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House of Representatives

The House met at 10 a.m. and was called to order by the Speaker pro tempore (Mr. BOST).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
June 28, 2017.

I hereby appoint the Honorable MIKE BOST to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties. All time shall be equally allocated between the parties, and in no event shall debate continue beyond 11:50 a.m. Each Member, other than the majority and minority leaders and the minority whip, shall be limited to 5 minutes.

PROVIDING HEALTH INSURANCE

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

Mr. GIBBS. Mr. Speaker, I am disappointed to hear that the Senate will not be able to take up the healthcare bill this week, but this is a tough issue. It is a tough issue because, at least on my side of the aisle, we want to do the right thing. We want to make sure that people can buy health insurance that is affordable and accessible, and not pull the rug out from under people who have issues.

In the House, we passed a bill, and one of the big issues was preexisting

conditions. We made sure that people with preexisting conditions can buy health insurance that is reasonably priced, similar to people who have no preexisting conditions, but then we kicked in billions of dollars to subsidize those premiums to help those people be in the insurance market because I think it is important that those people are in the insurance market and have access to insurance that is affordable.

I think it is really un-American to pull the rug out from people because they got sick.

ObamaCare is imploding. In Ohio—and this is from the Health and Human Services Agency—ObamaCare in Ohio, since 2013, premiums have increased 86 percent. We had almost 236,000 families pay almost \$44 million in penalties because they couldn't afford their health insurance.

Then there is also a myth out there that the price is going through the roof, it is collapsing because of the current administration. Well, if you look at the facts, the average premium skyrocketed by nearly \$3,000 across the country during the previous administration's final term. Eighty-three insurers left the market, and the average exchange premium spiked 25 percent last year alone. Americans living in roughly one-third of our Nation's counties have only one option of healthcare coverage precisely because this law has continued to fail. All this has occurred prior to the current administration.

Mr. Speaker, I got a phone call last night from a lady whom I have known for over 30 years. She is self-employed, running a service-type business, and she was struggling to pay for her healthcare under the ObamaCare exchanges. She has prayed these last few years that she wouldn't get sick because she wouldn't be able to meet the deductible. She works 12-hour days. She is in one of those at least 20 counties in Ohio that will not have an in-

surer on the individual market for next year. She has no options to buy health insurance next year. She called me up and said: I don't know what I am going to do.

I didn't have a good answer for her. That is why we need to get this done.

Prior to ObamaCare—I don't know if a lot of people realize this—when I was a self-employed farmer, I bought my health insurance through association plans. ObamaCare did away with association plans and forced people onto the exchanges and mandated what kind of coverage you had to buy.

Ironically, as a Member of Congress, I am required to be on ObamaCare, and I am. But the ironic thing is, next year, if things don't change—and I was forced to be on the D.C. exchange, but if I was forced to be on my county exchange back where I live, my county does not have a health insurer in the individual market next year. I think it is ironic as a Member of Congress, if I wasn't on the D.C. exchange, I wouldn't be able to buy insurance through my exchange back home because it will not be available.

How do we fix this?

I think we have to incorporate free-market principles. We have to get the cost down, and then the market will work.

How do we get the cost down?

We have to have price discovery, and how you get that is through competition. I think health savings accounts is one way you will get competition and personal responsibility. People will shop around on a nonemergency-type basis, and it will help drive the cost down.

ObamaCare did away with health savings accounts.

Also, tort reform. We need to make sure that doctors practicing medicine don't have to worry about frivolous lawsuits and fight defensive medicine. That is really important.

This symbol represents the time of day during the House proceedings, e.g., 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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We need to be able to buy insurance across State lines. We have it in property and casualty insurance. We have it in auto insurance. We ought to have it in health insurance. It ought to be portable, you take it with you. And you also have your health savings account that you can take with you and be portable.

These are some of the things that we can do, but we have to let the market work. That is my hope. And this is a tough issue. The Senate is working through it. They want to do the right thing. They want to make sure that Americans have affordable, high-quality health insurance coverage that they can buy. We need to work through that, and I think the Senate will get there. Hopefully, we will get a bill on the President's desk so my friend, whom I have known for over 30 years, can buy health insurance next year and not have to worry about the risk of what happens if she gets sick, or if she will have to go on Medicaid.

Mr. Speaker, one out of four Americans today are on Medicaid. That is not really a good option. I am seeing some of our physicians are not treating Medicaid patients.

Do you know why that is?

Because they are a service business, and there are only so many hours in the day. So they have to have people with health insurance or self-payers, and they can't have too many people on their client portfolio that have Medicaid with reimbursements that are too low for the cost of service. That is what we have moved to.

PROVIDING HEALTH INSURANCE

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

Mr. BLUMENAUER. Mr. Speaker, I listen to my friend from Ohio, and I am just kind of wondering how he gets to his position.

The Affordable Care Act didn't do away with health savings accounts, and that is a fact that can be easily verified. Or the notion that somehow Medicaid is a negative because it was expanded, and the gentleman's own Governor has been arguing here against the Republican plan because it would eviscerate Medicaid. Medicaid provides more healthcare than any other program in America.

Sadly, what we have seen is that the proposals that have been coming forward are way off the mark, just like my friend from Ohio a moment ago. The claims that it would not cut Medicaid, claims to make the system better, and save the Affordable Care Act from collapse are mythology.

The Congressional Budget Office report—these are the independents scorekeepers, and, in fact, the head of the Congressional Budget Office was appointed by the Republicans, their 49-page report that is available online to any Member of Congress, to the pub-

lic—pointed out that the health exchanges are not collapsing. They are actually in pretty good shape and they could be made stronger with relatively simple changes, because what we have seen for the last 7 years, the Republican plan has been to chip away at the Affordable Care Act, to make it worse, to create more uncertainty. Recently, the administration refused to advertise to help people join this year's enrollment period and eliminated enforcement of the mandate, making the market even more unstable.

How do we have such an alternative universe?

Well, I suggest that one of the problems is that my friends on the Republican side of the aisle who crafted the House bill and who are working in secret in the Senate crafting the Senate bill listen to the wrong people. They listen to a small group, some of whom benefit from the Republican approach because there are extra subsidies that go to them, or people who benefit from massive tax cuts that, frankly, they don't need. They listen to people who are all about political talking points and not about the facts of healthcare in America. Most of all, they don't talk to real people on the ground who would be affected.

In what universe is a \$773 billion cut over the next 10 years to Medicaid not a reduction?

Tell a 75-year-old widow who is looking at being in a nursing home for the rest of her life—6 percent of our Medicaid funding goes to people in nursing homes. It is almost half of the total funding. Tell them that that is not going to be a cut, that that is not going to reduce services, maybe not make it available at all. Sixty-four percent of people in nursing homes rely on Medicaid.

There are 15 million people who are not going to have healthcare if the Republican proposal goes into effect, according to the objective independent scorekeepers. But you can look at the calculations yourself as a member of the public. The Kaiser organization has a calculator where you can figure out if people are better off under the existing plan or under the Republican alternative. A person in Utah making \$15,000 would pay \$400 after tax credits, but have a \$6,000 deductible. They are not talking to real people.

A situation in Baker City, Oregon, a 40-year-old is going to face a 128 percent increase if the Republican proposal goes into effect.

A 60-year-old woman in Strong, Maine, making almost \$40,000 a year is currently eligible for a credit of about \$7,000, which means she gets a comprehensive policy in 2020 for \$4,500. But the Republican Senate plan would result in her costs in 2020 being \$15,000 a year, one-third of her income.

Mr. Speaker, I invite the public to investigate for themselves and see who the Republicans aren't listening to.

TRIO PROGRAM ESSENTIAL FOR STUDENTS

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, I rise today to speak about TRIO programs, which, for more than 50 years, have helped millions of low-income students attend college. Often, these students are the first in their family to earn a college degree. TRIO programs have helped low-income and disabled students who want to pursue a higher education, but thought college was unaffordable and out of reach.

Children from disadvantaged families often struggle to access important mentoring, tutoring, and other hands-on services designed to help encourage high school completion and the pursuit of postsecondary education.

Sadly, these students are often unprepared for college academics and require remedial courses that add to the challenges of completing a program. Too many disadvantaged students simply give up on even applying to college because they are confused by the application process, overwhelmed by the cost, or are unaware of the available financial aid options, despite our best efforts to ensure the information is available and understandable.

Recognizing these challenges, the Federal Government has created several programs to help disadvantaged students access the support necessary to realize the dream of a college degree. For example, college preparation and retention programs such as TRIO, Upward Bound, Talent Search, and Student Support Services provide a pipeline of support services that encourage low-income students to graduate high school and earn a postsecondary degree.

Mr. Speaker, just last week, the House unanimously approved the Strengthening Career and Technical Education for the 21st Century Act to reauthorize the Carl D. Perkins Act and support skills-based career education. This bill will help close the skills gap that exists today and prepare students for in-demand jobs.

TRIO programs are just as important to help those who want to pursue a college degree have the resources necessary to do so.

As a senior member on the House Education and the Workforce Committee, I am a strong supporter of TRIO. I am also a member of the House TRIO Caucus. I want all Americans to have higher education opportunities if that is the path that they choose.

The TRIO program dates back to the Economic Opportunity Act of 1964 in response to the administration's War on Poverty. That is when Upward Bound was formed. In 1965, Talent Search, the second outreach program, was created as part of the Higher Education Act.