

I stand here today as a husband, father, grandfather, and, most importantly, as someone who cherishes the God-given right to life. In a country founded on life and liberty, the act of abortion should not be condoned, and it certainly should not be subsidized.

It is fitting that the House consider this legislation this week as we prepare for millions of people to come to Washington, D.C., for the annual March for Life rally where they will give a voice to the unborn. We must work together to move the pro-life message and pro-life policies forward to protect those who cannot yet speak for themselves.

I urge my colleagues to support H.R. 7, the No Taxpayer Funding for Abortion Act, and stand up for the principles of life and liberty.

#### AMERICA IS A COUNTRY FOR ALL PEOPLE

(Ms. JACKSON LEE asked and was given permission to address the House for 1 minute.)

Ms. JACKSON LEE. Mr. Speaker, having worked for the Southern Christian Leadership Conference and been engaged with many of the foot soldiers that studied under Dr. Martin Luther King, I love and cherish nonviolent protests and the rights for people to petition.

I hold up a beautiful and powerful statement by way of a picture, powerful together, as thousands marched across the Nation, upwards of 1 million and maybe even more. I am particularly proud of those in Houston, Texas, and particularly “Across Texas, marchers ‘just can’t be silent anymore.’”

Congratulations to those who marched safely, securely, and non-violently. Congratulations to the Houston organizers. Yes, it is your right to fight against the repeal of the Affordable Care Act, the ignoring of the funding of access to women’s health care. It is your right to fight for educational opportunity. It is your right to recognize that we have rights as women, but we have rights as Americans; and it is your right to seek a nation that will be representative of all of the people, no matter where they come from, what their religious background is, what regions they live for.

It is beyond the wonderful Midwest that the Nation needs to be represented. It is in the far corners of the east and the north, yes, down in Houston, Texas, far to the west. We cannot isolate and say we won with few votes from this region. America is a country for all people, and I look forward to this Congress and this White House representing all of us.

#### APPOINTMENT OF INDIVIDUALS TO GOVERNING BOARD OF THE OFFICE OF CONGRESSIONAL ETHICS

The SPEAKER pro tempore (Mr. JOHNSON of Louisiana). The Chair announces the Speaker’s appointment,

pursuant to section 4(c) of House Resolution 5, 115th Congress, and the order of the House of January 3, 2017, of the following individuals to serve as the Governing Board of the Office of Congressional Ethics:

Nominated by the Speaker after consultation with the minority leader:

Mr. Richard Norman “Doc” Hastings, Washington, Chairman

Mr. James M. Eagan, III, Colorado

Ms. Allison R. Hayward, Virginia

Ms. Judy Biggert, Illinois, alternate

Nominated by the minority leader after consultation with the Speaker:

Mr. David Skaggs, Colorado, Co-Chairman

Brigadier General (retired) Belinda Pinckney, Virginia

Ms. Karan English, Arizona

Mr. Mike Barnes, Maryland, alternate

#### FIXING OUR NATION’S HEALTH CARE

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

Mr. SESSIONS. Mr. Speaker, tonight, what I would like to do is engage the American people on several subjects. I will be speaking for quite a bit of time tonight on the health care issue facing America.

Mr. Speaker, before I get there, I yield to the gentleman from Nebraska (Mr. FORTENBERRY), a very dear friend of mine.

#### WINDSWEPT PLAINS OF NEBRASKA

Mr. FORTENBERRY. Mr. Speaker, first, let me thank the chairman for yielding, but, more importantly, for his extraordinarily hard work as chairman of the Rules Committee. I don’t think a lot of people are aware just how critical his job is in shepherding and guiding order in our institution here. So I am grateful for his hard work, most grateful for his friendship, and very grateful for his leadership. I thank him so much for the time.

Mr. Speaker, when Presidents give their inaugural addresses, we are very accustomed to lofty narratives, to visionary ideals, and to sweeping language. But last Friday, President Trump spoke very differently. The only sweeping thing in the President’s speech was his reference to the windswept plains of Nebraska. Of course, when I heard that, I perked up.

President Trump’s speech was a striking and direct call for a new, healthy nationalism. He spoke to the people, about the people, and for the people. A certain awkwardness marked the beginning of his speech, not only because of the initial confrontational style from the outset, but it also began to rain as the President started, creating a bit of an uncomfortable moment. But then the rain suddenly stopped and his speech gained momentum. He discussed, in hard terms, some

of the stark realities we are facing and how they might be resolved for our country.

Mr. Speaker, we all know this, that defining problems is an easy task, but finding solutions is much harder. While President Trump’s speech lacked specifics in that regard, nonetheless, there was extraordinary power in the attempt to articulate an America that has been lost to globalized supply-side elitism, an America that has been lost to drugs and crime, and an America that has systems that no longer seem to serve all persons. It just seems that no matter how hard individuals work, they just can’t get ahead.

Mr. Speaker, our President’s speech was an authoritative call for a new national unity, particularly for those forgotten. The idea that America can do better, that we must do better, and that we will do better for everyone was clearly conveyed by President Trump.

I recognize the tone of this speech will not have universal appeal. It was to the point, direct, and firm. It was not a delicate, textured speech. But the President was clear when he declared: “The American carnage stops right here and stops right now.”

Mr. Speaker, we are witnessing a renewed and important and essential focus on reviving America’s economy. The multinational corporations of this world are on notice: they cannot play both sides of the balance sheet, being for us and against us at the same time, and the benefits of exchange will have to be fair for all. Frankly, I believe this creates possibilities, possibilities for authentic relationships with peoples around the world rather than a transactional one. If this objective can be achieved, it will be constructive indeed. A healthy American nationalism will lead to properly ordered international engagement—for our benefit and the benefit of others.

Mr. Speaker, when the President spoke before the entirety of our government, he also spoke before the House of Representatives. The President’s authoritative style, communicating the desire to devolve power from Washington as well as Wall Street, interestingly repositions Congress to its appropriate role in governing society through the power of the people.

Mr. Speaker, it is statistically shown that the majority of Americans believe that it is the job of Congress to do whatever the President says. This is not true. Congress is an independent, coequal branch of government that makes the law, which is interpreted by the judiciary and enforced by the President. But across Democratic and across Republican executive administrations more and more power has been taken by the executive and has been ceded by Congress. This balance of power, this necessary balance of power, this original idea of the balance of power, has been out of balance for 100 years, and perhaps now a realignment begins.

Mr. Speaker, whether you love President Trump or you loathe him, or whether you are someplace in between with certain apprehensions but hoping that President Trump succeeds, Friday, Inauguration Day, was an extraordinary American day. What we saw was the successful and peaceful transfer of power.

Mr. Speaker, with that, I want to thank, again, my good friend, the gentleman from Texas (Mr. SESSIONS), for yielding to me.

Mr. SESSIONS. I thank the gentleman from Nebraska (Mr. FORTENBERRY) not only for taking time today to discuss the important things that he has on his mind, but also for sharing with the American people his ideas about where our country is and where we are headed with the new Presidency, a new Senate, and a new House of Representatives.

Tonight, Mr. Speaker, I rise to talk about the current state of our Nation's healthcare system.

Mr. Speaker, tonight I am given this time as a result of the majority leader, Mr. McCARTHY. He has given me time to talk about an important issue that faces not only our country, but also elected Members of the House of Representatives and the United States Senate and the President of the United States, our new President, President Trump.

As each of us is aware, the issue of health care is one of the most important issues that has been faced in our Nation for many years. Back in 2009, President Obama began the search that he talked about for what was called an Affordable Care Act. The Affordable Care Act seemed to be a promise to make health care better. It seemed to be a word, in the words of the President, an Affordable Care Act that would help all Americans to receive health care on a fair basis and one that would be sustainable.

The President stood before this body several times and talked about his ideas about health care. It took about a year, maybe a little bit more, for the Democratic Congress to work through this issue. On or about March 21 or 22, 2010, a bill popped out of the United States Senate, came to the House of Representatives, and we handled the matter here up in the Rules Committee, brought it to the floor, passed it with debate, no opposition—no opposition, meaning Republicans were not allowed to present an alternative case, a bill. It was a closed rule. And the Democrats passed it and went to the White House the next day, March 23, 2010, and signed the bill.

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The American people had grave reservations about that, but what happened is that it took several years in which they were working through this process. We did not know exactly what would happen; but, almost immediately, hundreds of billions of dollars' worth of spending would take place and

taxes would take place. What the President did and what the Democrat Party did is they tied health care directly to employers and put mandates on top of employers and mandates on top of individuals with the belief that individuals would be forced into taking what was then ObamaCare—health care—under the Affordable Care Act.

What has happened over the years, including as we stand today, is that only some 12 to 20 million people are on ObamaCare at any one time. That is because the system that was devised and run by the Affordable Care Act is a system that does not work well. It is very expensive. It provides limited benefits. And perhaps worst of all, the promise that it would make health care available and better for poorer people never materialized as they sold it. In fact, healthcare providers are reimbursed 50 percent less than from normal insurance; meaning that, while you may have some bit of coverage, the people who would accept that health care are hard to find.

It is true that many times you could find someone who is a GP—someone who is a family physician, someone who is an internist who might take what is known as ObamaCare—but if he found something that might be wrong or needed to refer that individual, it was very difficult to do. In my hometown of Dallas, Texas, major hospitals do not take what is known as ObamaCare under the Affordable Care Act, and it is because of this problem that it is a false promise for the people who are on it.

Members of Congress are legally required to be on ObamaCare if we accept the health care from our providers, but President Obama did not ask anyone else in government to fall under the same opportunities that we would have as Members of Congress. Over the years, it became a festering point—a sore—among not only those who were paying the costs, but also those who were on it saw it as a concrete life preserver, one that did not live up to its billing. Repeatedly, businesses would come to the House of Representatives—to Members of Congress—and say to us: This law is not only not working, it is causing us to make full-time employees become part-time employees because we cannot either pay or do not want to or do not have the ability to follow all of the requirements of the law.

We here in America saw not only dwindling opportunities for employment, but we also saw the skyrocketing cost—from taxes, from behavior that did not help health care. So Republicans, yes, and the American people began talking about some way that we could isolate health care to where we would have our friends who were Democrats want to accept one of these opportunities to fix this broken system. Over the years, Republicans offered some 60 different alternative votes—piece parts, rifle shots—that said we want to fix ObamaCare, the Af-

fordable Care Act. We picked 60 different things about the bill that were either incomplete, that did not live up to the billing, that caused bad behavior, or that simply were tremendously anticompetitive in their nature.

It was a lonely few years.

As the chairman of the House Rules Committee, day after day, we would seek opportunities for our colleagues to come join us to present their ideas, and they not only disagreed with us, but they chastised us. We kept going. We kept offering alternatives to a healthcare system that was not working.

Mr. Speaker, what happened is the American people soon saw, as we came close to another election, that we were going to have to ask the American people to be a part of the solution. We had tried in Washington, D.C. We had over 60 votes and we had made it a regular part of our discussion. Republicans, each time, had better ideas, better alternatives—ways to take 60 different pieces and trade them out so that we could better this terrible law that was not working.

Then came the election. With the election, one of the most key and cleanest issues that was discussed was not only the repeal of ObamaCare, but the promise that Republicans would replace it also. For the past 4 or 5 years, Republicans have had a talking point that we want to repeal and to replace the healthcare system that was known as ObamaCare.

Mr. Speaker, that is why I am here tonight—to talk about Republican ideas that we think are better for health care and ideas that we think will work not only in a marketplace, but that will be able to be used by a vast number of people here in America. It will not be something that is use it or lose it, as health care many times is. It will be sustainable. Perhaps, more importantly, there will be the ability for families to get what they want and to not have to pay for what they do not need. It passed on March 21 by a vote of 219–212. No Republican supported the Affordable Care Act, but every Republican understands that health care is important to families. It is important that a family takes the responsibility and tries to cover its family.

Tonight, as I speak with you about where we are in health care, I want to include the words that come from Dallas, Texas—my home—of the families whom I have gotten to know and of the families who have communicated with me, because, as their Member of Congress, I am expected not only to listen, but to try and work for their betterment. I am probably no different than hundreds of other Members of Congress who come to Washington every week with a message.

This is from Julie Ross of Dallas, Texas, with her two beautiful children. This is a very high-level conversation in which she says:

Now that my daughter is at home and thriving—who was in the hospital—we depend upon these protections to provide

health care for her complex healthcare needs.

ObamaCare did not meet those needs; but as a Member of Congress, if I am going to talk about repealing, I need to also, forthrightly, talk about replacing what is a bad healthcare law with a better healthcare alternative. Republicans have better ideas to fix health care, and I am going to speak about these.

The first thing I would like to speak about is the reality that about 150 million Americans have an opportunity to receive their health care on a pretax basis. That means that our employers and our employees who work for large companies have a chance to get their health care without paying for it on an after-tax basis. I pay about \$13,000 myself out of pocket for my health care. My employer pays essentially what is a 70-30 split, but that entire amount is on a pretax basis. The 1943 employer-sponsored insurance exemption and the 21st Century Cures, which we just passed this last December, allow businesses an opportunity to provide their employees with pretax health insurance. Pretax health insurance means that they are able to deduct the contributions that they make for their employees, and employees are allowed to receive this as a benefit.

However, this, I believe, is part of what we have known for a long time as being an unfair, rigged system. It is a system that says, if you work for one of these larger companies, you will get that tax advantage; but if you do not—if you are self-employed, if you are an entrepreneur, if you are a 941-type employee, meaning perhaps you are a real estate agent who is self-employed or perhaps you work for a small company—then you are not offered this pretax opportunity. It is probably true that you could deduct that amount next April. As you pay your taxes, you would file if you qualified based upon the amount of money that you spent.

Mr. Speaker, this right here is the disadvantage for about 100 million Americans. They do not receive what 150 million other Americans do, and that is to get their health care on a pretax basis. I have worked now for some 2 years with some 500 physicians who are across the country. We have worked on a system that would allow every single American not only to have better health care, but to have an opportunity to participate on a fair basis.

The gentleman from Lubbock, Texas (Mr. ARRINGTON) will participate with me tonight and will speak about how important this is for him.

Mr. ARRINGTON. I thank the gentleman from Texas (Mr. SESSIONS) for yielding.

Mr. Speaker, I want to talk about something that is near and dear to my heart and to the hearts of my constituents.

It has been 44 years since *Roe v. Wade*. Since then, 58 million precious American lives have been aborted. The Supreme Court got it wrong when it

violated its authority by creating a constitutional right to abortion. To make matters worse, the Federal Government is now using our taxpayer dollars to subsidize these abortions. Tomorrow we will have the opportunity to put a stop to this. This is an area in which the Constitution, my constituents, and my conviction will not allow me to budge.

I believe that all life is ordained by God and begins at conception, as the psalmists so eloquently said: “for You created my inward parts. You knit me together in my mother’s womb.” Our Constitution clearly defines that all Americans—even those who cannot vote, who cannot speak or defend themselves—have the same right to life, liberty, and the pursuit of happiness.

Mr. Speaker, I urge my colleagues to stand with me in support of H.R. 7; but, most importantly, I plead with them to stand up for generations of Americans yet unborn.

I thank the gentleman again.

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Mr. SESSIONS. Mr. Speaker, I thank the gentleman from Texas (Mr. ARRINGTON), one of our brand new freshman from Lubbock, Texas. JODEY not only comes from the high plains of Lubbock, a young man who has given great service to the State of Texas, but he also comes as our newest member from the Texas delegation who stands not only with the principles of that district, but with the principle of caring about other people. I thank the gentleman for letting his voice be heard about what will be a bill that will be before the House of Representatives tomorrow.

Mr. Speaker, continuing our discussion about health care and Republican ideas. Back in 2013, some 4.7 million Americans that had their own health care were knocked off that health care because it didn’t qualify in the way that President Obama and Democrats wanted to have a comprehensive healthcare plan. So it knocked off 4.7 million Americans, and what it did is it placed America into a circumstance where we began looking for options and alternatives about how we would insure the uninsured.

We were told: Just watch and wait. This Affordable Care Act is going to make sure that it takes every single American and gives them an affordable healthcare plan.

Here is what happened, Mr. Speaker. We found out that we still have some 30 million people in this country—now in the sixth year of ObamaCare—that do not have coverage. We have learned that about 49 percent of those who are insured work for employers, about 20 percent of the marketplace is Medicaid, about 14 percent is Medicare, but we still have some 9 percent who were uninsured.

We then find out that what happened is that the Federal Government decided that insurance was not working,

so we had coops that were invented out of the Affordable Care Act. Seventeen out of the 23 coops have now gone into bankruptcy. They could not provide the services that the Affordable Care Act was just so sure, with government-run programs, would work; and they wiped out almost unilaterally every single insurance plan where they came in. I don’t know if it was just because they undercut them, but what they did is provided a false indicator for people.

Well, the Federal Government is here. Barack Obama and Democrats now have a healthcare plan for every single American. Only a few short years later, they are gone. They are gone from the marketplace after wiping out the insurance that was there.

Perhaps worst of all, as they left, there was a requirement by the Obama administration that somebody had to come and renew insurance, even late in the year, or they would receive a \$2,000 penalty because they did not have insurance at the end of the year.

Mr. Speaker, this is what the insured and the uninsured look like. A gentleman from Dallas, Texas, Kennis Ketchum told us: I am being penalized for being an entrepreneur. I am in here, and I want to be in here. I want to be able to go and to allow myself to be in insurance, but I cannot afford it because I do not have the tax advantage.

So Republicans finally have the chance for our ideas that we believe are bigger and better. We have a chance to do, I think, what we have wanted to do for a long time; and that is to repeal the Affordable Care Act, but with the promise that we need to make sure that we replace it with something better.

What does this mean?

Well, I will tell you what it means, Mr. Speaker. What it means is that Republicans are going to understand that a simple plan that can be paid for literally with the existing dollars that are in health care today and authorized by law—some \$1.2 trillion that exists in law and authorized today—can be utilized for a healthcare system to take care of each and every American. I would like to describe that.

First of all, it is important for us to understand that of the uninsured in this country, 74 percent work. That means that people that are no different than me and you, Mr. Speaker, get up and go to work to the best of their ability. It might be that they don’t have all the advantages of education that I have. It could be that they have something in their life that might be an impediment. It could be some sort of perhaps what might be a difference or a disability. I understand this. I have a son that has Down syndrome. Alex is not really capable of taking care of himself, so he is not necessarily one of these that would qualify for what we know as the alternative to ObamaCare.

There are millions who do need the help, who do want and need insurance and not insurance that is like the Affordable Care Act because we know

that reimburses at 50 percent less than insurance, some 25 percent less than Medicaid, a plan that limits the number of physicians and healthcare professionals that a person can see. No.

The American people need something that they can count on. They need something that is better, that provides better reimbursement to where virtually every hospital would take their plan instead of a few, where four times as many doctors would take their plan, their insurance as opposed to them being on ObamaCare. These people who want and seek health care need a plan that is worthy of the representation that would be given to them, and that is the Republican idea.

So Republicans have a chance, an opportunity. Just one of the ideas is to allow the healthcare tax benefits to be consistent with those of every American who works for a large company.

You see, there are two ways to look at this. One might be a high standard deduction that an employee or a person would be able to take and buy health insurance and, next April, be able to write that off, so to speak, as a pretax deduction. You know the problem with that and so do I. Seventy-four percent of the people who are uninsured do not have the money to buy health care. Seventy-four percent of the people who are uninsured might not have enough money to be able to go buy insurance and wait all year long to get back their money next April when they file their taxes.

So one of the ideas that I have—and I shared this plan with Senator BILL CASSIDY from Louisiana—is that what we would like to do is to provide a \$2,500 tax credit for adults and a \$1,500 tax credit for dependent children that would be advanceable, assignable, and refundable.

What would this mean?

This would mean that this year every single American that did not receive the tax advantage—the tax advantage like I receive and some 150 million Americans receive by getting their health care on a pretax basis—would have an opportunity to go online. They would be able to go online and look at the insurance in their area, and they would be able to receive this benefit, this tax advantage. It would not ever come to them. It would go directly to their insurance program.

They would be able to take, for a family of four, some \$8,000. They would be able to use this first \$8,000—the exact same tax advantage that PETE SESSIONS and 150 million other Americans get—January 1st of next year and to assign this \$8,000 to their healthcare plan.

They could decide they wanted more, and they would be able to do that on a pretax basis also up to \$5,000. They could decide that they would like perhaps to get a plan that would be at their local hospital. That is fine. They could decide that they would like to have what is called a health savings account, an HSA, which, more generally,

is an opportunity for them to control their costs. This is very attractive for young people and advantageous for young people because they would be able to control their costs and roll these advantages or savings over year after year after year as opposed to losing what they had saved or, at the beginning of the year, starting back over.

Republicans have an opportunity to make things fair. I think this is what President Trump talked about when he was candidate Trump. I think he talked about a rigged system. When you have a system where 150 million Americans get a tax advantage and you don't, you would describe that as a rigged system.

So Republicans, at least one of the proposals that is out there—because it is Senator CASSIDY's and mine, known as the World's Greatest Healthcare Plan—employs an opportunity where up front we allow every single American to have health care January 1 that is superior in nature to whatever they had with ObamaCare.

It allows the purchase of a non-government plan and it allows each individual, if they choose, to go to a health savings account.

What is a health savings account?

A health savings account is a well-known product whereby a family would be able to get what is called major medical coverage. They actually, as part of their plan, would make sure that, if they were in the hospital or a member of their family was in the hospital, they would have to cover the first \$5,000, but that the insurance plan then that they could find about affording out of this \$8,000 for a family of four would give them a chance then to have either a 90/10, 80/20, or 70/30 contribution. Meaning they could decide what they wanted to afford based upon their age, based upon their risk, based upon their own circumstances. But they, as a consumer, would be able to make sure that they are taken care of if they go in the hospital.

Then that contribution, to the level that they would choose—either they would pay 30 percent or 20 percent or 10 percent for expenses past \$10,000—gave them the coverage that they need in the marketplace. Maybe it is a baby. Maybe it is major surgery. Maybe it is cancer. But they would receive hospital coverage.

Then with the remaining amount of money, they could then put that into a health savings account and use cash for their doctor's visits. Cash is king. Cash is also the most economical way to get your health care because you go and actually, instead of negotiating with a doctor or looking at what your insurance company negotiated, you negotiate paying that person today instead of the doctor having to file insurance and go through the necessary elements to receive their money back.

You go to the doctor you choose. You pay for what you want. You pay for those things that you have made a decision, and you pay out of your cash

account. It is the most leading edge, fastest way to get health care in America, and, generally speaking, it is 18 percent cheaper.

Mr. Speaker, these are but one of the ideas that Republicans bring to the table.

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And it is why I can stand up, as chairman of the Rules Committee, when my colleagues say: oh, you are going to take away something that people had with the Affordable Care Act. And I say: you know, I think we have got a better way to look at it.

Instead of only some 27 out of 100 doctors being available to you as a patient, I would like to double or quadruple that. I would like for you to be able to make your own decisions, and, in the long run, you will be better.

But there is more to the story. And the more to the story is, what this will do is allow a robust marketplace where, instead of forcing people to go into a system and then penalizing them, we encourage people to go into a system and encourage them to be not only consumers, and not only to take care of themselves, but to help everybody out because it helps the curve.

It helps people get in of all ages, of all needs, of all types back into the marketplace automatically January 1st. Didn't have to guess at how much money they were going to make; didn't have to worry about whether they got laid off; didn't have to go check with the IRS; didn't have to ask Uncle Sam.

We are automatically giving the tax advantage by virtue of them being American and us doing the right thing off the existing money that exists in ObamaCare and health care today.

Mr. Speaker, that is a better idea. That is a better opportunity for us, as Republicans, to go back home, and, no matter who we want to look at, we can say: we get it. We do get that you want and need health care, that we want and need America to have the greatest healthcare system in the world, but we need to make sure we can pay for it. And it should not restrict business. It should not come and tell a business or a group of people what they will—how they will tie themselves together with their health care and their job that makes absolutely no sense.

I know we were told that is the way it would happen, but it did not. It became a concrete life preserver for employees, employers, and for the marketplace.

So, Mr. Speaker, this health insurance tax advantage is but one of the ideas that is available to the American people and to the Republican Party as part of the world's greatest healthcare system.

I believe that we need a very disciplined approach. I believe that we need to be thoughtful. I believe that we need every single Member of Congress to understand what kind of healthcare system America deserves, not only for the physicians and the hospitals back

home but for the real live people who are called constituents. And we as Members of Congress should know, the day we pass a bill, how we intend it to work.

My colleagues, the Democrats, for 6 years have bumbled around and, even today, don't even understand, nor will they admit, what a disaster ObamaCare is. So, the American people did it for them.

The American people voted in Donald J. Trump. They voted in Republicans to the House in the majority. They voted in Republicans to the Senate. And now we are in Washington, and we are going to struggle. We are going to struggle mightily. We are going to throw ideas onto the wall. We are going to have committee hearings. We are going to have the best thought process.

We are going to be able to go back home and to sell to the American people not only some of the ideas that I have but some of the ideas that my colleagues have. And we are going to come up with a better healthcare system.

So what we are about is fix the system before we repeal it. I believe it is wise to say that Republicans owe it to the American people to say: before we go replacing something—before we repeal something, let's replace it. And more and more and more and more of my colleagues are saying this openly. It only makes sense.

We have nothing to fear with a Republican option and an alternative that will be superior for the American people, and every single person will be able to see that. We believe establishing a Republican alternative that can be implemented this year is the best answer.

Now, this is my idea. My idea is, let's go get it on. We know what we are doing. Let's go hold our hearings. Let's go to the American people. Let's sell the ideas that we have got. Let's go move forward and get this process on.

Secondly, we believe that what we have got to do is use reconciliation to repeal the most onerous mandates. What might those be? Well, the individual and the business mandate, the Cadillac tax.

We believe that we have got to go and use the processes, the leverage that we have got. And then we have got to count on what I hope will be the gentleman from Georgia, TOM PRICE, who is today the chairman of the Budget Committee, but tomorrow has been nominated to be the Secretary of Health and Human Services.

We will count on Dr. TOM PRICE actually sitting in the seat, looking at the exact same law that was overwhelmingly voted by Democrats and no Republicans, and using those levers that he has that were expressly given to the head of HHS to make wise decisions on how to implement the law as we move forward.

I will tell you, Chairman PRICE, as a physician with a long history of understanding health care, as a provider of health care for years, as an awesome physician, TOM PRICE knows the prob-

lems, and he will use those same opportunities that exist in the law today. Instead of it being something that would be more difficult for a consumer, more difficult for a person on ObamaCare, more difficult for what might be an employer, more difficult and time consuming for a consumer, more costly to the consumers of this country, but, perhaps worst of all, making it harder to provide better health care for a patient, TOM PRICE will have that opportunity.

So this is a three-tier process for Republicans, for us to also bring the best ideas. The American people should be checking with their Member of Congress who will be able to understand the Republican alternative. This is great for the American people to know.

We are going to use the levers of laws to change them, to repeal and take back the most onerous parts of ObamaCare, and we are going to work within the law that Mr. PRICE, as head of HHS, would be able to use exactly the same levers that someone sat there, if they really wanted to fix health care instead of making it harder for someone.

We know that Republicans have better ideas, and that what we want to do is to establish a tax benefit system while allowing the employer-sponsored insurance tax system to remain. That means that every single American will have parity on the opportunity to buy health care on January 1 of every year; that no longer will we find that people lag behind because they can't afford, or it is a rigged system, or they have a disadvantage.

Republicans have an opportunity to level the playing field. This is why Republicans openly in any crowd can say: we have better ideas. We don't have to force anybody. We will invite them to come be a part of what we do. And I guarantee you, more people will flock to our system than fled and ran from ObamaCare, because it has to work for everybody, not just some of us.

The healthcare system that we have today, ObamaCare, literally, young people ran from the system. They could not afford it. But worst of all, they could not pay the high deductible. And if you have such a high deductible, it means, by and large, insurance is useless to you.

So, Mr. Speaker, what Republicans are doing is going to allow a tax benefit system. Republicans are going to make HSAs available as an option, an alternative, so that people have a choice and a chance to buy what they need but not pay for what they don't want. We want an opportunity for them to become consumers. We want them to be a part of a system where it is not use it or lose it, rather, they can only, through their own means and their hard work, roll over perhaps \$1,000 a year, \$1,000 at 21, \$1,000 at 22, \$1,000 at 23, and to allow private physicians to make sure they are in the system.

Lastly, as my time is moving forward, I want to say something to each

and every American because it seemingly has been a part of the lexicon in my Democrat friends' viewpoint, and it is this: The Republican plan has available to it and, I believe, will accept the rights that were known as under ObamaCare, which were very bipartisan, dependent coverage through age 26—Republican plan, you bet. No lifetime annual limits—Republican plan, absolutely. Modified guarantee availability renewability, just like what was in ObamaCare—you bet we will have that too.

Prohibition on preexisting conditions exclusions—literally, just the same. You have to buy in. And if you don't, then you have a problem. But if you buy in the first time you get a chance, it is an opportunity just like ObamaCare.

Prohibition on discrimination based on health status—absolutely. That is a Republican idea, too. It is not owned by just one party. It is a generally accepted idea and would be a part, should be a part, of a Republican plan, and nondiscrimination and healthcare coverage.

Mr. Speaker, what I have tried to do in this hour is to give the American people and my colleagues the confidence that what lies ahead will be an awesome debate, but it will be done in public. It will be done above board. It will be done where Members of Congress can go back home and explain to people not only what we want to do but be willing to take their own feedback also.

It will be a system that will fix the inequities, the things that were unfair about tax benefits. And it should be, and I hope will be, a system that will be available this next year so that, on January 1 of this next year, as we find the American people wanting eagerly to look at the health care that their families would want and need, that they will find a tax benefit that is consistent with what any other American gets.

Now, the last point I would like to say is a thank you. I would like to say a thank you to some 500 physicians of the National Physicians' Policy Council who have worked through, for 2 years, 9 very large meetings across this country, the last one, the first week of December here in Washington.

Dr. John T. Gill, national co-chairman, and Dr. Marcy Zwelling—Dr. Gill is from Dallas. Dr. Zwelling is from Los Angeles—and our 16 vice chairmen, who have devoted not only hard work but a belief that a healthcare change should be done with physicians, with the people who care about not only patients but care about the system that they would be engaged in, the system of health care in America, that is the greatest system that we know of.

□ 2015

They have sent me hundreds of ideas and hundreds of things which we have openly discussed where we rubbed elbows trying to decide how do we hone

this idea. It has come down to every single American should end up with a better healthcare system than one that was designed that they could not explain and still leaves some 30 million people uninsured in America, and that is called ObamaCare. We should not have a system that demands that a person be on that system or have to pay a huge fine. No. We would want a system where people gleefully came to it, liked their healthcare system, became a consumer, were proud of what they got, and perhaps more importantly, could go to the doctor of their choice instead of calling a number and being assigned or take the person that they were given.

Mr. Speaker, there are lots of ways to get things done in this country, but Republicans have, for years, had better ideas. The idea on health care is one that Republicans are eager—eager—not only to accept this challenge, but eager to say that we are going to work together. Speaker RYAN has pledged himself to our Conference. We have Members of the United States Senate, MITCH MCCONNELL—the other body—and there are a number of Members, including Dr. BILL CASSIDY and Dr. RAND PAUL who have come out with their own healthcare bills, ways to attract not just other cosponsors, but their colleagues who are Democrats also.

So I would say tonight to my colleagues: I would like for you to take just a minute to look at the world's greatest healthcare plan. I would like for you to be concerned, instead of the some 12 to 20 million people across the country—everybody has their own congressional district, and there might be a large number in some of their districts. But by and large, the vast number would not be on ObamaCare, and each of our Members owe them a better healthcare system also.

But if we all get together, every single person can have the opportunity to have a nondiscriminatory system where virtually every hospital would take your coverage instead of only a few. ObamaCare is only a few, only a few doctors. And if we work together and form larger team sizes, we can make health care even better for all Americans.

So, Mr. Speaker, I am grateful for the opportunity tonight to talk about not only better ideas to fix health care, but it would be done through a deliberate, disciplined approach, one in which every single Member of this body should be able to describe what they want. If they want to be for ObamaCare and say that only 24 percent of physicians and only a few hospitals will take their plan, then let them stand on that.

But I want to be for a system where virtually every hospital and virtually every doctor would take the healthcare plan that I would like my family to be on and them, also. That is why I stand up tonight and speak favorably about the Republican advantages of where we will head, specifically about the world's greatest healthcare plan that

Senator BILL CASSIDY and I have co-sponsored and, more specifically, that the American people can be sold by every single one of us to make health care work and be better for each and every American.

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

#### A RESPONSE TO PRESIDENT TRUMP'S INAUGURAL ADDRESS AND NEW DEAL FOR AFRICAN AMERICANS

The SPEAKER pro tempore (Mr. KUSTOFF of Tennessee). Under the Speaker's announced policy of January 3, 2017, the gentlewoman from the Virgin Islands (Ms. PLASKETT) is recognized for 60 minutes as the designee of the minority leader.

##### GENERAL LEAVE

Ms. PLASKETT. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days to revise and extend their remarks on the subject of my Special Order hour.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from the Virgin Islands?

There was no objection.

Ms. PLASKETT. Mr. Speaker, I yield to the gentleman from the great State of Louisiana (Mr. RICHMOND), who is the chairman of the Congressional Black Caucus.

Mr. RICHMOND. Mr. Speaker, I thank Congresswoman PLASKETT.

Mr. Speaker, the CBC has led the charge in proposing solutions for the underserved and disadvantaged communities throughout this country.

In his first remarks as President, Donald Trump claimed to champion this cause in his remarks, which proved to be petty and beneath the Office of President of the United States. On day one, in his first official acts in the office, one of his first official acts was to remove from the whitehouse.gov Web site a page detailing a broad set of civil rights commitments and accomplishments under President Obama.

It is fitting that President Trump, as one of his very first actions in office, would take down the public pledge to defend the civil rights of all Americans. This is a continuation of the divisiveness that defined his campaign where he proposed a Muslim ban, mass deportation, and a nationwide stop-and-frisk program. This is consistent with a President who would nominate JEFF SESSIONS, a man unanimously opposed by the civil rights community, as Attorney General.

President Trump didn't stop with changing the Web site. It has been reported that the Department of Justice is seeking to delay a hearing meant to focus on the relief required for Texas' discriminatory voter identification law. The U.S. Court of Appeals for the Fifth Circuit ruled last year that the law had a discriminatory effect and that provisions must be made to allow those who lack the specific ID that the law requires be able to cast a vote.

Every judge who has considered the Texas law found it discriminatory, but it still has been used in elections there.

Unfortunately, President Trump has given no indication that he is willing to stand up to protect the voting rights of all Americans. Since being elected, he has ignored proven instances of intentional voter suppression and chosen instead to spread alternative facts about voter fraud.

As one of its first substantive acts, the Trump administration suspended a mortgage insurance rate cut put in place by the Obama administration to give relief to homeowners. According to the Federal Housing Administration, the cut would have saved the average homeowner \$500 this year. This reversal will make it more difficult for middle class Americans trying to purchase a home and eliminate relief for homeowners struggling to make their mortgage payments.

According to the National Association of Realtors, this will prevent 30,000 to 40,000 new home buyers from purchasing homes in 2017. This move will disproportionately affect African American homeowners who are more likely than White homeowners to rely on FHA mortgage insurance.

Mr. Speaker, we know exactly who Donald Trump is and have an inkling about what he intends to do, but what we plan on doing is educating the President about the needs of underserved communities. So I will just take a moment to address a few of his points in his new deal for the African American community, which is truly a bad deal in terms of economic equality. It is a raw deal in terms of public education, and it is a hollow deal in terms of voting and civil rights.

On behalf of the caucus, the CBC, the Congressional Black Caucus, I would like to inform him that 39 percent of African Americans actually live in suburbs compared to 36 percent who live in inner cities. The remaining 25 percent live in small metropolitan areas or rural communities.

For more than 45 years, the Congressional Black Caucus has worked to improve conditions for African Americans from all walks of life. Collectively, our members represent 78 million Americans, 17 million of whom are African American. Our districts are rural as well as urban. Some of our members represent majority minority districts, while others do not.

Mr. Speaker, tonight you will hear from several members of the Congressional Black Caucus who will point to specific pieces of legislation that we have championed and that we have authored that would address many of the issues facing inner-city communities, facing poor communities, and facing communities all across this country no matter the race or makeup of those communities.

What I would like to reiterate and stress is the fact that we don't just talk about a problem, but we offer solutions. We have sent to you, Mr.