

preexisting conditions. Unfortunately, there are 130 million American adults with preexisting conditions, as described by the insurance industry. Over 5 years, that will be \$1 per month per person. That is going to buy a hell of a lot of health care; right?

NATIONAL SMALL BUSINESS WEEK

(Mr. MCNERNEY asked and was given permission to address the House for 1 minute.)

Mr. MCNERNEY. Mr. Speaker, this is National Small Business Week, and I rise to celebrate the more than 27 million small businesses in the United States of America and the 31,000 that are in my congressional district. The men and women who own these firms are truly the backbone of our economy.

Small businesses create most of the new jobs in the economy, supporting their families, employees, and communities. Small businesses want to grow and create jobs, but have difficulty accessing capital.

Furthermore, too many people remain out of work through no fault of their own. We must do more to fight high unemployment rates by helping to ensure that small businesses have the tools they need to succeed and thrive.

That is why I introduced H.R. 2313, the Small Business Relief and Job Creation Act. My bill provides tax credits for small businesses to hire people who were previously unemployed, and includes additional tax credits for small businesses located in high unemployment areas.

I welcome my colleagues to cosponsor H.R. 2313 to support small businesses across the country.

MOMENT OF SILENCE HONORING FIRST LIEUTENANT WESTON C. LEE.

(Mr. AUSTIN SCOTT of Georgia asked and was given permission to address the House for 1 minute.)

Mr. AUSTIN SCOTT of Georgia. Mr. Speaker, I rise today to honor First Lieutenant Weston C. Lee of Bluffton, Georgia, who died on April 29, 2017, in Mosul, Iraq, in support of Operation Inherent Resolve.

First Lieutenant Lee died from injuries sustained while part of a train, advise, and assist mission in support of partner forces.

First Lieutenant Lee was assigned to Charlie Company, 1st Battalion, 325th Infantry Regiment of the 82nd Airborne Division, Fort Bragg, North Carolina.

I would like to extend my heartfelt sympathy and condolences to his team, his family, and his friends who have suffered this loss.

Thank you, Lieutenant Weston Lee, for your service and sacrifice to our Nation.

Mr. Speaker, I would use the remainder of my time in a moment of silence in honor of Lieutenant Lee.

OPPOSITION TO THE AMERICAN HEALTH CARE ACT

(Mr. BROWN of Maryland asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BROWN of Maryland. Mr. Speaker, I rise today in opposition to the so-called American Health Care Act. It was a bad deal for America before, and it is a worse deal today. It is an offense to working families. You are going to pay more for your premiums, co-pays, and deductibles, and you are going to get less.

Preventative services, gone. Mental and behavioral health services, no more. Prescription drugs, gone or, at best, a whole lot more expensive.

It is a life-and-death proposition for the 326,000 people in my district with preexisting conditions, segregated into expensive high-risk pools, facing mind-boggling premium increases if you happen to have asthma, diabetes, cancer, or become pregnant.

It is a broken promise to America. President Trump promised not to cut Medicaid; broken. He promised insurance for everybody; broken. He promised preexisting conditions would be covered; broken.

Mr. Speaker, I won't be complicit in this broken promise. I won't un-insure 24 million Americans. I am resisting. I am voting "no."

HONORING ARMY RANGER SERGEANT JOSHUA P. RODGERS

(Mr. RODNEY DAVIS of Illinois asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. RODNEY DAVIS of Illinois. Mr. Speaker, I rise today to honor one of our Nation's heroes.

On April 27, Army Ranger Sergeant Joshua P. Rodgers of Bloomington, Illinois, was killed in action serving his third tour in Afghanistan.

At age 22, Sergeant Rodgers had already earned the prestigious Ranger Tab, Parachutist Badge, Marksmanship Qualification Badge Expert-Rifle, and many others.

Sergeant Rodgers leaves behind his parents, Kevin and Vonda; sisters, Emily and Hannah; brother, Ashton; and countless others whose lives have been forever changed by him.

I never had the honor of meeting Sergeant Rodgers, but those who knew him best remember him as a warrior, tenacious, humble, determined, a true inspiration to everyone who knew him.

We are forever grateful to Sergeant Rodgers and the men and women who put country above all else, a debt which we can never repay. It is because of Sergeant Rodgers and many like him that we live in the land of the free. It truly is because of the brave.

On Saturday, Sergeant Rodgers will be laid to rest as his family and friends gather to celebrate his life, a life filled with patriotism, honor, and service.

This House and his country will never forget Sergeant Rodgers' sacrifice.

May God bless his family and the brothers and sisters he served alongside.

HONORING NATIONAL SMALL BUSINESS WEEK

(Mr. YOHO asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. YOHO. Mr. Speaker, I rise today in honor of National Small Business Week. Small businesses are the backbone of our economy. This week is dedicated to celebrating and recognizing them and their contributions to our Nation. Because of this, I wanted to take a moment to recognize a few stellar small businesses in north central Florida.

Archer Automotive and Tire, founded in 2004, came about after a fleet mechanic of over 20 years decided he wanted to open his own shop. Thirteen years later, they have expanded into a state-of-the-art facility employing over eight families, allowing them to serve even more of their community.

Eat the 80, winner of the Gainesville Chamber of Commerce's 2016 Leading Women's Enterprise Award, is a meal delivery service specializing in health food that doesn't lack flavor or quality. They believe that everyone should have access to a healthy diet, and they built a business that could provide meals for working families.

Finally, I would like to recognize Endoscopy Replacement Parts, an aftermarket manufacturer established in 1997. Their 18 years of manufacturing experience, great customer service, and giving back to the community has led them to be recognized as the 2015 Manufacturers Association of Florida's Manufacturer of the Year, and the 2015 Small Business Administration's Small Business Exporter of the Year.

Mr. Speaker, it is businesses like that that keep our communities vital and growing.

PROVIDING FOR CONSIDERATION OF H.R. 2192, PUBLIC HEALTH SERVICE ACT AMENDMENT, AND PROVIDING FOR FURTHER CONSIDERATION OF H.R. 1628, AMERICAN HEALTH CARE ACT OF 2017

Mr. COLLINS of Georgia. Mr. Speaker, by direction of the Committee on Rules, I call up House Resolution 308 and ask for its immediate consideration.

The Clerk read the resolution, as follows:

H. RES. 308

Resolved, That upon adoption of this resolution it shall be in order to consider in the House the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff. All points of order against consideration of the bill are waived. The bill

shall be considered as read. All points of order against provisions in the bill are waived. The previous question shall be considered as ordered on the bill and on any amendment thereto to final passage without intervening motion except: (1) one hour of debate equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce; and (2) one motion to recommit.

SEC. 2. During further consideration of the bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, as amended, pursuant to House Resolution 228, the further amendments printed in the report of the Committee on Rules accompanying this resolution shall be considered as adopted.

The SPEAKER pro tempore (Mr. POE of Texas). The gentleman from Georgia is recognized for 1 hour.

Mr. COLLINS of Georgia. Mr. Speaker, for the purpose of debate only, I yield the customary 30 minutes to the gentleman from Massachusetts (Mr. MCGOVERN), pending which I yield myself such time as I may consume. During consideration of this resolution, all time yielded is for the purpose of debate only.

GENERAL LEAVE

Mr. COLLINS of Georgia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks and include extraneous materials on House Resolution 308, currently under consideration.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Georgia?

There was no objection.

Mr. COLLINS of Georgia. Mr. Speaker, I am pleased today to bring forward this rule on behalf of the Rules Committee.

Over the past few weeks, the Rules Committee has had the opportunity to hear from numerous stakeholders, from the chairs and ranking members of committees of jurisdiction to the Members who have offered amendments.

Most recently, last night we heard testimony from Mr. MACARTHUR and Mr. UPTON to explain their amendments and address any questions from the committee members, and from Ms. MCSALLY to explain her legislation.

□ 0915

This rule provides for further consideration of H.R. 1628, the American Health Care Act, and incorporates three amendments—the Palmer-Schweikert amendment, the MacArthur amendment, and the Upton amendment—that strengthen the underlying bill.

It also provides for consideration of H.R. 2192, legislation authored by Representative MCSALLY, with 1 hour of debate equally divided and controlled by the chair and ranking member of the Committee on Energy and Commerce.

Mr. Speaker, all across our country, the Affordable Care Act continues to strip hardworking Americans and families of access to affordable, quality

medical care and offer them skyrocketing premiums and anemic provider networks in return.

Democrats smuggled ObamaCare through with little regard for the procedure, left lofty and empty promises that benefit simply a bureaucratic machine. Seven years later, we have seen these promises evaporate as ObamaCare patients lose access to their doctors and lose the very insurance plans they were promised would remain intact.

Our friends across the aisle claim that coverage has been expanded and individuals who never had quality health care before now have access. Mr. Speaker, I wish that were true, but it is not. I wish my colleagues and I didn't hear from neighbor after neighbor who can't find a doctor to accept ACA insurance or who avoids medical care altogether because their deductibles reach higher than the clouds. But we do hear from them because Americans are suffering as insurance providers flee from the not-so-free market.

You see, coverage doesn't mean access to care. Unfortunately, we have heard all too often that individuals may have health coverage, but they can't use it because their premiums and deductibles are too high for them to actually afford the care.

What good does the coverage do a woman who earns \$22,000 a year and has a \$5,000 deductible?

What good does it do a young family to have insurance that no provider in their community accepts?

What good does it do to say we want to grow the economy and create jobs when American businesses are struggling to keep their doors open due to the ObamaCare mandate?

We have witnessed insurers dropping out of the exchanges and seen premiums climbing while consumers are left with less and less choice. Five States have one option and no choice for health insurance, and nothing guarantees that their residents will keep that much.

ObamaCare has hijacked the free market, and it has taken some Americans' liberties with it. We must remember that exchanging freedom, choice, self-determination for securities at the hands of Big Brother too often leaves us with neither liberty nor security.

We know that ObamaCare was designed to make a single-payer system inevitable. And to the extent that a single-payer system means a zero-choice system, the prophecy has already come true.

Families can no longer choose to save for retirement or pay their mortgages because premiums suck up all the oxygen in their budget. Individuals who want to purchase a PPO cannot because their county only offers HMO plans. Disabled Americans who depend on Medicare find that ObamaCare has given more Federal funding to able-bodied Americans than our more vulnerable neighbors.

In my district, a young mother who wants to take her young son to the

family doctor post-ObamaCare can't because she can't find a physician who accepts her new insurance.

Brittany Ivey and her husband have struggled under the consequences of the Affordable Care Act. Mrs. Ivey was working part-time at a small business that provided her family with health insurance until the effects of ObamaCare on the insurance market raised her premiums sharply. This drove the Ivey family into the individual market, where a midlevel plan took 65 percent of her monthly gross income, even after a small Federal subsidy. Unable to afford insurance through her employer, Mrs. Ivey turned to the Federal exchange, where she obtained a plan that neither she nor her children's doctor would accept.

The Affordable Care Act robbed Americans of the ability to choose health care that worked for them, and the Affordable Care Act destroyed the insurance market along with the benefits that competition and innovation offer all of us. The American people deserve better. ObamaCare replaced our doctors with bureaucrats because that is what socialized medicine does.

The American Health Care Act is our last chance to get off the Federal ferris wheel before we are locked into a healthcare system that takes us nowhere and offers neighbors nothing but heartburn.

The American Health Care Act guts the most egregious provisions of ObamaCare, rolls back the law's taxes, restores flexibility to the States, and helps to make quality care more accessible and affordable.

Mr. Speaker, one of the reasons I came to Congress is to repeal and replace ObamaCare and rein in our Nation's bloated, ballooning entitlement system. The American Health Care Act does that by, for the first time, making major reforms to an entitlement program—Medicaid. It rolls back the Medicaid expansion under ObamaCare, one of the fundamental pillars, and it makes structural changes to the program to ensure it only goes to the individuals it was intended to help.

The American Health Care Act allows States to establish work requirements for able-bodied adult Medicaid enrollees. It lets States choose between the per capita cap and a flexible Medicare block grant, and it increases the growth rate to cover disabled and elderly Medicaid populations.

The bill enacts patient-centered reforms, increases access to healthcare savings accounts, and creates a Patient and State Stability Fund to help stabilize insurance markets that have contracted during ObamaCare.

Over the course of the last several weeks, we have worked in this House to strengthen the bill. We have listened to feedback from constituents, neighbors, stakeholders, and each other.

Importantly, coverage for individuals with preexisting conditions is maintained as a baseline within the bill. An

amendment from Mr. MACARTHUR further protects individuals' preexisting conditions from being denied coverage.

While the amendment provides States with additional flexibility by allowing them to seek a waiver, individuals with preexisting conditions will not be left out to dry. In fact, there are conditions attached to the waiver that ensure States use funds provided by the bill, should they receive a waiver, to set up high-risk pools for those very individuals. With the addition of the Upton amendment, the bill provides \$108 billion to help States fund programs such as high-risk pools.

Mr. Speaker, my home State of Georgia has very different needs than California. That is why I think it makes sense to give States more say in what works for their populations. Our plan does this, but it does so in a way that ensures protections exist for vulnerable populations like the elderly, disabled, and children.

The rule also provides for Representative MCSALLY's legislation to ensure that Members of Congress are treated the same as all Americans. I fully support this bill and firmly believe elected officials should be required to live under the same laws as those they were elected to represent.

President Trump has made his support of the American Health Care Act and its strengthening amendments clear, and I stand with him in supporting this legislation to gut ObamaCare and rescue the American people.

Mr. Speaker, average premiums rose by 40 percent or more in 11 States just this year. The statistics and the stories speak for themselves. We must act to dismantle ObamaCare, and the Affordable Care Act does that.

I support the rule before us today to provide for further improvements to the bill and look forward to supporting both the rule and the underlying bill.

I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield myself such time as I may consume.

(Mr. MCGOVERN asked and was given permission to revise and extend his remarks.)

Mr. MCGOVERN. I thank the gentleman from Georgia (Mr. COLLINS) for the customary 30 minutes.

Mr. Speaker, pathetic, that is the word to describe this process and this bill. If the American people could sue Congress for malpractice, my Republican friends would be in deep trouble.

How could you do this? How could you do this to the American people? How can you do this to the people you represent?

You are taking away essential healthcare protections. You are allowing insurance companies to discriminate against people with preexisting conditions. You are supporting a bill that will throw 24 million people off of their health care and cut Medicaid by \$880 billion to give a \$1 trillion tax break to the wealthiest people in this country.

What is wrong with you guys?

Today's rule self-executes three of the newest Republican amendments to the Republican health plan. This means, without any sort of debate or discussion whatsoever, the Palmer, MacArthur, and Upton amendments will magically pass the House.

What I find so hard to believe about this latest backroom deal is that they actually make this bill worse. I didn't think that was possible, Mr. Speaker.

To shore up support amongst this Chamber's most conservative faction, Representative MACARTHUR and others made a deal with President Trump to gut protections for individuals with preexisting conditions and to eliminate essential health benefits like maternity care, mental health treatment, and prescription drug coverage, just to name a few. These are among the most popular provisions of the Affordable Care Act.

The American people were justifiably outraged, and they showed up by the thousands to townhalls to express their anger. And there were some on the Republican side who actually got it. They listened to their constituents and they had the courage to stand up and say no.

But when Republican leaders came up short in their whip count, Representative UPTON ran to the White House and concocted a deal with President Trump to try to win back votes. His amendment adds a measly \$8 billion spread out over 5 years in a futile attempt to soften the devastating effect that this bill will have on millions and millions of Americans with preexisting conditions.

Now, \$8 billion over 5 years sounds like a lot, but when we are talking about an entire country, it really isn't. Don't take it from me. Robert Graboyes from the conservative Mercatus Center said:

"The \$8 billion amount is a pittance. Spread over 5 years, it's a fifth of a pittance."

This is not a leftwing organization. This is an organization funded by Koch Industries, the Koch brothers. My friends love the Koch brothers.

What's more, some analysts have already estimated that an additional \$200 billion will be needed over a decade to adequately fund high-risk pools. So this amendment is billions upon billions upon billions of dollars short. And as the Center for American Progress points out, the Upton amendment "will have almost no effect."

Now, my colleagues who have been won over by this should be ashamed of themselves. We are supposed to fix problems and help people, not merely settle for political cover that can be used in a press release. \$8 billion to cover a \$200 billion shortfall? Back where I come from, we call that being a cheap date. I guarantee you, your constituents are going to figure this out, and they will not be happy.

So to so-called moderate Republicans who have contorted themselves this week to try to find a fix to the damage

being done to the people with preexisting conditions, I have breaking news: I have a magic bullet fix if Republicans really want to protect people with preexisting conditions. Are you ready? Brace yourselves. Don't change the law. Everyone is already protected by the Affordable Care Act, including people with preexisting conditions and those who struggle to find affordable care. Let me say to my colleagues that to claim or imply that this Republican plan covers preexisting conditions is a lie, plain and simple.

Now, let me say a few words about the process that has been used to bring this bill to the floor. It has been a disaster from start to finish, with secret negotiations, backroom deals, and bribes to buy off factions within the Republican Conference. There have been no hearings on this bill whatsoever. And the Republican leadership couldn't even slow down long enough to receive a score from the CBO.

I have one simple question: What is the rush? Wait a week and get a CBO score. Why is that such a radical idea?

Mr. Speaker, are Republican leaders jamming this bill through to appease Donald Trump?

Are they concerned that a new CBO score will confirm what we already know is true, that this bill will be devastating to the people of this country, force even more people to lose their health care, especially to older, sick, and low-income Americans.

Or maybe, Mr. Speaker, Republican leaders are worried that their colleagues will go home over this weeklong break and actually hear from their constituents who overwhelmingly oppose this effort to repeal the Affordable Care Act.

Honestly, I don't know how my Republican friends can defend this terrible, closed, authoritarian process. It is an absolute disgrace.

I urge my colleagues to vote "no" on this bill, or, better yet, I urge my Republican colleagues to do what they did a couple of weeks ago and pull this disastrous bill.

I reserve the balance of my time.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. YARMUTH), the distinguished ranking member of the Committee on the Budget.

Mr. YARMUTH. Mr. Speaker, the question every Member of Congress should be asking themselves today is: Who in the world is better off because of today's bill?

It is not the 24 million people the CBO says will lose their health coverage if this bill becomes law.

It is not the seniors who will be priced out of the market by an age tax or the millions of families who will see their health care gutted by the more than \$800 billion in cuts to Medicaid.

It is not the 881,000 non-elderly adults in Kentucky with preexisting conditions who would, once again, face

staggering health costs with reduced care.

So who is better off? Well, certainly corporations and millionaires who will see nearly \$1 trillion in tax cuts from this bill.

And at least, in their minds, a few Republican Members are so desperate for some type of political victory they are willing to risk the health and well-being of their constituents to ram through a bill without hearings, analysis, or, most alarmingly, any sense of morality. That is the cruel tradeoff my Republican colleagues have decided to make.

Our families deserve far better. I urge my colleagues to exercise better judgment and vote “no” on this bill.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

□ 0930

Mr. MCGOVERN. Mr. Speaker, I am not sure if my colleagues are aware of this since we are moving so quickly here, but I want to flag for everyone an important op-ed in *The Hill* by the executive director of the Boston Area Rape Crisis Center. She points out that in the latest version of this legislation, rape can once again be categorized as a preexisting condition as it often was before the Affordable Care Act.

I include her column, entitled “Health ‘reform’ will make sexual assault survivors sick,” in the RECORD.

HEALTH ‘REFORM’ WILL MAKE SEXUAL
ASSAULT SURVIVORS SICK
(By Gina Scaramella)

So far, we know that about 24 million Americans stand to lose their health insurance coverage if the Affordable Care Act (ACA) is replaced with the American Health Care Act (AHCA). We know that most of those 24 million people will be low-income.

We also know that groups of people who experience significant health care disparities, such as lesbian, gay, bisexual and transgender (LGBT) people, and Black and Latino people, will be among those who risk losing the most if the ACA is repealed. To that list, we must add survivors of sexual violence.

Before passage of the ACA in 2010, sexual assault survivors who had sought medical care for their injuries could be denied health insurance coverage at a later date. The reason? Health insurers often categorized rape as a pre-existing health condition.

In one widely reported case, a 45-year-old woman met two men at a bar in Florida who bought her a drink. Hours later, she found herself lying by the side of the road with injuries indicating that she had been raped and that the men had spiked her drink. Her doctor prescribed a treatment of anti-viral, post-HIV exposure drugs to protect against HIV transmission.

When the woman lost her health insurance several months after the attack, she was unable to obtain new insurance due to the health care treatment she had received for the assault. She went without health insurance for three years.

Stories like these prompted the National Women’s Law Center to launch a campaign called “Being a Woman Is Not a Pre-Existing Condition.” It was so popular that then-House Speaker Nancy Pelosi adopted the phrase in her pro-health reform talking points with media, and the *New York Times*

ran an explainer on the ways in which health insurers treated women as if they were just one giant pre-existing condition.

The AHCA initially retained the ACA’s ban on discrimination against people with pre-existing conditions. But an amendment to the AHCA bill offered last week by New Jersey Congressman Tom MacArthur and North Carolina Congressman Mark Meadows would make it easier for health insurers to deny coverage to people with pre-existing conditions.

By letting states waive the ACA prohibition on charging people with pre-existing health conditions higher premiums, protections for those who’ve previously been medically treated for sexual assault would be gutted.

Perhaps more alarming, though, is the MacArthur-Meadows amendment’s provision allowing states to also seek waivers from the ACA’s requirement that essential health benefits be covered by health insurance plans. Essential health benefits include preventive health care services that most of us take for granted. These include tests for blood pressure and cholesterol, mammograms, and vaccinations. Essential health benefits also include coverage for mental health care and substance abuse treatment.

Sexual violence survivors face acute treatment needs in the aftermath of an assault such as care for gynecological injuries, other physical trauma, sexually-transmitted diseases, and pregnancy. But sexual violence takes many forms: incest; ongoing sexual abuse outside of the family, sexual assault, sexual harassment or exploitation, and rape. Each of these types of assault puts the survivor at risk for various potential negative physical health and mental health outcomes.

For example, an adult survivor of childhood sexual abuse is at a higher risk for psychiatric disorders. Women and men who have survived rape as adults are at higher risk of post-traumatic stress disorder, depression, anxiety, and substance abuse—any of which can significantly interfere with daily living. No one can deny that there is a direct line between having survived sexual violence, and an increased risk of physical and mental health problems.

The mental health impacts of sexual violence are deep and often longstanding. Survivors need long-term access to nonjudgmental health and mental health services to reduce their suffering and mitigate as much as possible the stress that recovery from sexual violence puts on intimate family relationships, and obligations related to school and work.

It is hard to see any good coming from this latest attempt to repeal the ACA and all of the care it has brought to survivors of sexual violence.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. DELBENE).

Ms. DELBENE. Mr. Speaker, this destructive legislation hurts middle class families and threatens massive disruption to our healthcare system. And it has only gone from bad to worse.

Stripping protections from 133 million Americans with preexisting conditions isn’t just wrong, it is inhumane. Nobody in this country should go bankrupt trying to afford the medical care they need to stay alive.

This isn’t about politics; it is about human decency and who we are as Americans. It is about people like Jackie, a cancer survivor from Snohomish who says the Affordable Care Act saved her life.

She wrote to me saying: “My cancer recurred, but I was covered. I was able to complete my treatments without having to worry about how to put food on the table. Or being left to die. Because of the ACA, I survived.”

We all have stories like this in our districts, but some of my colleagues aren’t listening. I hope they find the courage and the wisdom to vote “no” on this dangerous legislation.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. CASTRO).

Mr. CASTRO of Texas. Mr. Speaker, Republicans, over the last few months, have said that they would fundamentally change health care in the United States, and it is clear today that they have. They have made it much worse.

I want to highlight one provision that allows for States to permit insurers to get rid of essential healthcare benefits and charge people more who have preexisting conditions. Think about that for a second.

In my home State of Texas, the Governor and other State leaders have already turned their back on so many people, allowing foster care children to sleep in State offices, allowing sex trafficking and human trafficking victims to go to jail because there is nowhere else to put them.

You should ask yourselves: What will your leaders do? Will they allow insurers to charge you more for preexisting conditions like diabetes and hypertension and cancer and asthma?

Do you think, and do you trust, that they are going to do the right thing by you? Because today, this plan allows them to abandon you.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

At this time, I think one of the interesting things is, as discussed, the criticism of this. I think it was just a reminder, Mr. Speaker, of what happened 7 years ago when our healthcare market, which could have been helped by many good ideas, was decided to be taken on a very unhealthy bent. We are now paying the price for that. We are going to continue to see that unless we change it. We are changing that for the better.

One of the strongest voices that we have had in this body is someone who has actually taken it as his living to take care of people. Dr. BURGESS not only came to this Congress with a strong voice of not only what doctors and the medical profession have, but I think it gives us an insight into what patients need as well. He has been a clarion voice through this whole process, before ObamaCare, during the disaster of ObamaCare, and now as we look to fix the problems that have existed.

I yield as much time as he may consume to the gentleman from Texas (Mr. BURGESS).

Mr. BURGESS. Mr. Speaker, how did we get to this point?

The Affordable Care Act is simply not working for the American people. It is limiting choices. It is raising costs. It is leaving millions without access to care. And unfortunately, these are not just talking points but very real issues affecting very real Americans.

The Affordable Care Act has left the individual market in shambles and has driven insurers away from offering coverage. Now, we are seeing one-third of all counties in the United States of America with only a single insurer. And among the plans that have chosen to remain in these markets, there have been widespread, double-digit premium increases. In Texas, premiums have jumped 29 percent a year, on average, from 2014 to 2017.

The markets are in difficulty. They are failing to live up to the promise made 7 years ago, that Americans would be able to receive “affordable care.”

As we knew then, and we still know now, this was an empty promise and has priced over 19 million Americans out of the market. What is worse, these individuals are forced to pay the individual mandate penalty or seek a hardship exemption because of the cost to purchase and use their health insurance.

Mr. Speaker, 11 months ago, Speaker RYAN released the Better Way plan to save the Nation’s healthcare system and to bring relief to the American people. This plan, which served as the blueprint for the American Health Care Act, laid out policies to stabilize the markets damaged by the Affordable Care Act, repeal the burdensome Affordable Care Act taxes and mandates that have hindered innovation and limited access to care. So let’s take a look at what the American Health Care Act does.

First and foremost, the American Health Care Act provides immediate relief to the State insurance markets. As Republicans, we know that one-size-fits-all works for no one, and certainly did not work for the individual markets. The States should have the flexibility to support their insurance markets and ensure that plans can continue to provide options for coverage.

To do this, we relax two of the more egregious market regulations that were imposed under the Affordable Care Act: the mandate that premiums cannot vary for younger and older Americans by more than a 3-to-1 ratio and the mandate creating fixed actuarial values for plans.

The mandate limiting a plan’s ability to set premiums by age has driven up the cost of coverage for younger and healthier Americans and, subsequently, pushed them away from seeking coverage by the millions. Of the over 19 million Americans who have sidestepped the individual market, it is estimated that as many as 45 percent of these individuals are under the age of 35. Without these younger Americans seeking coverage, the markets

have plunged, as insurers have hiked up premiums year after year to compensate for unhealthy risk pools.

To change this, there is relaxation of the 5-to-1 ratio. It will lower premium costs and provide necessary opportunities to stabilize markets. We also give States the option, the choice to go higher or go lower, which honors the spirit of federalism.

Additionally, we are repealing the actuarial values mandate to provide insurers with additional flexibility to offer more coverage options. The requirement for insurers to offer specified Bronze, Silver, and Gold level tiers has limited consumer choice, driving even more individuals away from seeking coverage and further contributing to the collapse of the healthcare markets.

To further supplement these efforts, we are establishing the Patient and State Stability Fund. This fund provides States access to a total of over \$140 billion over 10 years to promote innovative solutions to lower costs and increase access to health care for their unique patient populations.

Mr. Speaker, the goal is simple, to provide States with maximum flexibility in how they address the cost of care for their citizens. The American Health Care Act provides States with options for how to use funds, including providing financial assistance for high-cost individuals, incentivizing insurer participation in those markets, reducing the cost of insurance, promoting access to preventive services, and reducing out-of-pocket costs for patients.

The Congressional Budget Office estimated that a combination of the Stability Fund and other proconsumer changes would reduce premiums by 10 percent below current projections of 2026.

We want patients to have access to high-quality, affordably priced health coverage. The Patient and State Stability Fund can help States lower costs and can increase access to high quality health care for their citizens.

In addition to supporting the insurance markets, the American Health Care Act creates needed reforms to the Medicaid program itself. Without any changes, the current Medicaid expansion is expected to cost \$1 trillion in 10 years’ time—\$1 trillion a year in 10 years’ time. Medicaid needs reform so that States can continue to provide coverage to children, people with disabilities, and other vulnerable groups, the very populations that this safety net program was created to serve.

To address these concerns, the American Health Care Act first phases out the Medicaid expansion, not traditional Medicaid but Medicaid expansion. The expansion has hurt State budgets and limited States’ abilities to ensure that resources will continue to be available for the vulnerable populations for which Medicaid was designed. By phasing out expansion, we are providing States with greater budget autonomy.

Additionally, our bill helps further bend the Medicaid cost curve by shifting the program toward a per beneficiary allotment. Per beneficiary allotments set limits on the annual growth for per capita expenditures for which the States will receive matching funds from the Federal Government. Per beneficiary allotments create greater fiscal accountability and ensure that the program can continue to exist for years to come.

This is not a new idea. This was an idea put forward by President Bill Clinton and, at one time, supported by every Democratic Member of the Senate in 1995.

Second, the American Health Care Act increases the amount of flexibility that States have in managing their Medicaid program. The bill scales back the Affordable Care Act mandates that have limited a State’s ability to tailor plans toward the needs of beneficiaries. States can and States should be trusted to effectively manage the needs of their Medicaid beneficiaries. The American Health Care Act will allow them to do so.

Additionally, the American Health Care Act furthers the goal of providing the States with greater flexibility in managing their Medicaid programs by providing States with the option to implement two additional opportunities: work requirements and block grants for Medicaid.

When the Affordable Care Act was being debated, some of the most consistent complaints that we heard throughout the discussion came from Governors and State representatives expressing concerns about the negative consequences that they saw on the horizon.

This time around, we chose to engage our State counterparts in the discussion and listen to their input as we designed the bill; and at the top of their list was a desire to see the work requirements built into the Medicaid and the expansion populations, and the opportunity to work with Medicaid as a block grant.

Republicans trust that States know what works for their respective populations, and we are not going to stand in the way of States seeking to design Medicaid programs that work for them.

Finally, the American Health Care Act provides additional resources to bolster State safety net providers. The bill provides increases to the Community Health Center Fund, offers enhanced funding to support the safety net providers in States that did not expand Medicaid, and ends the cuts to Disproportionate Share Hospital payments, cuts that are going to occur under current law on October 1 of this year.

We are committed to ensuring that our local providers can continue to deliver lifesaving care and that the American Health Care Act turns this commitment into action. For the millions of Americans in rural and medically underserved areas, these actions

will provide needed relief that was undercut by the Affordable Care Act and will allow these Americans to continue to have access to care.

Moving forward, together, these efforts will provide meaningful reform and relief for the States and for the individuals seeking health care. We are stabilizing the markets, reforming Medicaid in the most substantive and consequential way in its 52-year history, and ensuring that all Americans can maintain access to care through local safety net providers.

We do recognize there is still more work to be done in health care, and that is why we only consider the American Health Care Act to be the beginning. It is the key that gets us through the door into additional health reform. From here, we will work with Secretary Price at the Department of Health and Human Services to further deregulate the marketplace and increase consumer choice in the healthcare markets, and we will enhance the American Health Care Act with additional legislative efforts to further the goal of lowering healthcare costs.

Mr. Speaker, this should be a very exciting time in health care. With all of the knowledge that has been gained over the years in the practice of medicine, I am humbled to be here today speaking in support of this legislation.

It will begin the much-awaited process of unwinding the Affordable Care Act and will finally return patients to the center of health care.

□ 0945

Mr. MCGOVERN. Mr. Speaker, wow. I yield myself such time as I may consume, and to rebut the gentleman from Texas, let me include in the RECORD a letter from the American Cancer Society, the American Diabetes Association, the American Heart Association, the American Lung Association, the Cystic Fibrosis Foundation, the Juvenile Diabetes Foundation, the March of Dimes, the National Multiple Sclerosis Society, the National Organization for Rare Disorders, and the National Coalition for Women with Heart Disease.

**LEADING PATIENT ADVOCACY GROUPS REMAIN OPPOSED TO THE AMERICAN HEALTH CARE ACT
EIGHT ORGANIZATIONS ISSUE STATEMENT
CRITICIZING UPTON AGREEMENT**

WASHINGTON, May 3, 2017.—Earlier today, House Energy and Commerce Committee Chairman Greg Walden (R-OR) issued a press release stating that an amendment proposed by Representative Fred Upton (R-MI) to the American Health Care Act (AHCA) provides “protection and certainty for patients with pre-existing conditions.” Eight leading patient groups, listed below, issued the following statement in response:

Despite the Upton amendment, we remain strongly opposed to the American Health Care Act and urge Congress to consider the people at the heart of this decision. The various patchwork solutions offered by lawmakers would still leave the millions of patients we represent, who have serious and chronic health conditions, at risk of not being able to access life-saving treatments and care.

There is no substitute for fundamental, unequivocal protections for people with pre-existing conditions.

The AHCA, including the potential amendment, would undermine vital safeguards against being charged more for insurance based on health status. Increasing funding for risk sharing programs and consumer financial assistance does not address the legitimate challenges built into these proposals.

The other equally important problems with the AHCA remain, including:

Allowing states to waive the guarantee of essential health benefits, which would:

Segment the market into plans for sick people and plans for healthy people, driving up the cost of plans for people with serious health care needs

Undermine the protection against annual and lifetime coverage caps, a critical safeguard for patients

Eliminating Medicaid expansion coverage for millions of Americans and altering the program’s financing structure in a way that jeopardizes coverage of new and innovative treatments

Increasing out-of-pocket costs for many Americans, including some of the sickest and elderly among us

Given the numerous shortcomings of the American Health Care Act in serving the patients we represent, our organizations have no choice but to oppose this legislation and urge all Representatives to vote against it, with or without the Upton and MacArthur amendments.

PATIENT ADVOCACY GROUPS

- American Cancer Society Cancer Action Network
- American Heart Association
- American Lung Association
- Cystic Fibrosis Foundation
- March of Dimes
- National Organization for Rare Disorders
- National MS Society
- WomenHeart: The National Coalition for Women with Heart Disease

MEDIA CONTACTS

- American Cancer Society Cancer Action Network, Alissa Crispino.
- American Heart Association, Abbey Dively.
- American Lung Association, Allison MacMunn.
- Cystic Fibrosis Foundation, Jessica Rowlands.
- March of Dimes, Cindy Pellegrini.
- National Organization for Rare Disorders, Jennifer Huron.
- National MS Society, Eileen Curran.
- WomenHeart: The National Coalition for Women with Heart Disease, Tom Murphy.

Mr. MCGOVERN. Mr. Speaker, I also include in the RECORD a statement from the American Medical Association in opposition to this bill.

[From the American Medical Association, May 3, 2017]

AMA WARNS THAT PROPOSED CHANGES TO THE AMERICAN HEALTH CARE ACT DO NOT REMEDY BILL’S SHORTCOMINGS

DESPITE AMENDMENTS TO BILL, MILLIONS OF AMERICANS WOULD STILL LOSE HEALTH INSURANCE COVERAGE

CHICAGO.—American Medical Association (AMA) President Andrew W. Gurman, M.D., issued the following statement today about proposed changes to the American Health Care Act (AHCA):

“None of the legislative tweaks under consideration changes the serious harm to patients and the health care delivery system if AHCA passes. Proposed changes to the bill tinker at the edges without remedying the

fundamental failing of the bill—that millions of Americans will lose their health insurance as a direct result of this proposal.

“High-risk pools are not a new idea. Prior to the enactment of the Affordable Care Act, 35 states operated high-risk pools, and they were not a panacea for Americans with pre-existing medical conditions. The history of high-risk pools demonstrates that Americans with pre-existing conditions will be stuck in second-class health care coverage—if they are able to obtain coverage at all.

“Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage.”

“America should not go backward to the time when our fellow citizens with pre-existing health conditions faced high costs for limited coverage, if they were able to obtain coverage at all. The AMA urges congressional leaders and the Administration to pursue a bipartisan dialogue on alternative policies that provide patients with access and coverage to high quality care and preserve the safety net for vulnerable populations.”

BACKGROUND ON HIGH-RISK POOLS

A January report from the American Academy of Actuaries notes that “enrollment has generally been low, coverage has been limited and expensive, they require external funding, and they have typically operated at a loss . . . Removing high-risk individuals from the insured risk pools reduces costs in the private market only temporarily. Over time, even lower-cost individuals in the individual market can incur high health care costs, which would put upward pressure on premiums.”

According to the Kaiser Family Foundation:

State high-risk pools featured premiums above standard non-group market rates—with most states capping them at 150%–200% of standard rates. Many also featured high deductibles, some \$5,000 or more.

Despite the fact that many individuals were forced into high-risk pools because of a pre-existing condition, nearly all states excluded coverage for these conditions for 6–12 months.

Almost all high-risk pools imposed lifetime limits on covered services, and some imposed annual limits.

Some states capped or closed enrollment. Combined net losses for the state high-risk pools totaled more than \$1.2 billion for 2011, or \$5,510 per enrollee, on average.

Furthermore, a 2010 paper by James Capretta and Tom Miller that appeared in National Affairs estimated that the cost of adequately funded high risk pools would be \$15 billion to \$20 billion per year.

Mr. MCGOVERN. Mr. Speaker, I also include in the RECORD a letter from the American Academy of Family Physicians in opposition to this bill.

**AMERICAN ACADEMY OF
FAMILY PHYSICIANS,
May 3, 2017.**

JIM MCGOVERN,
Representative, House of Representatives,
Washington, DC.

DEAR REP. JIM MCGOVERN: Despite recent activities and amendments, the American Health Care Act (H.R. 1628) remains a highly flawed proposal that will destabilize our health care system, cause significant loss of coverage, and allow for the discrimination against patients based on their gender, age, and health status. For these reasons, the American Academy of Family Physicians (AAFP) continues to oppose the AHCA and

encourages the House of Representatives to reject this failed policy.

The fact remains that the AHCA will:

Cause more than 24 million people to lose their health care coverage, including more than 7 million with employer-sponsored coverage.

Destabilize the individual health insurance market.

Create a race to the bottom by eliminating any standards with respect to minimum insurance benefits.

Enact draconian cuts in the Medicaid program that will have an immediate negative impact on low-income individuals, children, and millions of senior citizens who rely on the program.

Eliminate community rating and return to medical underwriting, thus allowing insurers to discriminate against individuals based on their gender, age, and health status.

Deny individuals protection against annual and lifetime spending caps, thus threatening the financial stability of millions of individuals and families in the future.

Over the past few days there has been an effort to advance policies that seek to protect individuals with pre-existing conditions from facing discrimination in insurance underwriting as a result of their health status. Despite a willingness to spend more money on these proposals, the current efforts on pre-existing conditions fail to accomplish their goal. High-risk pools are inherently flawed and expensive. The proposals under consideration provide inadequate funding for an inadequate period of time, thus creating an under-funded and temporary solution for the millions of Americans with pre-existing conditions. We find it regrettable that Congress would seek to relegate individuals with high health care needs to a program that has a questionable history and would face uncertain financial stability in the future.

By removing critical consumer protections that collectively ensure that the millions of individuals with pre-existing conditions can continue to purchase affordable health care coverage, the AHCA would result in higher premiums and higher deductibles for millions. Additionally, the negative impact of the AHCA is not limited to the individual insurance market. These policies also may impact the more than 130 million people with employer-sponsored insurance.

Thank you.

Mr. MCGOVERN. Mr. Speaker, I also include in the RECORD a statement from the AARP in strong opposition to this bill.

AARP,
May 3, 2017.

DEAR REPRESENTATIVE: Older Americans care deeply about access to and affordability of health care. With the addition of the Upton Amendment, as reported, we once again write to share our opposition to the American Health Care Act (AHCA) and urge you to vote NO. Changes under consideration that would allow states to waive important consumer protections—allowing insurance companies to once again charge Americans with pre-existing conditions more because they've had cancer, diabetes or heart disease—would make a bad bill even worse. This would be devastating for the 25 million Americans 50-64 who have a deniable pre-existing condition. The Upton amendment would do little to reduce the massive premium increases for those with pre-existing conditions.

Throughout consideration of the AHCA, we have been expressing serious concerns about the impact that this legislation will have on older Americans. The Congressional Budget Office (CBO)'s last estimate further demonstrates the harmful impact of this bill on

older Americans and some of our most vulnerable. Specifically, the American Health Care Act will weaken the fiscal sustainability of Medicare; dramatically increase premium and out-of-pocket costs for 50-64 year olds purchasing coverage on the individual insurance market; allow insurance companies to once again discriminate against those with pre-existing conditions; substantially increase the number of Americans without insurance; and put at risk millions of children and adults with disabilities and poor seniors who depend on the Medicaid program to access long-term services and supports and other benefits.

Our members and others 50 years of age and older care deeply about health care and want to know where their elected leaders stand. Recognizing the importance of the upcoming vote on the American Health Care Act, AARP intends to inform our members, and others over age 50, how their elected officials voted. We'll communicate the results of the vote in our widely-circulated publications, in e-mail alerts, in our online channels, and through the media. Again, we urge all Representatives to vote NO on the American Health Care Act in its current form.

MEDICARE

The American Health Care Act repeals provisions in current law that have strengthened Medicare's fiscal outlook, specifically, the repeal of the additional 0.9 percent payroll tax on higher-income workers. Repealing this provision would remove billions from the Hospital Insurance trust fund, hasten the insolvency of Medicare, and diminish Medicare's ability to pay for services in the future.

INDIVIDUAL PRIVATE INSURANCE MARKET

Currently, about 25 million Americans age 50-64 have a pre-existing condition, about 6.1 million purchase insurance in the non-group market, and nearly 3.2 million are currently eligible to receive subsidies for health insurance coverage through either the federal health benefits exchange or a state-based exchange (exchange). Since passage of the ACA, the number of 50-64 year old Americans who are uninsured has dropped by half. We are deeply concerned that the AHCA would be a significant step backwards and result in millions of older Americans who cannot afford their health care, including many simply losing their health care. Based on CBO estimates, approximately 14 million Americans will lose coverage next year, while a total of 24 million Americans would lose coverage over the next 10 years.

Affordability of both premiums and cost-sharing is critical to older Americans and their ability to obtain and access health care. A typical 50-64 year old seeking coverage through an exchange has a median annual income of under \$25,000 and already pays significant out-of-pocket costs for health care. We have serious concerns—reinforced by the CBO estimate—that the bill under consideration will dramatically increase health care costs for 50-64 year olds who purchase health care through an exchange due both to the changes in age rating from 3:1 (already a compromise that requires uninsured older Americans to pay three times more than younger individuals) to 5:1 (or more) and reductions in current tax credits for older Americans. CBO concluded that the bill will substantially raise premiums for older people and force many into lower quality plans.

Age rating plus reduced tax credits equal an unaffordable age tax. Our previous estimates on the age-rating change showed that premiums for current coverage could increase by up to \$3,200 for a 64 year old. In addition, the bill reduced the tax credits available for older Americans to help purchase in-

surance. We estimate that the bill's changes to current law's tax credits alone could increase premium costs by more than \$5,800 for a 64-year old earning \$15,000. Overall, both the bill's tax credit changes and 5:1 age rating would result in skyrocketing cost increases for older Americans. In their analysis, CBO found that a 64 year old earning \$26,500 a year would see their premiums increase by \$12,900—758 percent—from \$1,700 to \$14,600 a year.

Current law prohibits insurance companies from discriminating against individuals due to a pre-existing condition. The bill would repeal pre-existing condition protections and would once again allow insurance companies to charge Americans more—we estimate up to \$25,000 more—due to a pre-existing condition. As a result, the 40 percent of 50- to 64-year-olds (about 25 million people) who have a deniable pre-existing condition risk losing access to affordable coverage. The Upton Amendment, which would add funds to address the impact of premium increases for those with pre-existing conditions, would do little to mitigate the massive premium increase for some of the most vulnerable Americans. AARP strongly opposes any weakening of the law's pre-existing condition protections which benefit millions of Americans.

MEDICAID AND LONG-TERM SERVICES AND SUPPORTS

AARP opposes the provisions of the American Health Care Act that create a per capita cap financing structure in the Medicaid program. We are concerned that these provisions could endanger the health, safety, and care of millions of individuals who depend on the essential services provided through Medicaid. CBO found that the bill would cut Medicaid funding by \$880 billion over 2017-2026, about 25 percent less than what it projects under current law. Medicaid is a vital safety net and intergenerational lifeline for millions of individuals, including over 17.4 million low-income seniors and children and adults with disabilities who rely on the program for critical health care and long-term services and supports (LTSS, i.e., assistance with daily activities such as eating, bathing, dressing, managing medications, and transportation). Older adults and people with disabilities now account for over sixty percent of Medicaid spending, and cuts of this magnitude will result in loss of benefits and services for this vulnerable population.

Of these 17.4 million individuals: 6.9 million are ages 65 and older (which equals more than 1 in every 7 elderly Medicare beneficiaries); 10.5 million are children and adults living with disabilities; and about 10.8 million are so poor or have a disability that they qualify for both Medicare and Medicaid (dual eligibles). Dual eligibles account for almost 33 percent of Medicaid spending. While they comprise a relatively small percentage of enrollees, they account for a disproportionate share of total Medicare and Medicaid spending.

Individuals with disabilities of all ages and older adults rely on critical Medicaid services, including home and community-based services (HCBS) for assistance with daily activities such as eating, bathing, dressing, and home modifications; nursing home care; and other benefits such as hearing aids and eyeglasses.

In providing a fixed amount of federal funding per person, this approach to financing would likely result in overwhelming cost shifts to states, state taxpayers, and families unable to shoulder the costs of care without sufficient federal support. This would result in cuts to program eligibility, services, or both—ultimately harming some of our nation's most vulnerable citizens.

The bill also repeals the six percent enhanced federal Medicaid match for states that take up the Community First Choice (CFC) Option. CFC provides states with a financial incentive to offer HCBS to help older adults and people with disabilities live in their homes and communities where they want to be. About 90 percent of older adults want to remain in their own homes and communities for as long as possible. HCBS are also cost effective. On average, in Medicaid, the cost of HCBS per person is one-third the cost of institutional care. Taking away the enhanced match could disrupt services for older adults and people with disabilities in the states that are already providing services under CFC and would result in a loss of about \$12 billion for HCBS over ten years.

PRESCRIPTION DRUGS

The AHCA would repeal the fee on manufacturers and importers of branded prescription drugs, which currently is projected to add \$24.8 billion to the Medicare Part B trust fund between 2017 and 2026. Rather than repeal this fee for Medicare, AARP believes Congress must do more to reduce the burden of high prescription drug costs on consumers and taxpayers, and we urge action on bipartisan solutions.

AARP remains willing to work with you to ensure that we maintain a strong health care system that ensures robust insurance market protections, controls costs, improves quality, and provides affordable coverage to all Americans. However, the AHCA does not accomplish these goals, and we continue to urge you to vote NO.

Sincerely,

NANCY A. LEAMOND,
*Executive Vice President and Chief
Advocacy and Engagement Officer.*

Mr. MCGOVERN. Mr. Speaker, if this bill were so great, these organizations would be supporting the Republican bill, not opposing it; and they are strongly opposing it.

Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. DOGGETT).

Mr. DOGGETT. Mr. Speaker, the harsh indifference of these Republicans to the well-being of so many Americans is startling. Trump may temporarily bury the lies central to this plan with a tweet storm—with fake news. But these Republicans who follow him will not be able to find an excuse as one family after another suffers.

Today's surprise attack on American health care has been widely condemned by healthcare professionals across the country and those who represent the disabled and sick, like the American Cancer Society and the March of Dimes.

Jimmy Kimmel, know that your baby was fortunate, but others born with a disability will face the barrier of preexisting conditions.

They didn't listen to the AARP, which knows that those Americans too young for Medicare by a few years will get socked with unaffordable premiums. They don't know what this monstrosity of a bill costs to the taxpayer. They don't know how many families will lose coverage or how many jobs will be lost. They don't really know what is in this bill. They know only that the Pied Piper of Trump Tower is playing a tune today and they must dance.

There is much talk about high-risk pools. The real high-risk pool is the

one that everyone who votes for this outrageous proposal is about to plunge into.

Mr. MCGOVERN. Mr. Speaker, I yield 3 minutes to the distinguished gentleman from New York (Ms. SLAUGHTER), the ranking member of the Rules Committee.

Ms. SLAUGHTER. Mr. Speaker, I certainly thank my colleague for yielding to me.

Mr. Speaker, I was fortunate enough to bring the ACA to the floor after years of working on it and experts writing it. It had such incredible things in it. I think it would behoove us this morning to talk about what every one of us who has health insurance is going to lose because the benefits of the ACA accrued to all of us.

Now, you need to know first that we are going to lose the fact that 85 cents of every premium dollar will go for health care. It will go back to insurance profits. We are also going to lose the fact that families could no longer go bankrupt because of health care.

The largest cause of bankruptcy are families with medical bills, and the ACA took care of that. Nobody ever talks about that much, but if a single person spent \$4,500 a year on health care, a family \$12,500, the insurance companies picked up the rest of it.

How about that? That is a pretty good loss that we are going to face. So why in the world are we rushing into this thing?

Well, the President of the United States, Donald Trump, verified as recently as last Saturday evening in Pennsylvania that we have to do this first because \$800 billion has to come out of health care so that they could do the tax bill with great corporate tax relief for the 1 percent. So as you lose your health care, your ability to go to the doctor, and your preexisting conditions because risk pools don't work, be comforted by the fact that we are in the hands of people who put the needs of corporations and wealthy people ahead of the citizens of the United States.

Just in case you think people aren't paying any attention, for the first time in my life, my office has 185 applications for six seats as interns in the summertime. It is unheard of. Calls in my office have gone from about 10 a day to 80, all of them talking about this. I have never seen political suicide in my life like I am seeing today. I think our leader put it so succinctly: you are tattooing that on your foreheads.

Now, those people out there who have really gotten sort of used to this, all we have heard all the way through is that this is going to fall apart. The problems going on with the ACA right now are that the insurance companies have uncertainty because of what has been going on here.

I need to bring up one of the greatest hoaxes in America in any institution that passes laws. For over 60 times, you brought to the floor of this House and

we debated bills to do away with the health care. "Repeal and replace," you shouted. Millions and millions of dollars' worth of time on this floor were spent on what was absolutely a hoax because you had no repeal-and-replace plan. It was simply all talk, and now you have got to rush through this so you can do your big tax bill.

I am sorry to see this happen. It is a sad day for the United States.

Mr. MCGOVERN. Mr. Speaker, I feel bad for the gentleman because it appears as if he only has one speaker supporting this rule and the bill, and nearly our entire caucus wants to speak on this against the Republican healthcare repeal bill. So I was wondering whether the gentleman might consider sharing some time with us?

Mr. COLLINS of Georgia. Will the gentleman yield?

Mr. MCGOVERN. I yield to the gentleman from Georgia.

Mr. COLLINS of Georgia. I thank the gentleman for yielding. As a wonderful manager of time, he will be able to parse the time as best he may see fit. I have other speakers who probably will be coming by, so I will just encourage the manager to manage his time well.

Mr. MCGOVERN. It looks kind of lonely over there. It speaks volumes about how much support there is for this bill.

Mr. Speaker, I yield 1 minute to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, now I have to say to my friends on the other side: You sold out cheap—as we say in New Jersey—all to give a tax cut to insurance companies and the most well off. The Upton amendment is, of course, an admission.

After 7 years, you came up with this?

You have got to be kidding me. This is worse than a Fellini movie. At least he didn't take 7 years to distinguish between fantasy and reality.

For a New Jerseyan with asthma, this will mean a \$4,340 premium surcharge; for autism, \$5,510. The list goes on and on—60, \$70,000 if you have cancer.

But less discussed is their attempt to rid the essential health benefits which removes yet another ACA protection for everyone. So now the Republicans have hit for the cycle.

You hit for the cycle. You jeopardized the health care of nearly every single American—those on Medicare, those on Medicaid, those in the ACA exchanges, and now 150 million people with employer coverage. You sold out. It is a shame. I like most of you, but you are on the wrong path.

It took you 7 years for this?

I will never yield. I will never yield.

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair, not to each other.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the

American College of Physicians in opposition to the bill.

AMERICAN COLLEGE OF PHYSICIANS,
April 24, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

Hon. MITCH MCCONNELL,
Majority Leader, Washington, DC.

Hon. CHARLES SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.

DEAR SPEAKER RYAN, MINORITY LEADER PELOSI, MAJORITY LEADER MCCONNELL, AND MINORITY LEADER SCHUMER: On behalf of the American College of Physicians (ACP), I am writing to urge Congress to move away from the harmful changes to patient care that would occur if the American Health Care Act (AHCA) were to become law, and to instead work for bipartisan solutions to improve the Affordable Care Act (ACA) rather than repealing and replacing it. We believe that the AHCA, which would repeal and replace the most important coverage and consumer protections created by the ACA, is so fundamentally flawed that it cannot be made acceptable. We understand that the leadership in the House of Representatives continues to explore ways to bring a modified version of the AHCA to a vote, based on a draft amendment reportedly being developed by Representatives MacArthur and Meadows, a summary of which was made available to the public through news organizations. This amendment would make the harmful AHCA even worse by creating new coverage barriers for patients with pre-existing conditions and weakening requirements that insurers cover essential benefits.

The American College of Physicians is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 148,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

The draft MacArthur-Meadows amendment would create what is known as the "Limited Waiver Option" that would allow states to eliminate or severely weaken vital ACA Title I consumer protections—specifically, community rating and essential health benefits (EHBs)—returning the country to the pre-ACA days when persons with pre-existing "declinable" medical conditions in most states were priced out of the market and the insurance products available in the individual market did not cover medically necessary services.

Specifically:

The MacArthur-Meadows amendment would create an option for states to obtain Limited Waivers from certain federal standards that would gut existing law consumer protections. Based on a summary of the draft amendment, states could seek Limited Waivers for:

Essential Health Benefits (EHBs)

Community-rating rules, except for the following categories, which are not waivable: Gender or Age (except for reductions of the 5:1 age ratio previously established) or Health Status (unless the state has established a high-risk pool or is participating in a federal high-risk pool)

To obtain the waiver, states would only need to "attest that the purpose of their requested waiver is to reduce premium costs, increase the number of persons with

healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with preexisting medical conditions. The Secretary shall approve applications within 90 days of determining that an application is complete." [Emphasis added in italics].

In other words, as long as a state attested that there was a "benefit to the public," insurers would be once again allowed to charge more to people with pre-existing conditions, or decline to cover needed benefits like physician and hospital visits, maternity care and contraception, mental health and substance use disorder treatments, preventive services, and prescription drugs.

This would take us back to the days when people had to fill out intrusive insurance company applications to document their previous health history, even before being advised what the premium would be based on their individual health risk. Unlike community rating, which bases premiums based on the expected costs associated with all persons in the insurance pool (adjusted only by age, tobacco use, and family size), the Limited Waiver would again allow insurers in states that obtain a waiver to again charge people exorbitant and unaffordable premiums for their pre-existing conditions.

Before the ACA, insurance plans sold in the individual insurance market in all but five states typically maintained lists of so-called "declinable" medical conditions including asthma, diabetes, arthritis, obesity, stroke, or pregnancy, or having been diagnosed with cancer in the past 10 years. Even if a revised bill would not explicitly repeal the current law's guaranteed-issue requirement which requires insurers to offer coverage to persons with pre-existing conditions like these guaranteed issue without community rating allows insurers to charge as much as they believe a patient's treatment will cost. The result would be that many patients with pre-existing conditions would be offered coverage that costs them thousands of dollars more for the care that they need, and in the case of patients with expensive conditions like cancer, even hundreds of thousands more.

An amendment to the AHCA reported out of the Rules Committee on April 6th to establish a "Federal Invisible Risk Sharing Program," which would create a fund that states could use to reimburse insurers for some of the costs associated with insuring sicker patients, would not offset the harm done to patients with pre-existing conditions by allowing the Limited Waiver of community rating and essential benefit protections. The pre-ACA experience with high-risk pools was that many had long waiting lists, and offered inadequate coverage with high deductibles and insufficient benefits. Unless a national high-risk pool is supported with a massive infusion of funding it will not be sufficient to cover the millions of people with pre-existing conditions that would be denied or charged more for coverage under the AHCA. One paper estimates that a national high-risk pool would cost \$178.1 billion a year, roughly \$176.4 billion more than the annual funding provided to the Invisible Risk Sharing Program. Also, shifting people out of the existing health insurance marketplace to a high-risk pool would undermine the assurance that enrollees could keep their existing coverage.

The Limited Waiver Option will also allow states to seek waivers from the essential health benefits required of all plans sold in the individual insurance market, with the result that millions of patients will be at risk of losing coverage for essential services like maternity care, cancer screening tests and treatments, prescription drugs, preven-

tive services, mental health and substance use disorder treatments, and even physician visits, prescription drugs and hospitalizations.

Prior to passage of the ACA, 62% of individual market enrollees did not have coverage of maternity services, 34 did not have substance-use disorder-services, 18% did not have mental-health services and 9% did not have coverage for prescription drugs. A recent independent analysis found that the AHCA's repeal of current law required benefits would result in patients on average paying \$1,952 more for cancer drugs; \$1,807 for drugs for heart disease; \$1,127 for drugs to treat lung diseases; \$1,607 for drugs to treat mental illnesses; \$4,940 for inpatient admission for mental health; \$4,555 for inpatient admission for substance use treatment; and \$8,501 for maternity care. Such increased costs would make it practically impossible for many patients to avail themselves of the care they need. The result will be delays in getting treatment until their illnesses present at a more advanced, less treatable, and more expensive stage, or not keeping up with life-saving medications prescribed by their physicians.

Allowing states to eliminate the EHB will threaten our nation's fight against the opioid epidemic. A study concluded that with repeal of the ACA, "approximately 1,253,000 people with serious mental disorders and about 2.8 million Americans with a substance use disorder, of whom about 222,000 have an opioid disorder, would lose some or all of their insurance coverage." Finally, allowing states to drop important benefits like maternity, substance use disorder treatment, and preventive services will do little to reduce premiums. A report by Milliman found that the main drivers of premium costs were ambulatory patient services, hospitalization, and prescription drugs. These are crucial services that form the core of any health insurance plan.

To be clear: while some younger and healthier persons might be offered lower premiums in states that obtained a "Limited Waiver" of community-rating and essential health benefits, it would be at the expense of making coverage unaffordable for those who need it most, older and sicker persons, and result in skimpy "bare-bones" insurance for many others that does not cover the medical care they would need if and when they get sick.

Finally, even without the Limited Waiver Amendment, ACP continues to believe that the AHCA has numerous other provisions and policies that that will do great harm to patients including:

The phase-out of the higher federal match in states that have opted to expand Medicaid and the ban on non-expansion states being able to access the higher federal contribution if they choose to expand Medicaid;

Converting the shared federal-state financing structure for Medicaid to one that would cap the federal contribution per enrollee;

Providing states with a Medicaid block grant financing option;

Eliminating EHBs for Medicaid expansion enrollees;

Imposing work or job search requirements on certain Medicaid enrollees;

Regressive age-based tax credits, combined with changes that will allow insurers to charge older people much higher premiums than allowed under current law;

Continuous coverage requirements for patients with pre-existing conditions;

Legislative or regulatory restrictions that would deny or result in discrimination in the awarding of federal grant funds and/or Medicaid and Children's Health Insurance Program funding to women's health clinics that are qualified under existing federal law for

the provision of evidence-based services including, but not limited to, provision of contraception, preventive health screenings, sexually transmitted infection testing and treatment, vaccines, counseling, rehabilitation, and referrals, and;

Elimination of the Prevention and Public Health Fund, which provides billions in dollars to the Centers for Disease Control and Prevention to prevent and control the spread of infectious diseases.

The College strongly believes in the first, do no harm principle. Therefore, we continue to urge that Congress move away from the fundamentally flawed and harmful policies that would result from the American Health Care Act and from the changes under consideration—including the proposed “Limited Waiver” amendment—that would make the bill even worse for patients. We urge Congress to instead start over and seek agreement on bipartisan ways to improve and build on the ACA. The College welcomes the opportunity to share our ideas for bipartisan solutions that would help make health care better, more accessible, and more affordable for patients rather than imposing great harm on them as the AHCA would do.

Sincerely,

JACK ENDE, MD, MACP,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Cancer Action Network against this bill.

CANCER ACTION NETWORK,
AMERICAN CANCER SOCIETY,
May 3, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND MINORITY LEADER PELOSI: The American Cancer Society Cancer Action Network (ACS CAN) is deeply concerned about the reports of additional amendments to the American Health Care Act (AHCA), including one that would allegedly add \$8 billion in new spending for state high-risk pools. This amendment is particularly egregious because it would further incentive states to apply for waivers from current-law market rules that protect patients with pre-existing conditions.

Historically, state high-risk pools have fallen short of providing coverage of prevention, treatment and follow-up care for cancer patients and survivors. Segmenting people with cancer and other serious illnesses away from the private marketplace and into high-risk pools absent an adequate and permanent source of public funding has never been an adequate solution.

Between 1976 and 2010, 35 states created high-risk pools to cover individuals who could not otherwise purchase insurance in the private market, usually because of a pre-existing condition. Every one of those risk pools experienced net operating losses year after year. Furthermore, high-risk pools did not result in lower premiums. All of them set premiums above the non-group market average or standard rate in the state, usually by 150–200 percent. Only a few states provided additional premium assistance for low-income individuals, leaving many who could not afford premiums priced out of the program. Most states also imposed waiting periods before covering preexisting conditions. An individual with a prior cancer diagnosis often had to wait 6–12 months before the high-risk pool would cover the costs associated with cancer treatment or follow-up survivorship care. Most states imposed limitations on coverage with either lifetime or an-

nual limits. And most plans offered deductibles of \$1,000 or higher. Neither AHCA, nor the new amendment would fully protect patients from any of those conditions.

Cancer patients and survivors need insurance coverage that is affordable, readily accessible, and protects them from pre-existing condition exclusions, annual and lifetime caps on coverage and extraordinary out-of-pocket costs. Past experience has shown that high-risk pools failed to meet these basic needs, yet still were a drain on state budgets.

As we have indicated in our earlier letters, there are reasonable fixes that could be made to the current law. We stand ready to work with you to develop policies that improve the law and encourage a robust health insurance market that provides affordable and comprehensive coverage options.

Sincerely,

CHRISTOPHER W. HANSEN,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Society of Clinical Oncology against this bill.

AMERICAN SOCIETY OF
CLINICAL ONCOLOGY,
April 27, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN, On behalf of the American Society of Clinical Oncology (ASCO), I write to express our strong opposition to the American Health Care Act (AHCA), as currently amended. As the leading professional society representing more than 42,000 physicians worldwide who care for people with cancer, ASCO has a unique perspective on the law’s potential impact on cancer patients. Our core mission is to ensure every patient with cancer has meaningful access to high quality care. We believe Congress shares this goal and our comments today are in the spirit of advancing that common purpose.

In January 2017, as Congress embarked upon the repeal and replacement of the Affordable Care Act, ASCO shared a set of guiding principles that support improvements to the current health care system. We also put forth specific areas where people with cancer need protections. Our principles rest on the belief that any health system reform must ensure all people affected by cancer receive high-quality care. ASCO’s first principle states, “all Americans should have access to affordable and sufficient healthcare coverage regardless of their income or health status. To ensure protected access, the current ban on preexisting condition limitations, elimination of annual and lifetime coverage caps, and maintenance of guaranteed renewability should be preserved.” We take the position that “any efforts to reform the healthcare system at the national, state, or local levels should ensure that individuals with healthcare insurance can continue to access affordable insurance without interruption.” The amended AHCA violates these principles.

Studies show that when cancer patients do not have adequate insurance they receive less care, receive it later, and have worse outcomes than those with better insurance coverage. Uninsured and under-insured families facing a cancer diagnosis experience significant stress. They often are unable to meet out-of-pocket expenses and even forgo cancer care in order to pay for necessities of daily living. The AHCA as currently constructed will create or worsen these barriers to care. It will add costs to the system, decrease access to appropriate treatment and increase existing disparities in care.

We are especially concerned with provisions allowing state waivers that could erode important protections for patients with cancer, including pre-existing condition safeguards, coverage of essential services, and access to affordable health insurance. Removing these protections from current federal law allows for a weakening of these critical provisions in some states and establishes a system of inequitable protections across state lines for cancer patients. We urge policymakers to ensure that robust requirements are in place to ensure that all insurance products cover the full scope of services and therapies that cancer patients require.

ASCO strongly opposes passage of the AHCA in its current form. We welcome the opportunity to address these issues—and to work toward a better proposal—with you and your staff.

Sincerely,

DANIEL F. HAYES, MD,
FASCO, FACP,
President, American
Society of Clinical

Oncology.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Congress of Rehabilitation Medicine against this bill.

AMERICAN CONGRESS OF
REHABILITATION MEDICINE,
May 2, 2017.

Re Deep Concerns with the American Health Care Act and Related Amendments.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Democratic Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: The American Congress of Rehabilitation Medicine (ACRM) writes in reference to the American Health Care Act (AHCA), H.R. 1628, and the MacArthur Amendment to the bill. ACRM is an organization of rehabilitation professionals dedicated to serving people with disabling conditions by supporting research and services that promote health, independence, productivity, and quality of life; and meet the needs of rehabilitation clinicians and individuals with disabilities.

ACRM is seriously concerned that current House proposals will undercut the federal coverage standard for rehabilitation and habilitation services and devices established under the Affordable Care Act (ACA). Access to rehabilitation enables individuals experiencing injuries, illnesses, and disabilities to maximize their quality of life by enhancing their health, function, and independence. We believe that any ACA repeal and replace bill that advances in the House and Senate must maintain access to rehabilitation and habilitation services and devices.

In particular, the AHCA (H.R. 1628, as amended) includes a provision that would allow states to apply for waivers exempting them from compliance with important patient protections that are required by the Affordable Care Act (ACA), including premium rating ratios based on age, protections for consumers disallowing medical status underwriting (i.e., community rating), and requirements for insurers to cover a defined package of essential health benefits (EHBs), which include rehabilitative and habilitative services and devices. We are deeply concerned these EHB changes will curtail access for both children and adults in Medicaid expansion states, as well as private ACA health plans. ACRM believes that these provisions will significantly undermine the health insurance coverage that patients need.

ACRM urges Congress to work in a bipartisan manner to improve access to affordable, comprehensive care for all Americans,

including those with disabilities and chronic conditions needing rehabilitation and habilitation services and devices.

DOUGLAS KATZ, MD, FACRM, FAAN,
ACRM President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Consortium for Citizens with Disabilities in strong opposition to this bill.

CONSORTIUM FOR CITIZENS
WITH DISABILITIES,
April 28, 2017.

DEAR MEMBER OF CONGRESS: The Consortium for Citizens with Disabilities (CCD) is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically cut Medicaid services that are vital to people with disabilities and seniors through per capita caps, which CCD has opposed. The new amendments—including permitting states to seek waivers from the protections for people with pre-existing conditions and from the requirement to provide essential health benefits—makes the amended AHCA even more harmful to people with disabilities. We urge you to oppose this legislation.

Medicaid provides services and supports that maintain the health, function, independence, and well-being of 10 million enrollees living with disabilities. For many people with disabilities, being able to access timely needed care is a life or death matter. The American Health Care Act changes the way that the Federal Government funds Medicaid—rather than paying states based on the actual costs of healthcare for people in Medicaid, it sets a cap on the amount of federal support, a cap that is totally unrelated to the actual costs of needed care for enrollees. This cap is designed to cut Medicaid, and the bill uses those cuts to pay for unrelated tax cuts. Slashing federal support for Medicaid, which is already a lean program, will force states to cut services and eligibility that put the health and wellbeing of people with disabilities at significant risk.

The newest amendments to the American Health Care Act make the bill even more harmful to people with disabilities. The new amendments would allow states to easily obtain waivers that would allow them to charge higher premiums to people with pre-existing conditions, including people with disabilities. They also would allow states to seek waivers from the Affordable Care Act's requirement to provide essential health benefits, including crucial services for people with disabilities such as mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management, and pediatric services. These waivers jeopardize the Affordable Care Act's protections for people with pre-existing conditions, including people with disabilities, and CCD opposes any roll-back of those protections.

The ACA helped millions of people with disabilities and others to gain access to affordable and comprehensive health insurance. The amended American Health Care Act is insufficient to help people with disabilities meet their healthcare needs, and we urge you to oppose the bill should it come to a vote.

Sincerely,

Health Task Force Co-chairs: Bethany Lilly, Bazelon Center for Mental Health Law; Dave Machledt, National Health Law Program; Peter Thomas, Brain Injury Association of America; and Julie Ward, The Arc of the United States.

Long Term Services and Supports Co-chairs: Alison Barkoff, Center for Public Representation; Nicole Jorwic, The Arc of

the United States; Sarah Meek, Lutheran Services in America Disability Network; and Laura Weidner, National Multiple Sclerosis Society.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Massachusetts (Mr. MOULTON.)

Mr. MOULTON. Mr. Speaker, there is only one reason this bill is on the floor today: the President cares more about cutting a deal than keeping his promises.

He promised we would lower costs. That turned out to be a lie. He promised we would expand coverage. That turned out to be a lie. He promised we would protect millions of Americans with preexisting conditions. That, too, was a lie.

Back in Massachusetts at the Agawam Diner, I met a veteran named Clif, who told me when I was on my way to Washington for the first time to go to Washington as an American—not as a Democrat or a Republican, but as an American.

To my Republican colleagues, heed Clif's advice today. Don't vote as a Republican. Vote as an American. Don't throw away your credibility to give a legislative victory to a President who will never stick his neck out for anyone other than himself. For what? To betray the people who trusted them?

I urge my Republican colleagues to put country before party. Vote "no" on this ridiculous bill.

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

Mr. COLLINS of Georgia. Mr. Speaker, I think it is interesting today since we would not be here today if there was not the problems that you, Mr. Speaker, and I have seen.

One-third of this country has one insurer, premiums with double-digit increases, people who can afford—maybe even with subsidies the amount of their plan can't afford the deductibles and co-pays. They go to doctors who won't take their insurance.

We are not here by mistake, Mr. Speaker. We are here because ObamaCare is an abject failure.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from Children's Leadership Council opposed to this bill.

CHILDREN'S LEADERSHIP COUNCIL,
May 1, 2017.

DEAR REPRESENTATIVE: The Children's Leadership Council opposes the American Health Care Act (AHCA) because it would jeopardize health care for millions of babies, children, youth and families. We urge you to vote NO on this legislation.

The Children's Leadership Council (CLC) is a coalition of organizations dedicated to improving the lives and opportunities of America's children. Nationwide, CLC members work to advance the health, education and well-being of babies, children and youth in order to prepare them for school, work, and life. The CLC is the only national children's coalition solely dedicated to supporting investments in our nation's children and

youth; and collectively, CLC's members have affiliates, partners, and members in every state in the nation.

The Affordable Care Act and Medicaid play a crucial role in the lives of children, including those facing the greatest challenges such as children in poverty; children suffering abuse and neglect; children in foster care, and children with disabilities. Medicaid, for example, provides coverage for approximately 37 million children, including children with disabilities, children in foster care and children from low-income families. Children are the largest group of Medicaid recipients, and nearly 40 percent of all the nation's children rely on Medicaid and CHIP for their healthcare. Medicaid provides health care treatment and preventive services, mental health care, case management and transportation services to and from medical appointments for children who are low-income or disabled. The AHCA's changes to Medicaid would radically restructure a program that has worked for more than 50 years to support children's health. The Medicaid cap would shift \$839 billion to states, forcing them to cut eligibility, benefits, or provider rates that could have disastrous health consequences.

There is no question that the massive cuts to Medicaid, increased premiums likely for millions of families, and eliminating the Essential Health Benefits requirements under current law will seriously harm children and families. Maternity benefits would be among the many medical services no longer guaranteed if this bill were to become law. The massive Medicaid reductions in substance abuse treatment will add to the increases nationwide in the need for child welfare services because of the surge in opioid addiction. Families caring for children with disabilities will find supports for care at home jeopardized.

With a record 95% of children with health coverage in our country, the AHCA would turn back the clock on progress for children. And recent proposed changes to the bill would further undermine consumer protections that make health care out of reach for low-income children and their families—thus making the already harmful bill worse for children. Polling conducted by the Children's Leadership Council found 71 percent of parents, including 67 percent of Independent parents (of children under the age of 18), want increased investments in programs that help children in the areas of education, health and nutrition, not less as proposed by the AHCA.

Congress has a strong history of working on a bipartisan, bicameral basis on issues, policies and programs important to children. It is our hope and expectation that members of Congress continue this history, as Congress works on improving our nation's healthcare system. This legislation would be a dangerous step backward. We strongly urge you to vote NO.

Sincerely,

RANDI SCHMIDT,
*Executive Director, Children's
Leadership Council.*

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Paralyzed Veterans of America against this bill.

PARALYZED VETERANS OF AMERICA,
Washington, DC, May 3, 2017.

Hon. PAUL RYAN,
*Speaker, House of Representatives,
Washington, DC.*

Hon. NANCY PELOSI,
*Minority Leader, House of Representatives,
Washington, DC.*

DEAR SPEAKER RYAN AND LEADER PELOSI: Paralyzed Veterans of America (PVA) urges

rejection of the latest version of the American Health Care Act (AHCA). PVA is the nation's only Congressionally-chartered veterans' service organization solely dedicated to representing veterans with spinal cord injury and/or disease. Consequently, we are very concerned about the conflicting information circulating about this legislation and the adverse impact it could have on our members and millions of other people with disabilities.

As we understand it, the AHCA cuts \$880 billion out of the Medicaid program in order to finance tax cuts that will explode the deficit and largely assist upper income individuals, corporations, and providers. The Medicaid changes are particularly devastating to people with disabilities. Under the cap and cut proposal, the federal government would no longer share in the costs of providing health care services and community services beyond the capped amount. This would eliminate the enhanced federal match for the Community First Choice Option under Medicaid that provides attendant care services in the community. Thanks to this program, many poor veterans with serious non-service-connected disabilities have been able to move from nursing homes into their communities. The AHCA also weakens Medicaid by ending the Medicaid expansion earlier and offering Medicaid block grants to states. Data from the Robert Wood Johnson Foundation shows expansion has helped thousands of veterans and their caregivers.

For veterans and PVA members in particular, the AHCA continues several problematic policies of the ACA as well as troubling new provisions that could affect the ability of many veterans and their family members to afford health insurance in the private market. The underlying AHCA bill:

Continues to exclude CHAMPVA beneficiaries—dependents of the most catastrophically disabled veterans—from the dependents' coverage policy up to age 26.

Fails to remove the prohibition on enrollment into the VA health care system for Priority Group 8 veterans, thus denying these veterans access to the principal health care system for veterans.

Denies access to tax credits making health insurance affordable to anyone eligible for a host of other federal health programs, including those "eligible" for coverage under Title 38 health care programs. This would prevent many veterans who may be "eligible for" but not enrolled in the VA health care system from accessing these tax credits intended to help people buy insurance.

Not only do the changes made to the original version of the AHCA continue its failure to protect veterans and people with disabilities, they make these circumstances worse. The latest changes would allow states to seek waivers that would allow insurers to charge higher premiums to people with pre-existing conditions, including people with disabilities. The new amendments also would allow states to seek waivers from the ACA's requirement that certain essential health benefits must be provided, including crucial services for people with disabilities such as prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management. The combination of these changes would make it nearly impossible for people with pre-existing conditions to find affordable plans that cover basic health care services.

Throughout these past few months, the American people have been calling for a bipartisan effort to improve the nation's health care system. Congress should heed these voices, stop its pursuit of the flawed American Health Care Act and work together through regular order to strengthen

all Americans' access to affordable, high quality health care.

Sincerely,

CARL BLAKE,
Associate Executive Director.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the March of Dimes opposed to this bill.

[From the march of dimes]

UNDER AHCA, OVER 6 MILLION WOMEN OF
CHILDBEARING AGE WILL LOSE HEALTH COV-
ERAGE

DEAR REPRESENTATIVE: Prior to 2010, low-income adult women could generally only obtain Medicaid coverage after they were pregnant. By the time they enrolled in this coverage, many of the best opportunities for guaranteeing a healthy pregnancy and healthy baby had already been missed.

Today, states that have expanded Medicaid can extend Medicaid coverage to low-income women of childbearing age, giving them the chance to get healthy before they get pregnant. The March of Dimes estimates that approximately 6.5 million low income women of childbearing age are currently covered under Medicaid expansion, giving them access to treatment for tobacco use, obesity, substance abuse, and other conditions that can have a major impact on future pregnancies. Between 2012 and 2015, the rate of uninsurance among women of childbearing age dropped by 40%, with much of that decline attributable to Medicaid expansion.

The American Health Care Act (AHCA) would do away with these advances by rolling back Medicaid expansion. Its fundamental restructuring of the traditional Medicaid program would also likely lead to significant coverage losses or restriction of services to beneficiaries, including pregnant women. These changes do a serious disservice to low-income women and families by denying them access to the care they need to lead healthy lives and, ultimately, have healthy pregnancies and give birth to healthy infants.

The MacArthur amendment and other proposed changes to the AHCA do not address these issues. Women, infants, families, and communities will bear the longterm cost if health care for women of childbearing age and pregnant women is shortchanged and more babies are born sick as a result. The March of Dimes urges all Representatives to oppose the American Health Care Act.

Sincerely,

STACEY D. STEWART,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from AFSCME in strong opposition to this bill.

AFSCME,
May 3, 2017.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.6 million working and retiree members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to express our continuing opposition to the American Health Care Act (AHCA), notwithstanding the addition of the Upton amendment.

The harm that AHCA will impose on ordinary Americans is breathtaking in scope. As the Congressional Budget Office has detailed, 24 million will lose their health care coverage. The Medicaid program will be cut by \$839 billion and restructured, ending the guarantee that the federal government will fund a specified share of state Medicaid costs. The bill makes coverage more expensive, especially for lower-income families

and older workers and it undermines the financial strength of Medicare. And the MacArthur amendment makes a very bad bill worse by allowing states to opt out of Affordable Care Act protections that ensure that people with pre-existing conditions will be able to obtain comprehensive, affordable health care. Moreover, the MacArthur amendment would allow insurance companies to re-impose caps on annual and lifetime limits, even in employer-sponsored coverage, putting the health care of those with catastrophic illnesses or injuries at risk.

Under the Upton amendment, grants to states that could be used for high-risk pools will be increased by 6% or \$8 billion over five years. This is a paltry increase. Even the conservative Mercatus Center described the increase as a "pittance." High-risk pools would still be grossly underfunded, even if states put all of the \$138 billion in grant funding into them. We urge the Congress not to ignore the previous experience with state high-risk pools. By segregating those with pre-existing conditions into separate coverage we know they will face higher premiums, benefit exclusions, annual and lifetime limits on coverage and waiting lists.

It is unacceptable that this bill eliminates \$500 billion in taxes on the wealthiest 2%, health insurers, pharmaceutical manufacturers and medical device makers, while taking health care away from millions. Moreover, the bill retains the 40% tax on high cost health plans, which will undermine employer-sponsored insurance for working families by hollowing out coverage and increasing out-of-pocket expenses, although it delays the implementation for six years.

The bottom line is that this bill would cause millions to lose their health coverage. Most of those with pre-existing conditions would return to the days when even inadequate coverage was unaffordable. The bill would drive up costs for those who are older and lower-income, shift costs to states, fail to protect employer-sponsored coverage, weaken public health and undermine the solvency of the Medicare trust fund—all the while providing tax cuts for the wealthy and well-connected.

The priorities demonstrated by this bill are upside down. We urge you to oppose this bill.

Sincerely,

SCOTT FREY,
Director of Federal Government Affairs.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the National Farmers Union in strong opposition to this bill.

NATIONAL FARMERS UNION,
May 3, 2017.

DEAR MEMBER OF CONGRESS: I write on behalf of nearly 200,000 members of the National Farmers Union (NFU) who are engaged in all forms of farming and ranching. NFU has already spoken in opposition of the American Health Care Act (AHCA) because of the estimated 24 million Americans who would lose coverage as a result. The most recent amendment to the AHCA only moves further away from NFU's member-driven policy of affirming "the right of all Americans to have access to affordable, quality health care."

Farming is a dangerous occupation, ranking 6th in occupational fatality rates. The injury rate for agricultural workers is also 40% higher than the rate of all workers. Finally, the average age of farmers in the United States is over 58 years. U.S. health care policy must take into account the unique needs of the men and women who provide food and fiber for our country and much of the world.

Our current health care system is not without its problems, but progress has been

made since the passage of the Affordable Care Act (ACA). The current structure of tax credits and premium subsidies help farmers maintain consistent coverage, especially during downturns in the farm economy. The expansion of Medicaid has proven beneficial to rural communities, where the rate of enrollment is higher than in urban America. The Health Insurance Marketplace, while certainly in need of stabilizing measures, makes coverage more accessible for many farm families.

The correlation between a strong Medicaid program and the success of rural hospitals has become evident during the influx of rural hospital closures over the last six years. Seventy-eight rural hospitals have closed since 2010 with over 80% of those located in states that opted out of the Medicaid expansion. With another 673 hospitals at risk of closure, the AHCA's proposed Medicaid cap could have devastating consequences for rural communities.

In 2012, 75 percent of farms sold less than \$50,000 in agricultural products and 57% had sales less than \$10,000. Young farm families that don't receive additional income or health benefits from off-farm jobs would find it extremely difficult to purchase health insurance. The proposed legislation would also hurt older farmers. Easing restrictions on what insurance companies can charge older customers will leave older farmers facing increased premiums of thousands of dollars, despite the larger subsidies some would receive.

The modified AHCA bill also has a significant negative impact on those with pre-existing conditions. It's estimated that 40 percent of 50- to 64-year-olds would be denied coverage in the individual market without the Affordable Care Act's protections for those with preexisting conditions. The waiver option would mean that a large number of farmers in many states would be forced into high-risk pools. This legislation is woefully short in funding for those high-risk pools, leaving individuals with preexisting conditions to contend with increased premiums, higher deductibles and longer waiting periods for coverage.

Affordable access to quality health coverage is a high priority for all Americans. As you consider how to best improve our health care system, we ask that you give serious consideration to the needs of farmers and ranchers. While there is certainly room for improvement in current policy, the American Health Care Act will only hurt family farmers and rural communities across the country. NFU requests that you oppose the proposed legislation.

We appreciate your efforts to provide all Americans with high-quality comprehensive health insurance. Thank you for your consideration.

Sincerely,

ROGER JOHNSON,
President.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Massachusetts (Mr. NEAL), the distinguished ranking member of the Committee on Ways and Means.

Mr. NEAL. Mr. Speaker, this procedure that we are witnessing here this morning, based on what happened at the White House for the last 48 hours, has all the charm of a ransom note.

The idea that this is put in front of us so that they can provide a tax cut at the expense of middle class Americans is really what we are voting on today. So that child who is born with diabetes

across America can no longer be guaranteed health insurance if we turn this option over to the States. Anybody who comes from local or State government knows this: that money will be used to balance the budgets in economic downturns at the expense of those who need it for health care.

Another essential point here as I think we go forward, the other side—by the way, there are only two on the other side. What is amazing about this is—when you consider that argument that they had with us yesterday about national defense, understand this: real national defense also includes providing health care for members of the American family. That is a very important consideration. They are about to subtract from guaranteed benefits to the American family for the purpose of offering a tax cut to people at the very top, again, at the expense of middle class Americans.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. CROWLEY), the chairman of the Democratic Caucus.

Mr. CROWLEY. Mr. Speaker, here we go again. The majority thinks they have finally found the right combination of political giveaways to pass their bill, a bill that we have to remember still kicks 24 million Americans off their healthcare coverage. It still charges seniors more. It still takes away some of the most basic protections of your health plan that it should cover. Despite what you hear, this latest Band-Aid amendment is not going to change any of that.

That is just what we know so far. Since this bill was built by backroom deals and haphazard guesses, we don't even know how much this bill will cost America—not just dollars added to the deficit, but the human cost of how much more damaging this bill will be.

It is the height of irresponsible governing, not just rushing something through without full and fair consideration. Frankly, we are getting used to that on our side of the aisle. But to force through a bill that you know is going to hurt 24 million Americans is more than irresponsible; it is just plain wrong.

□ 1000

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the National Education Association in strong opposition to this bill.

MAY 3, 2017.

Hon. JAMES P. MCGOVERN,
House of Representatives, House Office Building, Washington, DC.

DEAR CONGRESSMAN MCGOVERN: On behalf of our three million members and the 50 million students they serve, we strongly urge you to oppose H.R. 1628, the American Health Care Act as amended. The Congressional Budget Office (CBO) found that by 2026, the original bill would provide \$883 billion in tax cuts while taking health coverage away from 24 million people, including some of the most vulnerable among us—the poor, the sick, the

elderly, and the children who constitute more than half the current Medicaid enrollment. Votes on this issue may be included in NEA's Report Card for the 15th Congress.

The April 25 amendment made the original bill even worse. It allows states to jettison existing essential health benefit requirements, thereby permitting health plans covering millions of people once again to exclude coverage for maternity and newborn care, pediatric dental and vision services, mental health and substance use services, and other crucial benefits. The May 3 amendment is the equivalent of a tiny bandage on a gaping wound. The cost of setting up separate pools or premium assistance programs for people with pre-existing conditions far exceeds the \$8 billion spread over five years the amendment provides—nationally, at least \$25 billion per year would be required, according to the Kaiser Family Foundation.

Both the original and amended American Health Care Act threaten to return this country to the days when annual and lifetime dollar-based limits on the use of essential health benefits shifted tremendous financial and health risks to working families. Insurance companies could charge people with pre-existing conditions many times more than they charge healthy people—just as they did before the Affordable Care Act. Millions of Americans with pre-existing conditions would be at risk of losing health coverage or face premiums so high only the very wealthy could afford them—the same people who benefit from the massive tax cuts in the original bill.

Specifically, we are concerned that this legislation will: Lead to drastic cuts in Medicaid benefits and eligible beneficiaries. The American Health Care Act radically restructures how Medicaid is funded. Instead of the federal government paying a percentage of actual Medicaid spending, each state will get a set amount. States will choose between a block grant, a lump sum payment, and a "per capita cap," a flat amount for certain Medicaid beneficiaries. Either way, state budgets will take a big hit: the share of revenue spent on Medicaid will rise from 24.5 percent in 2017 to 28 percent by 2025, according to Moody's Investors Service. To compensate for the loss of federal support, states are likely to divert money from education to health care as well as limit the number of Medicaid beneficiaries, the scope of Medicaid benefits, or both.

Hit the students most in need the hardest. Under the Individuals with Disabilities Education Act (IDEA), Medicaid reimburses schools for mental health care, vision and hearing screenings, diabetes and asthma management, wheelchairs and hearing aids, and more. Federal support is substantial—for example, in 2015 California schools received about \$90 million from Medicaid, Florida schools about \$63 million, New York schools about \$137 million, Pennsylvania schools about \$131 million, and Texas schools about \$250 million (Source: Centers for Medicare and Medicaid, compilation of 2017 data). Capping federal support for Medicaid will shift costs to the states, jeopardizing services essential for students to learn and thrive, especially those with disabilities.

Increase the cost of health care for those least able to afford it. The American Health Care Act provides largely age-based tax credits ranging from \$2,000 to \$4,000 per year—far less than today's subsidies. For example, according to Kaiser Family Foundation calculations, a 60-year-old earning \$20,000 a year in Lincoln, Nebraska, now gets \$18,470 to help buy insurance and additional subsidies to help with deductibles and co-payments. Under the American Health Care Act, she would get a \$4,000 tax credit for the premium and nothing for other out-of-pocket health

care costs. By 2026, the average subsidy under the American Health Care Act would be half the average subsidy under the Affordable Care Act, according to CBO.

Tax “high cost” employer-sponsored health coverage. We recognize that the American Health Care Act postpones the effective date of the 40 percent excise tax on such plans until 2026. But this tax—a backdoor pay cut for millions of working families—needs to be fully repealed.

Enhance tax breaks for the rich. The American Health Care Act nearly doubles the amount of money that can be socked away in tax-free health savings accounts—at least \$6,550 for individuals and at least \$13,100 for families in 2018. It also repeals a 3.8 percent investment tax and 0.9 percent surcharge on wages above \$250,000—a savings of about \$195,000 per year for the top 0.1 percent of earners, according to the independent Tax Policy Center.

Weaken the individual insurance market and employment-based coverage. The American Health Care Act eliminates penalties for individuals not buying—and large employers not providing—health coverage. But premiums go up 30 percent if coverage lapses for more than 63 days—for example, when someone loses her job and cannot afford to buy health insurance until she gets another one. Overall, CBO predicts substantial increases in out-of-pocket costs for low- and moderate-income people due to the decline in subsidies and increase in deductibles and other cost-sharing. Some employers may gut their health plans or stop offering coverage altogether, since they will no longer be penalized for doing so.

The American Health Care Act plays Robin Hood in reverse. It reneges on the promise to deliver better, cheaper health coverage for all Americans, giving the richest among us massive tax cuts while causing the number of people without insurance to rise from 28 million today to an estimated 52 million in 2026, according to CBO.

We strongly urge you to oppose the amended American Health Care Act—deeply flawed legislation that is even worse than the original bill.

Sincerely,

MARC EGAN,
*Director of Government Relations,
National Education Association.*

Mr. MCGOVERN. Mr. Speaker, I include a letter from the American Academy of Pediatrics, American College of Nurse-Midwives, American College of Physicians, American Congress of Obstetricians and Gynecologists, National Association of Nurse Practitioners in Women’s Health, National Partnership for Women & Families, and Planned Parenthood Federation of America.

MAY 1, 2017.

Hon. PAUL RYAN,
*Speaker, House of Representatives,
Washington, DC.*

Hon. NANCY PELOSI,
*Minority Leader, House of Representatives,
Washington, DC.*

DEAR SPEAKER RYAN AND LEADER PELOSI: On behalf of physicians, certified nurse-midwives/certified midwives, and nurse practitioners who provide care for the women of America, along with our patient partners, we stand together for women and families and against House passage of the MacArthur (R-NJ) Amendment to the American Health Care Act (AHCA, H.R. 1628). Rather than support recent gains in women’s access to healthcare and coverage, the MacArthur Amendment and AHCA turn back the clock and reverse hard-won progress. We stand ready to continue work with Congress to ad-

vance legislation that promotes women’s health, healthcare and coverage.

In our letter of March 22, 2017, we expressed opposition to the AHCA because it threatened women’s access to care protected by Essential Health Benefits (EHBs) requirements, eliminated the Medicaid expansion, cut qualified providers at Planned Parenthood from the Medicaid program, and made severe reductions to Medicaid and other programs critical to women and newborns. We said that important health initiatives for women and newborns should be built upon and improved—not rolled back.

However, the MacArthur Amendment to AHCA places women’s health and coverage at even greater risk. The MacArthur Amendment would enable states to waive EHBs including those for maternity and newborn care, preventive services, and services for mental health and substance use disorders; to waive community rating rules; and to shunt patients with costly healthcare conditions or illnesses into unproven government high risk pools. Supporters of the bill claim this bill maintains protections for those with preexisting conditions, but allowing states to waive coverage of EHB and charge people more based on their health status renders the promise of coverage for preexisting conditions to be meaningless. If all that the Secretary may require of a state waiver application is an un-validated attestation that the purpose of their requested waiver is to reduce premium costs, increase the number of persons with healthcare coverage, or advance another benefit to the public interest in the state, including the guarantee of coverage for persons with pre-existing medical conditions, it is meaningless in protecting health, quality healthcare and coverage. Women and families must not be made to suffer, lose access to care and coverage, and pay higher healthcare costs.

EHB is a critical protection that ensures women have guaranteed access to a robust set of health care services. Making certain categories of coverage optional—such as maternity care—would not substantially lower the premiums that people pay for health coverage. For example, the requirement for maternity care as an EHB is not a source of health cost growth. Rather, by sharing risk across a broad population of beneficiaries it provides vital protection for women and families from the risk of tens of thousands of dollars of out-of-pocket costs associated with normal physiologic labor and delivery, cesarean section, and birth complications. In exchange for monthly premium costs of just \$8–14 according to one recent analysis, the maternity care EHB provides significant security for people wishing to grow their families in the U.S. Furthermore, since everyone is at some point a newborn, childbirth affects all of us. Enabling exclusion of maternity care from health coverage denies people access to the care that everyone deserves for the best start in life.

Congress should move to protect and advance health, quality care and coverage, particularly for women and newborns, and not to endanger them as the AHCA and the MacArthur Amendment would do. Americans of both parties agree. A recent Kaiser Family Foundation poll found “relatively few Americans want to see the president and Congress decrease funding for a variety of different health priorities—including spending for reproductive health services for lower-income women (21 percent).”

When women have access to quality, evidence-based, affordable care throughout their lives, they enrich our workforce, achieve higher levels of education, reach their goals, and actively contribute to the success of their families and their communities. We urge the U.S. House in the strong-

est possible terms to get it right, not fast. The AHCA and the MacArthur Amendment turn the clock back on women’s health and should not move forward.

We stand ready to continue assisting Congress in advancing health policy that supports women’s access to high quality healthcare and coverage, and is effective at controlling and reducing the costs that people pay for their healthcare.

Sincerely,

American Academy of Pediatrics, American College of Nurse-Midwives, American College of Physicians, American Congress of Obstetricians and Gynecologists, National Association of Nurse Practitioners in Women’s Health, National Partnership for Women & Families, Planned Parenthood Federation of America.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE).

Ms. JACKSON LEE. Mr. Speaker, I want you to look and keep your eyes on who will feel the TrumpCare’s mother of all bombs of health care dropped on the American people. God have mercy on your soul.

I am a person living with a pre-existing disease. I am a breast cancer survivor. This heartless and callous bill, with 24 million-plus people being thrown off of health care and the reverse Robin Hood of stealing from the poor and the seniors laying in their beds, and you are doing an age tax that is five times more than any other young person has to pay, is disgraceful, as well as the pittance that you have given for preexisting conditions, which is \$8 billion. They say you need \$25 billion.

Then you are telling the States to get a waiver. They are going to celebrate. And then you are saying to Trump, the king, that we have the votes to drop that mother of all bombs of health care.

Let me just simply say: I want to stand with the people. I want her to live in dignity and to be able to get well. I want to make sure that Medicaid is provided for working families. I don’t want the poor to sleep under bridges, to beg in the streets, to steal bread from the market because they can’t get any health insurance.

God have mercy on your soul.

Mr. Speaker, as a member of the Budget Committee and the representative of a congressional district that has benefited enormously from the Affordable Care Act, I rise in strong and unyielding opposition to H.R. 1628, the so-called “American Health Care Act,” which more accurately should be called “Trumpcare, the Pay More for Less Act.”

I oppose this third and latest reincarnation of Trumpcare for several compelling reasons:

1. Trumpcare forces families to pay higher premiums and deductibles, increasing out-of-pocket costs.

2. Trumpcare will take away health care from 24 million hardworking Americans.

3. Trumpcare would gut Essential Health Benefits and protections for Americans with pre-existing conditions.

4. Trumpcare forces Americans aged 50–64 to pay premiums five times higher than what others pay for health coverage, no matter how healthy they are.

5. Trumpcare shortens the life of the Medicare Trust Fund and ransacks funds that seniors depend on to get the long-term care they need.

Mr. Speaker, 85 months ago, on March 23, 2010, redeemed a promise that had been unfulfilled for nearly a 100 years, when he signed into law the landmark Affordable Care Act passed by the Democratic controlled 111th Congress.

Seven years later, the verdict is in on the Affordable Care Act: the American people have judged it a success.

As reflected in the most recent public opinion polls, 61% of Americans approve of ObamaCare and oppose efforts to repeal it, the highest approval rates on record to date and continuing an inexorable upward trend over the past several years.

Mr. Speaker, the reason Americans are adamantly opposed to Republican repeal efforts, including the third iteration of Trumpcare now before us is that ObamaCare is no longer a bogey cooked up in Republican talking points but a life-saving and life affirming measure that they experienced in their own lives.

Americans think it is beyond crazy to repeal a law that has brought to more than 20 million Americans the peace of mind and security that comes with knowing they have access to affordable, high quality health care.

Before the passage of the Affordable Care Act, 17.1% of Americans lacked health insurance; today nearly nine of ten (89.1%) are insured, which is the highest rate since Gallup began tracking insurance coverage in 2008.

Because of the Affordable Healthcare Act:

1. insurance companies are banned from discriminating against anyone, including 17 million children, with a preexisting condition, or charging higher rates based on gender or health status;

2. 6.6 million young-adults up to age 26 can stay on their parents' health insurance plans;

3. 100 million Americans no longer have annual or life-time limits on healthcare coverage;

4. 6.3 million seniors in the "donut hole" have saved \$6.1 billion on their prescription drugs;

5. 3.2 million seniors now get free annual wellness visits under Medicare, and

6. 360,000 Small Businesses are using the Health Care Tax Credit to help them provide health insurance to their workers;

7. Pregnancy is no longer a pre-existing condition and women can no longer be charged a higher rate just because they are women.

We are becoming a nation of equals when it comes to access to affordable healthcare insurance.

With all of this progress, and the prospect for more through further refinements, who in their right mind would want to go back to how it used to be?

The answer seems to be only the President and House Republicans who call the Affordable Care Act and its enviable record of success a "disaster."

Americans know a disaster when they see one and they see one in the making: it is called "Trumpcare," masquerading as the "American Health Care Act," which will force Americans to pay more, get less, decimate the Medicare and Medicaid programs, and give a massive tax cut for top 1 percent.

Americans are right to be alarmed and angered by what the Trump Republicans are try-

ing to do by rushing to vote on a Trumpcare bill before it can be scored by highly respected and nonpartisan Congressional Budget Office.

What we do know for sure is that this Trumpcare bill is a massive \$900 billion tax cut for the wealthy, paid for on the backs of America's seniors, the vulnerable, the poor, and working class households.

Trump gave the game away on March 20, 2017 in one of his trademark pep rallies:

"We want a very big tax cut, but cannot do that until we keep our promise to repeal and replace the disaster known as ObamaCare."

This "Robin Hood in reverse" bill is unprecedented and breathtaking in its audacity—no bill ever tried to give so much to the rich while taking so much from the poor and working class.

When they were forced to pull Trumpcare 1.0 from the floor because they lacked the votes to pass, House Republican leaders responded by adding an amendment (Trumpcare 2.0) that made the original bill even worse.

Trumpcare 2.0 would allow states to jettison existing essential health benefit requirements, thereby permitting health plans covering millions of people once again to exclude coverage for maternity and newborn care, pediatric dental and vision services, mental health and substance use services, and other crucial benefits.

All this accomplished was a hemorrhaging of support from the moderate wing of the Republican Conference who feared the repercussions of leaving millions of Americans with preexisting conditions without health insurance so the Trump Republicans invented Trumpcare 3.0 to provide \$8 billion over five years to offset the cost of setting up separate pools or premium assistance programs for people with pre-existing conditions.

This pittance is not designed or intended to help real people with preexisting conditions, but to provide cover for House Republicans to walk the plank.

According to the Kaiser Family Foundation, at least \$25 billion per year would be required, not \$8 billion spread out over five years as provided for in Trumpcare 3.0.

Trumpcare represents the largest transfer of wealth from the bottom 99% to the top 1% in American history.

This callous Republican scheme gives gigantic tax cuts to the rich, and pays for it by taking insurance away from 24 million people, leaving 52 million uninsured, and raising costs for the poor and middle class.

In addition, Republicans are giving the pharmaceutical industry a big tax repeal, worth nearly \$25 billion over a decade without demanding in return any reduction in the cost of prescription and brand-name drugs.

To paraphrase Winston Churchill, of this bill, it can truly be said that "never has so much been taken from so many to benefit so few."

The Pay-More-For-Less plan destroys the Medicaid program under the cover of repealing the Affordable Care Act Medicaid expansion.

CBO estimates 14 million Americans will lose Medicaid coverage by 2026 under the Republican plan.

In addition to terminating the ACA Medicaid expansion, the bill converts Medicaid to a per-capita cap that is not guaranteed to keep pace with health costs starting in 2020.

The combined effect of these policies is to slash \$880 billion in federal Medicaid funding over the next decade.

The cuts get deeper with each passing year, reaching 25% of Medicaid spending in 2026.

These steep cuts will force states to drop people from Medicaid entirely or ration care for those who most need access to comprehensive coverage.

The Pay-More-For-Less plan undermines the health care safety net for vulnerable populations.

Currently, Medicaid provides coverage to more than 70 million Americans, including children, pregnant women, seniors in Medicare, people who are too disabled to work, and parents struggling to get by on poverty-level wages.

In addition to doctor and hospital visits, Medicaid covers long-term services like nursing homes and home and community-based services that allow people with chronic health conditions and disabilities to live independently.

To date, 31 states and D.C. have expanded Medicaid eligibility to low-income adults, which, when combined with the ACA's other coverage provisions, has helped to reduce the nation's uninsured rate to the lowest in history.

Trumpcare throws 24 million Americans off their health insurance by 2026 according to the Congressional Budget Office.

Low-income people will be hit especially hard because 14 million people will lose access to Medicaid by 2026 according to CBO.

Trumpcare massively shifts who gets insured in the nongroup market.

According to CBO, "fewer lower-income people would obtain coverage through the nongroup market under the legislation than current law," and, "a larger share of enrollees in the nongroup market would be younger people and a smaller share would be older people."

The projected 10% reduction in premiums is not the result of better care or efficiency—it is in large part the result of higher-cost and older people being pushed out of a market that is also selling plans that provide less financial protection.

People with low incomes suffer the greatest losses in coverage.

CBO projects the uninsured rate for people in their 30s and 40s with incomes below 200% of poverty will reach 38% in 2026 under this bill, nearly twice the rate projected under current law.

Among people aged 50–64, CBO projects 30% of those with incomes below 200% of poverty will be uninsured in 2026.

Under current law, CBO projects the uninsured rate would only be 12 percent.

Being uninsured is not about "freedom."

Speaker RYAN has argued that people will happily forgo insurance coverage because this bill gives them that "freedom."

The argument makes as much sense as the foolish claim that slaves came to America as "immigrants" seeking a better life.

The freedom to be uninsured is no freedom at all to people in their 50s and 60s with modest incomes who simply cannot afford to pay thousands of dollars toward premiums.

They do not really have a choice.

The claim of our Republican friends that Trumpcare provides more freedom to all Americans calls to mind the words of Anatole France:

"The law, in its majestic equality, forbids the rich as well as the poor to sleep under bridges, to beg in the streets, and to steal bread from the market."

Trumpcare raises costs for Americans nearing retirement, essentially imposing an “Age Tax.”

The bill allows insurance companies to charge older enrollees higher premiums than allowed under current law, while reducing the size of premium tax credits provided.

Again, these changes hit low-income older persons the hardest.

A 64-year-old with an income of \$26,500 buying coverage in the individual market will pay \$12,900 more toward their premiums in 2026, on average.

Trumpcare raises costs for individuals and families with modest incomes, particularly older Americans.

A recent analysis found that in 2020, individuals with incomes of about \$31,000 would pay on average \$4,000 more out of pocket for health care—which is like getting a 13% pay cut.

And the older you are, the worse it gets.

An analysis by the Urban Institute estimates that for Americans in their 50s and 60s, the tax credits alone would only be sufficient to buy plans with major holes in them, such as \$30,000 deductible for family coverage and no coverage at all of brand-name drugs or many therapy services.

Another reason I oppose the Trumpcare bill before us is because its draconian cuts in Medicaid funding and phase-out of Medicaid expansion put community health centers at risk.

Community health centers are consumer-driven and patient-centered organizations that serve as a comprehensive and cost effective primary health care option for America’s most underserved communities.

Community health centers serve as the health care home for more than 25 million patients in nearly 10,000 communities across the country.

Across the country, 550 new clinics have opened to receive 5 million new patients since 2009.

Community health centers serve everyone regardless of ability to pay or insurance status:

1. 71% of health center patients have incomes at or below 100% of poverty and 92% have incomes less than 200% of poverty;
2. 49% of health center patients are on Medicaid; and
3. 24% are uninsured;
4. Community health centers annually serve on average 1.2 million homeless patients and more than 300,000 veterans.

Community health centers reduce health care costs and produce savings—on average, health centers save 24% per Medicaid patient when compared to other providers.

Community health centers integrate critical medical and social services such as oral health, mental health, substance abuse, case management, and translation, under one roof.

Community health centers employ nearly 100,000, people and generate over \$45 billion in total economic activity in some of the nation’s most distressed communities.

Mr. Speaker, community health centers are on the front lines of every major health crisis our country faces; from providing access to care (and employment) to veterans to addressing the opioid epidemic to responding to public health threats like the Zika virus.

We should be providing more support and funding to community health centers; not making it more difficult for them to serve the com-

munities that desperately need them by slashing Medicaid funding.

Trumpcare Republican plan leaves rural Americans worse off.

Mr. Speaker, health insurance has historically been more expensive in rural areas because services cost more and it is hard to have a stable individual market with a small population.

Under the Affordable Care Act, premium subsidies are tied to local costs, which helps keep premium costs down.

But they are not under the Republican plan. So, under the Republican plan residents in rural areas, who tend to be older and poorer, will pay much more and get much less health insurance.

What the Affordable Care Act, and its repeal means in the lives of real people:

At the end of the day, Mr. Speaker, the powerful and compelling reasons to reject Trumpcare lie in the real world experiences of the American people.

Let me briefly share with you the positive, life affirming difference made by the Affordable Care Act in the lives of just three of the millions of Americans it has helped.

Joan Fanwick: “If Obamacare is repealed, I don’t know if I’ll live to see the next President”

“After nearly a decade of mysterious health scares, I was diagnosed with an autoimmune disorder called Sjogren’s syndrome last year, when I was a junior at Temple University.

“It’s a chronic illness with no known cause or cure, and without close medical surveillance and care, it can lead to life-threatening complications (like the blood infection I frequently experience).

“For me, having this disorder means waking up every morning and taking 10 different medications.

“It also means a nurse visiting my apartment every Saturday to insert a needle into the port in my chest, so I can give myself IV fluids throughout the week.

“Without insurance, my medical expenses would cost me about \$1,000 per week—more than \$50,000 per year. And that doesn’t even include hospitalizations.

“My medical bills aren’t cheap under Obamacare, but I can afford them.

“Under Obamacare, insurance companies aren’t allowed to cut you off when your costs climb so right now, the most I personally have to pay out of pocket is \$1,000 per year.”

Brain Norgaard: “I am a small business owner and leadership trainer who Obamacare has helped tremendously.”

Brian Norgaard, a Dallas, Texas resident called my office to express his opposition to Trumpcare and to offer share how the Affordable Care Act has helped small business owners like himself:

“I am a small business owner and leadership trainer who Obamacare has helped tremendously.

“My wife and I both own small businesses in the Dallas, Texas area and as a result of the huge savings we received after paying lower [healthcare] premiums under Obamacare, we were able to reinvest those saving into both of our businesses and the community.

“And the healthcare we received was quality, at that.”

Ashley Walton: “For cancer survivors, we literally live and die by insurance”

Ashley Walton was 25 when a mole on her back turned out to be melanoma.

She had it removed, but three years later she discovered a lump in her abdomen.

She was then unemployed and uninsured, and so she put off going to a doctor.

She tried to buy health insurance. Every company rejected her.

Ashley eventually became eligible for California’s Medicaid program, which had been expanded under the Affordable Care Act.

The 32-year-old Oakland resident credits her survival to the ACA.

Without it, “I would likely be dead, and my family would likely be bankrupt from trying to save me.”

Before any of our Republican colleagues supporting this bill cast their vote, I urge them to reflect on the testimony of Joan, Brian, and Ashley, and on this question posed by a constituent to Sen. COTTON of Arkansas at a recent town hall:

“I’ve got a husband dying and we can’t afford—let me tell you something.

“If you can get us better coverage than this [Obamacare], go for it.

“Let me tell you what we have, plus a lot of benefits that we need.

“We have \$29 per month for my husband. Can you beat that? Can you?”

With all the congestive heart failures, and open heart surgeries, we’re trying. \$29 per month. And he’s a hard worker.

\$39 for me.”

Like a horror film of yore with monsters and vampires, both the original Trumpcare and its sequels threaten to return this country to the days when annual and lifetime dollar-based limits on the use of essential health benefits shifted tremendous financial and health risks to working families.

Insurance companies could charge people with pre-existing conditions many times more than they charge healthy people—just as they did before the Affordable Care Act.

Millions of Americans with pre-existing conditions would be at risk of losing health coverage or face premiums so high only the very wealthy could afford them—the same people who benefit from the massive tax cuts in the original bill.

I urge all Members to reject Trumpcare, one of the most monstrously cruel and morally bankrupt legislative proposals ever to be considered in this chamber.

To paraphrase a famous former reality television personality, “believe me, Trumpcare is a disaster.”

We should reject it and keep instead “something terrific”: and that is the Affordable Care Act, regarded lovingly by millions of Americans as “Obamacare.”

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, if I had to defend ObamaCare, I would go into hysterics, too.

Since ObamaCare went into effect, the insurance choices and coverage have gotten lower and the costs have gotten higher. Virtually no doctors take the marketplace insurance so I’m left to change doctors who I’ve seen for over 30 years and switch to “new” doctors who I don’t trust, and who cannot provide the same healthcare benefits I’ve received in the past. I have a brain tumor that I have monitored by a very skilled neuro-oncologist. Not anymore. The three choices I was given via healthcare.gov aren’t even honored forms of insurance for this doctor.

Yes, it left them out again.

Mr. Speaker, I yield 2½ minutes to the gentleman from Indiana (Mr. MESSER).

Mr. MESSER. Mr. Speaker, despite the rhetoric on the other side of the aisle, today is an exciting day for those of us who have been working and fighting to end ObamaCare's reign over this country.

It is race month in Indiana, and I want to remind my colleagues that, as exciting as today is, today's vote is a green flag, not a checkered flag. It is the beginning of the race, not the end.

Today, the House will vote to move legislation forward that will repeal ObamaCare and replace it with something far better. The bill will surely undergo more changes as we continue this process in the Senate, but it is on its way to the finish line.

There are some really strong policies in this bill. It cut taxes by a trillion dollars on the American people, and government spending by hundreds of billions, too. Despite the rhetoric, it keeps preexisting condition prohibitions. No one with a preexisting condition will be denied coverage because of the policies in this bill. Insurance companies cannot raise premiums on individuals with preexisting conditions as long as they maintain coverage.

The bill will also make sure 26-year-olds continue to stay on their parents' healthcare plans as they enter the workforce. Most importantly, though, the bill unshackles American families from the mandates, taxes, and penalties that are costing these families thousands of dollars each year.

Though ObamaCare helped some, we have to remember that ObamaCare made things worse for millions of America, and that is where the national anger has come from. I have heard from countless Hoosiers who tell me the stories of their premiums going from \$500 a month to \$1,500 a month, with deductibles that are through the roof, at \$10,000-plus a month. They have to spend \$30,000 out of pocket before they even get to their insurance. For a middle class family, that means they have no meaningful insurance at all.

We can do better, and we will. That starts today.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the National Rural Health Association opposed to this bill.

[From the National Rural Health Association]

VOTE NO TO THE AMERICAN HEALTH CARE ACT

The National Rural Health Association urges a NO vote on the American Health Care Act (AHCA).

Rural Americans are older, poorer and sicker than other populations. In fact, a January 2017 CDC report pronounced that life expectancies for rural Americans have declined and the top five chronic diseases are worse in rural America. The AHCA does nothing to improve the health care crisis in rural America, and will lead to poorer rural health outcomes, more uninsured and an increase in the rural hospital closure crisis.

Though some provisions in the modified AHCA bill improve the base bill, NRHA is

concerned that the bill still falls woefully short in making health care affordable and accessible to rural Americans. For example, the modified bill contains a decrease in the Medical Expense Deduction threshold from 10% to 5.8% in an attempt to assist Americans between the ages of 50 and 64 who would see their premiums skyrocket under the current plan. However, this deduction is not a credit and therefore would be of little use to low income seniors that are in very low tax brackets or do not pay income tax at all. Additionally, the new amendments to freeze Medicaid expansion enrollment as of Jan. 1, 2018, and reduce the Medicaid per-capita growth rate will disproportionately harm rural Americans.

The AHCA will hurt vulnerable populations in rural Americans, leaving millions of the sickest, most underserved populations in our nation without coverage, and further escalating the rural hospital closure crisis. According to the Wall Street Journal, the "GOP health plan would hit rural areas hard . . . Poor, older Americans would see the largest increase in insurance-coverage costs." The LA Times reports "Americans who swept President Trump to victory—lower-income, older voters in conservative, rural parts of the country—stand to lose the most in federal healthcare aid under a Republican plan to repeal and replace the Affordable Care Act." Let's be clear—many provisions in the ACA failed rural America. The lack of plan competition in rural markets, exorbitant premiums, deductibles and co-pays, the co-op collapses, lack of Medicaid expansion, and devastating Medicare cuts to rural providers—all collided to create a health care crisis in rural America. However, it's beyond frustrating that an opportunity to fix these problems is squandered, and instead, a greater health care crisis will be created in rural America.

Congress has long recognized the importance of the rural health care safety net and has steadfastly worked to protect it. And now, much of the protections created to maintain access to care for the 62 million who live in rural America are in jeopardy. We implore Congress to continue its fight to protect rural patients' access to care. Three improvements are critical for rural patients and providers:

1. Medicaid—Though most rural residents are in non-expansion states, a higher proportion of rural residents are covered by Medicaid (21% vs. 16%).

Congress and the states have long recognized that rural is different and thus requires different programs to succeed. Rural payment programs for hospitals and providers are not 'bonus' payments, but rather alternative, cost-effective and targeted payment formulas that maintain access to care for millions of rural patients and financial stability for thousands of rural providers across the country. Any federal health care reform must protect a state's ability to protect its rural safety net providers. The federal government must not abdicate its moral, legal, and financial responsibilities to rural, Medicaid eligible populations by ensuring access to care.

Any federal health care reform proposal must protect access to care in Rural America, and must provide an option to a state to receive an enhanced reimbursement included in a matching rate or a per capita cap, specifically targeted to create stability among rural providers to maintain access to care for rural communities. Enhancements must be equivalent to the cost of providing care for rural safety net providers, a safeguard that ensures the enhanced reimbursement is provided to the safety net provider to allow for continued access to care. Rural safety net providers include, but not limited to,

Critical Access Hospitals, Rural Prospective Payment Hospitals, Rural Health Clinics, Indian Health, Service providers, and individual rural providers.

2. Market Reform—Forty-one percent of rural marketplace enrollees have only a single option of insurer, representing 70 percent of counties that have only one option. This lack of competition in the marketplace means higher premiums. Rural residents average per month cost exceeds urban (\$569.34 for small town rural vs. \$415.85 for metropolitan).

Rural Americans are more likely to have obesity, diabetes, cancer, and traumatic injury; they are more likely to participate in high risk health behaviors including smoking, poor diet, physical inactivity, and substance abuse. Rural Americans are more likely to be uninsured or underinsured and less likely to receive employer sponsored health insurance. Rural communities have fewer health care providers for insurers to contract with to provide an adequate network to serve the community.

Any federal health care reform proposal must address the fact that insurance providers are withdrawing from rural markets. Despite record profit levels, insurance companies are permitted to cherry pick profitable markets for participation and are currently not obliged to provide service to markets with less advantageous risk pools. Demographic realities of the rural population make the market less profitable, and thus less desirable for an insurance company with no incentive to take on such exposure. In the same way that financial service institutions are required to provide services to underserved neighborhoods, profitable insurance companies should be required to provide services in underserved communities.

3. Stop Bad Debt Cuts to Rural Hospitals—Rural hospitals serve more Medicare patients (46% rural vs. 40.9% urban), thus across-the-board Medicare cuts do not have across the board impacts. A goal of the ACA was to have hospital bad debt decrease significantly. However, because of unaffordable health plans in rural areas, rural patients still cannot afford health care. Bad debt among rural hospitals has actually increased 50% since the ACA was passed. According to MedPAC "Average Medicare margins are negative, and under current law they are expected to decline in 2016" has led to 7% gains in median profit margins for urban providers while rural providers have experienced a median loss of 6%.

If Congress does not act, all the decades of efforts to protect rural patients' access to care, could rapidly be undone. The National Rural Health Association implores Congress to act now to protect rural health care across the nation.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Thoracic Society opposed to this bill.

AMERICAN THORACIC SOCIETY,

April 27, 2017.

DEAR REPRESENTATIVE: On behalf of the 16,000 members of the American Thoracic Society (ATS), I want to voice my grave concerns with the latest legislative proposal developed to repeal and replace the Affordable Care Act (ACA). While CBO estimates are not yet available for the most recent legislation proposal being considered in the House, we remain concerned that the bill, if enacted, will result in a loss of health insurance for millions of Americans. Should the proposal come up for a vote in the near future, we urge you to vote "NO" on the American Health Care Act.

The ATS opposes any legislation that does not ensure affordable health insurance coverage for Americans currently insured under

the ACA. We are concerned that allowing states to waive important insurance reforms in the Affordable Care Act will lead to reduced coverage for many Americans and significant price increases for patients with pre-existing conditions. Further, we are concerned that reliance on “high risk pools” will not adequately meet the health insurance needs of many Americans with pre-existing conditions. We note that previous attempts at implementing state-based high risk pools have been largely unsuccessful. Members of the ATS serve a large and diverse patient population, including patients with respiratory diseases, critical illnesses and sleep disorders such as asthma, COPD, pneumonia, sepsis and obstructive sleep apnea. Our patients cannot afford to lose affordable health insurance coverage for any period of time.

The ATS looks forward to working with Congress to improve our health care system and ensure health insurance coverage for all Americans. If you have questions or need additional information, please contact Nuala S. Moore, Associate Director of Government Relations.

Sincerely,

DAVID GOZAL, MD, MBA,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the Academy of Nutrition and Dietetics opposed to this bill.

ACADEMY OF NUTRITION
AND DIETETICS,
Washington, DC, May 2, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Democratic Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: Nutrition services save money, improve chronic disease outcomes and save lives. For this reason, the Academy of Nutrition and Dietetics, the nation's largest organization of food and nutrition professionals, remains opposed to H.R. 1628, the American Health Care Act (AHCA) as amended by the MacArthur amendment.

The Academy and our 75,000-plus members believe that all Americans should have both coverage and access to high-quality health care. The Academy urges Congress to support measures that include nutrition services and prevention that reduces the cost of health care and improve patients' lives.

The new proposal set forth in the AHCA not only fails to improve the health of all Americans, but it will worsen patient care and public health by removing vital resources that are currently effective in improving health across the country.

This legislation continues to eliminate investments in prevention and public health, reverse advancements made in disease prevention and chronic care management, and according to the Congressional Budget Office, would result in the loss of health care coverage for at least 24 million Americans. Allowing states to waive pre-existing conditions and essential health benefits will lead to decreased coverage and utilization of vital nutrition services.

Individuals with chronic disease such as diabetes and hypertension benefit from medical nutrition therapy and nutrition services to lower their blood sugar and blood pressure, while reducing reliance on expensive medications. The cost of these services is inexpensive and replaces more costly interventions that are necessary as chronic disease progresses with many complications.

The Academy holds five key tenets for analyzing any legislation to reform health care:

1. The health of all Americans should improve as a result of our health policy choices. Sufficient resources must be made available to ensure optimal health.

2. Access to quality health care is a right that must be extended to all Americans.

3. Nutrition services, from pre-conception through end of life, are an essential component of comprehensive health care.

4. Stable, sufficient and reliable funding is necessary for our health care system to provide everyone access to a core package of benefits.

5. Health care must be patient-centered. Affordable access to care is an ongoing challenge that any reform legislation should address. Although this legislation purports to provide access, it fails to make coverage more affordable; unaffordable access to coverage is really not coverage at all. The proposal fails to maintain a core package of benefits that improve the health of Americans, by removing a basic floor of services that should be provided without cost-sharing to the Medicaid population.

Additionally, the new proposal would allow states to opt out of requiring that health plans cover the Essential Health Benefits which help reduce longer term health care costs, allow insurers to charge people higher premiums based on pre-existing conditions like nutrition related diseases like diabetes and heart disease and increase out-of-pocket costs for vulnerable older adults.

By repealing the Prevention and Public Health Fund, the proposal eliminates the sole federal investment in prevention, which will harm our state and local communities that depend on these effective public-private partnerships to improve the health of their communities.

The AHCA as currently drafted fails to meet the Academy's five tenets, and therefore we cannot support the passage of these proposals.

The Academy urges Congress to not hold future votes without an evaluation of the proposed amendments from the Congressional Budget Office estimating the budgetary impact of the amended legislation and the anticipated effect on coverage for Americans. We look forward to continued collaboration to improve the health and nutrition for all Americans.

Sincerely,

LUCILLE BESELER,
President.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from The Jewish Federations of North America opposed to this bill.

THE JEWISH FEDERATIONS
OF NORTH AMERICA,
Washington, DC, May 2, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: The Jewish Federations of North America (JFNA) remains staunchly opposed to the American Health Care Act of 2017 (AHCA), even with the recently released amendment proposed by Representative Tom MacArthur (R-NJ). We are disappointed that AHCA retains the devastating cuts to Medicaid included in the earlier version of the legislation, cuts which are the result of the legislation's proposal to dramatically restructure Medicaid's federal financing structure and roll back coverage for 14 million people covered by the state Medicaid expansions. The amendment does nothing to alleviate these concerns.

JFNA represents 148 Jewish federations and 300 network communities that together

support 15 leading academic medical centers/health systems, 100 Jewish nursing homes, and 125 Jewish family & children's agencies, providing health care for more than one million clients, Jewish and non-Jewish alike. Medicaid is a lifeline for more than 80 million people, including low-income children, older adults, and people with disabilities nationwide. Medicaid is a vital program for Jewish federations throughout the country and particularly for our communal health and long-term care partners that care for the most vulnerable in our communities.

JFNA is deeply troubled by the findings of the Congressional Budget Office (CBO) that AHCA will cause \$839 billion in reductions—about 25 percent—to federal Medicaid funding and a loss in coverage for more than 14 million Medicaid beneficiaries. We believe that converting Medicaid to a block grant or per capita cap will cause irreparable harm not only to the millions who depend on the program, but also to our large network of providers who care for them.

AHCA would convert the long-standing and fundamental federal-state partnership of the Medicaid program to a block grant or per capita cap system. Under either approach, states would receive a limited amount of federal money for their Medicaid programs. As CBO found, even under a per capita cap system, the federal share is lower than the average annual increase in Medicaid spending and will not be sufficiently flexible to address a variety of key factors affecting Medicaid spending, including major disasters, economic downturns, unexpected health care cost increases, and demographic changes, such as the rapidly aging baby boomer generation. CBO projected that AHCA's \$839 billion cut in federal Medicaid funding will shift substantial costs to state and local governments, our providers, and our patients, thus exacerbating the existing strain on the program. We agree with CBO's conclusion that, due to these reductions in funding, states will be left with no choice but to reduce Medicaid enrollment, eligibility for Medicaid benefits, and payment rates. Many people who now qualify for Medicaid could end up uninsured or losing access to critical health and long-term care services.

JFNA is concerned by many of the unintended consequences of this legislation, such as:

• People who desperately need Medicaid and who are currently eligible will become uninsured;

• States will be forced to cut back on crucial Medicaid services, such as home and community-based services, effectively forcing people who are capable of living in the community with proper home and community-based services into nursing homes;

• States will be forced to reduce already low provider payment rates, thus further decreasing the pool of providers serving Medicaid beneficiaries and increasing waiting times for services; and,

• Health care providers and entities that care for these vulnerable populations will suffer additional financial strain. As a result, these agencies will be forced to lay off staff or close their doors altogether, resulting in significant job losses and further hurting state economies.

For these reasons, we must oppose the legislation as currently written and urge the House of Representatives to reconsider moving forward with it. We stand ready to work with you, in tandem with our Jewish communal health and long-term care providers, to promote more targeted ways to reduce Medicaid spending and develop a new framework of policies to improve Medicaid quality, efficiency, and sustainability.

Sincerely,

WILLIAM C. DAROFF,

*Senior Vice President
for Public Policy &
Director of the
Washington Office.*

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD an article in The Wall Street Journal today stating: “. . . employers looking to lower their costs could impose lifetime limits and eliminate the out-of-pocket cost cap from their plans under the GOP legislation.”

[From the Wall Street Journal]

LITTLE-NOTED PROVISION OF GOP HEALTH BILL COULD ALTER EMPLOYER PLANS
LAST-MINUTE AMENDMENT WOULD ALLOW STATES TO OBTAIN WAIVERS FROM CERTAIN AFFORDABLE CARE ACT REQUIREMENTS

(By Stephanie Armour and Michelle Hackman)

Many people who obtain health insurance through their employers—about half of the country—could be at risk of losing protections that limit out-of-pocket costs for catastrophic illnesses, due to a little-noticed provision of the House Republican health-care bill to be considered Thursday, health-policy experts say.

The provision, part of a last-minute amendment, lets states obtain waivers from certain Affordable Care Act insurance regulations. Insurers in states that obtain the waivers could be freed from a regulation mandating that they cover 10 particular types of health services, among them maternity care, prescription drugs, mental health treatment and hospitalization.

That could also affect plans offered by large employers, health analysts said.

The ACA prevents employer plans from putting annual limits on the amount of care they will cover, and it bars lifetime limits on the 10 essential benefits. But in 2011, the Obama administration issued guidance stating that employers aren't bound by the benefits mandated by their state and can pick from another state's list of required benefits. That guidance was mostly meaningless because the ACA established a national set of essential benefits.

Under the House bill, large employers could choose the benefit requirements from any state—including those that are allowed to lower their benchmarks under a waiver, health analysts said. By choosing a waiver state, employers looking to lower their costs could impose lifetime limits and eliminate the out-of-pocket cost cap from their plans under the GOP legislation.

The measure would give employers added flexibility to take steps that could lower costs by limiting more-expensive coverage areas. And it would lessen the federal regulation of insurers, a goal of GOP lawmakers who believe the ACA is an example of government overreach.

The impact on employer plans expands the scope of the health bill to affect, potentially, everyone not insured by Medicare or small-business plans, since the bill also includes cuts to Medicaid and changes to the individual market. Employer health plans are the single largest source of health insurance in the country, with about 159 million Americans receiving coverage through their jobs.

“It's huge,” said Andy Slavitt, former acting administrator of the Centers for Medicare and Medicaid Services under President Barack Obama. “They're creating a backdoor way to gut employer plans, too.”

But some experts say the impact could be less.

“The real question is, would employers do this? Many wouldn't,” said Larry Levitt, a senior vice president at the Kaiser Family

Foundation. “Many employers offer quality benefits to attract employees. But employers are always looking for ways to lower costs.”

Fifty-nine percent of employers had a lifetime limit on how much their insurance plans would cover before the ACA, Mr. Levitt said.

The potential impact on large-employer plans was picked up on by health analysts including Matthew Fiedler, a fellow at the Brookings Institution. It is possible the Trump administration could minimize the impact by barring employers from picking plans across state lines, he said, but there is no sign that that would occur.

“The core goal of insurance is to ensure that people are protected if the worst happens, and these protections are crucial to achieving that goal,” Mr. Fiedler said.

Potentially, the new provision could play out this way: If a state did away with a requirement to provide mental health and substance abuse services, employer plans using that benchmark could impose lifetime caps on the amount of mental health coverage they are willing to pay for.

One trade group representing employers said the amendment's effects on people with employer-sponsored health coverage would be minimal. Most large employers didn't impose annual or lifetime limits before the ACA was implemented, according to James Gelfand, senior vice president of health policy at the Erisa Industry Committee.

“Even if self-insured health plans are no longer banned from imposing annual or lifetime limits, they're unlikely to attempt to squeeze the toothpaste back into the tube,” he said. “The benefits of reimposing limits are questionable.”

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Michigan (Mr. LEVIN).

(Mr. LEVIN asked and was given permission to revise and extend his remarks.)

Mr. LEVIN. Mr. Speaker, it has just been said that no one with a pre-existing condition will be denied treatment. That is a cruel falsehood. Roughly 129 million Americans today have a preexisting condition.

Here is what the AMA says to refute what was just said: “The history of high-risk pools demonstrates that Americans with preexisting conditions will be stuck in second class health coverage, if they are able to obtain coverage at all.”

Now we have a proposal for \$8 billion. That is a deceitful fraud. I intend going back home to travel the State of Michigan and elsewhere and tell the American people that although those who have said that are simply not being truthful, they essentially are turning their backs on 129 million Americans. We Democrats will never turn our back on the people of the United States of America. When it comes to health care, it is a vital need.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, even with, again, the muddled hysterics, there is nothing in this bill, even if you have preexisting coverage now, there is nothing that says you lose it. Let's at least get the facts straight.

Also, let's talk about families and why we are here.

Despite Obama's promises, my plan was canceled at an affordable \$450 a month when ObamaCare was implemented. My new plan has gone up every year and for 2017 will be over \$1,300 a month. My husband and I cannot keep up with these increases. Soon it will be a choice between food and housing or health care.

Virginia from Florida.

Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. MITCHELL).

Mr. MITCHELL. Mr. Speaker, my question today is: How long will the opposition try to hold on to the failing Affordable Care Act? How long will they desperately try to hold on with their fingernails, screaming and thrashing at something that is failing so miserably?

Just this week, it was announced that 94 of 99 counties of Iowa will not have a carrier at all. In Michigan this year, individual policy premiums went up 20 percent, never mind deductibles and copays.

While currently 26 million Americans do not have coverage, 19.2 million either claim a waiver or pay a penalty that last year was \$3 billion. Yet somehow the other side claims the Affordable Care Act is some form of nirvana.

The American Health Care Act guarantees issuance of coverage and targets assistance to those who have health challenges, in contrast to the Affordable Care Act that just thinks we should throw money at it. What amazes me, in my first few months here in Congress, if there is a problem, we will just throw money. The opposition wants a blank check, which will not work in this country. It is going to kill this country.

Let me suggest to my colleague from Michigan, my neighbor, that if he wants to schedule to go around the State and talk about the benefits of this program, the Affordable Care Act, I will go with him. We will go anywhere he would like to go.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a statement from the Children's Hospital Association in opposition to this bill.

[From Children's Hospital Association,

Apr. 27, 2017]

CHILDREN'S HOSPITALS URGE HOUSE TO VOTE AGAINST AMENDED AHCA

LAWMAKERS SHOULD KNOW BILL IS BAD FOR KIDS

WASHINGTON, DC.—On behalf of our nation's children's hospitals and the patients and families they serve, Children's Hospital Association (CHA) continues to oppose the newly modified American Health Care Act (AHCA) and strongly urges the House of Representatives to reject the bill. Recently adopted changes only worsen the AHCA by putting children with preexisting conditions at increased risk of losing health care coverage and failing to correct the Medicaid cuts that would impact over 30 million kids.

The legislation the House might consider for a vote as early as the weekend would impose over \$800 billion in cuts on states by fundamentally changing Medicaid—a program over 40 percent of the children across the country depend on for their health care coverage and access to medical care. Under

the bill, Medicaid would no longer be able to flex with the needs of enrollees, instead becoming a severely restricted system of per capita caps or block grants.

The block grant option in particular would be devastating to children as it eliminates Medicaid's EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) benefit which ensures children receive immunizations, mental health assessments and vision, eye and hearing exams as well as other medical services they might need. A block grant would also remove cost-sharing protections for children, essentially creating new barriers to care for low-income, working families.

CHA urgently asks members of Congress to vote against the AHCA. Medicaid must be maintained to ensure children receive the coverage and medical care that return lifelong benefits into adulthood. Investing in children's health advances a better future for our nation.

Mr. MCGOVERN. Mr. Speaker, I include a statement from Families USA in opposition to this bill.

[From FAMILIESUSA]

LATEST HOUSE GOP PROPOSAL—"UPTON AMENDMENT"—STILL LEAVES PEOPLE WITH PRE-EXISTING CONDITIONS OUT IN THE COLD

WASHINGTON, DC.—Republicans in the House today are discussing a so-called compromise that ostensibly adds \$8 billion to their Affordable Care Act (ACA) repeal bill in an attempt to appease members worried that the bill strips coverage guarantees for people with pre-existing conditions. Below is a statement from Families USA Executive Director Frederick Isasi.

"Despite today's wheeling and dealing, the GOP repeal bill still drops the coverage guarantee for people with pre-existing conditions, strips coverage from millions, and drives up costs for millions more. A measly \$8 billion handout isn't going to change that. The bill also decimates Medicaid—more than \$800 billion in cuts. That hurts seniors, people with disabilities, and children like Jimmy Kimmel's son who he so eloquently spoke of Monday night. Remember, half of the births in America are reimbursed through Medicaid.

"The Upton \$8 billion is a non-solution—money thrown at 'high-risk pools' that experts on both sides of the aisle have warned lead to higher costs, fewer benefits, and waiting lists rationing care for those with pre-existing conditions.

"Republicans in the House can do all the backroom vote-trading they want; their bill will still harm millions and millions of people in America and breaks President Trump's promise to cover everybody and protect people with pre-existing conditions. This isn't what people in America want. It is time for the GOP to drop this deeply flawed legislation and move on to efforts that will help, and not hurt, America's families."

Mr. MCGOVERN. Mr. Speaker, I include a statement from the Association of American Medical Colleges in opposition to this bill.

[From AAMC, May 2, 2017]

AAMC STATEMENT ON THE MACARTHUR AMENDMENT TO THE AMERICAN HEALTH CARE ACT

AAMC (Association of American Medical Colleges) President and CEO Darrell G. Kirch, MD, issued the following statement regarding the amendment to the American Health Care Act (AHCA) introduced by Rep. Tom MacArthur (R-N.J.):

"This week, the House could vote on a new version of the American Health Care Act that includes the MacArthur amendment.

Unfortunately, the amendment does not address the limitations in the original measure, such as making high-quality, affordable health insurance available to all, and maintaining programs to support the health care safety net—at least at current levels—until other comparable coverage expansions are available.

The amendment's treatment of essential health benefits and health status underwriting dilutes protections for many Americans and would leave individuals with pre-existing conditions facing higher premiums and reduced access to vital care.

The shortcomings in the underlying bill remain the same. The original analysis from the Congressional Budget Office indicated that 14 million Americans would lose their health insurance coverage as early as next year, and as many as 24 million by 2024. Nothing in the bill has changed that alters the fact that this legislation would lead to fewer Americans with quality insurance, less affordable coverage for those who have it, and the destabilization of the current Medicaid program.

We continue to urge members of Congress to engage with the nation's medical schools and teaching hospitals and other stakeholders to find ways to achieve high quality health care for all Americans."

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. SANCHEZ), the vice chair of the Democratic Caucus.

Ms. SANCHEZ. Mr. Speaker, I can't believe we are here again to vote, or not, on the Republicans so-called healthcare bill.

Let me remind my colleagues that we are finally here only after Republicans failed to even hold a vote on March 24, and then offered extreme, multiple amendments to appease the furthest right of their party.

But I have to give it to them: it takes real cojones to stand here and vote on a bill that they know provides nearly zero healthcare benefits for the American people. It takes real fortitude and conviction to stand up for a bill that cuts coverage for 24 million Americans, guts Medicaid, reduces the solvency of Medicare, and segregates the sickest.

The truth is, Republicans lack the bravery to call this bill what it really is: a massive tax cut for the rich on the backs of working moms and dads and the sick. They lack the integrity to do the hard work that it takes to craft an actual healthcare bill that would build upon current law and improve the health of Americans.

I implore my colleagues to come to their senses, vote against this terrible bill, and work with us to continue to improve health care in this country for all Americans.

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I have been waiting also for my friends across the aisle to stand up and say that ObamaCare is a failure. I guess they can't. For the last 7 years, the voters have.

Small business owners and American entrepreneurs:

As an entrepreneur with two special needs children, the ACA is an expensive nightmare.

Both my husband and I are small-business owners and must pay for individual insurance. We are on the highest deductible plan offered to us, a monthly premium over \$1,000, and outstanding medical bills that we are struggling to pay off. We have seen our premium go up at least 14 percent and the expenses of care, lab, et cetera. With all exceptions, to the President, he is offering to his corporate friends. We are the ones who get ignored.

That is the true face of ObamaCare.

Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. BARTON).

(Mr. BARTON asked and was given permission to revise and extend his remarks.)

Mr. BARTON. Mr. Speaker, mandates seldom work. Markets do work.

My friends on the Democratic side of the aisle haven't pointed out that 19 million Americans have chosen to pay the tax penalty to the IRS, rather than be forced into one of these ObamaCare plans.

They talk about all the people who have gotten coverage. Most of them got coverage when the bill that is now called ObamaCare expanded Medicaid to healthy adults and paid 100 percent of the cost to cover those individuals at a cost right now of about \$70 billion a year.

Mandates don't work; markets do. I choose less government mandate, more personal freedom.

Vote for the rule; vote for the bill. Let's restore markets and freedom to health care in America.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. JUDY CHU of California.)

Ms. JUDY CHU of California. Mr. Speaker, yesterday, Kate called my office, worried for her son who is 1-year-old and was born with muscular dystrophy. He will need care for the rest of his life.

Without the ban on preexisting conditions, the cost of insurance for her son will be astronomical. She is paralyzed with fear about how she is going to be able to care for him for the rest of his life. Under TrumpCare, the healthcare bill written for Donald Trump and not the American people, insurance companies will be able to charge Kate's son more because he has a preexisting condition.

Imagine that. Her son's health care will be out of reach, his precious life endangered. That is unimaginably cruel, especially when we have a system in place right now that gets Kate's son the treatment he deserves.

That is why I am opposing this bill today. I cannot support a measure that we know will cost sick people more money, will force families to pay higher premiums and deductibles, will force 24 million people off their insurance, and guts essential health benefits.

I urge my colleagues to vote "no" on this horrific bill today.

□ 1015

Mr. COLLINS of Georgia. Mr. Speaker, I believe probably the reason they won't vote for it is they don't understand it, because preexisting conditions

are covered. If you have coverage now, nothing in our bill, no matter what would come from the State or anyone else, would lose the preexisting conditions. I guess it is just easier to talk your talking points and have your poster and go from there.

Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. MAST).

Mr. MAST. Mr. Speaker, I, too, am a person with preexisting conditions, and I believe it is not just something that I should do; it is a responsibility for me to be the staunchest advocate for people out there who have preexisting conditions. That is why I am such an ardent supporter of this bill.

I think every American and every person out there with preexisting conditions should be asking themselves: How is it that they have coverage if every single insurance provider has pulled out of the market? If there is no entity to go to out there and provide insurance, how is it that preexisting conditions could possibly be covered?

I have had the question constantly: How is it so difficult for Republicans to get this bill passed, to get this through the floor? The answer is this, and this is again the question that every American should be asking themselves: Who is going out there and saying that preexisting conditions won't be covered? It is the exact same group of people that went out there and lied to the face of every single American, telling them that if they liked their plan, they would keep their plan; if they liked their doctor, they would keep their doctor; that the average American family was going to save \$2,500 or more on health insurance.

That was a bold-faced lie. It was orchestrated by architects who specifically went out with the intention to prey on the American people. That is who is going out there selling these lies against my party. I resent that completely because we have come up with a plan, with a strategy to go out there and save health care for the American people, and I couldn't be more proud of that.

Mr. MCGOVERN. Mr. Speaker, maybe the gentleman hasn't been listening to all the organizations and healthcare advocates who have come out strongly opposed to the Republican bill, that I have read into the RECORD, who know a lot more about health care than anybody in this House, who spend their lives protecting people and protecting people's healthcare rights. They are all in strong opposition to the Republican bill because you take away the protections for preexisting conditions, plain and simple.

Mr. Speaker, I yield 1 minute to the gentleman from Oregon (Mr. BLUMENAUER).

Mr. BLUMENAUER. Mr. Speaker, we began this debate listening to my friend from Texas talk about how he was humbled to be here today supporting the Republican bill. Well, frankly, I think he should be embarrassed, embarrassed that my Repub-

lican colleagues are afraid to have a full, open, lengthy debate about these impacts. We are taking a consequential piece of legislation, and Republicans are jamming it through without a CBO score so they don't know the impacts, and we don't have the confidence.

We do know, however, my friend from Massachusetts has read into the RECORD item after item, the medical association, disease advocacy groups, the American Association of Retired People, it is an honor roll of people who know about health care, who fought to preserve and protect and enhance, and the Republicans have no answer to refute this litany of experts who are independent, who are professional, who care. Who are opposed. That is something that I think Republicans should be ashamed of.

They have had 7 years chipping away at the Affordable Care Act to try to make it worse, yet it still is supported by people who know. The Republican approach should be rejected.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I include in the RECORD a letter from the American Public Health Association in strong opposition to the Republican bill.

AMERICAN PUBLIC HEALTH
ASSOCIATION,

May 4, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the American Public Health Association, a diverse community of public health professionals who champion the health of all people and communities, I write to express our continued strong opposition to H.R. 1628, the American Health Care Act of 2017, legislation to repeal the Affordable Care Act. The amended bill would be even worse for the nation's health than the original proposal and does nothing to improve the health of the American public. Additionally, the bill would have the greatest negative impact on the health of the most vulnerable Americans.

According to the March Congressional Budget Office analysis, the legislation would result in 14 million Americans losing health insurance coverage in 2018. By 2026, CBO estimates 24 million individuals would lose coverage, taking the uninsured rate up to a staggering 52 million, nearly double the number of Americans who would lack insurance under existing law. The bill would cut critical premium subsidies for low- and middle-income families and phase out the ACA's Medicaid expansion. Under the proposal, many, especially low-income and older Americans, would pay higher premiums, receive lower subsidies and be subject to higher out of pocket costs, including higher deductibles and co-pays for plans that provide less coverage. Health insurance coverage is critical to preventing disease, ensuring health and well-being and driving down the use of costlier providers of care. Unfortunately, this proposal will result in a greater number of people losing coverage than the number of people who have gained coverage under the Affordable Care Act, putting many at risk of premature death due to the lack of access to critical health services.

The amended bill would be even worse for public health than the original bill that was pulled from the House floor in late March. The amended bill would allow states to opt-

out of requiring health plans to cover the 10 essential health benefits such as maternity care, mental health and substance abuse disorder services and prescription drug coverage. It would also allow insurers to charge significantly higher premiums for people with pre-existing conditions and possibly allow insurers to charge older adults even higher premiums. The inclusion of a mere \$8 billion over five years will do little to help people with pre-existing conditions who could see drastically higher premiums leaving millions in the individual and small group market with no protections from insurer discrimination.

The bill would also eliminate the Prevention and Public Health Fund, the first and only mandatory funding stream specifically dedicated to public health and prevention activities. The fund has already provided more than \$6 billion to support a variety of public health activities in every state including tracking and preventing infectious diseases like the Ebola and Zika viruses, community and clinical prevention programs, preventing childhood lead poisoning and expanding access to childhood immunizations. Eliminating the fund would devastate the budget of the Centers for Disease Control and Prevention. The fund currently makes up 12 percent of CDC's budget and eliminating this funding stream would force Congress to replace the funding through the regular appropriations process where resources for non-defense discretionary programs are already too low.

Not only would the bill phase out the Medicaid expansion under the ACA, it would also make other troubling changes to the Medicaid program, converting it to a per capita program. The most recent CBO analysis estimated the bill would cut federal spending on Medicaid by \$839 billion over the next decade, drastically cutting resources to states, many of which are already struggling with tight budgets. The bill would also block Medicaid reimbursements to Planned Parenthood for one year—which CBO estimates will lead to less access to care, more unintended births and more costs for the Medicaid program.

While the Affordable Care Act is not perfect, the law has made progress in addressing the biggest challenges facing our health system including the rising costs associated with our health care system, uneven quality of care, deaths due to medical errors, discriminatory practices by health insurance providers and the shrinking ranks of the nation's primary care providers. The ACA has made progress in shifting our health system from one that focuses on treating the sick to one that focuses on keeping people healthy. We ask you to oppose this and future efforts to repeal or weaken the ACA. Instead, we urge you to work on a bipartisan basis to improve and build upon the successes of the ACA and to work to provide health insurance coverage to the more than 28 million who still lack coverage. We look forward to working with you to create the healthiest nation in one generation.

Sincerely,

GEORGES C. BENJAMIN, MD,
Executive Director.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the gentleman from Connecticut (Ms. DELAURO).

Ms. DELAURO. Mr. Speaker, the Republican healthcare bill is reckless and heartless:

It increases the cost of premiums and deductibles;

It imposes an age tax on older Americans;

It unravels protections for patients with preexisting conditions;

It eliminates maternity care, substance abuse treatment, and prescription drug coverage;

It does away with lifetime limits and annual caps.

President Trump's claim that people with preexisting conditions will be covered is false, and it is a betrayal. It will have threatening consequences for millions of Americans. It will cost lives.

If this passes today, the American people should be in the street to call out the immorality of this legislation. They should decry this offense against humanity and this offense against the American people. I call on the American people: Do not let them get away with it.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 1 minute to the distinguished gentleman from Rhode Island (Mr. LANGEVIN).

Mr. LANGEVIN. Mr. Speaker, I rise today in strong opposition to the Republicans' latest plan to dismantle the Affordable Care Act. After Republicans failed to earn the votes to pass their American Health Care Act in March, I thought that we could finally move forward to find bipartisan solutions to improving health care in America. Instead, Republicans have revived their partisan goal of ACA repeal by adding provisions that have made a bad bill even worse.

Mr. Speaker, make no mistake about it; the bill before us today will make Americans' health care worse in this country:

This legislation will cause 24 million people to lose coverage, while drastically increasing healthcare costs on everyday families;

It eliminates Federal safeguards that prevent insurers from charging older Americans higher premiums;

It guts essential health benefits, like maternity care and prescription drugs;

Further, it removes crucial patient protections that prevent discrimination against people with preexisting conditions, leaving our most vulnerable populations with a false promise of sufficient coverage through these failed high-risk pools.

Mr. Speaker, I am saddened that so many Republicans appear willing to place hollow partisan victories above the health of their constituents. I oppose the Republican AHCA in the strongest possible terms and urge all of my colleagues to put the health of Americans first.

Mr. COLLINS of Georgia. Mr. Speaker, 7 years ago, our friends across the aisle put partisan interests above the health of the American people, and we are seeing the results of that today. In fact, a small-business owner from Missouri says:

I recall the days before the ACA when we would receive a 2-inch notebook that contained multiple quotes from different health insurance companies. Now our options are listed on a single legal-sized sheet of paper. We only received three quotes for 2017, and

just two of them were adequate for our region. In 2013, our insurance cost \$180,000 for 92 lives with a \$2,000 deductible. In 2016, we paid \$252,000 for just 61 lives who face a \$5,000 deductible. Our options are dwindling, our costs are skyrocketing, and our employees are ultimately suffering because of the ACA.

Again, a defense of the defenseless or a positive solution for America; that is what we are offering.

Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentlewoman from Wisconsin (Ms. MOORE).

Ms. MOORE. Mr. Speaker, analysis of health insurance coverage for the past 30 years, analysis of data from the New England Journal of Medicine shows that, for every 455 people who are insured, one life will be saved. With the repeal of the Affordable Care Act, it is estimated that 43,956 people a year will die.

Long live the Republican Party.

Mr. COLLINS of Georgia. Mr. Speaker, I reserve the balance of my time.

Mr. MCGOVERN. Mr. Speaker, I yield 30 seconds to the gentleman from Vermont (Mr. WELCH).

Mr. WELCH. Mr. Speaker, President Trump was elected by rural America. This bill betrays rural America three ways:

Health care, 24 million-plus are going to lose their health care, many of them in rural America;

Second, it takes healthcare dollars and it turns them into a \$7 million tax cut for the wealthiest 400 families in this country;

Third, the tenet of rural America is: we are in it together. That means if you are born with a preexisting condition, you have a preexisting condition, we are going to be there for you.

This bill turns its back on rural America, the people who stand up for one another and believe we are in it together, you are not on your own.

Mr. COLLINS of Georgia. Mr. Speaker, I appreciate it, but it is amazing the concern for rural health care now under ObamaCare when much of rural America has been down to one provider. That is not a choice.

Mr. Speaker, I yield 45 seconds to the gentleman from Pennsylvania (Mr. ROTHFUS).

Mr. ROTHFUS. Mr. Speaker, I am listening to this debate and I am hearing a lot of demagoguery and no solutions, no solutions for people who have seen skyrocketing premiums, no solutions for people who have lost their healthcare plans, no solutions for people who have lost their doctors, no solutions for people with preexisting conditions who are subject to the same skyrocketing premiums as everybody else, no solutions for people with preexisting conditions who don't even have an insurer in their exchanges.

I, too, have a preexisting condition. I am a cancer survivor. I am in the individual market. I am seeing the same skyrocketing premiums as everybody else. We are moving legislation today that will not only protect those with

preexisting conditions, but will work to bring down premiums.

Importantly, those defending the Affordable Care Act had a goal: single-payer, socialized medicine, and this legislation will stop it.

Vote for this legislation, save our healthcare system, and have a much better result for the American people.

Mr. MCGOVERN. May I inquire of the gentleman how many more speakers he has?

Mr. COLLINS of Georgia. Mr. Speaker, I am still waiting on a couple more speakers, but I am ready to close whenever the gentleman is.

Mr. MCGOVERN. Well, I am not really prepared to close because my side has a ton more to say, but I am out of time.

Mr. COLLINS of Georgia. Mr. Speaker, I will tell Mr. MCGOVERN, it is his time to manage.

Mr. MCGOVERN. Mr. Speaker, I yield myself the balance of my time, and given the fact there were no hearings or anything else, it would have been nice to have a little bit more time.

Mr. Speaker, if we defeat the previous question, I will offer an amendment to the rule that would change the rules of the House to prevent this bill or any other healthcare-related legislation from being considered if it does not have a CBO cost estimate or if it would deny health coverage or require higher premiums due to preexisting conditions; impose lifetime limits on health coverage; prevent individuals under age 26 from being covered under their parents' plan; reduce the number of people receiving health care under the Affordable Care Act; increase costs to seniors by reopening the doughnut hole and raising prescription drug costs; require people to pay for preventive services, including cancer screenings; reduce Medicare solvency or change the Medicare guarantee; or reduce Federal taxes on the 1 percent of the population with the highest incomes or increase taxes on the 80 percent of hardworking Americans earning moderate to low incomes.

Mr. Speaker, I ask unanimous consent to insert the text of my amendment in the RECORD, along with extraneous materials, immediately prior to the vote on the previous question.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Massachusetts?

There was no objection.

Mr. MCGOVERN. Mr. Speaker, none of us on this side are claiming that the Affordable Care Act is perfect. In fact, for 7 years, we have been prepared to work with our Republican colleagues in a bipartisan way to make it even better, to cover more people, to find ways to lower costs; but for 7 years, my Republican colleagues had no interest in doing that. All they wanted to do was repeal the bill, repeal the bill, repeal the bill and offer no alternative.

Now we see their alternative, and it is an awful alternative. It is a disaster. It is an alternative that came not out

of a deliberative process, but out of some back room somewhere. People haven't even read this bill. They don't even know what it does because we are not even waiting for a CBO score. This is a pathetic process that everybody should be ashamed of.

Let me just say, to claim or to imply that the Republican plan covers people with preexisting conditions, it is a lie. It is a lie. Let's be honest about it. This does not cover people with preexisting conditions. To come on the floor and say it does, to try to fool people, well, you may get away with it in the short term, you may get a headline, but I will tell you, people will figure out soon enough when they are denied healthcare coverage, when they see their costs rise and rise and rise.

To have a healthcare bill that throws 24 million Americans off of health insurance, you should be ashamed.

To have a healthcare bill that cuts Medicaid by \$880 billion to give a tax cut to the wealthiest people in this country, you should be ashamed.

I spent a good deal of my time reading letters from organizations like the National Farmers Union, the AARP, the Cystic Fibrosis Foundation, Paralyzed Veterans of America, March of Dimes, the American Medical Association, on and on and on, organizations that have dedicated their lives to helping people in this country that know something about this subject.

□ 1030

And when it comes down to who do I trust, them or you, on whether or not your bill covers people with preexisting conditions, there is no contest. I trust them. They see what you are trying to do. They understand that this bill is a fraud.

It is unconscionable to not only me and to people on our side, but to people who are watching this debate—Democrats, Republicans, and independents alike—that we would be spending time debating a healthcare bill that will make life worse for people in this country. Any kind of healthcare bill that came to this floor ought to be about expanding coverage and lowering cost. We want to work with you on that. Instead, you come to a bill that is going to rip health care away from tens of millions of people.

How can you do this? How can you do this to the American people? How can you do this to your constituents?

This is a terrible bill. You should vote "no" on it or, better yet, pull it.

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

Mr. COLLINS of Georgia. Mr. Speaker, I yield myself such time as I may consume.

What we have seen for the last few minutes, I would probably get up and cheer, too. Because now you look at it this way. What they want to claim as a disaster or recognize as a disaster, they didn't recognize 7 years ago. They chose to cram it down America's throat, and for 7 years the American

people have said: No. Stop it. We don't want a healthcare system from government that takes freedom away from us and that removes it from us.

We have been presented with a list of letters from folks who are against this bill. Well, it is just a quick reminder to those, Mr. Speaker, who may be wanting to remember. Some of these same folks were the same folks who said ObamaCare was great, and who gave letters of support. I guess they are trying to cover up for 7 years of their first mistake.

When we understand this—let's go to some experts. I will just clarify them as experts, Mr. Speaker.

President Bill Clinton calling ObamaCare, last year, the craziest thing in the world. He summed it up pretty well. Because what summed up here is they forgot the American people.

Republicans have decided that we are going to put the American people back in control. We are not going to continue to hear from Pam in Nebraska, who is self-employed and lost her insurance four times under ObamaCare and twice because of the Nebraska failed startup.

If we are going to talk about misleading the American people, it started 7 years ago, and it ends today. It ends today. The American people deserve better. They have been thrown under the bus for 7 years. They deserve an insurance market that is open, that is accessible, and that does cover preexisting conditions.

If you want the deception, follow the other side. If you want the truth, follow this side.

Mr. Speaker, if I had to defend the last 7 years and offer nothing into the faces of these, yeah, I would have been hysterical on the floor this morning, too. And that is exactly what we have seen.

So for those who may be, it is time to vote "yes" on the rule, "yes" on this bill, and start giving back to America the liberty and freedom for a healthcare system that is the best in the world and has been attacked for 7 years. Again, that ends today.

The material previously referred to by Mr. MCGOVERN is as follows:

AN AMENDMENT TO H. RES. 308 OFFERED BY
MR. MCGOVERN

At the end of the resolution, add the following new section:

SEC. 3. Rule XXI of the Rules of the House of Representatives is amended by adding at the end the following new clause:

RESTRICTIONS ON CONSIDERATION OF CERTAIN
LEGISLATIVE PROVISIONS RELATING TO
HEALTHCARE

13.(a) It shall not be in order to consider a bill, joint resolution, amendment, or conference report which includes any provision described in paragraph (b)."

(b) A provision referred to in paragraph (a) is a provision which, if enacted into law, would result in any of the following:

(1) The denial of health insurance coverage to individuals on the basis that such individuals have a pre-existing condition or a requirement for individuals with a preexisting

condition to pay more for premiums on the basis of such individuals having such a pre-existing condition.

(2) The elimination of the prohibition on life time limits on the dollar value of health insurance coverage benefits.

(3) The termination of the ability of individuals under 26 years of age to be included on their parent's employer or individual health coverage.

(4) The reduction in the number of people receiving health plan coverage pursuant to the Patient Protection and Affordable Care Act (PL 111-148) and Education Affordability Reconciliation Act of 2010 (PL 111-152).

(5) An increased cost to seniors for prescription drug coverage pursuant to any changes to provisions closing the Medicare prescription drug 'donut hole'.

(6) The requirement that individuals pay for preventive services, such as for mammography, health screening, and contraceptive services.

(7) The reduction of Medicare solvency or any changes to the Medicare guarantee.

(8) The reduction of Federal taxes on the 1 percent of the population with the highest income or increase the tax burden (expressed as a percent of aggregate Federal taxes) on the 80 percent of the population with the lowest income.

c) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111-148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111-152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union unless an easily searchable electronic estimate and comparison prepared by the Director of the Congressional Budget Office is made available on a publicly available website of the House.

(d) It shall not be in order to consider a measure or matter proposing to repeal or amend the Patient Protection and Affordable Care Act (PL 111-148) and the Health Care and Education Affordability Reconciliation Act of 2010 (PL 111-152), or part thereof, in the House or in the Committee of the Whole House on the state of the Union, that is called up pursuant to a rule or order that makes an amendment in order or considers such an amendment to be adopted, unless an easily searchable updated electronic estimate and comparison prepared by the Director of the Congressional Budget Office reflecting such amendment is made available on a publicly available website of the House.

(e) It shall not be in order to consider a rule or order that waives the application of paragraph (a), paragraph (b), paragraph (c), or paragraph (d). As disposition of any point of order under paragraphs (c) through (e), the Chair shall put the question of consideration with respect to the order, conference report, or rule as applicable. The question of consideration shall be debatable for 10 minutes by the Member initiating the point of order and for 10 minutes by an opponent, but shall otherwise be decided without intervening motion except one that the House adjourn.

THE VOTE ON THE PREVIOUS QUESTION: WHAT
IT REALLY MEANS

This vote, the vote on whether to order the previous question on a special rule, is not merely a procedural vote. A vote against ordering the previous question is a vote against the Republican majority agenda and a vote to allow the Democratic minority to offer an alternative plan. It is a vote about what the House should be debating.

Mr. Clarence Cannon's Precedents of the House of Representatives (VI, 308-311), describes the vote on the previous question on the rule as "a motion to direct or control the

consideration of the subject before the House being made by the Member in charge." To defeat the previous question is to give the opposition a chance to decide the subject before the House. Cannon cites the Speaker's ruling of January 13, 1920, to the effect that "the refusal of the House to sustain the demand for the previous question passes the control of the resolution to the opposition" in order to offer an amendment. On March 15, 1909, a member of the majority party offered a rule resolution. The House defeated the previous question and a member of the opposition rose to a parliamentary inquiry, asking who was entitled to recognition. Speaker Joseph G. Cannon (R-Illinois) said: "The previous question having been refused, the gentleman from New York, Mr. Fitzgerald, who had asked the gentleman to yield to him for an amendment, is entitled to the first recognition."

The Republican majority may say "the vote on the previous question is simply a vote on whether to proceed to an immediate vote on adopting the resolution . . . [and] has no substantive legislative or policy implications whatsoever." But that is not what they have always said. Listen to the Republican Leadership Manual on the Legislative Process in the United States House of Representatives, (6th edition, page 135). Here's how the Republicans describe the previous question vote in their own manual: "Although it is generally not possible to amend the rule because the majority Member controlling the time will not yield for the purpose of offering an amendment, the same result may be achieved by voting down the previous question on the rule . . . When the motion for the previous question is defeated, control of the time passes to the Member who led the opposition to ordering the previous question. That Member, because he then controls the time, may offer an amendment to the rule, or yield for the purpose of amendment."

In Deschler's Procedure in the U.S. House of Representatives, the subchapter titled "Amending Special Rules" states: "a refusal to order the previous question on such a rule [a special rule reported from the Committee on Rules] opens the resolution to amendment and further debate." (Chapter 21, section 21.2) Section 21.3 continues: "Upon rejection of the motion for the previous question on a resolution reported from the Committee on Rules, control shifts to the Member leading the opposition to the previous question, who may offer a proper amendment or motion and who controls the time for debate thereon."

Clearly, the vote on the previous question on a rule does have substantive policy implications. It is one of the only available tools for those who oppose the Republican majority's agenda and allows those with alternative views the opportunity to offer an alternative plan.

Mr. COLLINS. Mr. Speaker, I yield back the balance of my time, and I move the previous question on the resolution.

The SPEAKER pro tempore. The question is on ordering the previous question.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. MCGOVERN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 and clause 9 of rule XX, this 15-minute vote on ordering the previous question will be followed by 5-minute votes on:

Adopting the resolution, if ordered; and

Agreeing to the Speaker's approval of the Journal.

The vote was taken by electronic device, and there were—yeas 235, nays 193, not voting 2, as follows:

[Roll No. 252]

YEAS—235

Abraham	Gohmert	Olson
Aderholt	Goodlatte	Palazzo
Allen	Gosar	Palmer
Amash	Gowdy	Paulsen
Amodei	Granger	Pearce
Arrington	Graves (GA)	Perry
Babin	Graves (LA)	Pittenger
Bacon	Graves (MO)	Poe (TX)
Banks (IN)	Griffith	Poliquin
Barletta	Grothman	Posey
Barr	Guthrie	Ratcliffe
Barton	Harper	Reed
Bergman	Harris	Reichert
Biggs	Hartzler	Renacci
Bilirakis	Hensarling	Rice (SC)
Bishop (MI)	Herrera Beutler	Roby
Bishop (UT)	Hice, Jody B.	Roe (TN)
Black	Higgins (LA)	Rogers (AL)
Blackburn	Hill	Rogers (KY)
Blum	Holding	Rohrabacher
Bost	Hollingsworth	Rokita
Brady (TX)	Hudson	Rooney, Francis
Brat	Huizenga	Rooney, Thomas
Bridenstine	Hultgren	J.
Brooks (AL)	Hunter	Ros-Lehtinen
Brooks (IN)	Hurd	Roskam
Buchanan	Issa	Ross
Buck	Jenkins (KS)	Rothfus
Bucshon	Jenkins (WV)	Rouzer
Budd	Johnson (LA)	Royce (CA)
Burgess	Johnson (OH)	Russell
Byrne	Johnson, Sam	Rutherford
Calvert	Jordan	Sanford
Carter (GA)	Joyce (OH)	Scalise
Carter (TX)	Katko	Schweikert
Chabot	Kelly (MS)	Scott, Austin
Chaffetz	Kelly (PA)	Sensenbrenner
Cheney	King (IA)	Sessions
Coffman	King (NY)	Shimkus
Cole	Kinzinger	Shuster
Collins (GA)	Knight	Simpson
Collins (NY)	Kustoff (TN)	Smith (MO)
Comer	Labrador	Smith (NE)
Comstock	LaHood	Smith (NJ)
Conaway	LaMalfa	Smith (TX)
Cook	Lamborn	Smucker
Costello (PA)	Lance	Stefanik
Cramer	Latta	Stewart
Crawford	Lewis (MN)	Stivers
Culberson	LoBiondo	Taylor
Curbelo (FL)	Long	Tenney
Davidson	Loudermilk	Thompson (PA)
Davis, Rodney	Love	Thornberry
Denham	Lucas	Tiberi
Dent	Luetkemeyer	Tipton
DeSantis	MacArthur	Trott
DesJarlais	Marchant	Turner
Diaz-Balart	Marino	Upton
Donovan	Marshall	Valadao
Duffy	Massie	Wagner
Duncan (SC)	Mast	Walberg
Duncan (TN)	McCarthy	Walden
Dunn	McCaul	Walker
Emmer	McClintock	Walorski
Estes (KS)	McHenry	Walters, Mimi
Farenthold	McKinley	Weber (TX)
Faso	McMorris	Webster (FL)
Ferguson	Rodgers	Wenstrup
Fitzpatrick	McSally	Westerman
Fleischmann	Meadows	Williams
Flores	Meehan	Wilson (SC)
Fortenberry	Messer	Wittman
Fox	Mitchell	Womack
Franks (AZ)	Moolenaar	Woodall
Frelinghuysen	Mooney (WV)	Yoder
Gaetz	Mullin	Yoho
Gallagher	Murphy (PA)	Young (AK)
Garrett	Noem	Young (IA)
Gibbs	Nunes	Zeldin

NAYS—193

Adams	Beyer	Boyle, Brendan
Aguilar	Blumenauer	F.
Barragán	Blunt	Brady (PA)
Bass	Blumenthal	Brown (MD)
Beatty	Bonamici	Brownley (CA)
Bera		Bustos

Butterfield	Himes	Payne
Capuano	Hoyer	Pelosi
Carbajal	Huffman	Perlmutter
Cárdenas	Jackson Lee	Peters
Carson (IN)	Jayapal	Peterson
Cartwright	Jeffries	Pingree
Castor (FL)	Johnson (GA)	Pocan
Castro (TX)	Johnson, E. B.	Polis
Chu, Judy	Jones	Price (NC)
Cicilline	Kaptur	Quigley
Clark (MA)	Keating	Raskin
Clarke (NY)	Kelly (IL)	Rice (NY)
Clay	Kennedy	Richmond
Cleaver	Khanna	Rosen
Clyburn	Kihuen	Roysal-Allard
Cohen	Kildee	Ruiz
Connolly	Kilmer	Ruppersberger
Conyers	Kind	Rush
Cooper	Krishnamoorthi	Kuster (NH)
Correa	Kuster (NH)	Langevin
Costa	Langevin	Larsen (WA)
Courtney	Larsen (WA)	Larson (CT)
Crist	Larson (CT)	Lawrence
Crowley	Lawrence	Lawson (FL)
Cuellar	Lee	Levin
Cummings	Lee	Lewis (GA)
Davis (CA)	Levin	Lieu, Ted
Davis, Danny	Lewis (GA)	Lipinski
DeFazio	Lieu, Ted	Loeb
DeGette	Lipinski	Loeb
DeLaney	Loeb	Loeb
DeLauro	Loeb	Lofgren
DelBene	Lowenthal	Lowey
Demings	Lowey	Lujan Grisham,
DeSaulnier	Lujan Grisham,	M.
Deutch	M.	Lujan, Ben Ray
Dingell	Lujan, Ben Ray	Lynch
Doggett	Lynch	Maloney,
Doyle, Michael	Maloney,	F.
	Maloney, Sean	Ellison
	Matsui	Eshoo
	McCollum	Espallat
	McEachin	Esty (CT)
	McGovern	Evans
	McNerney	Foster
	Meeks	Frankel (FL)
	Meng	Fudge
	Moore	Gabbard
	Moulton	Gallego
	Murphy (FL)	Garamendi
	Nadler	Gonzalez (TX)
	Napolitano	Gottheimer
	Neal	Green, Al
	Nolan	Green, Gene
	Norcross	Grijalva
	O'Halleran	Gutiérrez
	O'Rourke	Hanabusa
	Pallone	Hastings
	Panetta	Heck
	Pascrell	Higgins (NY)

NOT VOTING—2

Engel Newhouse

□ 1055

Messrs. LAWSON of Florida and FOSTER changed their vote from "yea" to "nay."

Messrs. AMODEI and DIAZ-BALART changed their vote from "nay" to "yea."

So the previous question was ordered. The result of the vote was announced as above recorded.

The SPEAKER pro tempore. The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. MCGOVERN. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered. The SPEAKER pro tempore. This is a 5-minute vote.

The vote was taken by electronic device, and there were—ayes 235, noes 192, not voting 3, as follows:

[Roll No. 253]

AYES—235

Abraham Gohmert Olson
 Aderholt Goodlatte Palazzo
 Allen Gosar Palmer
 Amash Gowdy Paulsen
 Amodei Granger Pearce
 Arrington Graves (GA) Perry
 Babin Graves (LA) Pittenger
 Bacon Graves (MO) Poe (TX)
 Banks (IN) Griffith Poliquin
 Barletta Grothman Posey
 Barr Guthrie Ratcliffe
 Barton Harper Reed
 Bergman Harris Reichert
 Biggs Hartzler Renacci
 Bilirakis Hensarling Rice (SC)
 Bishop (MI) Herrera Beutler Roby
 Bishop (UT) Hice, Jody B. Roe (TN)
 Black Higgins (LA) Rogers (AL)
 Blackburn Hill Rogers (KY)
 Blum Holding Rohrabacher
 Bost Hollingsworth Rokita
 Brady (TX) Hudson Rooney, Francis
 Brat Huizenga Rooney, Thomas
 Bridenstine Hultgren J.
 Brooks (AL) Hunter Ros-Lehtinen
 Brooks (IN) Hurd Roskam
 Buchanan Issa Ross
 Buck Jenkins (KS) Rothfus
 Bucshon Jenkins (WV) Rouzer
 Budd Johnson (LA) Royce (CA)
 Burgess Johnson (OH) Russell
 Byrne Johnson, Sam Rutherford
 Calvert Jordan Sanford
 Carter (GA) Joyce (OH) Scallise
 Carter (TX) Katko Schweikert
 Chabot Kelly (MS) Scott, Austin
 Chaffetz Kelly (PA) Sensenbrenner
 Cheney King (IA) Sessions
 Coffman King (NY) Shimkus
 Cole Kinzinger Shuster
 Collins (GA) Knight Simpson
 Collins (NY) Kustoff (TN) Smith (MO)
 Comer Labrador Smith (NE)
 Comstock LaHood Smith (NJ)
 Conaway LaMalfa Smith (TX)
 Cook Lamborn Smucker
 Costello (PA) Lance Stefanik
 Cramer Latta Stewart
 Crawford Lewis (MN) Stivers
 Culberson LoBiondo Taylor
 Curbelo (FL) Long Tenney
 Davidson Loudermilk Thompson (PA)
 Davis, Rodney Love Thornberry
 Denham Lucas Tiberi
 Dent Luetkemeyer Tipton
 DeSantis MacArthur Trott
 Diaz-Balart Marchant Turner
 Donovan Marino Upton
 Duffy Marshall Valadao
 Duncan (SC) Duffy Wagner
 Duncan (TN) Mast Walberg
 Emmer McCarthy Walden
 Estes (KS) McCaul Walker
 Farenthold McKinley Walorski
 Faso McMorrise Weber (TX)
 Ferguson Rodgers Webster (FL)
 Fitzpatrick McSally Wenstrup
 Fleischmann Meadows Westernman
 Flores Meehan Williams
 Fortenberry Messer Wittman
 Foxx Mitchell Womack
 Franks (AZ) Moolenaar Woodall
 Frelinghuysen Mooney (WV) Yoder
 Gaetz Mullin Yoho
 Gallagher Murphy (PA) Young (AK)
 Garrett Noem Young (IA)
 Gibbs Nunes Zeldin

NOES—192

Adams Brownley (CA) Cleaver
 Aguilar Bustos Clyburn
 Barragan Butterfield Cohen
 Bass Capuano Connolly
 Beatty Carballo Conyers
 Bera Cardenas Cooper
 Beyer Carson (IN) Correa
 Bishop (GA) Cartwright Costa
 Blumenauer Castor (FL) Courtney
 Blunt Rochester Castro (TX) Crist
 Bonamici Chu, Judy Crowley
 Boyle, Brendan Cicilline Cuellar
 F. Clark (MA) Cummings
 Brady (PA) Clarke (NY) Davis (CA)
 Brown (MD) Clay Davis, Danny

DeFazio Krishnamoorthi Quigley
 DeGette Kuster (NH) Raskin
 Delaney Langevin Rice (NY)
 DeLauro Larson (WA) Richmond
 DelBene Larson (CT) Rosen
 Demings Lawrence Roybal-Allard
 DeSaulnier Lawson (FL) Ruiz
 Deutch Lee Ruppertsberger
 Dingell Levin Rush
 Doggett Lewis (GA) Ryan (OH)
 Doyle, Michael Lieu, Ted Sánchez
 F. Lipinski Sarbanes
 Ellison Loebbeck Schakowsky
 Eshoo Lofgren Schiff
 Espaillat Lowenthal Schneider
 Esty (CT) Lowey Schrader
 Evans Lujan Grisham, Scott (VA)
 Foster M. Scott, David
 Frankel (FL) Luján, Ben Ray Serrano
 Fudge Lynch Sewell (AL)
 Gabbard Maloney, Shear-Porter
 Gallego Carolyn B. Sherman
 Garamendi Maloney, Sean Sinema
 Gonzalez (TX) Matsui Sires
 Gottheimer McCollum Slaughtner
 Green, Al McEachin Smith (WA)
 Green, Gene McGovern Soto
 Grijalva McNerney Speier
 Meeks Gutierrez Suozzi
 Hanabusa Meng Swalwell (CA)
 Hastings Moore Takano
 Heck Moulton Thompson (CA)
 Higgins (NY) Murphy (FL) Thompson (MS)
 Himes Nadler Titus
 Hoyer Napolitano Tonko
 Huffman Neal Torres
 Jackson Lee Nolan Tsongas
 Jayapal Norcross Vargas
 Jeffries O'Halleran Veasey
 Johnson (GA) O'Rourke Vela
 Johnson, E. B. Pallone Velázquez
 Jones Panetta Velázquez
 Kaptur Pascrell Visclosky
 Keating Payne Walz
 Knight Kelly (IL) Perlmutter
 Kennedy Peters Schultz
 Khanna Peterson Waters, Maxine
 Kihuen Pingree Watson Coleman
 Kildee Pocan Welch
 Kilmer Polis Wilson (FL)
 Kind Price (NC) Yarmuth

NOT VOTING—3

Engel Newhouse Pelosi

□ 1103

Mr. SUOZZI changed his vote from "aye" to "no."

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

THE JOURNAL

The SPEAKER pro tempore. The unfinished business is the question on agreeing to the Speaker's approval of the Journal, on which the yeas and nays were ordered.

The question is on the Speaker's approval of the Journal.

This will be a 5-minute vote.

The vote was taken by electronic device, and there were—yeas 233, nays 186, answered "present" 2, not voting 9, as follows:

[Roll No. 254]

YEAS—233

Abraham Bilirakis Brown (MD)
 Allen Bishop (UT) Buchanan
 Amodei Black Buck
 Arrington Blackburn Bucshon
 Babin Blumenauer Budd
 Bacon Bonamici Burgess
 Banks (IN) Brady (TX) Bustos
 Barletta Brat Byrne
 Bridenstine Bricker Calvert
 Brooks (AL) Brooks (IN) Cartwright

Castro (TX) Huffman Rogers (KY)
 Chabot Hultgren Rooney, Francis
 Hunter Chaffetz Rooney, Thomas
 Cheney Hurd J.
 Chu, Judy Johnson (LA) Ros-Lehtinen
 Clay Johnson, Sam Rosen
 Cole Joyce (OH) Roskam
 Collins (NY) Kaptur Ross
 Comer Katko Rothfus
 Comstock Kelly (MS) Royce (CA)
 Conaway Kelly (PA) Ruiz
 Cook Kildee Ruppertsberger
 Cooper King (IA) Russell
 Courtney King (NY) Rutherford
 Cramer Kuster (NH) Scalise
 Crawford Kustoff (TN) Schneider
 Culberson Labrador Schweikert
 Cummings LaMalfa Scott (VA)
 Curbelo (FL) Lamborn Scott, Austin
 Davidson Latta Scott, David
 Davis (CA) Lewis (MN) Sensenbrenner
 Davis, Danny Lipinski Serrano
 DelBene Long Sessions
 Demings Loudermilk Shea-Porter
 Dent Love Sherman
 DesJarlais Lowenthal Shimkus
 Deutch Lucas Shuster
 Dingell Luetkemeyer Simpson
 Doggett Lujan Grisham, Sinema
 Donovan M. Duffy
 Duncan (SC) Maloney, Carolyn B. Smith (NE)
 Duncan (TN) Marchant Smith (NJ)
 Dunn Marino Smith (TX)
 Ellison Massie Smith (WA)
 Eshoo McCarthy Smucker
 Estes (KS) McCaul Speier
 Esty (CT) McClintock Stefanik
 Evans McCollum Stewart
 Farenthold McHenry Stivers
 Ferguson McMorrise Suozzi
 Fleischmann Rodgers Takano
 Fortenberry McNerney Taylor
 Foster McSally Thornberry
 Frelinghuysen Meadows Tiberi
 Gabbard Meeks Titus
 Garamendi Meng Velázquez
 Garrett Messer Wagner
 Gibbs Mitchell Walberg
 Goodlatte Moolenaar Walden
 Gosar Mooney (WV) Walker
 Gottheimer Mullin Walorski
 Gowdy Murphy (PA) Walz
 Granger Nadler Walters, Mimi
 Graves (MO) Noem Walz
 Griffith Nunes Wasserman
 Grothman O'Rourke Schultz
 Guthrie Olson Weber (TX)
 Harper Palazzio Webster (FL)
 Harris Palmer Wenstrup
 Hartzler Pearce Westernman
 Hastings Perlmutter Williams
 Heck Pingree Wilson (SC)
 Hensarling Pocan Wittman
 Herrera Beutler Polis Womack
 Hice, Jody B. Posey Yarmuth
 Higgins (LA) Quigley Yoho
 Himes Roby Young (IA)
 Hollingsworth Roe (TN) Zeldin

NAYS—186

Adams Clyburn Frankel (FL)
 Aguilar Coffman Franks (AZ)
 Amash Cohen Fudge
 Barragan Collins (GA) Gaetz
 Bass Connolly Gallagher
 Beatty Conyers Gallego
 Bera Correa Gonzalez (TX)
 Bergman Costa Graves (GA)
 Beyer Costello (PA) Graves (LA)
 Bishop (GA) Crist Green, Al
 Bishop (MI) Crowley Green, Gene
 Blum Cuellar Grijalva
 Blunt Rochester Davis, Rodney Gutiérrez
 Bost DeFazio Hanabusa
 Boyle, Brendan DeGette Higgins (NY)
 F. Delaney Hill
 Brady (PA) Denham Holding
 Brownley (CA) DeSantis Hoyer
 Capuano DeSaulnier Hudson
 Carballo Diaz-Balart Huizenga
 Cardenas Doyle, Michael Issa
 Carson (IN) F. Jackson Lee
 Carter (GA) Emmer Jayapal
 Carter (FL) Espaillat Jeffries
 Cicilline Faso Jenkins (KS)
 Clark (MA) Fitzpatrick Jenkins (WV)
 Clarke (NY) Flores Johnson (GA)
 Cleaver Foxx Johnson (OH)