

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

the uninsured rate down from 27.3 percent to 20.8 percent, and insured over 265,000 individuals who did not have coverage before. While the main safety net provider in my district, Parkland Memorial Hospital, provided \$1 billion in uncompensated care in 2015, Parkland and the other safety net providers face severe financial burdens in the House GOP proposal.

One of my main concerns with this bill is that it punishes people who get their coverage through Medicaid by capping and slashing the program. With 70 million Americans and 5.2 million Texans who currently rely on Medicaid, per capita caps on the program would not meet the needs of the population, and the people would suffer.

People will live or die as a result of our decisions here on this floor, Mr. Speaker. There is no reason for the Republican leadership to rush this legislation without careful consideration, including the input of those who actually provide health care.

We need to listen to our constituents, our nurses, our doctors, our long-term care aides, and our hospitals. We must listen to the people. This bill will force Americans to pay more for their premiums, more for their care, more for their medicine, more out-of-pocket expenses and deductibles, all the while giving tax breaks directly to the wealthy.

Mr. Speaker, I urge my colleagues to consider the harmful effects of this bill. Your constituents are asking you to work with us to repair the Affordable Care Act, and we are ready to work.

Mr. Speaker, I include in the RECORD correspondence from National Nurses United.

NATIONAL NURSES UNITED,
Silver Spring, MD/Oakland, CA,
March 21, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 150,000 Registered Nurse members of National Nurses United, we urge you to oppose the American Health Care Act when it comes to a vote on the floor of the House of Representatives.

Registered Nurses care for Americans in their most difficult hours. More than any other profession, we see the personal effects of a flawed healthcare system in the hospital every single day. Our primary responsibility is to protect the health and wellness of our patients by providing care at the bedside.

The American Health Care Act poses a mortal threat to the health and well-being of our patients, and to the health security of our country. Last week, the Congressional Budget Office reported that 24 million Americans will lose insurance coverage under the original legislative text. The plan would increase the number of uninsured people by 78% in 2020, and by 86% in 2026. This reality is in stark contrast to one of the key campaign promises made by the President this past year—instead of providing “insurance for everybody”, this healthcare bill will dramatically reduce the number of insured Americans. The President also promised not to cut Medicaid or Medicare, but the AHCA includes drastic cuts to both programs.

There is not a single aspect of this legislation that will benefit our patients who lack

the health care services that they need. Specifically, the legislation will:

Eliminate the Prevention and Public Health Fund, which will worsen the health of our communities, spread infectious disease, and increase health system costs;

Phase out coverage for Medicaid expansion in Medicaid expansion states beginning in 2020, while preventing new states from receiving enhanced Federal Medical Assistance Percentage in order to expand Medicaid;

Institute a per capita cap for Medicaid, along with the option for states to use a block grant instead. Both options will reduce coverage for the most vulnerable, shift care from clinics to emergency rooms, increase system costs for the chronically ill as they defer treatments because of cost, and unfairly shift the burden of costs to the states;

Empower individual states to determine eligibility, scope and benefits for Medicaid as per their own discretion, but there will be no increase in federal monies to cover expanded eligibility;

Eliminate funding to Planned Parenthood which will worsen women's health, and create burdens for women, families and society from unsafe pregnancies and other health conditions no longer treated;

Eliminate the definition of “essential benefits”—a move that makes all patients vulnerable to the distortions and marketing games of insurance companies;

Repeal the cost-sharing subsidies of the ACA, and destroy the ability of 80% of people currently buying insurance on the Exchanges to maintain coverage;

Open the door for junk insurance. The bill includes a penalty for lack of continuous coverage, creating a big incentive for patients to buy low-cost, no-coverage plans;

Fail to encourage low-cost coverage, because the legislation shifts thousands of dollars in spending from insurance company spending to the individual's out of pocket costs;

Reproduce the failed “high-risk pools” of the 1990's and 2000's, through the “Patient and Stability Fund”. It is inevitable that the number of eligible patients will overwhelm the resources of these high risk pools;

Repeal the Medicare Hospital Insurance Tax, which will reduce funding and destabilize for the Medicare program that our nation's seniors rely on;

Allow insurers to charge seniors five times the amount of a younger person. This revision will prove to be deadly for our nation's seniors, and it reveals the extent to which this reform will benefit the profit margins of insurance companies, at the expense of patients' lives.

Our experience at the bedside, coupled with analysis from health policy researchers, confirm our conclusion that this bill does not address the primary concerns of our patients: getting the care they need when they need it, without overwhelming financial burdens.

Over many years, with the notable exception of the passage of Medicare in 1965, the United States has built a patchwork health system around private insurance access, rather than genuine access to health care. This legislation, if enacted, will perpetuate this system while undermining gains made in the Affordable Care Act. Given the ultimate reductions in Medicaid, and the other reversals in the bill, there is literally nothing in this legislation that provides our patients with the care they need.

In order to effectively address the health system problems in this country, legislators must move beyond a private health insurance company dominated system. Health policy research, and the experience of every other wealthy nation, shows that a single-payer health care system is the most suc-

cessful model to use. In the United States, Medicare is an example of how successful such a system can be. If the goal of our health system is to provide quality care for all Americans at the lowest cost possible, then we must transition to a single payer healthcare system—or Medicare For All.

The principal effect of the American Health Care Act, on the other hand, will be the loss of existing health coverage for tens of millions of people without any restraints on healthcare industry pricing practices. This legislation will result in overwhelming health insecurity for the American people.

On behalf of registered nurses across the country, we urge the rejection of this flawed, and deadly, proposal. We urge you to instead support guaranteed healthcare for all, through an improved, expanded Medicare for All program.

Sincerely,

DEBORAH BURGER, RN,
President, NNU.
JEAN ROSS, RN,
President, NNU.

RECOGNIZING CAMPBELLSVILLE UNIVERSITY LADY TIGERS WOMEN'S BASKETBALL TEAM

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

Mr. COMER. Mr. Speaker, I rise to pay special recognition to the Campbellsville University Lady Tigers women's basketball team upon making the entire Commonwealth of Kentucky proud with another successful college basketball season. The Lady Tigers finished with a 28-7 record and appeared in their second NAIA Fab Four round in 3 years.

In their final four game in Billings, Montana, against Oklahoma City, two girls from my home county of Monroe had career highlights. Madison Clements hit six 3-pointers and Lauren Turner had nine assists. The Campbellsville University Lady Tigers are also coached by a Monroe County girl, Ginger High Colvin.

The Campbellsville University Lady Tigers have been one of the most dominant college girls basketball programs in the NAIA over the past 20 years. Campbellsville University is one of Kentucky's finest educational institutions, and I am very proud that Campbellsville is in the First Congressional District of Kentucky.

AMERICAN HEALTH CARE ACT DOESN'T HELP MENTAL HEALTH PATIENTS

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

Mr. KENNEDY. Mr. Speaker, a few months ago, a woman from my district walked into my office and told me about her daughter, a young lady diagnosed with acute mental illness at just 4 years of age.

A decade later, the stories that that young mom shared would split your heart: stories of countless ER visits, endless fights with insurers and courts,