the 1-to-5 ratio rather than the 1-to-3 ratio. It is horrific. She knows what she is facing. She is facing the loss of her insurance and, quite possibly, the loss of her life.

This is wrong. This is wrong.

I thank the gentleman from Rhode Island for joining us tonight. I yield to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, there are so many people that I have heard from in my own district, and I know colleagues have heard the same thing when we talk about these numbers: 24 million people will lose their insurance and billions of dollars in tax breaks for

the richest people in this country. Behind every one of these numbers is a real person whose life will be destroyed or devastated because they don't have access to quality, affordable health care.

This is the richest, most powerful country in the world. We are well on the way to having a system in which everyone can afford and have access to quality, affordable health care. We made huge progress in the Affordable Care Act. It is not perfect. We have always been willing to say: How do we make it better? How do we build on the success of it?

The notion, in the midst of this progress, that we would deprive or pass a piece of legislation, this TrumpCare, that will take away insurance from 24 million people, that will raise premiums, raise out-of-pocket costs, undermine Medicaid and Medicare, and also give a big tax cut to the richest people in this country is just so wrong.

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I just think it is very important, as we speak about this, to remember, behind every one of these numbers is a story of a real person, a real family, just like the woman you described, just like Brenda in Lincoln, Rhode Island, whose lives are going to be really hurt and who are going to face devastating consequences because they don't have access to basic quality health care, which is a right in this country every American should have access to.

This sets us back so far it is difficult to imagine what our colleagues on the other side of the aisle are thinking.

Mr. GARAMENDI. Mr. Speaker, I see that my colleague from the great State of Ohio (Ms. KAPTUR) has arrived. Often we have shared time on the floor. Ms. KAPTUR, if you would care to share with us your thoughts on the Affordable Care Act as it exists. I know in your area it is a very important attribute in an area that has been known as the Rust Belt, and the effect of TrumpCare, RyanCare, on your citizens.

I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. I thank the gentleman so very much for taking the time, after formal votes have occurred today, to help us enlighten the American people on what is really at stake here.

I have to say, President Trump carried the State of Ohio by about 450,000 votes out of all the votes that were cast. And there was this slim hope, I think, on behalf of some of the people who voted for him, that though he was a billionaire, that there was perhaps a kind heart that would minister to the people of our country, helping them get more jobs, helping them deal with their everyday challenges, including health care.

Unfortunately, this bill is cruel, and it is dangerous. It helps the billionaire class. Why in heaven's name, of the people that are drafting this bill on the Republican side of the aisle, would

they be giving billions and billions and billions of tax giveaways to the wealthiest people in our country; to those that, frankly, if you take away a couple of million, they wouldn't miss it anyway. You know, when you have that much money, normal life is kind of distant from your world.

But what TrumpCare is giving to the rank and file, people are going to have to pay more for less coverage, and millions and millions of people are going to lose their coverage completely.

Now, you know, 75 percent of the people who go bankrupt in this country go bankrupt because of health bills that they can't pay for. And so when you start tinkering around with people's health insurance and their coverage, you are playing with wildfire, and that is what is happening on the Republican side of the aisle.

Now, it used to be that most Americans received their health insurance through employment, just like in Germany. We had an employment-based health insurance system. I like that system. I like for workers to share in the profits of the companies that they help make money for.

But what has been happening over the years, with so much outsourcing that Wall Street is more than happy to finance, right, companies are plucked up from Ohio and put in Mexico, put in China, put in all these other places around the world. People lose their health insurance. They lose everything. They are lucky if they can hang on to their houses.

Then what happens? What happens to them? Well, if they are lucky, they might get a job that pays a third of what they earned before in a company that doesn't pay health insurance.

Take Walmart, the biggest employer in the country. Go take a look at their employees and what happens. What is happening is the corporations are throwing on to the back of the public sector, the Federal Government, the responsibility to pay for health insurance. So all the profits that Walmart makes, it doesn't benefit the workers there with any health insurance. The companies have ceded their responsibility to provide health insurance as a condition of employment, and they have transferred that to, guess what, the taxpayer. So what is going on here is a big shift in responsibility.

The Congressional Budget Office, which is nonpartisan, and the head of it is a Republican, I might say, but it is the nonpartisan Congressional Budget Office reports that with TrumpCare, next year alone, 14 million fewer Americans will have health insurance.

Some of those currently on the Affordable Care will drop off, and I am very worried about the 900,000 Ohioans who were finally able to get insurance, some of whom work for Walmart, some of whom work for small employers who couldn't afford health insurance, some of them who worked for big corporations that spit them out when they moved and outsourced their jobs, that

they are going to be among these numbers.

We are told by 2020, 21 million people will lose their coverage in the country; 24 million by 2026, and perhaps the total number of uninsured Americans rising to reach 52 million. That is going backwards.

In this bill, they expect 70 million people who are currently on Medicaid—all right, guess what? They are in nursing homes.

The Republican Party always says they are the pro-life party. Baloney. This is an anti-life bill. This is going to cost illness and death across this country.

Here is a story already in my district in Ohio. A man named Joseph is self-employed, and he used to get his insurance from his wife's employer. Thank God she had employer-provided health insurance. She retired, and now the family faced a choice, forced upon them by the Republican leaders in Congress and President Trump.

They faced the threat of no health coverage, so Joseph heard all this debate here. He wasn't sure what was going to happen to him in this fiscal year of 2017, so his choice was to go on the healthcare exchange and risk losing coverage if the Republicans repeal the Affordable Care Act and pull the rug out from under him; or he could opt for the guarantee of 18 months of expensive COBRA insurance. So he opted for the expensive choice of COBRA, which cost him and his family hundreds and hundreds and hundreds of dollars in additional costs per month, and he is putting off a knee replacement because of the uncertainty even consideration of this bill is causing.

Don't tell me that this isn't cruel and dangerous. And this family isn't the only one in America that is facing that kind of terrible health choice.

The TrumpCare proposal in States like Ohio, where we have a lot of rural counties, we are going to have hundreds of thousands of people out of work, nurses, long-term care aides.

I just had people from Hospice in my office this afternoon, and we were talking about home-health care for Hospice patients versus institutional care, the rising numbers of Vietnam veterans coming into Hospice facilities.

Well, guess what? Who is going to pay for all of that in the TrumpCare? These people will be dropped. They will say to the States: well, we will give you a little bit of money, but we will cap the money, you know.

And then what happens after 2020? Hey, it is like dropping you out of an airplane with no parachute. Good luck.

We can't do this. This is a death bill. This is a death knell for the American people. We can't allow the American people to be treated in this manner. So we ought to be repairing and fixing and looking in the windshield, not the rearview mirror of where we need to take health insurance in this country, but not put so many millions, ten and tens of millions of Americans at risk, and

doling out—Congressman GARAMENDI, maybe you could repeat those numbers—over \$600 billion in tax giveaways to the richest people in this country, many of whom caused the financial crash of 2008. They owe the Republic. They owe the people of this Republic for what they did.

I have families in my district still underwater on their mortgages, if they were able to hang on to their homes at all.

The wealthy of this country, starting with Wall Street, owe the American people a lot. And all those employers who abandoned their responsibilities and pushed the cost of health insurance on the public sector because they didn't have the decency to help ensure their own workers, well, shame on you. Shame on you.

For all the small businesses that finally got health insurance through this program, thank you for respecting your workers. Thank you for respecting the Affordable Care Act.

We can do a whole lot better than TrumpCare. And I really feel sorry that this new President, for whom many of the people in Ohio voted, doled up this kind of a flawed piece of legislation that is cruel and, honestly, will result in so many more illnesses across this country, because people worry about health insurance. They worry about the affordability of health insurance.

Congressman GARAMENDI, thank you so very much for having this Special Order this evening and for inviting me to participate. It has been a great privilege.

Mr. GARAMENDI. I thank the gentlewoman so very much for joining us. She asked a little bit about the health care. I am going to do this very quickly, then I want to turn to my colleague from the State of Arizona (Mr. O'HALLERAN).

Under TrumpCare, or Ryan TrumpCare, as I would like to call it, these huge tax cuts for millions of families, let's just focus on that for a second. It is the largest shift of wealth from the working men and women of America, poor and up through the middle class, to the wealthiest that has ever occurred in any tax break. The Reagan taxes, you name the taxes, including the Bush W. taxes, this is the largest single shift of wealth. It is well over \$300 billion in the next 9 years.

As I have said before, the 400 wealthiest families, as I said, four of whom are now the President and three in the Trump cabinet, will get over \$7 million a year in reductions in their taxes. In addition to that, the top one-tenth of 1 percent will receive over—well, nearly a \$200,000 reduction in their taxes. That is the top one-tenth of 1 percent.

Beyond that, \$300 billion will go to the wealthy. The top 20 percent of Americans will get 75 percent of the tax breaks. The remaining 80 percent of Americans will then share the remaining very small percentage.

So it is part of this enormous shift of wealth, and this does not take into ac-

count the fact that Americans are going to pay a whole lot more for their insurance. So, in addition to the tax cuts, there is also this issue of having higher rates, less benefits going forward.

So just to repeat again, the top one-tenth of 1 percent will receive nearly \$200,000 a year in tax breaks. The top 1 percent will get 57 percent. The top 20 percent get 75 percent of the 300-plus billion dollar tax cut, and everybody else, in this case, the lower 90 percent, will then share in the remaining 43 percent. Different ways of looking at these numbers.

The fact of the matter is, it is a tax cut that guts the money necessary for Medicare expansion and for the tax subsidies that people count on in order to survive. It is obscene.

Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Congressman GARAMENDI, may I just inject, and I won't take up much time. But, you know, in this job, you meet everybody. I come from a working class family. We had to work for everything we ever had.

I thank the people of my district for allowing me to serve and kind of learn a whole lot more about our country and the world. And one of the things I have learned is that when you are that wealthy, these billionaires, they purchase their own doctors, they purchase their own nurses. They have special houses where they put them in on their property.

So, you know, it isn't just the tax cut that goes to the wealthiest among us, but the imbalance between those who have much and those who eke out a living is growing greater and greater and greater in our society.

Now, I think everybody should have good health care. But, honestly, when you can do that, you are not living in the real world that the vast majority of Americans live in. I thank the gentleman for allowing me to put that on the RECORD.

Mr. GARAMENDI. I thank the gentlewoman for bringing us the view from Ohio. Let's now talk about the view from Arizona. Mr. O'HALLERAN, this being your first year in Congress, welcome. I am delighted to have you join us on the floor.

Mr. Speaker, I yield to the gentleman from Arizona (Mr. O'HALLERAN).

Mr. O'HALLERAN. Mr. Speaker, I rise today to share the story of a young boy who lives in my district named Cameron. Cameron was born with a congenital heart defect, but a successful surgery at 5 weeks of age has given him a shot at a vibrant life.

He is like most 8-year-olds, fearless, curious, and full of life, but Cameron will live with this for the rest of his life.

His parents shared this story with me recently and expressed their concerns, not just about Cameron, but about the children of America who are under this type of a process. They have affordable

coverage under the Affordable Care Act, despite Cameron's preexisting conditions.

But, Mr. Speaker, they are concerned that future coverage will be unaffordable and unattainable as he grows up under the American Health Care Act, also known as TrumpCare.

I share these concerns. I cannot support legislation that will drastically raise premiums for families like Cameron's and disproportionately impact rural communities in my district.

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It is my hope that, moving forward, Congress can work on a bipartisan solution to improve the health and well-being of Americans and their children and protect those who need it most. We cannot continue to play partisan politics with the lives of our constituents, our children, our small businesses, and the people of America.

Mr. GARAMENDI. Mr. Speaker, I thank the gentleman from Arizona (Mr. O'HALLERAN) so very much. The stories from the gentleman's constituents echoed across all of our constituencies, all across America.

Mr. Speaker, I yield to the gentleman from California (Mr. COSTA), who is from the Central Valley.

Mr. COSTA. Mr. Speaker, I thank the gentleman from California (Mr. GARAMENDI) very much not only for the focus and the passion that he shows for this very important issue of trying to ensure that we have health care for all Americans, but also for the leadership he has demonstrated over the years. He and I have worked together in California on so many different issues.

The Affordable Care Act, as we know, has provided health care for over 20 million Americans. Since its implementation over 6 years ago, the ACA in my district, which is Fresno, Madera, and Merced Counties, located in the San Joaquin Valley, has decreased the uninsured rate from 22 percent to 11 percent. It is cut in half.

I have a marvelous, wonderful district that I take great pride in representing. It is one of the largest agricultural areas in the country. It has significant wealth, but, sadly, it has significant poverty. It is the combination of those two that make it a place where immigrants have come for decades—immigrants past and immigrants present—to make a better life for themselves.

Mr. Speaker, 19,000 individuals in my district have received financial assistance and have been able to purchase coverage through the Covered California marketplace, and 121,000 individuals in my district are now covered by the Affordable Care Act's Medicaid expansion.

The cuts that are proposed in this Republican proposal would devastate those individuals not only in my district, but in Congressman GARAMENDI's district and throughout the valley. My Republican colleagues, the five of us from Modesto down to Bakersfield, al-

most 500,000 people today have insurance coverage that did not have it 6 years ago.

Let me give you some real examples. Tom lives in Fresno, California. He is 57 years old. In 2015, due to a major heart attack, he had to leave his job of 29 years. Tom's health insurance, though, did not lapse because, as a result of the Affordable Care Act, he gained affordable health coverage insurance through the Covered California marketplace. In addition, his family wrote to my office saying that they cannot envision his recovery being a success had it not been for the ACA.

Another one of my constituents, John, who lives in Fresno, told my office that without the ACA, he and his wife would not have been able to afford cancer surgery for his wife. She is now cancer-free. And we know how expensive that can be.

Austin, one of those Americans who volunteered to serve his Nation, a Vietnam veteran who lives in my district, told my office that his wife was paying \$830 a month before the Affordable Care Act. Now she can afford health care at \$400 a month—cut in half.

Not every story with the ACA is a success story. It is not perfect. There are problems with the act. We should be working on it.

I remember, Congressman GARAMENDI, when you were the insurance commissioner of California, and one of the areas that you developed a lot of expertise and experience on was how to deal with the insurance industry. Certainly there are improvements that can be made. There are small-business owners in my district who say that the ACA raises costs and does not provide enough insurance options for themselves or their employees. So we need to work together to fix the provisions in the law that drive up the costs and weaken the insurance marketplace.

This month, the American Health Care Act was introduced to repeal and replace the ACA by our Republican colleagues. I do not believe the American Health Care Act is a serious solution to fixing the problems we have in the ACA. The legislation we know would provide less financial help to low-income families and seniors whom we both represent. The American Health Care Act would dramatically change the way we finance Medicaid by shifting from an open-ended reimbursement system to a person allotment or block grant which will cap the amount of money in California that receive Medicaid, and that is dramatic and devastating.

This would force California to choose how to allocate increasingly a smaller number of Medicaid dollars and would decrease the care available to Medicaid beneficiaries which Congressman GARAMENDI and I care deeply about. Thousands of individuals in the San Joaquin Valley would be impacted.

Additionally, the legislation will not mandate individuals to purchase health

insurance. Instead, insurers would be able to attach a 30 percent surcharge—think about that—on individuals who have a lapse in coverage. I don't think that is going to play well in Peoria or in California. So this will provide a disincentive for young and healthy people to buy insurance. It is important to note that in order for the insurance marketplace to work, there needs to be healthy people in the system to help pay for sick people. When the Speaker said that healthy people are subsidizing sick people, well, I am not an insurance expert, but isn't that the way insurance works? Good drivers pay for poor drivers, right? If you don't have a pool, a balanced pool, it doesn't work.

One last point I want to make: passing the Affordable Care Act, I was here in 2010, and it wasn't pretty. It took 1 year, dozens of committee hearings in several committees, multiple versions of the bill in the House and the Senate, and various revisions of it. We tried to get the Republicans involved. We tried to get them to participate, and we took amendments that they gave. But at some point, they decided that, no, they were going to go it alone or force us to go it alone. I think they are making the same mistake that possibly we made 6 years ago. I think that is sad because I think the American public wants us to work together.

Less than 1 month after introducing their repeal-and-replace bill, which will be before us this week—and, clearly, the replace is still a work in progress—the House is going to pass a bill on a party line vote on Thursday maybe without an updated CBO score. I thought we were going to have transparency, the light of day, know what taxpayers are paying, what they are getting, and what they are not getting. I guess not on Thursday. The CBO scores are how Congress and the public analyzes how legislation would impact States and citizens. But we are not working to get that vital information.

This last week I hosted a healthcare workshop to hear from all of my hospitals, healthcare providers, clinics, doctors, and nurses to ask what they thought of the Affordable Care Act and what we can do to fix the law. What they told me is there are a lot of things we can do to fix the current law to make it better. But they said the healthcare act that is being offered as a repeal and replace is not a solution to providing the much-needed health care we need in the San Joaquin Valley, that we need in California, and that we need in our country.

At the end of the day, Mr. Speaker, we know that working together is how you get things done. On a bipartisan basis, we can make a difference, but not the way we are going. So I think that the gentleman from California's efforts and my efforts as we continue to try to urge common sense to prevail is what we need to do. I will, unfortunately, not be able to vote for this measure on Thursday because it really

is going to negatively impact hundreds and thousands of people in the San Joaquin Valley that will lose their coverage as a result of this repeal and replace.

Mr. Speaker, I thank the gentleman for his passion and his efforts.

Mr. GARAMENDI. Mr. Speaker, I thank the gentleman from California (Mr. COSTA) very much for his excellent presentation. The gentleman covered many of the issues.

I want to wrap up with just a couple of thoughts.

One of my Republican friends came up to me earlier today. He said: I don't understand. I don't understand what our team is doing. All we are doing is changing the name and hurting people.

I thought about that for a few moments, and, yes, it is Ryan or TrumpCare, but people are going to be hurt all across this Nation.

One more story, and I think we will probably wrap up here, and that is of my wife's hairstylist. She is a young lady, married, private businessowner, trying to get along, and not enough money to buy insurance. The Affordable Care Act goes into place. She looks at the exchange, and she is able to get comprehensive insurance, maternity care, and at an affordable price because of the subsidies that are built into it. She was so happy when she talked to my wife.

She said: I have insurance. For the first time in my life, I am able to buy insurance, and I am going to get pregnant. I am going to have the baby that my husband and I have always wanted because now we have insurance—not just for myself, but for my child and my husband.

The next visit, she is asking: They are not going to take it away, are they? They are not going to take it away, are they?

Well, yes, for 14 million Americans—next year, 2018, 9 months from now, 14 million Americans will begin to lose their insurance. I am not sure if this young lady will be among them or the farm lady that I talked about earlier, but they are at risk all across America—14 million people in less than 1 year, and then, beyond that, over the ensuing years, 24 million Americans.

It has been argued that the Affordable Care Act is in a death spiral. I was an insurance commissioner in California for 8 years, and that is not true. It is an alternate fact. The fact of the matter is that the Affordable Care Act is working—not without some problems here and there, but it is working. It is not in a death spiral.

That is probably a good place to leave it, except this TrumpCare—RyanCare—is a problem. You are going to pay more and you are going to get less—24 million people, an age tax on seniors, and a huge tax break for the superwealthy in America.

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

#### ADJOURNMENT

Mr. GARAMENDI. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 6 o'clock and 27 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, March 22, 2017, at 10 a.m. for morning-hour debate.

#### EXECUTIVE COMMUNICATIONS, ETC.

Under clause 2 of rule XIV, executive communications were taken from the Speaker's table and referred as follows:

866. A letter from the Director, National Institute of Food and Agriculture, Department of Agriculture, transmitting the Department's final rule — Competitive and Noncompetitive Non-formula Federal Assistance Programs — Specific Administrative Provisions for the Veterinary Services Grants Program (RIN: 0524-AA70) received March 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

867. A letter from the Secretary, Department of Education, transmitting the Department's interim final rule — Open Licensing Requirement for Competitive Grant Programs [Docket ID.: ED-2015-OS-0105] (RIN: 1894-AA07) March 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Education and the Workforce.

868. A letter from the Associate Bureau Chief, Wireline Competition Bureau, Federal Communications Commission, transmitting the Commission's final rule — Connect America Fund [WC Docket No.: 10-90]; ETC Annual Reports and Certifications [WC Docket No.: 14-58] received March 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

869. A letter from the Assistant Legal Adviser, Office of Treaty Affairs, Department of State, transmitting a report concerning international agreements other than treaties entered into by the United States to be transmitted to the Congress within the sixty-day period specified in the Case-Zablocki Act, pursuant to 1 U.S.C. 112b(a); Public Law 92-403, Sec. 1(a) (as amended by Public Law 108-458, Sec. 7121(b)); (118 Stat. 3807); to the Committee on Foreign Affairs.

870. A letter from the Director, Defense Security Cooperation Agency, Department of Defense, transmitting the Air Force's proposed Letter of Offer and Acceptance to the Government of the United Kingdom, Transmittal No. 17-02, pursuant to Sec. 36(b)(1) of the Arms Export Control Act, as amended; to the Committee on Foreign Affairs.

871. A letter from the Secretary, Department of the Treasury, transmitting a notification of a determination that, by reason of the statutory debt limit, the Secretary is unable to comply with the investment requirements of the Civil Service Retirement and Disability Fund, pursuant to 5 U.S.C. 8348(l)(2); Public Law 89-554, Sec. 8348(l)(2) (as added by Public Law 99-509, Sec. 6002(c)); (100 Stat. 1933) and 5 U.S.C. 8438(h)(2); Public Law 99-335, Sec. 101(a) (as amended by Public Law 101-335, Sec. 3(a)(7)); (104 Stat. 320); to the Committee on Ways and Means.

#### REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk

for printing and reference to the proper calendar, as follows:

Mr. WALDEN: Committee on Energy and Commerce. House Resolution 154. Resolution of inquiry requesting the President of the United States and directing the Secretary of Health and Human Services to transmit certain information to the House of Representatives relating to plans to repeal or replace the Patient Protection and Affordable Care Act and the health-related measures of the Health Care and Education Reconciliation Act of 2010; adversely (Rept. 115-54). Referred to the House Calendar.

#### PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Mr. ROYCE of California (for himself, Mr. ENGEL, Mr. YOHO, and Mr. SHERMAN):

H.R. 1644. A bill to enhance sanctions with respect to transactions relating to North Korea, and for other purposes; to the Committee on Foreign Affairs, and in addition to the Committees on Ways and Means, Financial Services, Transportation and Infrastructure, Oversight and Government Reform, and the Judiciary, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. SINEMA (for herself and Mr. HOLLINGSWORTH):

H.R. 1645. A bill to amend the Sarbanes-Oxley Act of 2002 to provide a temporary exemption for low-revenue issuers from certain auditor attestation requirements; to the Committee on Financial Services.

By Mr. WALBERG (for himself, Mr. BYRNE, Mr. HUDSON, and Mr. ROKITA):

H.R. 1646. A bill to amend title VII of the Civil Rights Act of 1964 to exclude the application of such title to employment practices that are in compliance with Federal regulations, and State laws, in certain areas; to the Committee on Education and the Workforce.

By Mr. BLUMENAUER (for himself and Mr. DUNCAN of Tennessee):

H.R. 1647. A bill to establish a Water Infrastructure Trust Fund, and for other purposes; to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Transportation and Infrastructure, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. CLARKE of New York (for herself and Mr. MEEHAN):

H.R. 1648. A bill to provide for further comprehensive research at the National Institute of Neurological Disorders and Stroke on unruptured intracranial aneurysms; to the Committee on Energy and Commerce.

By Mrs. DINGELL:

H.R. 1649. A bill to assist entrepreneurs, support development of the creative economy, and encourage international cultural exchange, and for other purposes; to the Committee on Ways and Means, and in addition to the Committees on Small Business, Transportation and Infrastructure, the Judiciary, Education and the Workforce, Financial Services, and Agriculture, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. HUFFMAN (for himself, Mr. RUSSELL, and Ms. BASS):