

in Executive Order 13761, I have decided that more time is needed for this review to establish that the Government of Sudan has demonstrated sufficient positive action across all of those areas.

For these reasons, I have determined that it is necessary to amend the effective date to October 12, 2017, to provide the report required by Executive Order 13761 and revoke sections 1 and 2 of Executive Order 13067 and Executive Order 13412, provided that further action is taken by the Secretary of State, as set forth in Executive Order 13761, and to revoke the subsequent annual reporting requirement in Executive Order 13761.

I am enclosing a copy of the Executive Order I have issued.

DONALD J. TRUMP.
THE WHITE HOUSE, July 11, 2017.

THE TEST OF OUR PROGRESS

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

Mr. GARAMENDI. Mr. Speaker, I look forward to this hour, although I will probably take something less than that.

I want to bring to the attention of the House and, more beyond that, the citizens of the United States what is happening here with all this talk about the repeal of the Affordable Care Act. I want to spend some time on that issue. I want to review exactly what the Affordable Care Act has done for Americans and what the repeal would do to Americans. Those are really two different ways to look at this.

I want to start someplace else that has been a very special part of my thinking about government issues, about policies of all kinds, and it was something that Franklin Delano Roosevelt said during the height of the Depression as the American government and Mr. Roosevelt were talking about the various policies that were being discussed at the time. He laid out a test to which he would apply his judgment of a policy. It reads this way: "The test of our progress is not whether we add more to the abundance of those who have much; it is rather we provide enough for those who have too little."

I see this as a profound and extremely important criteria upon which to judge many policies that come before us in bills, but it is also, I think, an extremely valuable way to judge the question of the Affordable Care Act: Has it added much to those who have little?

I will try to answer that in a few moments.

Similarly, in looking at the repeal of the Affordable Care Act, the test of our progress is not whether we add more to the abundance of those who have much. When we consider the repeal of the Af-

fordable Care Act—ObamaCare—does it add to those who have much? Does it add to those who have little?

I will try to answer these questions in just a few moments.

So does the Affordable Care Act add much to those who have little?

The answer is: Categorically, it does. There is absolutely no doubt that the Affordable Care Act has helped those who have little. I will give a couple of examples. Just a couple.

One, a beauty salon operator in Sacramento, California, around the age of 30, married, wanting to have children but not able to do so because she had no insurance. A small-business operator, herself, maybe one part-time employee, unable to get insurance prior to the Affordable Care Act.

My wife visited her after the Affordable Care Act went into place, and she was able to purchase private insurance through the subsidized market, and she happily, excitedly told my wife: And now my husband and I, we are going to have a baby. At last I have the insurance. And I want you to tell your husband "thank you."

That thanks is not to me. It is to the men and women of the Congress in 2010, myself included, and the Senate, and President Obama that signed the Affordable Care Act that set up a situation in which, through the California exchange, similar to other State exchanges, she was able to purchase insurance. Subsidized to be sure, but nonetheless, she was on her way to having a baby, or at least thinking about having a baby. I will come back to her in a few moments.

A second person, small family farmer in my district unable to have insurance throughout her entire adult life. In and out of hospitals for everything from an accident on the farm to some more serious things. Facing bankruptcy. The Affordable Care Act gave her the opportunity to have insurance, to stabilize her life, her healthcare, and, importantly, be able to avoid the financial disaster of a major medical bill that would have clearly bankrupted her and put her out on the street.

That is what the Affordable Care Act did to two constituents in my district. And that story is repeated over 20 million times around this Nation. More than 20 million Americans have been able to get health insurance as a result of Affordable Care Act. And 6.1 million young Americans have been able to stay on their parents' insurance policies, not thrown off at the age of 18, but able to stay on until the age of 25. And 27 percent of Americans who have preexisting conditions—27 percent of us have some sort of preexisting condition—no longer a bar to being able to get insurance.

I was the insurance commissioner in California for 8 years, and I saw the forms that the insurance companies would require be filled out. Everything in their life from the moment of their birth—in fact, before their birth, they needed to disclose every single event.

Did you have pneumonia? Did you have an illness of this or that? All the way down the line.

And if you answered "yes" to any one of those, you would probably not be able to get insurance. And 27 percent of the American public unable to buy insurance because of preexisting conditions, no longer the case in America today. It is gone. That is history.

This is my experience. Thousands of times I saw this. If a person went through that entire checklist and there was some inaccuracy in the way they answered those questions and they went to the hospital with a serious illness that was supposed to be covered, it was common for the insurance companies to go back and do medical underwriting after the event and deny the coverage. Common practice.

Something as mundane as: I did not have mumps when I was a child. Check, check, check. Oh, you had mumps? I am sorry, we are not going to pay for this operation.

Those days are gone. The Affordable Care Act did that.

In my own State of California, 3.7 million Californians are now insured due to the Medicaid expansion program, which we call Medi-Cal in California. And 1.4 million people now have insurance through the exchange. The two examples I gave are but two of 1.4 million Californians that have insurance. So it works. And it is not just that. There are other things.

Seniors, the infamous doughnut hole in which, under Medicare part D, the first couple of thousand dollars of drug expenses would be covered. And then serious illnesses, you blow through that quickly, and then you faced the doughnut hole, and it was out of your pocket.

So you found seniors all across this country unable to afford the continuation of the drugs that kept them alive. It is gone—or will soon be gone. The Affordable Care Act collapses that doughnut hole so that in another 1½ years, 2 years from now it would be gone and the Medicare part D would provide the drugs that are necessary to keep seniors alive.

The repeal of the Affordable Care Act would end that and send those seniors back where they were before, facing the ominous doughnut hole. It goes on and on.

Medicaid expansion, 20 million Americans covered; 3.7 million in California. The drop in insurance rates. Due to the Affordable Care Act, the uninsured rate is now the lowest in history.

Consider this: 16 percent of Americans in 2010, before the Affordable Care Act, did not have insurance—16 percent of the 380 million of us.

□ 1945

Today, it is down to just about 8 percent—excuse me, that is in 2016. There has been continued improvements since then, 8 percent. That is where those 22 million Americans are.

So we have seen this over time. As a result of the Affordable Care Act, the

uninsured in America have steadily decreased as the Affordable Care Act has taken hold.

Hospital-acquired infections significantly reduced. Under the Affordable Care Act, unnecessary hospital readmissions due to infections, have fallen for the first time on record, dropping 8 percent between 2010 and 2015. Why has this happened, you ask? Because in the Affordable Care Act, there was a serious financial penalty to hospitals when there was a readmission as a result of a hospital-acquired infection.

Is that important? It certainly is, for those who are not readmitted for infections.

The annual lifetime benefits, you have heard about this. You know somebody in your family, in your community, who had a limit on their insurance policy, \$100,000 a year, or maybe a lifetime exclusion or limit of \$200,000, or \$300,000, or some number. If you have a serious illness, you blow right up through that barrier, and your coverage, it is on your account. Hospital coverage and expenses are no longer covered by the insurance policy.

That is gone. It is over. It doesn't exist any longer in the United States. So the end to annual and lifetime limits is a direct result of the Affordable Care Act.

Slower premium growth and a cap on out-of-pocket expenses. Due to the Affordable Care Act, all health policies now have a limit on out-of-pocket costs, which benefits all Americans.

Free preventative care. Have you talked to any seniors recently? If you are on Medicare, you have an annual free checkup. What does that mean? It means that your high blood pressure that you didn't know about, your onset for diabetes and other illnesses, you find out about it, deal with it, live longer, reduce the costs.

In part, that is the reason that we have now seen that the Medicare viability, the financial viability of Medicare has been extended by nearly a decade as a result of the Affordable Care Act and the kind of policies that were built in it—for example, free preventative care.

I have already talked about young adults being able to stay, and that is 2.3 million young adults.

Lives saved from reductions in hospital-acquired conditions. Eighty-seven thousand Americans are alive today because of better healthcare in the hospitals.

Public satisfaction. Eighty-two percent of the consumers in the marketplace plans or newly insured under Medicare due to the ACA, the Affordable Care Act, ObamaCare, have expressed satisfaction with their coverages.

Tax credits. Seven in 10 consumers in the marketplace got coverage through their tax credits.

I already talked about preexisting conditions.

Mental health and maternity care. Family values, well, we hear that all

the time here on the floor. Family values, this is a family value. This is a family value, yes. And the Affordable Care Act is a family value because maternity coverage is guaranteed. The most basic element of family, babies are now covered.

Maternity care is now guaranteed coverage under the Affordable Care Act. And from the moment that baby is born, through their life under the Affordable Care Act, they have a guaranteed coverage, regardless of any illness that they may have at birth.

I can give you story after story that I found when I was an insurance commissioner in California. The family had coverage. The family actually had maternity coverage. The baby is born with a serious defect of some sort. There was no coverage for that baby because of a preexisting condition from the very moment of birth. That is not the case any longer in America as a result of the Affordable Care Act.

We can go on and on, and probably we ought to. We have heard a lot. I am just going to keep this up here to remind all of us about a test of what good public policy can and should be.

There has been a lot of talk now about the collapse of the insurance market. We have heard the President talk about the collapse of the insurance market. Any time he brings up the issue of the repeal of ObamaCare, the Affordable Care Act, he always prefaces it or follows his comments with: The insurance market is imploding. It is collapsing.

We have heard that discussion here on the floor from the leaders of the majority party. The Affordable Care Act is collapsing. The insurance markets are collapsing. Oh, my, my. Interesting.

Let's see, this is the 10th of July. A report was issued by The Henry J. Kaiser Family Foundation—not a liberal organization, not a conservative organization, but one of the best-known research organizations on healthcare in America. The Henry J. Kaiser Family Foundation issued a report on July 10, 2017, by Cynthia Cox and Larry Levitt. I won't read it all to you, but I will read the discussion point.

Early results from 2017 suggest the individual market is stabilizing and insurers in this market are regaining profitability. Insurance financial results show no signs of a market collapse. Hello. Anybody listening?

Early results from 2017 suggest the individual market is stabilizing and insurers in this market are regaining profitability. Insurer financial results show no sign of market collapse.

First quarter premium and claims data from 2017. First quarter premium and claims data—this is from the insurance companies—from 2017 support the notion that 2017 premium increases were necessary as a one-time market correction to adjust for a sicker than expected risk pool.

Although individual market enrollees appear, on average, to be sicker

than the market pre-ACA, data on hospitalization in this market suggests that the risk pool is stable, on average, and not getting progressively sicker, as of early 2017.

Some insurers have exited the market in recent years, but others have successfully expanded their footprints, as would be expected in a competitive market.

Now the caveats. While the market, on average, is stabilizing, there remain some areas of the country that are more fragile. In addition—and here is the important point for any policymaker in Washington, D.C., from the President to the rest of us. In addition, policy uncertainty has the potential to destabilize the individual market generally.

Mixed signals from the administration and Congress as to whether cost-sharing subsidies under the Affordable Care Act and cost-sharing reduction payments will continue, or whether the individual mandate will be enforced, have led some insurers to leave the market or request larger premium increases than they would otherwise.

Few parts of the country may now be at risk of having no insurers. If you don't mind, I would like to go back over that again. Mixed signals from the administration—hello, President Trump and Congress. Hello, my colleagues—who have voted to repeal the Affordable Care Act, mixed signals from the administration and Congress as to whether cost-sharing subsidy payments will continue, or whether the individual mandate will be enforced, have led some insurers to leave the market or request larger premium increases than they would otherwise.

So who is responsible for the collapse? Well, we can do some finger-pointing, but then I would be admonishing—Mr. Speaker, I should do some finger-pointing, but I am not going to do it right now.

I am going to go back here. “The test of our progress is not whether we add more to the abundance of those who have much.”

Okay. Let's look at the repeal. Let's judge the repeal based on that criteria. Maybe you don't believe Franklin Delano Roosevelt was correct, but maybe we ought to just see what we are talking about here.

The repeal of the Affordable Care Act, the legislation that passed this House, the tax provisions in the Affordable Care Act, it is somewhere north of a \$700 billion to \$800 billion reduction in taxes. That is a lot of tax reduction. That was in the legislation.

I have argued repeatedly here on the floor and other places that it is the largest single transfer of wealth from the poor and the middle class to the super wealthy. That argument is factual because, what are the benefits? Who wins in the repeal of the Affordable Care Act, the poor, or the 22 million to 24 million people who will lose their insurance as a result of the repeal of the Affordable Care Act? That was in the House bill.

In the Senate bill, they are talking about similar numbers, 23 million, 24 million, 25 million people. That is a lot of Americans who are going to lose their insurance and are going to be personally, physically harmed as a result of the repeal.

So who benefits? The other side of this piece of legislation is one of the largest tax reductions ever—not for the poor, small for the middle class, but oh, my, for the wealthy, the top 1 percent of Americans—excuse me—the top one-tenth of 1 percent of Americans would have their taxes cut, on average, by \$197,490 per year. That is the top one-tenth of 1 percent.

How about the top 100 wealthy families in America, five of whom are in this administration, the super wealthy, what does it mean to them? \$4 million to \$6 million a year reduction, on average, in their taxes. The test of our progress is not whether we add more to the abundance of those who have much.

Need I stand here on the floor for hours driving home the point that the repeal of the Affordable Care Act is more than a taking away of healthcare benefits in which, if we were to believe the Senate and the Senate bill were to become law, 18 million Americans next year would lose their health insurance, and then beyond, another 5 million Americans in the years ahead.

It is a test of our progress. It is whether we provide enough for those who have too little. It is pretty easy, a pretty easy criteria when applied against the repeal. Are we providing anything for them? No, you are taking away their healthcare, their health insurance, and, undoubtedly, their health and their lives. It doesn't meet this test at all.

On the tax side, oh, my, the bottom 80 percent of taxpayers in this Nation would receive the awesome, extraordinary benefit of a reduction of \$160 a year in their taxes.

□ 2000

That is what our Republicans have offered us with the repeal of the Affordable Care Act. Eighty percent of American taxpayers would receive the awesome, extraordinary benefit of a \$160 annual reduction in their taxes, while the superwealthy, the top 100 families, a \$4 million to \$6 million annual reduction, and the top one-tenth of 1 percent of Americans—wealthy—would receive a \$197,490 reduction, on average.

Mr. Roosevelt, President Roosevelt, laid out a clear criteria.

So where are we? Where are we? We have the Henry J. Kaiser Family Foundation report yesterday. The insurance market is not collapsing, and where it is is the result of what this administration and Congress are doing. They are destabilizing the market. That is what is happening. That is why these insurers are leaving certain communities and certain States because they simply do not know what is going to happen.

Insurance companies have to plan now—actually, a month or two ago—

for the insurance policy that they will be selling in the fall and in the early winter, October, November, December, for the next year, the 2018 year. And they do not know because of what this Congress is doing; they don't know how to price, and therefore market instability is the result.

There is more to it than that. Under the law today, the Federal Government is supposed to be providing money for the exchanges. That money has been withheld under this administration in numerous ways, actively and proactively taking steps to undermine the insurance market so, presumably, they can say: "Oh, my, it is collapsing."

Well, if it is, it is the President's fault, and it is the fault of this Congress in passing such legislation.

Now, I hear a lot of talk, and it is correct, a lot of discussion about what we can do together. Let's not fight. Let's work together. Let's improve the Affordable Care Act. We ought to, and we can. There are many ways it can be done.

So what can we do?

Well, we could immediately end the efforts to destabilize the market. That would be a good start, wouldn't it? All that takes is an end to this effort to repeal and, rather, to do what the President asked us to do, and that is to work together as he drives forward policies that destabilize the market as he continually talks about repeal. But he also says, "Let's work together." I agree with him. Let's work together. I ask the President to please stop his efforts to destabilize the market.

So what can we do?

How about if we allow the Federal Government to negotiate the price of drugs? We can't do it now, but what if we did? Would that help stabilize the market? It would certainly help reduce the cost. That is not a bad idea. So idea one. Let's allow the Federal and State governments to negotiate the price of prescription drugs and allow individuals to buy certain medications in Canada, for example, which they cannot, now, legally do.

We might think about expanding programs that are proven to enhance quality and reduce costs, such as streamlining care coordination. Coordinate the care and medical services that an individual has, particularly for those with chronic conditions, where most of the healthcare dollars are spent. It has been proven.

There are programs out there, pilot programs, and some are more permanent, that allow for coordination of benefits—that is, services—for those who have chronic illnesses. Part of that is found in the current Affordable Care Act. It is being done. It needs to be expanded.

And we can dramatically improve the care and the health of individuals by coordinating their care, making sure, for example, that people with diabetes are able to get the drugs, get the treatment, work on their healthcare, work

on the food they eat, and work on exercises, coordinate all of that. If you want to drive down the cost of healthcare, take the six chronic illnesses and coordinate the care. Keep people healthy. Keep them out of the hospital by being healthy. We can do that. We do, but not everywhere.

Allow States greater flexibility in administering the Medicaid program. Our Republican colleagues talk about this. We should do it. I am in favor of it.

I know from my experience as insurance commissioner in California that there are many things that can be done by the States as they deal with the peculiar and individual circumstances of the citizens of their State in altering the Medicaid program so that it can meet the needs of the State. Let's do it, but not with the repeal of the Affordable Care Act and stripping out of the program billions upon billions of dollars so there really is no money to do anything. That is flexibility in the Medicaid program.

We have a national health insurance exchange program. It is there, but it has been reined in. It has not been allowed to grow as it could by the actions of Congress. Since the Republicans took control of Congress, they have withheld, they have reined in, the national health insurance exchange program. This is in States that refused to establish their own exchanges. Individuals can then go to the national exchange. But they don't even know it is there because the advertising for the national exchange has been eliminated. So we can do that. It is pretty simple.

Hey, folks across America, you don't have a State exchange? You can come to the national exchange. You haven't heard about it? I am not surprised because there is no advertising. There is no knowledge available to individuals. It is a pretty simple thing we can do. As that exchange grows, we begin to spread the risk across a wider population.

In the early version of the Affordable Care Act here in the House of Representatives, we passed and I voted for what was known as the public option, a national public insurance option. The Senate removed it—mostly Republicans, but some Democrats didn't think that was a good idea. I thought it was a good idea in 2009 when the issue came before us because I saw an advantage in a national insurance program.

So there are five things that we can do right there, and there are many, many more.

When the repeal of the Affordable Care Act passed through this House on the floor, my Democratic colleagues offered 22 amendments to improve the Affordable Care Act, to improve ObamaCare. They were all rejected. So much for working together.

But let me make a baseline statement: Don't repeal the Affordable Care Act; improve the Affordable Care Act. If you are determined to repeal the Affordable Care Act, there is not much

we can work with. That is why I took the time to talk about the Americans that are now covered, the seniors that now have drug coverages, the end of discrimination based upon preexisting conditions. That is why I talked about those things.

In a repeal—and the President called for a flat-out repeal—that is gone. It is gone. If you want to do that, don't count on me. I won't be there. But if you want to take the Affordable Care Act and if you want to deal with the problems that we know are there, then let's work together.

I just laid out five things. There are 17 more that have been suggested by my Democratic colleagues. We can improve the well-being of Americans. We can help those people.

As for my wife's hairdresser, I don't know if she is going to get pregnant because she doesn't know if she is going to continue to have coverage. For that farmer, that woman who is running her own family farm, she doesn't know either. There are 23 million Americans who are in that position—23, and quite possibly more—who don't know if a year from now, 2 years from now, they will have health insurance.

So, President Roosevelt: "The test of our progress is not whether we add more to the abundance of those who have much; it is whether we provide enough for those who have too little."

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

HONORING MR. CLARENCE GOODEN

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

Mr. RUTHERFORD. Mr. Speaker, I rise today to recognize and honor the great community stewardship of Mr. Clarence Gooden, recently retired president of the CSX Railroad.

In 2003, Mr. Speaker, I was newly elected sheriff of the city of Jacksonville, Florida, and my wife, Pat, and I were invited to a Christmas dinner hosted by Mr. Clarence Gooden and his wife, Corkie.

It was during my discussions surrounding my new position as sheriff that I shared with Clarence and his wife how drug dealers had taken over Mallison Park, which in years past was actually the crown jewel of parks in the city of Jacksonville. I explained to them how the park manager had been severely battered by drug dealers, and though we had made several arrests in the park, the dealers continued to return, and the children were being denied the use of this great park.

Mr. Speaker, I also shared with him a campaign promise that I had made to help at-risk youth through an expansion of an intervention program called the Police Athletic League into areas such as Mallison Park, which would offer at-risk youth sports programs,

after-school tutoring, food, and personal hygiene, all provided by specialized officers trained in intervention.

Clarence asked me the cost of such an expansion, and I informed him it would be close to \$100,000 to refurbish and move programs into Mallison Park. He immediately responded, Mr. Speaker, that he would raise those funds by April. I reminded him it was already the end of December, but he and Corkie assured me that they would meet an April deadline.

Incredibly, Clarence devised a plan for what became known as the CSX Charity Train Ride, which entailed a fundraiser that gave contributors an amazing train ride with dinner and entertainment. The event was a first-class success, and Clarence had raised all the funds necessary to refurbish Mallison Park and move the Police Athletic League into those new facilities. Their efforts led to an over 40 percent drop in violent crime within a 1-mile radius of Mallison Park.

Over the years, the CSX Charity Train Ride grew into one of the largest single charity events in northeast Florida, and it continued to add additional charity recipients every year.

Mr. Speaker, Clarence and Corkie, with the assistance of Mrs. Rosemary Thigpen, have raised, to date, over \$4 million for over 10 local charities. Last year alone, they raised over \$400,000 for charities, including Angelwood, the Police Athletic League, and the American Heart Association, just to name a few. Not only does he have a huge heart for the community, but he never lost his concern for others as he worked his way up throughout his career.

Mr. Speaker, Clarence actually began as a laborer at Seaboard Coastline Railroad before it became CSX, and he worked his way up the ranks to the president's office of a tier one railroad. He recently retired from CSX, and I know he will continue to have passion for others.

I appreciate his dedication to the citizens of northeast Florida. I am sure I echo the thoughts of all when I wish him and Corkie continued good health and happiness in both his retirement and all of their future endeavors.

Mr. Speaker, I look forward to seeing Mr. Gooden soon and presenting him with this coin as a token of the tremendous appreciation from all of those in the Fourth District whose lives Mr. Gooden, Mrs. Gooden, and CSX have touched.

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

□ 2015

HEALTHCARE ISSUES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the gentleman from Texas (Mr. GOHMERT) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. GOHMERT. Mr. Speaker, it has been interesting to hear all the rhet-

oric about Republican efforts that a majority of Americans have wanted us to take. Going back to even before ObamaCare was passed, the majority of Americans didn't want ObamaCare passed.

I have been amazed at some of the rhetoric from across the aisle, I think from the former Speaker, who said something about how open their process was.

Really?

Anyway, I know sometimes our memories aren't what they once were. That was not a terribly open process. I believe the Speaker back then said: We don't need any Republican vote and we don't want your input. Basically those were the words I recall.

People were promised over and over again by the President of the United States that if you like your insurance, you can keep your insurance. On at least one occasion he even said the word "period," there are no exceptions. If you like your insurance, you can keep your insurance.

So it was quite disappointing. Some of us knew this was a disastrous bill. I did read it. I didn't have to wait until Speaker PELOSI passed it to find out what was in it. I read it and I knew it was going to be a disaster.

Then, after it passed, we ultimately find out that they knew well in advance that if you liked your insurance, there was a very good chance you would not be able to keep your insurance, period. It wasn't true. All those, including the President, went around saying: If you like your insurance, you can keep it. According to statements after the fact by people involved, yes, they talked about it and they knew people were going to lose their insurance. They are going to lose their doctor, they are going to lose their healthcare provider, but we can't say those things and still pass this bill. We can't let that get out there.

So, Mr. Speaker, I just want people to remember how this disastrous legislation ever came about in the first place, and how, going against the will of the American people to pass the disastrous bill—around 2,500 pages is what my two volumes came to—but people knew it was going to do lot of damage to people's health and their lives. As we know, when you cannot get the healthcare you need or the lifesaving healthcare you have been getting, you no longer live.

It is amazing now, after ObamaCare passed 7 years, to find out things about the knowing design of ObamaCare. They knew that insurance companies, under ObamaCare, were given incentives not to have the best people to treat cancer, the best cancer healthcare providers, the best cancer lifesavers in the network.

They had incentives under ObamaCare to not include the best physicians and hospitals that will save the lives of people who have cancer; don't include the best healthcare providers that will help those save their