

I am glad those writers—he used another word—did not vote me in, being voted in by the players means more anyway.

In his acceptance speech, he attacked the ills in the game he loved so much that the commissioner and others were not addressing. The officials of Major League Baseball sat on the stage quite uncomfortable. Vintage Bunning.

But you know, after that remarkable baseball career and after that wrong was corrected and he was ultimately voted into the Hall of Fame by the players, he chose to come home to Kentucky where he dedicated his life to his family and to public service.

He served on the Fort Thomas City Council and in the Kentucky State Senate before serving in this body, in the House of Representatives, as a Congressman from Kentucky's Fourth Congressional District, and he did so for six terms in a very distinct fashion.

And he capped off his remarkable career in public service by serving two terms and very consequential terms in the United States Senate. Throughout his entire career, he remained a principled conservative, and he was an unrelenting fighter for the causes he believed in and for the people of the commonwealth. Just as he was unafraid to face the boos and the jeers of tens of thousands of opposing fans in Major League Baseball stadiums around the country, Jim Bunning was unafraid to stand alone in Congress for the causes that he felt were right.

And a great example of this—and I like telling this story as the current chairman of the Monetary Policy and Trade Subcommittee in this House. Jim Bunning was a fighter for accountability and transparency of the Federal Reserve. And when so many just took the Fed for their word, Jim Bunning stood up and he challenged then-Fed Chairman Alan Greenspan. And many of his colleagues looked at him in dismay because they believed that the Fed just deserved deference, and this great economist should always be taken as being right in what he was doing.

But Jim Bunning, in the end, was right, as Fed policies ended up being one of the causes of the Great Recession of 2008. Senator Bunning's legacy lives on in his amazing wife, Mary, and their many children and grandchildren, including his grandson Eric Bunning, who has been an important part of my team since I first took office.

And I just have to tell one story from the campaign trails. Many of my colleagues have told these stories, but I have got to tell one that is personal to me. Jim Bunning was a legend, and we all revered him. And when I made my first run for Congress, it was kind of coming down the home stretch, and we were the underdog, but I really respected Senator Bunning, and I wanted his political experience and his advice.

And as we were going down the home stretch of the campaign—it was a tight election—Jim Bunning approached me at an event, and he said: “Andy, how are you doing?”

And I said: “We are doing great. We have got the momentum. We are moving forward, and it is really tightening up, and I really feel like we have got the momentum, and we are going to get over the top.”

And in his way that only Jim Bunning could be, as honest as he was, he said: “That is not what I hear. I hear you are down by 10 points, and you are going to lose in a landslide.”

Well, as it turned out, a few weeks later, it was a close election, and we only lost that campaign by a few hundred votes. But you know what? Just a few days after that concession speech that I had to give, you know who called? It was Senator Jim Bunning.

And even though he was certainly candid in that conversation a few weeks before election day, he said: “Andy, you ran a great campaign. You are a tenacious campaigner. Don't give up. Keep fighting. Be persistent. Do it again. The next time you are going to win.”

And you know, that embodies the character of Jim Bunning: tenacious, persistent, determined, principled, a man of integrity.

And so, Mr. Speaker, I ask that all of my colleagues join me in praying for the extended Bunning family as we remember a respected former member of this House and a great Kentuckian.

Mr. Speaker, it has been an honor to join many of my colleagues from Kentucky, and all of the other fellow members of this body, to celebrate the life and the legacy of Senator Jim Bunning.

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

PROGRESSIVE CAUCUS

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

GENERAL LEAVE

Mr. RASKIN. Mr. Speaker, I ask unanimous consent that all Members participating in this Special Order hour with the Progressive Caucus have 5 legislative days to revise and extend their remarks and include any extraneous material on the subject of this Special Order, which is healthcare.

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

There was no objection.

Mr. RASKIN. Mr. Speaker, I am delighted to be here tonight on behalf of the Progressive Caucus to manage this Special Order hour along with my colleagues, who I will be introducing. Several of them will be joining me tonight to discuss what is going on in the Senate today with the GOP finally unveiling their closely guarded secret plan to repeal the Affordable Care Act, a plan they are unveiling that has had the legislative benefit of no hearings, no witnesses, no expert testimony, no tes-

timony by the public, and, again, no Congressional Budget Office score so far, which is the same way that the legislation passed out of the House side.

So does all of this sound familiar? It should, because this is the same clandestine, in-the-dark process that led to the plan which emerged here in the House of Representatives on the barest of margins with every manner of power play and power ploy engaged by leadership to produce the final result.

That bill, by the way, now stands at a whopping 9 percent in the polls, which means it is even more unpopular than Congress itself. And even though my friends across the aisle rented buses and vans to take them over to the White House to go and celebrate and exult in their dubious victory and uncork the champagne and drink beer with the President and his staff after they pushed the bill through the House, today, President Trump now calls the bill that he celebrated and he campaigned for mean. He says it is a mean bill today.

And there is no question he is right about that. We said that at the time, mean as a rattlesnake, that bill, which would have thrown 24 million people off their health insurance plans and destroyed preexisting health insurance coverage for people with preexisting health conditions.

The Senate version, though, is just as mean. It is downright mean. It may even be meaner than the House version. It not only strips health insurance coverage from tens of millions of our fellow American citizens; it not only forces American families to pay higher premiums and deductibles, increasing out-of-pocket costs, all to pay for a tax cut for the wealthiest of our citizens; it forces Americans, ages 50 to 64, to pay premiums five times higher than everyone else, no matter how healthy you are.

That is right. If you are in the age bracket of 50 to 64, your premiums, under their bill, will be five times higher than everybody else in the population, no matter how healthy you are. It reduces the life of the Medicare trust fund and robs funds that seniors depend on to get the long-term care that they need. It blocked grants, Medicaid to the States, and then, astonishingly, for the first time ever, places a per capita cap on Medicaid payments for all recipients, including disabled Americans and senior citizens.

That is just unconscionable. Think about it. For the first time ever, under Medicaid, the Federal Government would not commit to pay for all of enrollees' health bills. So if your illness or your injuries are too severe or too complicated, your treatment too long, tough luck for you, buddy; you are on your own, Jack. That is the new proposal that is coming out from the Senate today.

The people that railed about death panels before passage of the Affordable Care Act, panels that never materialized and were proven to be an absolute

fiction and fantasy, now seek to throw millions of people off of their health insurance, roll back the Medicaid expansion in the Affordable Care Act, which benefitted millions of our countrymen and -women, and then cut the heart out of the Medicaid guarantee by placing a per capita cap on payments to beneficiaries.

□ 1730

And this particular assault on the health and well-being of the American people doesn't even claim to be a response to any alleged problems with the Affordable Care Act, or with ObamaCare as they call it. It is, instead, a sweeping change to Medicaid that so-called free market conservatives have been trying to make for years.

This Senate legislation, cooked up in secret and seasoned with slashing cuts to Medicaid, is one fine mess. It does nothing but make our healthcare system more expensive, dangerously throws tens of millions of people off of their insurance, and eviscerates the core protections of Medicaid.

And why? What is the public policy being advanced here? All for a tax cut for the wealthiest Americans. It takes a special kind of single-minded focus to turn a healthcare bill into a massive tax cut for the people who need it the least in America.

Now, I heard some of my friends, my distinguished colleagues on the other side, say that other colleagues should not have been talking about how the bill was "mean," or "mean spirited," or "mean" because we have a renewed spirit of civility in this Chamber, which we do; and I praise it, and I celebrate it. Ever since the terrible attack on our colleague STEVE SCALISE and other colleagues and the Capitol Police officers who rose valiantly to defend them, we have really tried to put aside a lot of the partisan rancor. But my friends, we have got to talk honestly about legislation which is threatening the well-being of our own citizens.

The word "mean" comes not from my colleagues who were speaking before. The word "mean" comes from the President of the United States himself, who said that the legislation that passed out of the House, looking back on it, was "mean." Now, all of that was in order to say he likes the Senate version instead, but we think that the Senate version is even meaner than the bill that the President has already described as "mean" that came of the House.

So to describe more of the specific terms of this legislation and why it is a threat to our public health, why it is a threat to the basic values of solidarity and justice and community that defines us as Americans, we have invited a number of our colleagues to come up and participate, beginning with the Congresswoman from Seattle, Washington, PRAMILA JAYAPAL, who used to co-chair the Progressive Caucus hour with me.

She has now been replaced by someone because she is moving on to an even bigger assignment right now, but please welcome a great Congresswoman, PRAMILA JAYAPAL, from Washington.

Mr. Speaker, I yield to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Mr. Speaker, I thank the gentleman from Maryland, Representative RASKIN.

Mr. Speaker, it is great to have you presiding over the Chamber as well. It is all of our new Members here, and Representative KHANNA from California, who is going to be taking over as co-chair of this Special Order hour for the Progressive Caucus.

Mr. Speaker, we have to make sure that the American people understand exactly what is going on. This is a bill that the Senate has been negotiating in private. It has been 13 men discussing healthcare for all Americans across this country in a secret room. That is really what has been happening.

Today we saw a draft of this bill, and the prevailing wisdom, when the bill passed the House, was that the Senate would completely revamp the bill. But according to The New York Times, it said: The Senate bill "once promised as a top-to-bottom revamp of the health bill passed by the House . . . instead maintains its structure, with modest adjustments."

It is the same bill. It is the same bill. And in fact, in some ways, it is a little bit worse because the cuts to Medicaid, while they don't take effect as quickly and they are more gradual, they are actually deeper than the House cuts to Medicaid.

There are other things in the bill that have been done, really, in part, to affect how the American people see the bill but don't change the basic provisions of this bill.

Part of the reason they delayed the cuts to Medicaid is so that they hope that they can get a better CBO score, Congressional Budget Office score, which the American people should know the last time around, the second time around after the first time the bill was about to come to the floor and then it got pulled from the floor because there weren't enough votes in the House, the second time when it did pass, it passed without a CBO score. It was not scored.

The reason it was not scored was because there was a belief that that very narrow passage in the House would not happen if Republicans and Democrats found out that the bill, as "revised," was actually just as bad.

So the bill that passed the House still took away health insurance from 23 million Americans. This is where we are today: a bill that has been crafted in secret but is essentially the same bill.

I have received more than 9,000 calls and letters from constituents who have been very clear that Congress needs to

do all it can to protect our seniors, to expand Medicaid, and to defend the gains that have been made over the last 7 years.

And you know what is really ironic about this whole situation is that, if you think about some of the things that Republicans said about the Affordable Care Act when it was being passed—here is a quote.

In 2010, Speaker PAUL RYAN said: "After months of twisting arms, Democratic leaders convinced enough members of their own party to defy the will of the American people and support the Senate health bill which was crafted in secret, behind closed doors."

Senate Majority Leader MITCH MCCONNELL said: "When it comes to solving problems, Americans want us to listen first, and then, if necessary, offer targeted, step-by-step solutions. Above all, they're tired of a process that shuts them out. They're tired of giant bills negotiated in secret, then jammed through on a party-line vote in the middle of the night."

That is what Speaker RYAN said and Senate Majority Leader MITCH MCCONNELL said when the Affordable Care Act was being debated.

But here is the thing: When the Affordable Care Act was being debated, Democrats actually threw open the doors in Congress. They held over 100 Senate hearings. I wasn't here. This is based on actual reports and documents and files from Congress. There were over 100 Senate hearings, 25 consecutive days of consideration, and 161 amendments from Republicans. Many of those amendments were accepted into the bill.

This is a completely different process. We didn't have a single hearing on this bill. The bill came to the House floor, and there was some debate, but it certainly wasn't 100 hearings. It wasn't 25 days of consideration. There weren't 161 amendments. There weren't any amendments that were accepted from Democrats because there was no amendment process.

And now, in the Senate, we are going through the same process where a bill that is about the healthcare of hundreds of millions of Americans across this country is about to come to the floor, and they are not going to accept any amendments, certainly not from the Democratic side. Maybe they will take a few amendments from the Republicans before it comes to the floor. I don't know. We will have to see. But there is no debate on this.

How can we talk about the process of democracy and even of civility and the ability to work together if we didn't offer the other side a chance to weigh in?

This bill will take away health insurance from millions of people, and it will make it less affordable for those who still have insurance because it is not very different from the House bill, and we already know that that is what the House bill does.

It would raise out-of-pocket costs for middle class families with higher

deductibles and cost sharing. It would essentially defund Planned Parenthood by blocking people with Medicaid coverage from accessing preventive care at Planned Parenthood health centers for birth control, cancer screenings, and STD treatment and testing. And it would cut the essential health benefits protections.

Now, what are the essential health benefits protections? We talk about that phrase, but a lot of Americans don't know exactly what that means. So here is what it means.

It means that if you buy insurance, then you can be assured that that insurance is going to cover certain things. It will cover, for example, hospitalization. It will cover if you get cancer. It will cover some of your treatments that you need for cancer, certain things that are included in that. Mental healthcare is part of that essential health benefits coverage.

That is what it means. Otherwise, an insurance company can sell you something, and it can even say we cover, you know, X, Y, and Z, but when you get to the hospital because you are sick, you will find out that it doesn't actually cover hospitalization.

So this was an attempt to say, there is sort of an essential understanding, an essential set of things that would be covered. We will guarantee you that they will be covered if you buy insurance.

Now, I want to talk about Medicaid for a second, because this is one of the biggest travesties of the bill that is being proposed by the Republicans in the Senate.

This bill would literally decimate Medicaid. And between the Medicaid cut of over \$800 billion in the healthcare bill in the Senate and the budget cut that is proposed of over \$600 billion, let me be clear that we are talking about almost a \$1.5 trillion cut to Medicaid through these two mechanisms.

I want to talk about what Medicaid is because a lot of people might think that Medicaid just covers poor folks, which, frankly, I think we should cover poor folks. Let's be clear about that. But I want to tell you what Medicaid actually covers.

It covers half of all the births in the United States. It covers insurance for one in five Americans. It covers treatment for 220,000 recovering people with drug disorders, including those who suffer from opioid abuse. It covers 1.6 million patients, mostly women, who get cancer screenings, and STD testing. It covers 64 percent of all nursing home residents. It covers 30 percent of all adults with disabilities. It covers 39 percent of all kids in this country and 60 percent of kids with disabilities.

So if you cut half of Medicaid, which is what a \$1.5 trillion cut to Medicaid would include—it would be half of what we spend on Medicaid today—a program that covers 74 million Americans across this country, 38 million Americans would lose their coverage.

No wonder, as Mr. RASKIN said, this healthcare bill has had such low approval ratings in the House, and now it is the same bill in the Senate.

Americans understand that whether you live in blue America or red America, whether you live in rural America or urban America, whether you are a man or a woman or a child, whether you are young or old, one of the great things about this country is that we are a country that believes in trying to provide for people when they get sick.

Now, we have been trying to do that for a long time, and until the Obama administration and the Congress passed the Affordable Care Act, we weren't doing that. But in Washington State, my home State, when we passed the Affordable Care Act, Medicaid expansion allowed us to cover an additional 600,000 people across our State. We cut the uninsured rate in half, and we created over 22,000 jobs across the State, including in rural areas.

So what we need to do now is to stop this bill from moving forward because it would be bad for the American people. It is that simple. It is going to kick Grandma out of her nursing home. It is going to stop a kid with asthma from getting an inhaler. It is going to put a premium on being an elder American. If you are an older American, you are going to pay four to five times as much as anybody else. Why? You just have to ask why.

So who benefits from this bill? This bill is a transfer of wealth from middle class Americans to the wealthiest Americans, corporations in this country. So this is about tax cuts for the richest. Sheldon Adelson, who is a Republican donor, casino magnate, he will get, if the Senate bill passes, he will get a \$44 million tax cut in 2017 alone.

How are they paying for that? By cutting Medicaid, taking away protections for preexisting conditions, for seniors, for average Americans.

Mr. Speaker, that is just not right. It is not right if you are a Democrat. It is not right if you are a Republican. It is not right if you are an Independent. It is just not right.

And, yes, the President is correct on this point: It is a mean bill. It is mean; it is cruel; it is unjust. And I hope we defeat it.

I thank the gentleman for yielding.

□ 1745

Mr. RASKIN. I thank the gentleman, Ms. JAYAPAL.

We have next with us Congressman RO KHANNA who is from California. He is an economist, and he is a lawyer. He has taught economics at Stanford, and he has taught law at Santa Clara. He was a Deputy Assistant Secretary of the Commerce Department under President Obama. He is a well-known author who has written a very good book about manufacturing and economic competitiveness in the United States.

Mr. Speaker, I yield to the gentleman from California (Mr. KHANNA) who is

going to be taking over for Congresswoman JAYAPAL as my co-convenor of this Special Order hour from here on in.

Mr. KHANNA. Mr. Speaker, I thank Congressman RASKIN. It is a real honor to be able to co-chair this Special Order hour with the gentleman. The gentleman is one of the most brilliant Members of our body on constitutional issues and constitutional law, really understanding our role in Congress as a check on the executive branch, and I look forward to working with the gentleman. I appreciate Liz Bartolomeo's and my staff's help in organizing this.

Mr. Speaker, I want to echo what Congresswoman JAYAPAL said about this bill and the impact it is going to have on middle class families and on jobs, because here is one of the things that Congresswoman JAYAPAL said that folks don't understand: this bill is going to affect almost every family that has someone that goes for eldercare, to a nursing home.

The average cost at a nursing home is about \$80,000 a year. Most families can't afford that. Most middle class—most upper middle class families can't afford that.

So what do they do when their savings run out?

Medicare, by the way, doesn't cover nursing home costs. They rely on Medicaid.

What this bill does, in a shocking way, is say: we are going to cut Medicaid funding. Of course, we are going to conveniently cut it starting 7 years from now, coincidentally, after everyone has faced reelection, because we don't want people to know that we are going to cut these programs that they rely on. We are going to start these cuts 7 years from now, and we are going to make sure that people no longer have access to funding to be able to go for eldercare.

Now, here is what is so problematic about this from an economic perspective. One of the biggest job creators, according to McKinsey and according to every economic study, is in healthcare, for eldercare. Medicaid creates more jobs for working class families and middle class families at a time of globalization and automation than probably any other significant government program.

So not only are we hurting middle class families and the elderly, we are eliminating the very jobs that we ought to be creating at a time of automation. We are eliminating jobs of people who are going to take care of folks who are sick or folks who are elderly, service jobs, jobs that should be paying more.

At the same time, we are coupling this with drastic cuts in a budget for Alzheimer's research and for research on diseases that are affecting middle class families.

Congressman RASKIN said what the bill's motivation is. It is to really save money for tax cuts for the well-off—not for the well-off talking about people

making 70 grand or 80 grand or \$100,000. Those are folks who are going to need Medicaid. We are talking about tax cuts for people who are making over \$1 million, over \$1.5 million.

Now, let's put aside the President that he said it is mean. Let's just see what is their philosophy. Give him the benefit of the doubt. Why do they want to do this? Because they think that giving these tax cuts to these multi-millionaires is going to somehow fuel more entrepreneurship and more growth.

I ask people who are listening to this: Is that the problem in our country? Is that really the issue, that we think millionaires and corporations aren't making enough profits? Is that really what is the issue about why we aren't creating jobs? Or is the issue that, for half this country, their wages have stagnated for the past 30 years, and that people can't afford a decent place to live, college, and healthcare, and they are having trouble getting jobs?

If you believe that the problem is we need more corporate profits, we need more speculation on Wall Street, and we need more economic breaks for the investor class, that that is really what America needs at this moment in our economy, then I suppose you could look for the Republican bill. But if you believe that the real problem in our economy is that the middle class and the working class are getting squeezed by the economic concentration of power, by the excess on Wall Street, that ordinary folks are having a hard time getting jobs, and that what we really need to be doing is providing more jobs in healthcare for people so that they can have a decent middle class life, that what we really need to be doing is providing middle class families with basic economic security so they know that when they retire they will have some dignity for them, or their spouses when they fall sick, that they know that they won't be bankrupt because they have to bear the cost of the care for their parents; if you believe that we ought to be on the side of middle class families—working class families—then it is such a no-brainer that you would oppose this bill.

I will just end with this: People often say, Well, what can we do?

Well, I think you can speak out. I believe you should speak out and hold every Member in this body and in the Senate accountable because this bill is about our fundamental values. It is about what type of country we want to be. Are we going to be a country that gives power to the elite and believes that that is the ticket to American success? Or are we going to bet on middle class families and working class families like we have throughout our history?

Mr. Speaker, I thank Congressman RASKIN, and I am looking forward to co-chairing this with the gentleman.

Mr. RASKIN. Mr. Speaker, I thank Congressman KHANNA for his very wise and insightful words.

Mr. Speaker, I yield to the distinguished gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, I thank Congressman RASKIN for yielding to me.

I am very proud and excited to be here because we have so much at stake right now.

I wanted to point to this incredible photo that we blew up from today's news. Fifty people with disabilities were forcibly removed and arrested outside Senator MITCH MCCONNELL's office today. They were there to protest what could happen to them and the 10 million Americans who rely on Medicaid to live a life—often still struggling, but a life with more dignity because they have Medicaid.

I want to take some time to thank them for so passionately but peacefully resisting against the cruel Republican bill to repeal the Affordable Care Act. People were pulled out of their wheelchairs and ejected at the order, I presume, of the leader of the Senate to make space in front of his office. They were exercising their freedom to protest for themselves and for others in their situation. As I said, 10 million Americans with disabilities rely on Medicaid.

The Affordable Care Act incentivizes States to offer home and community-based care under Medicaid. The Republican bill would undo that. It would make it very likely that States would eliminate that home care and community-based care.

Now, I have worked for years with people with disabilities, and I know some of them have struggled to get out of nursing homes and to be able to live in the community which, by the way, is actually less expensive than tax-payers paying for people to be in nursing homes. This has been a tremendous battle for the disability community to be able to live independently.

That ability is threatened. By the way, even the amount of money that would go to nursing homes would be cut dramatically, or could be.

Right now, one-half of the cost of nursing homes and home care and community-based care is paid for by Medicaid, and \$800 billion was cut out of the House bill. I hear that the Senate bill is even worse. So this monstrosity of a bill would do a countless amount of harm to millions and millions of Americans. Just about everyone will be affected.

So, today, I want to focus on the damage it would do to two groups in particular: Americans age 50 to 64 and people with disabilities whom we saw represented by the courageous protesters today outside Senator MITCH MCCONNELL's office.

This bill would impose a crippling age tax on people 50 to 64 years old, which means that they will be either unable to afford insurance altogether or be forced to pay thousands more for it every year.

This is the same age tax that was in the House's version of the bill. The

nonpartisan Congressional Budget Office gave this example: It estimated that a 64-year-old who makes \$26,000 a year could see his or her premiums rise by over 800 percent. That would be in the area of about \$14,000 a year. How does that work? There is simply no way she would be able to keep her insurance.

The Senate bill would allow individual States to undermine the essential health benefits package that is in the Affordable Care Act that ensures older Americans have insurance that actually covers the services they need. Without those essential benefits, insurance companies could end coverage for prescription drugs, for cancer care, for emergency care, and much more.

On top of those attacks on Americans age 50 and older, the bill also guts—as I pointed out—the Medicaid program which is absolutely essential for people with disabilities, both young and old.

Medicaid pays for nearly half of all long-term care in our country, and that includes, as I said, not just care provided by nursing homes, but home and community-based and personal care services that allow people with disabilities to live independently, sometimes to even travel to Washington, D.C.

We fought really hard to provide those home and community-based services. We expanded access to them in the Affordable Care Act. This mean bill not only undoes the progress, it moves us backwards by slashing Medicaid funds and turning it into a capped program, capping the amount of money that may go to every person. The Senate bill is even meaner than the House. Caps would rise more slowly and cause even more damage.

So it is no wonder that the AARP, the Alliance for Retired Americans, the National Committee to Preserve Social Security and Medicare, the National Council on Independent Living, the Consortium for Citizens with Disabilities, the American Medical Association, and the American Nurses Association, really all the providers of healthcare, say no to this disastrous bill.

It spells disaster for anyone who depends on Medicaid. That includes pregnant women, infants, children, people with disabilities, and adults—including low-income seniors. The bill is also devastating for women's health. It defunds Planned Parenthood. Let's remember Planned Parenthood is often the only clinic within driving distance of people in rural areas.

□ 1800

Sometimes it is the only clinic available in medically underserved areas for things like cancer screening, primary care, birth control, testing men and women for HIV/AIDS, et cetera. It defunds Planned Parenthood and targets private insurance plans that would cover abortions.

So we really have to ask ourselves: Who benefits from this bill? Who wins if TrumpCare were to pass?

Well, there is an answer. The ultrawealthy individuals who get a massive tax break from this bill—that is why they want to cut all those hundreds of billions of dollars out of Medicaid—they are the winners.

Insurance, prescription drug, and medical device companies also get a huge tax break in this so-called healthcare bill.

Yes, they call it a healthcare bill that benefits only the healthy and the wealthy. I know which side and whose side I am on.

MR. RASKIN. Mr. Speaker, I want to pause from our analysis of the specific terms of the bill that was unveiled today to ask the question: What is the value that is really at stake in healthcare policy in the United States?

When we were debating on the House side, I heard a colleague get up on the floor and say something to the effect of: Under ObamaCare, under the Affordable Care Act, healthy people are having to pay insurance to take care of sick people.

It took a second for that to register with me. Then I turned to the person I was sitting next to and said: Yes, that is what insurance is. The whole point of insurance is that all of us pay money in, knowing that people get sick in the course of life.

We hope that we are not going to be one of them. We hope we won't get injured. We hope we won't get sick or ill or come down with a terrible disease, God forbid, but we know it can happen, so we all pay in. When it does happen to some people, that is what insurance is for. So the value there is one of solidarity among everybody together.

In the richest country on Earth, at its richest moment in our history, there is another value at stake here, which is the value of justice.

Forgive me, but I want to speak personally for a moment here, because I have what we call a preexisting condition. So this issue of preexisting condition coverage is important to me and my family. I understand it is important for tens of millions of families across the country.

If you are having a great day, and you have got not one, but two jobs you love—I have been a professor of constitutional law at American University for 27 years now, and I was serving in the Maryland Senate. But if you wake up and it is a beautiful day and you have got two jobs you love, a family you love, great kids, and constituents you are committed to, and a doctor tells you that you have got stage III colon cancer, that is what I immediately took to be a misfortune.

It is a terrible misfortune, but we have to remember that it happens to people across the country, all over the world, every single day, where people get a diagnosis of colon cancer, lung cancer, Alzheimer's disease, autism, bipolar disorder, depression, multiple sclerosis, cystic fibrosis, you name it. It is a misfortune because it can happen to anybody.

But if you are told that you have colon cancer, for example, and if you can't get health insurance because, for example, before marriage equality, if you loved the wrong person and you couldn't get health insurance through your spouse, or if you can't get health insurance because you lost your job and you are without health insurance, or if you are too poor to afford it, that is not just a misfortune. That is an injustice.

We can do something about that. Life is hard enough with all of the illness, sickness, accidents, and injuries that people receive without government compounding all of the misfortune with injustice. Life is hard enough without government doing the wrong thing. So the Affordable Care Act added more than 20 million Americans to the rolls of people who have health insurance.

The bill that came out of the Senate today wants to strip health insurance from tens of millions of Americans and jack up everybody's premiums and make healthcare more inaccessible for people. They want to compound the normal difficulties and misfortunes of life with the injustice of distributing healthcare in a radically unequal and unjust way.

We can't go back. It is too late for that. The great Tom Payne once said that it is impossible to make people un-think their thoughts or un-know their knowledge. We have come too far as a country to turn the clock back.

I know there are people on the Senate side, like RAND PAUL, who I saw on TV speaking about this, who think we should get rid of all forms of public attempts to get people health insurance. RAND PAUL takes a perfectly principled position. He says the government shouldn't be involved at all. I don't know how he feels about Medicare or Medicaid. He certainly hates the Affordable Care Act. He just wants to outright repeal it, which is what the GOP said they would do.

So he is going to vote against that bill because it keeps the remnants of the system that we voted in with the Affordable Care Act. I understand that. I understand his position. I disagree with it completely because I think, as Americans, we have got to have solidarity with each other and we have got to take care of each other through insurance because the misfortunes of life can happen to anybody. So we have got to stand together.

He says that is not part of the social contract. Okay. That is fine. I get it. But what I don't understand is people are saying: Well, we said we would just get rid of it, but we will get rid of some parts of it. We will throw millions of people off their health insurance. We will make insurance more expensive for everybody. We will cut the heart out of Medicaid.

Why? What is the public policy that is being advanced here?

It doesn't make any sense. Countries all over the world have arrived at the

point of universal single-payer plans, like in France, the United Kingdom, Germany, and Canada. The countries that can afford it overwhelmingly have said: healthcare for everyone.

That is why I am a proud cosponsor of a bill, which is proudly cosponsored by a majority of the people in the Democratic Caucus. It is Congressman CONYERS' Medicare for All bill.

I think that is where we need to go. I am convinced we are going to get there sooner rather than later. Winston Churchill once said: You can always count on the Americans to do the right thing, once they have tried everything else first.

We have tried some other stuff in between, but we are on the way to taking public responsibility for the healthcare of our people. My healthcare is connected to your healthcare because my health is connected to your health. We want the families whose kids go to school with our kids to be in a relationship with a primary care doctor. We want them to get their shots. We don't want them coming to school sick.

Public health dictates that everybody be in the system. A lot of young men, for example, think that they are too tough to go see doctors. That becomes a danger for everybody else. We need everybody to be in a relationship with a doctor. We owe that not just to ourselves and our families, but we owe it to everybody.

Everybody in the system, everybody covered. That is where America needs to go. But understand that what is coming out of the Senate has nothing to do with that. The Senate plan is all about rolling back the progress that we made under the Affordable Care Act, like the ban on throwing people off of healthcare because they have a pre-existing condition or denying people insurance in the first place because they have a preexisting condition.

The fact that someone has got a pre-existing health condition is the reason that they need health insurance. It is not a reason to deny them health insurance. What they are doing is perfectly backwards.

The Affordable Care Act also said that young people could stay on their family's plan until age 26. Thank God we have had that provision. Even the GOP doesn't want to mess with that, at this point. We got millions of people into relationships with doctors. We could show you dozens of emails and letters and calls that we are getting from people who say: The Affordable Care Act saved my life. I would have had no access to healthcare without it.

The whole idea of turning the clock back and moving in the opposite direction is completely antithetical to the direction of American history. We are moving forward. We want universal coverage for everybody.

By the way, we spend more on healthcare than most of those countries that have single-payer healthcare. I think we may spend more than anybody else on Earth on healthcare, but

we don't get the best results because we leave so many people out and we are spending lots of money on insurance. The last I looked, it was around 30 or 31 cents on the dollar we are spending on the insurance companies, on bureaucracy and red tape, instead of getting people healthcare.

That is the direction we need to be moving in, not dismantling and savaging the healthcare protections that we have in place right now.

I want to close with some thoughts just about the process that is going on. Back when the Affordable Care Act was being debated, my dear friends across the aisle complained about how fast things were going and how they thought the legislation was being rushed.

I don't want to embarrass anybody by calling out specific statements made, but we have got voluminous statements made by people on the other side of the aisle saying: This is too fast. You're trying to sneak it through. You're trying to ram it down the throats of the American people. All of this is happening too fast.

Well, Mr. Speaker, the debate over the Affordable Care Act spanned more than 12 months. It took more than a year. The Senate bill was unveiled today with no hearings, no witnesses, no professional testimony, no opportunity for the public to testify for nurses or doctors or patient advocates or any of the groups that are interested; none of them.

In the Affordable Care Act, there were 79 hearings that I was able to find in Congress. That is 79 hearings. Not zero hearings, which is what they are proposing to do now. There were 79 hearings. There were 181 witnesses, both expert witnesses and ordinary citizens, who came to testify before Congress, in public. So far, there has been zero testimony on what the ramifications and consequences are of the bill that was unveiled in the Senate today.

We had multiple Congressional Budget Office scores that analyzed the costs and the impact of different proposals that were part of the ACA. By contrast, the House was forced to vote on the GOP healthcare repeal plan in this body with no CBO score at all, no estimate on how much the bill would cost the taxpayers, no estimate on how many Americans precisely would lose their health insurance. We have learned later the CBO estimate of \$23 million, but that was after we voted on it.

So the people who were saying that the debate moved too fast back then—a year of debate, with dozens of hearings and witnesses, and so on—now seem perfectly content with a process where a bill comes out on Thursday, and then they are going to vote on it next Thursday with no hearings, very little public debate, no opportunity for people to come and testify, and no real opportunity for the public to process what is going on.

What is the urgency?

If it is such a great bill, then we should be out trumpeting it and advertising it. And everybody should have at least one townhall meeting back in their congressional districts to explain how they feel about it so that everybody's constituents can ask us about the bill.

Is it going to improve America's healthcare? Is it going to improve the health and well-being of the people, or reduce the health and well-being of the American people? Is it going to drive our premiums, copays, and deductibles even more?

Those are questions we should have to face with our constituents.

Regardless of what your political party or ideology is, everybody should tell their Member of Congress: At the very least, let's have some public discussion about it. Let's have the opportunity for townhall meetings across the country before we completely rewrite the healthcare plan for the American people.

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I urge my colleagues to slow down, take a step back, and work across the aisle for the best possible results. There are things we can do together to help.

For example, I heard the President of the United States come to our body and make a speech in which he said that prescription drug prices were out of control and we needed to give government the authority to negotiate lower drug prices. I agree 100 percent with the President of the United States about that.

There has been no action on that by my friends across the aisle in the House or in the Senate, and I beseech the President of the United States, before you advance 1 centimeter further on this extremely controversial bill, which I understand four Republican Senators have already announced their opposition to today, before you go any further on this, let's get to something we can agree on for once. Let's find the common ground. And the common ground has got to be prescription drug prices are out of control for Americans.

Let us give the government the authority to negotiate for lower drug prices in Medicare the way that we have got it for VA benefits or for Medicaid prescription drugs. We have got that authority, but there was a special interest provision slipped into Medicare part D, and the government doesn't have that authority. That is authority we should have.

Mr. President, we agree with you about that. Why don't you put a pause on trying to demolish the ACA and Medicaid, and let's see if we can get some prescription drug legislation that will bring prices down for all Americans. We are ready to work with you on that.

There are reports that there is some effort to come up with a phony plan on prescription drug prices that wouldn't

actually give the government the authority to negotiate lower prices. I hope that is not true, but let's have a real plan to bring people's prescription drug prices down.

There are things we can do together across the aisle. In fact, the President of the United States said repeatedly during the campaign that his plan would be a magnificent plan that would cover everybody. He said everybody would be part of it. And a lot of people, including me, took him to be invoking the single-payer universal health plans that work all over the world, that work in Canada and that work throughout Europe and so on.

Mr. Speaker, let me ask, would it be possible for us to get together with the President in order to come up with a single-payer plan, the kind that he invoked over the course of the campaign? Let's seize upon the new spirit of civility and community in this body and in Congress to come up with plans that bring us together, that don't drive us apart.

The plan that passed out of the House of Representatives is standing at 9 percent in the public opinion polls. I can't imagine that the Senate plan is going to be any more popular. If this was a mean plan, as the President said, the Senate plan looks meaner, or at least as mean as the House plan is.

But even if you doubled it and said 18 percent of the people would support it, that is still a tiny fraction of the American people. The overwhelming majority of Americans are not sold on this idea of turning the clock back and throwing millions of people off their health insurance plans.

Let us work together, and we can do it. In the societies that have universal health coverage, it is accepted now by people across the political spectrum. If you go to France or the United Kingdom or Canada, the conservatives are not agitating to throw people off of healthcare. The conservatives support a universal payer plan. And there are lots of conservative arguments for it.

For example, let's liberate our businesses, especially our small businesses, from the burden of having to figure out people's healthcare. Let's take that completely off of the business sector, and let's make that a public responsibility the way they have done in so many countries around the world. Wouldn't that be good for business? And doesn't it enhance feelings of community, solidarity, and patriotism for everybody to be covered by the healthcare system of the country that they live in?

We can do this as Americans. We are the wealthiest country that has ever existed. This is the wealthiest moment in our history. Let's come up with a real plan for health coverage that eliminates as much insurance bureaucracy and waste as possible and gets people the healthcare coverage that they need.

Mr. Speaker, I want to thank you for the opportunity to have this Special

Order hour on behalf of the Progressive Caucus, which has advanced the Medicare for All plan, and I encourage everybody to check it out.

But in any event, we are not retreating 1 inch from defending the Affordable Care Act and the progress that has been made under it, and I hope that we will have maximum transparency and scrutiny of what came out of the Senate today, because we think that the only possible outcome is that bill will go down; then we can come together, find the commonsense solutions, find the common ground, and make progress for the American people.

Mr. Speaker, thank you very much. I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. GABBARD (at the request of Ms. PELOSI) for today.

ENROLLED BILL SIGNED

Karen L. Haas, Clerk of the House, reported and found truly enrolled a bill of the House of the following title, which was thereupon signed by the Speaker:

H.R. 1238. An act to amend the Homeland Security Act of 2002 to make the Assistant Secretary of Homeland Security for Health Affairs responsible for coordinating the efforts of the Department of Homeland Security related to food, agriculture, and veterinary defense against terrorism, and for other purposes.

ADJOURNMENT

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

The motion was agreed to; accordingly (at 6 o'clock and 21 minutes p.m.), the House adjourned until tomorrow, Friday, June 23, 2017, at 9 a.m.

EXECUTIVE COMMUNICATIONS, ETC.

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

1764. A letter from the Acting Administrator, Agricultural Marketing Service, Specialty Crops Program, Department of Agriculture, transmitting the Department's final rule — Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Salable Quantities and Allotment Percentages for the 2017-2018 Marketing Year [Doc. No.: AMS-SC-16-0107; SC17-985-1 FR] received June 19, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

1765. A letter from the Acting Administrator, Agricultural Marketing Service, Specialty Crops Program, Department of Agriculture, transmitting the Department's affirmation of the interim rule as final rule — Changes to Reporting and Notification Requirements and Other Clarifying Changes for Imported Fruits, Vegetables, and Specialty Crops [Doc. No.: AMS-SC-16-0083; SC16-944/980/999-1 FIR] received June 19, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121,

Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

1766. A letter from the Acting Administrator, Agricultural Marketing Service; Livestock, Poultry, and Seed Program, Department of Agriculture, transmitting the Department's final rule — Beef Promotion and Research Rules and Regulations [No.: AMS-LPS-15-0084] received June 19, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1767. A letter from the Congressional Review Coordinator, Animal and Plant Health Inspection Service, Department of Agriculture, transmitting the Department's final rule — Importation of Fresh Pitahaya Fruit From Ecuador Into the Continental United States [Docket No.: APHIS-2015-0004] (RIN: 0579-AE12) received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Agriculture.

1768. A letter from the Secretary, Department of Defense, transmitting a letter on the approved retirement of Lieutenant General John E. Wissler, United States Marine Corps, and his advancement to the grade of lieutenant general on the retired list, pursuant to 10 U.S.C. 1370(c)(1); Public Law 96-513, Sec. 112 (as amended by Public Law 104-106, Sec. 502(b)); (110 Stat. 293); to the Committee on Armed Services.

1769. A letter from the Chief Operating Officer, Armed Forces Retirement Home, transmitting a draft of proposed legislation, titled "Revision of Armed Forces Retirement Home Leasing Authority"; to the Committee on Armed Services.

1770. A letter from the Chief Operating Officer, Armed Forces Retirement Home, transmitting a draft of proposed legislation, titled "Revision of Armed Forces Retirement Home Leasing Authority"; to the Committee on Armed Services.

1771. A letter from the Chief Operating Officer, Armed Forces Retirement Home, transmitting a draft of proposed legislation, titled "Revision of Armed Forces Retirement Home Leasing Authority"; to the Committee on Armed Services.

1772. A letter from the General Counsel, National Credit Union Administration, transmitting the Administration's final rule — Federal Credit Union Occupancy, Planning, and Disposal of Acquired and Abandoned Premises; Incidental Powers (RIN: 3133-AE54) received June 19, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Financial Services.

1773. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — National Emission Standards From the Portland Cement Manufacturing Industry: Alternative Monitoring Method [EPA-HQ-OAR-2016-0442; FRL-9964-14-OAR] (RIN: 2060-AT57) received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1774. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Air Plan Approval; VT; Infrastructure State Implementation Plan Requirements [EPA-R01-OAR-2014-0604; FRL-9963-88-Region 1] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1775. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Amendment to Standards and Practices for All Appropriate

Inquiries Under CERCLA [EPA-HQ-OLEM-2016-0786; FRL-9958-47-OLEM] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1776. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval and Limited Approval and Limited Disapproval of Air Quality Implementation Plans; California; Mendocino County Air Quality Management District; Stationary Source Permits [EPA-R09-OAR-2016-0726; FRL-9960-08-Region 9] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1777. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Approval and Promulgation of Air Quality Implementation Plans; Indiana; CFR Update [EPA-R05-OAR-2016-0760; FRL-9963-70-Region 5] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1778. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's direct final rule — Approval of California Air Plan Revisions, Great Basin Unified Air Pollution Control District and the Town of Mammoth Lakes [EPA-R09-OAR-2016-0409; FRL-9955-67-Region 9] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1779. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's final rule — Approval of California Air Plan Revisions, Western Mojave Desert, Rate of Progress Demonstration [EPA-R09-OAR-2017-0028; FRL-9963-86-Region 9] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1780. A letter from the Director, Regulatory Management Division, Environmental Protection Agency, transmitting the Agency's technical amendment — Correction to Incorporations by Reference [EPA-HQ-OAR-2014-0292; FRL-9963-67-OAR] received June 20, 2017, pursuant to 5 U.S.C. 801(a)(1)(A); Public Law 104-121, Sec. 251; (110 Stat. 868); to the Committee on Energy and Commerce.

1781. A letter from the Deputy Assistant Secretary, Legislative Affairs, Department of State, transmitting the Department's report covering the period from February 7, 2017 to April 8, 2017 on the Authorization for Use of Military Force Against Iraq Resolution, pursuant to 50 U.S.C. 1541 note; Public Law 107-243, Sec. 4(a); (116 Stat. 1501) and 50 U.S.C. 1541 note; Public Law 102-1, Sec. 3 (as amended by Public Law 106-113, Sec. 1000(a)(7); (113 Stat. 1501A-422); to the Committee on Foreign Affairs.

1782. A letter from the Deputy Assistant Secretary, Legislative Affairs, Department of State, transmitting Transmittal No. DDTC 16-044, pursuant to Section 36(c) of the Arms Export Control Act, pursuant to 22 U.S.C. 2776(c)(2)(A); Public Law 90-629, Sec. 36(c) (as added by Public Law 104-164, Sec. 141(c)); (110 Stat. 1431); to the Committee on Foreign Affairs.

1783. A letter from the Federal Co-Chair, Appalachian Regional Commission, transmitting the Commission's semiannual report from the Office of Inspector General for the period October 1, 2016 through March 31, 2017, pursuant to the Inspector General Act of