

said 24 million people would lose access to health care, not gain it. And it said older Americans would pay more for health insurance than under the Affordable Care Act and get fewer subsidies, and that more people on Medicaid would lose access to health care as well.

So how can a supposed healthcare bill actually reduce health care?

Well, when it is only a pretend healthcare bill.

And what else did the CBO say?

Well, they said this bill also includes almost \$600 billion in tax cuts for the wealthiest individuals in our country, insurance companies, and Big Pharma.

It gets worse. Those tax cuts for the wealthy, just how bad are they?

Well, the 400 richest families in the country making more than \$300 million a year will get an annual tax cut of \$7 million each. So Charles Koch and Betsy DeVos get \$7 million a year while a retired farmer in Janesville, Wisconsin, in Speaker RYAN's district, earning \$26,000 a year may have to pay \$14,600 for the same health care she got under the Affordable Care Act, but the old cost was only about \$1,700. That is a 750 percent increase on low-income, older Americans so the richest can bank millions.

□ 1015

And the CBO said another tax cut in TrumpCare provides about \$275 billion in tax breaks that only the top 2 percent of Americans can get, while 98 percent of us will never see a dime.

And who else gets tax cuts? Insurance companies get a tax break of about \$145 billion, drug companies get a tax break of \$25 billion, and medical device companies get a break of about \$20 billion. That is almost \$600 billion worth of tax cuts for the wealthy, and what do we get? Less health care for more money.

That is not a serious healthcare alternative. That is a tax cut for the wealthy disguised as health care, and you and I get to foot the bill.

That is what is called a Trojan horse. And you have to be especially careful these days because Trojans are a little bit different than they used to be, and they are only used when you get—well, the same thing this will do to America, Mr. Speaker.

IMPORTANCE OF CAREER AND TECHNICAL EDUCATION

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, recently, the House Education and the Workforce Subcommittee on Early Childhood, Elementary, and Secondary Education hosted a hearing to discuss the state of career and technical education in America, as well as changes that can be made to strengthen CTE and better prepare students of all ages for the workforce.

One of the biggest challenges facing career and technical education is the stigma associated with it. Through the years, we have seen wrongheaded claims that students involved in the trades lacked ambition. Those misplaced assumptions are slowly subsiding, but not soon enough.

CTE has established itself as a path that many high-achieving students choose in pursuit of industry certification and hands-on skills that they can use right out of high school, in training programs, or in college.

At this hearing, we heard from many knowledgeable witnesses, including Mike Rowe, the television host of the television show "Dirty Jobs." Mike shared his experience as a young student who didn't know what career path he wanted to follow. So, he looked no further than his local community college.

His eyes were open to hundreds of courses that he could afford to study. And Mike said: "That experience opened doors I didn't even know existed. But that same experience is precisely what thousands of kids are discouraged from pursuing every year."

Mr. Speaker, the reality is, a huge gap exists in communities nationwide. There are jobs out there, good family-sustaining jobs, but the unemployed or underemployed are either ill-prepared or lack the appropriate training to fill these vacancies. The answer to this problem starts with career and technical education.

That is why last Congress I introduced Strengthening Career and Technical Education for the 21st Century Act. This bill, which passed the House in the fall by a vote of 405–5, aimed to close the skills gap by modernizing the Federal investment in career and technical education programs and connecting educators with industry stakeholders—the job creators.

I look forward to reintroducing similar legislation with my Career and Technical Education Caucus co-chair, Congressman JIM LANGEVIN from Rhode Island, later this month.

During the hearing, Mike Rowe described naysayers as viewing a job in the trades as a "vocational consolation prize." Well, Mr. Speaker, nothing could be further from the truth. We must change this stigma, this bias, and help encourage American students to study a career that they are interested in and that they are passionate about. The list is endless with career and technical education, and the jobs are out there.

HEALTH CARE CONCERN

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

Mr. RUIZ. Mr. Speaker, today, I celebrate the birth of my twin daughters, Sky and Sage as they turn 2 years old.

Happy birthday, Sky; happy birthday, Sage. You both have made your mom, Monica, and me very, very

happy. Because of you both, I am the happiest man on Earth. We love you very much, and I miss you very much when I am here in the people's House and you are in California in our family's house. The best feelings in the world are when I get home after a long week here and you two girls run up to me with open arms and you run into my arms screaming: Daddy, daddy, daddy. I will never forget those moments ever, and I thank you for them.

Mr. Speaker, my daughters mean the world to me, and my daughters' future and their health mean the world to me. And now, more than ever, I want to protect health care for Sky and Sage and for the millions of Americans across our great Nation.

I am an emergency physician, and I have spent my career caring for patients across the Nation from Boston to Pittsburgh and to the Coachella Valley where I grew up and which I now represent. Many of my patients, far too many, didn't have health insurance. And I have seen firsthand what it means for people when they don't have health coverage and can't afford care.

I know what uninsured patients look like. They are the senior who comes in with emphysema and having to be intubated and put on a respiratory machine because they didn't have health insurance to see their doctor. It is the diabetic who comes in in a diabetic coma and spends 2 months in the ICU because they couldn't afford their insulin, or they couldn't see their doctor. Or that 60-year-old farmworker who had urinary problems and lower back pains, which scares me that he might have prostate cancer metastasized to the lumbar spine, and when asked when was the last time he saw a doctor, he said 6 years ago because that is when he lost his health insurance.

This Republican plan should be called the pain and suffering act or the pay more for less act, because that is what it will do. This bill will add 14 million more uninsured people within 1 year and 24 million more over the next decade.

We need to move beyond the Republican hyperpartisan ideology and listen to patients and their concerns. My patients in the emergency department ask me two of the most common questions, which are: Am I going to be okay? How much is this going to cost me?

I have never cared for an uninsured patient who chose to be uninsured. They didn't have health insurance because they couldn't afford it. And that includes the young, healthy patient who was in an unfortunate car accident and was left paralyzed. I never met a doctor who preferred their patients to be uninsured.

Yet, we know that the Republican bill's age tax—huge cuts to Medicaid—will reduce coverage and make millions more uninsured, increase costs of uncompensated care, while giving tax breaks to millionaires, raising out-of-pocket costs, and raising premiums and deductibles.

The age tax is astronomical. The CBO said that a senior at the age of 60, making about \$26,000, would have to pay about \$14,000 in premiums. That is nearly half of their income, leaving very little for food and housing and their other needs.

This bill also will make it harder for doctors and hospitals to care for patients, due to the Medicaid block granting and the cuts. That is why the American Medical Association, the American Hospital Association, the AARP, and many major provider organizations oppose this bill, because they also know firsthand the harm it would cause to patients. That is why AARP opposes this bill, because they know the harm it is going to cause to the elderly in our Nation.

Now, do PAUL RYAN and President Trump really know more about patient care and providing care than doctors, nurses, and hospitals? Do they know more about taking care of seniors than the AARP? No. We need to end this hyperpartisan, ideological charade that puts the cost of health care on the shoulders of working families in order to give tax breaks to multimillionaires. We need to come together as one body to provide true health care, reduce the healthcare costs for millions of Americans, and provide the care that is needed.

REPEALING OBAMACARE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Alabama (Mrs. ROBY) for 5 minutes.

Mrs. ROBY. Mr. Speaker, 7 years ago this week, in this Chamber, the House gave final passage to the Affordable Care Act, better known as ObamaCare.

I wasn't in Congress then. Many of us weren't. But for my fellow conservatives here today, that vote 7 years ago marked a decision point, or a moment of affirmation, to answer the call to public service and to help chart a better way for this country.

And for 7 years, we have made the case against ObamaCare. As the law has been implemented, that case has been largely made for us. Millions have been forced away from the healthcare plan and doctor they liked, despite being told otherwise.

This year alone, in Alabama, health insurance premiums are rising by 58 percent. That is on top of the already steep increases the past 2 years. Our average deductible for the supposedly affordable bronze plan is now \$6,000.

I have heard from countless constituents about the negative impact of ObamaCare. I have listened to their stories about how higher costs and fewer choices have made it that much harder to keep their families healthy and make ends meet.

And in response, I made a promise—the same promise President Trump and every conservative in Congress has made over and over: Give us the majority in the House and the Senate, give us a Republican in the White House,

and we will repeal ObamaCare and replace it with reforms that work.

So, Mr. Speaker, I am pleased that we are finally in a position to deliver on that promise. The voters gave us what we asked of them, and it is only right that we keep our end of the bargain.

With the American Health Care Act, we begin the process of repealing ObamaCare once and for all. This bill dismantles the taxes, mandates, and entitlement spending that make up the core of ObamaCare. It cuts taxes on prescription drugs, over-the-counter medications, insurance premiums, and medical devices. It eliminates the individual and employer mandate penalties that have forced millions into expensive, inadequate plans. It replaces the ObamaCare entitlement with refundable tax credits so that people who don't receive insurance through work can put their own tax dollars toward a health plan of their choice.

Mr. Speaker, many people have asked why our plan to repeal and replace ObamaCare is a process. Why is this bill only one step and not the full package? It is an understandable question. For the last several years, Americans have been sold the false hope that government has a magic wand with which they can solve all of their problems. The truth is, of course, that it can't. It never can. And the only proof you need is ObamaCare itself.

That is why congressional Republicans and the Trump administration are taking a completely different approach than President Obama and the Democrats used 7 years ago. Instead of claiming we need to pass the bill so you can find out what is in it, we have worked in a transparent way. The bill text has been posted online for 3 weeks. It has gone through three separate committee markups, and will come to the House floor in regular order.

Instead of one giant bill like ObamaCare, we are using a more responsible, three-step process. First, we will repeal ObamaCare with all its taxes, mandates, and spending through budget reconciliation. Next, the Trump administration will use executive authority to weed out the more intricate ObamaCare policies one by one to stabilize the market and lower costs. And finally, Congress will move forward with legislation addressing more specific policies, such as allowing individuals to purchase insurance across State lines.

I believe this will ultimately lead to better, more stable healthcare policy that empowers patients, increases choices, and lowers costs.

Mr. Speaker, no bill is perfect. I am sure if every Member of this body came up with their ideal health reform bill, they would each be pretty different. It is supposed to be that way, because we all represent different districts in different parts of the country with different needs.

There may well be some changes made here in the House or in the Sen-

ate that can make the bill better. That is part of the process, so I certainly remain open to those.

But, Mr. Speaker, I am confident this bill puts us on a path toward lower cost and better care, and away from government-controlled health insurance. It represents our opportunity to undo the damage of ObamaCare and help American families like we said we would.

For 7 years, we have been promising, and this is our chance to deliver.

Mr. Speaker, I urge my colleagues to support the American Health Care Act and send it to the Senate, and get us one step closer to delivering on our promise.

□ 1030

LISTEN TO THE PEOPLE CONCERNING THE AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Texas (Ms. EDDIE BERNICE JOHNSON) for 5 minutes.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, the American Health Care Act, or TrumpCare, does one simple thing: This shortsighted Republican plan forces Americans to pay more to get less. It is nothing more than a tax break for the wealthiest at the expense of the most vulnerable.

Today, joining every major responsible group for providing health care to Americans—including the American Hospital Association, the AARP, the National Physicians Alliance, the American Medical Association, the Association of American Physicians and Surgeons, and the National Nurses United—a group representing over 150,000 registered nurses wrote to Congress urging us to oppose the American Health Care Act.

Registered nurses care for Americans in our most difficult hours. From our first breath of life to our final, nurses are integral to the delivery of health care in our country. More than any other profession, nurses see the personal effects of a flawed healthcare system in the hospital every single day.

I know, Mr. Speaker, because I was the first former registered nurse in the House. I have a firsthand, valuable perspective and insight that nurses have into our healthcare system. We should take their heed alongside the public outcry about the danger of this so-called replacement bill.

These are not paid protesters going to townhall meetings across this country. These are our constituents, participating democratically, telling their Representatives that they want to keep and improve the current law, not repeal and replace.

This proposed plan replaces nothing for the 24 million Americans who would lose coverage as a result of this ill-derived legislation.

In my district alone, President Obama's Affordable Care Act brought