

even more of the population in need of crucial health services. Adolescents and young adults living in rural areas are more vulnerable to opioid abuse than their urban counterparts. The prevalence of fatal drug overdoses has skyrocketed in rural areas. High unemployment and a greater rate of the types of injuries that result in prescriptions for opioid medications have contributed to this.

For these reasons, I again look forward to cosponsoring the Save Rural Hospitals Act in the 115th Congress. We must ensure access to health care for Americans living in rural areas.

On average, trauma victims in rural areas must travel twice as far as victims in urban areas to the closest hospital. As a result, 60 percent of trauma deaths occur in rural areas, even though only 20 percent of Americans live in rural areas.

The Affordable Care Act was supposed to help cut costs for health care, but that did not happen for everyone. American families have found out the hard way, with increased taxes, looming regulations, and a slew of broken promises, from untrue cost controls to limitations on consumer choice. We were told that, “if you like your coverage, you can keep it.” Well, that was not even close to being true.

I look forward to working with my colleagues to fix our flawed healthcare system. Currently, healthcare costs have gone up, premiums have increased by double digits, but choices have decreased. Deductibles are so high that many Americans, despite having “coverage,” cannot afford to seek care under that coverage. Well, that is not right. It is not fair, and it is not feasible. There must be a better way, and I know together we can work to find a stable transition to a 21st century healthcare system that works for everyone in America, particularly for those in rural regions where the need is great and the services are scarce.

DON'T CUT PLANNED PARENTHOOD FUNDING

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

Mr. KENNEDY. Mr. Speaker, tomorrow this body is set to vote on a budget resolution that would dramatically cut Federal funding for Planned Parenthood. But today there is still time to reconsider that proposal and listen to the thousands, if not millions, of men, women, and children who are urging us not to because they understand the impact in our communities better than almost any of us here today.

Now, this isn't just about blocking a woman's constitutional right to her own healthcare options, although that would be bad enough. This is about gutting Medicaid reimbursements for preventive care and family planning, revoking every single dollar for 360,000 lifesaving breast exams and 4 million

tests for sexually transmitted diseases. This is Congress choosing political gamesmanship at the expense of Americans' health, particularly those who cannot afford care otherwise. This is a tactical strike on low-income women and families.

In my home State of Massachusetts, it would immediately deny access to care to nearly 10,000 patients covered by MassHealth. For these men, women, and children, it is not as simple as walking to the nearest community health center, because over 50 percent of Planned Parenthood centers across our country are found in medically underserved communities.

For the elderly woman in need of cancer screening, there would be nowhere else to turn. For the young expectant mother in need of prenatal care, there would no longer be a community doctor that she can trust. For the dad whose son is in need of strep throat treatment, the only option left may be an unaffordable trip to the emergency room.

Mr. Speaker, if this is intended to be a warning shot on a constitutionally guaranteed right to have an abortion, my Republican colleagues are missing their target and, instead, they are aimed right at poor Americans.

I urge every Member of this House to talk to their constituents who have received care at Planned Parenthood centers before voting on this bill. I ask them to listen and understand the life-altering impact that it will have on the families who can least afford it.

WE HAVE HIT THE GROUND RUNNING

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

Mr. LEWIS of Minnesota. Mr. Speaker, I rise today to say how incredibly proud I am to be representing Minnesota's Second District. It is an honor that I do not take lightly, and I am excited to get to work for my constituents.

Here in the House we have hit the ground running. During my first 2 weeks in Congress, we took steps to jump-start our economy by addressing the massive web of regulations that were issued by unelected and unaccountable bureaucrats in the administration. In fact, 2016 was a record-breaking year for Federal agencies. Unfortunately, the record they set is not a good one.

In 2016 alone, there were 3,853 finalized rules and regulations, amounting to 97,110 pages. That is more than any year in history. Based on the page numbers alone, this amount of regulations may seem staggering, but the economic costs are even more damaging. In 2015, regulations cost American consumers and small businesses an estimated \$1.88 trillion in lost economic productivity and higher prices.

Many in Washington have started to call Federal regulators the fourth

branch of government, unelected branch of government when it comes from the agencies. For too long, these regulators have run rampant, hurting our small businesses, stifling job growth, and hampering our economy. In fact, we have had one of the slowest economic recoveries coming out of a severe recession in modern times.

That is why, last week, I was proud to join my colleagues in passing the REINS Act and the Midnight Rules Relief Act. Additionally, this week we passed the Regulatory Accountability Act. Today I am proud to introduce my first piece of legislation, the Reforming Executive Guidance Act. This will further increase transparency and ensure that regulatory agencies are held accountable for their actions.

My bill will ensure that significant guidance documents promulgated by the regulatory agencies are subject to congressional review. These guidance documents are only meant to clarify regulations. However, over the years, executive agencies have used these guidance documents more and more often to expand their power and make significant policy changes. We are the accountable branch who are to make those policy changes. These policy changes are negatively affecting our businesses and imposing these significant costs on our economy.

My bill simply ensures that significant guidance documents are fully subject to the Congressional Review Act and the Administrative Procedure Act's notice and comment requirement. Not only does this increase congressional oversight, it also increases transparency, as the public will now have the ability to review these guidance documents before they are finalized. I ask my colleagues to join me in supporting this straightforward, commonsense legislation.

I look forward to working with my colleagues throughout the 115th Congress as we address the major issues facing the American people.

THE AFFORDABLE CARE ACT WORKS

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

Mr. PAYNE. Mr. Speaker, one of my constituents, Paul from Montclair, New Jersey, shared with my office his struggle with bladder cancer, HIV, and severe depression. He told us that he is scared, like most people who rely on the Affordable Care Act, because Republicans are determined to gut this legislation. He told us that he depends on the ACA for his medications and treatments, without which he fears he will die.

Paul lives on an unstable income, and it is only because of the ACA that he is able to afford his treatments. The staffer in my office who spoke with Paul told me that he could feel the fear in Paul's voice as he listened to Paul's story. Paul is rightly concerned about

whether he will be able to afford his next urologist appointment and what will happen if he can no longer pay for his depression medication.

Now, Paul told us that this was the first time that he publicly announced his medical conditions because he wants people to see the human face on the problem of the ACA repeal. He wants people to know that the ACA is keeping people alive.

Over 20 million people now depend on the ACA. They are not empty numbers. They are real people who deserve affordable, quality health coverage. ACA repeal would strip them of this coverage and make it impossible for them to get the care they rightly need.

Democrats will continue to stand our ground on the ACA, and we will continue to stand up for people who depend on the law, like Paul. We will refuse to make America sick again and create chaos in our Nation's healthcare system.

DIRE CONSEQUENCES OF OBAMACARE

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

Mr. FARENTHOLD. Mr. Speaker, for the past several days, this morning during our morning-hour debate, I have been listening to my colleagues across the aisle talking about the dire consequences the repeal of ObamaCare will have. Well, I have got to tell you something. It is already having dire consequences. The law itself is having dire consequences.

Americans like my constituent Dotty Legg from Victoria, Texas, wrote to my office with a desperate plea to get relief from the effects of ObamaCare. In 2012, Dotty's coverage was around \$400 a month with a \$2,500 deductible. In 2014, it went up to almost \$600. In 2015, \$700 a month, and that is coverage for just one person.

Well, in 2016, Dotty's carrier told her they could no longer cover her, so she had to go somewhere else. She went to another carrier and they only had an option that was almost \$700 a month, and her deductible skyrocketed to \$6,500. That is pretty unaffordable for something called the Affordable Care Act.

I have got to tell you, back before ObamaCare, back before the Affordable Care Act, a policy with a \$6,500 deductible would have been one of the least expensive policies you could have bought. It would have been a catastrophic policy. We have got to fix this.

It gets even worse. We don't see what goes on in 2017. The company is pulling out. Dotty can't find coverage at all.

The Affordable Care Act is not affordable, and it is full of broken promises. Most of the promises made were broken with Dotty. If you like your doctor, you can keep them. She hasn't been able to keep her doctor. Prices are going to go down? Come on. If you like your policy, you are going to keep it. Didn't happen.

We have got to fix this, and Republicans have a plan. We are going to work the plan. It is at better.gop. It is one of those new top-level domains, better.gop. We have got to fix it because ObamaCare is nothing but, as we say on the Internet, a big old #fail.

SECOND AMENDMENT RIGHTS FOR MILITARY SPOUSES

Mr. FARENTHOLD. Mr. Speaker, I would also like to talk about our military spouses.

We often overlook the tremendous sacrifice our military spouses make to support their husbands and wives. They often move far from home and family to be with their spouse on military orders, but they give up their friends, the comfort of home, and even some of their Second Amendment rights.

The Gun Control Act of 1968 limits citizens' rights to purchase a handgun by requiring that it only be bought in the State where they are considered residents. Exceptions were made for Active-Duty military members but not their spouses; and that is why I have introduced H.R. 256, the Protect Our Military Families' Second Amendment Rights Act, which allows spouses of Active-Duty servicemembers to purchase firearms in the State where they live under their spouse's military orders.

Military spouses should not be denied their Second Amendment rights because they choose to live with their husband or wife while they are deployed. Spouses have the right to defend themselves and their families, just like everyone else. While I believe we must continue to push for things like constitutional carry, H.R. 256 is a good step in ensuring Second Amendment rights are respected.

□ 1030

CONGRATULATING COACH JASON HERRING AND THE REFUGIO BOBCATS

Mr. FARENTHOLD. Mr. Speaker, on a lighter note, I would also like to congratulate Coach Jason Herring and the Refugio Bobcats football team for winning their fourth Texas State AA championship.

The Bobcats had a 15-1 record this school year and defeated Crawford in the championship game 23-20 in an impressive game-winning 15-yard field goal by kicker Diego Gonzalez with only 8 seconds remaining.

Quarterback Jacobe Avery was the championship game's offensive MVP, and linebacker Kobie Herring was named defensive MVP. This was an impressive year for the whole team.

Winning is a Bobcat tradition. Congratulations, Refugio Bobcats.

EXPANDING MEDICARE COVERAGE

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from California (Ms. ROYBAL-ALLARD) for 5 minutes.

Ms. ROYBAL-ALLARD. Mr. Speaker, since its implementation in 1965, Medicare has excluded coverage for hearing aids and related audiology services,

routine dental care, and routine eye exams and eyeglasses despite the fact that large numbers of older Americans need these essential items and services. Today, with well over 100 original cosponsors, I will be introducing the Seniors Have Eyes, Ears, and Teeth bill, which will lift these terribly unfair restrictions on the population most in need of these services.

We know that hearing loss affects more than 40 percent of persons over 60 years old, more than 60 percent of those over 70, and almost 80 percent of those over 80 years of age. Yet, sadly, only one in five seniors currently diagnosed with hearing issues uses a hearing aid, which can range in cost from \$1,000 to \$6,000. For the more than half of Medicare beneficiaries who live on incomes below \$24,150 per year, these high, out-of-pocket expenses are out of their reach.

We also know seniors account for approximately 80 percent of the 2.8 million Americans with low vision. Routine eye exams for these seniors can cost from \$50 to \$300 or more, and the average cost for a pair of prescription glasses is \$196.

Mr. Speaker, it is increasingly well documented that untreated vision and hearing loss not only diminishes quality of life, but also increases the risk for costly health outcomes such as falls and resulting disability, depression, and dementia. Also tragic is that nearly 70 percent of older Americans currently have no form of dental insurance. This lack of insurance has been identified as the major barrier to accessing dental care for seniors. It is a well-known fact that neglect of oral health can result in the deterioration of overall physical health and that the lack of access to even routine dental exams and cleanings can exacerbate serious and complicated overall health problems that increase with age.

Expanding Medicare to cover vision, dental, and hearing services is a cost-effective intervention because it will prevent healthcare costs due to accidents, falls, cognitive impairments and increases in chronic conditions and oral cancer. But most importantly, giving our seniors the gift of hearing, vision, and oral health will go a long way toward helping our seniors enjoy their golden years free from depression and social isolation.

Mr. Speaker, few bills are ever introduced with this overwhelming support. Additionally, it has the strong support from the National Committee to Preserve Social Security and Medicare. I invite my colleagues to join me and the over 100 original cosponsors of this legislation in supporting dental, vision, and hearing care for our seniors.

NATIONAL COMMITTEE TO PRESERVE
SOCIAL SECURITY & MEDICARE,
Washington, DC, January 11, 2017.

Hon. LUCILLE ROYBAL-ALLARD,
House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE ROYBAL-ALLARD: On behalf of the millions of members and supporters of the National Committee to Preserve Social Security and Medicare, I am