

President, not thinking that he would get a response, but he just wanted to voice his concern of his son Rick, and was Rick going to stay in the family business. Well, he really couldn't because of the high risk of doing business in our agricultural communities.

Well, one night—as a matter of fact, it was a Sunday night, if I remember correctly, because I heard this story from Herman himself before he passed—the phone rang. Now, I understand it wasn't a cell phone, like we have now. It was actually hardwired to the wall. The phone rang, he reached over and picked it up, and someone asked: Is this Herman Krone? Mr. Krone?

He said: Yes.

They said: Can you hold for the President?

Herman said: The president of what?

The man on the other end said: The President of the United States, Mr. Ronald Reagan.

He said: Well, you are kidding me?

The man said: No, Mr. Krone. It really is.

Sure enough, the President himself called Herman.

He said: Herman, I read your letter, and I realize that you understand what the problems are that the rural farmers are facing today.

He said: I will tell you what I would like to do. I would like to come to your farm. You bring a group of your agricultural people together and I want to talk with them.

And, sure enough, the next month or so, President Ronald Reagan came. The conversation he had, along with other conversations he had around this United States, led to the first farm bill.

We are working on that farm bill right now. But farming and ranching operations are getting squeezed, due to low commodity prices, just like they were then. And the need for increased credit, in order to expand the diversity, has to be done.

Small family-owned businesses are most affected. We hear about corporate farming, but the fact is, 97 percent of American farms are family-owned farms.

That is why one of the bills that I have introduced is known as the BALE Act, which is to modernize the Guaranteed and Direct Loan program at the USDA to better reflect the costs of farming because times have changed. It is our job here in this House to remember that we are dealing with those rural areas and the farmers that are in them.

Now, this will help the next generation of producers make their mark on the industry. As Republicans and Democrats, we need to work together on more ideas like this one. We need to keep focused on the heartland because these are the red-blooded Americans who love their country and deserve a voice.

By addressing the needs of hard-working families who are too often forgotten, we can strengthen these com-

munities for generations to come. It really is all about the next generation.

Each one of us in this House hopes and prays that this Nation holds and grows, and the next generation has to come up. We need that generation of farmers to make sure that they stay on the farm.

Mr. ARRINGTON. Mr. Speaker, I thank the gentleman from Illinois for his heartfelt comments about rural America. I am so proud to be shoulder to shoulder with him in this righteous cause.

Mr. Speaker, I now have the greatest privilege of the night for me, because this man has been a mentor and a friend for many years and has probably done as much as anybody to welcome me and coach me up so I can represent west Texas to the best of my abilities. He is from the 25th District of Texas, and he is an all-American baseball player. Let me tell you, he won back then and he is winning now. I am just so proud that he is on the side of rural America and helping rural America win in the outcomes of public policy so we can keep it strong and vibrant and keep America great.

Mr. Speaker, I yield to the gentleman from Texas (Mr. WILLIAMS).

Mr. WILLIAMS. Mr. Speaker, I thank the gentleman for that nice introduction, I thank him for what he is doing, and I thank him for bringing rural America together tonight in the people's House.

Mr. Speaker, I would like to take this time to recognize rural America and the impact it has on our Nation. Rural America makes up 72 percent of our country's land, and roughly 46.2 million Americans simply call it home.

Our country has been relying on rural America since the beginning. It is where our roots are, where our values are, and where our heritage began.

The 25th District of Texas, which I am honored to represent, has tens of thousands of hardworking men and women who are employed in the agricultural industry. These men and women make up a large driving force that help supply our Nation's families with products we would be unable to get otherwise.

But it is more than that. These folks instill values, such as hard work, ethics, taking days on and not taking days off, doing the right thing, and taking care of your neighbor. This is the fabric of our Nation that is passed on from generation to generation.

Mr. Speaker, I would like to highlight a few specific rural areas in my district that are truly making a difference.

Located in Stephenville, Texas, the Tarleton State University's Southwest Regional Dairy Center is a one-of-a-kind facility. This establishment is home to hundreds of cows that are used for teaching purposes, research for higher education, and directly contributes to the dairy industry in Texas and all of the Southwest. I am proud to represent this unique institution that not

only provides goods to our Nation, but also serves as a learning institute, so we can train the dairy farmers of tomorrow.

I would also like to recognize the Comanche Peak Nuclear Power Plant, located in rural Glen Rose, Texas. This power plant has been providing reliable clean power to Texas' electric grid for almost 27 years. Taking up approximately 10,000 acres of land, this plant can power about 1.15 million homes. Their standard of quality is what has made Comanche Peak one of the best nuclear power plants in the Nation, and I am proud to represent it in our district.

It is because of rural places like these and the people that work there that our country is able to run dependably and efficiently. It is why America is the greatest country in the world. And we sometimes think Texas might be the best place in America.

I applaud their efforts, and I look forward to continuing to represent them here in the United States Congress. And I remind you that you need to go see the 25th District. You are going to like it.

But the people in the 25th District just ask several things. They just ask that we believe in the Constitution. They just ask that we have a conscience. They just ask that we listen to them. And they also just ask that we read the Bible. I am proud to represent the people in the 25th District.

In God we trust.

Mr. ARRINGTON. Mr. Speaker, I thank the gentleman from the great State of Texas. I appreciate his friendship, his mentorship, and that acid test that he taught me when I first stepped foot on the floor of the House of Representatives—your conscience, your constituents, the Bible, the Constitution. If you vote that way, you are going to do right by your children and grandchildren.

Mr. Speaker, I thank ROGER WILLIAMS, a great American.

Mr. Speaker, I have another colleague here. He came here because he feels so passionate about rural America. I am so grateful that he is here.

Mr. Speaker, I yield to my colleague from the great State of Texas (Mr. GOHMERT).

Mr. GOHMERT. Mr. Speaker, I thank Mr. ARRINGTON for his dedication to rural America. That is the heartland. I thank him for knowing that and representing his district so well.

Mr. ARRINGTON. Mr. Speaker, I thank the gentleman from Texas for those remarks.

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

HEALTHCARE

The SPEAKER pro tempore (Mr. FITZPATRICK). 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 want to follow along on my Republican colleagues, as they were talking about rural America.

As a son of rural America, I agree with much of what they said about the role of the Federal Government in providing support in so many different ways to rural America. Many of the programs that they were talking about are really found in the effort of the U.S. Government to rebuild rural America following or during the days of the Great Depression.

Mr. Speaker, I want to put up here on my easel one of the key documents. This is actually etched in the marble at the Franklin Delano Roosevelt Memorial here in Washington, D.C. I think it is instructive as we talk about rural America and what is going on in rural America today, and really across all of America.

During the height of the Depression, Franklin Delano Roosevelt said these words:

“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.”

During those days of the Depression, rural America was hurting, it was devastated, and many of the programs that we just heard about from our Republican colleagues were put in place at that time.

In 2010, the Congress of the United States, together with President Obama, put in place another program that significantly helped rural America. Today—in fact, just a couple of hours ago—the United States Senate moved to remove from rural America the pillar of healthcare that has provided millions of those 46 million Americans in rural America with healthcare.

□ 1830

Through the expansion of the Medicaid program, the Medi-Cal program in California, many of my constituents in rural America were able to get healthcare for the first time, and they were also able to get insurance because of the cost share reduction program where their insurance premiums on the exchanges were reduced to a level that they could afford.

A significant program for rural America is now in jeopardy as a result of the Congress of the United States passing legislation a couple of months ago that would repeal the Affordable Care Act and replace it with whole cloth, ripping apart the Medicaid Expansion program so that across this Nation some 16 million Americans would lose their Medicaid coverage immediately, and more beyond that.

So in the initial year, 2018, 10 million Americans, many of them in rural America, would lose their health coverage. Across this Nation in the out-years, by 2025, 24 million Americans would lose their health coverage as a result of the actions of the Republicans here in Congress.

Today, just a couple of hours ago, the Senate decided to move forward to make it even worse, to repeal and maybe not even replace, so that 32 million people would lose their coverage if that were to happen. Eighteen million in 2018 and 2019 would lose their health coverage under the program that was proposed by the U.S. Senate last week.

Unbelievable that, here on the floor, we heard a discussion about rural America and the needs of rural America.

I am here to tell you, as the son of rural America, I grew up on a ranch 2 miles from a community that had 500 people in it, that had a three-room schoolhouse and just five of us in the eighth grade class. I have raised my children in a community twice as large, a thousand people in rural America, and I know that the people in my community today depend upon the Affordable Care Act, ObamaCare, for the healthcare coverage that they now have.

In California, over 5 million Californians gained coverage. The uninsured rate dropped by 50 percent, from 18 to just over 9 percent.

Why? Why on Earth would we neglect this, these statements, this moral imperative set down by Franklin Delano Roosevelt. It is not what we are going to do for the wealthy.

And keep this in mind, that the legislation that passed this House and repeated over in the Senate would be the largest transfer of wealth of any legislation ever—ever—by the Congress of the United States, transferring more than a trillion dollars from the men and women who have been able to gain coverage in their healthcare.

This is real money taken out of their pockets as these programs disappear because of the repeal and the replacement: a trillion dollars taken from the working men and women and the poor in America and transferred to the wealthy. That is what the legislation did that passed this House; that is what is being considered in the Senate at this moment: a monumental transfer of wealth, the largest transfer of wealth in any single piece of legislation.

How can it be, if this is the test, not what we are doing for the wealthy, not for those who have much, but, rather, for those in rural America and urban America who have so little?

America ought to be upset. America ought to be outraged at what is happening today.

We need to build America. We need a better America. We need better jobs. We need better wages. We need better healthcare, better education.

That is what we need, but where is this Congress going? It is going in exactly the opposite direction. It is taking money out of the pockets of Americans, rural and urban and everybody in between, transferring a trillion dollars from their pockets to the superwealthy.

Who are they? Five members, including the President, in the Cabinet of the

United States are among the superwealthy, the 400 wealthiest families in America. They are there in the Cabinet, in the President's office.

What do they stand to gain? A \$4 million, \$5 million, \$6 million, \$7 million reduction in their taxes.

What do the working men and women of America stand to gain? Their healthcare is going to be taken away from them, not just in the reduction of the cost sharing, but also in the fact that, as we know it today, the insurance market itself will be so destabilized, so destabilized by the proposed action of the Senate and the House, that it will really enter a death spiral, because the proposed laws allow the healthy to opt out, and those who need insurance would continue to try to get their insurance in an ever-increasing market of people who have high health expenses. That is called a death spiral.

I know this. I was the insurance commissioner in California for 8 years, and we fought all those 8 years, from 1991 until I left that office in 2006, we fought to try to put in place laws that are now in place as a result of ObamaCare. The insurance companies cannot discriminate on the basis of preexisting conditions. The fact that you are a woman, the fact that you are older, they cannot discriminate. But the bill that is now being debated in the Senate and will be back here in the House allows for a return to those days of discrimination.

So if you happen to need healthcare, if you happen to have a preexisting condition, if you happen to have high blood pressure, diabetes, or you happen to be 60 years or 50 years of age, you will be hit with a heavy increase in your premiums, perhaps two- to three-fold increases. That is what they are promising Americans.

We can't let it happen. And interestingly enough, America is pushing back. They say: No more. No more. What we want is better healthcare. We don't want to lose our healthcare policy. What we want is better education. We want you in Congress to work on the education systems, on the skills that my children need, your children need to be able to get a decent job.

Americans want higher wages. They don't want their healthcare ripped away as is happening here. They want us to focus on infrastructure. They want us to focus on the well-paying jobs that occur from infrastructure. Better jobs, better wages, better healthcare, better education—that is where we are going.

And by God, we are going to protect the Affordable Care Act and we are going to stand with Americans. We are going to stand with Americans all across this Nation that say: No, we are not going to let it happen.

Mr. Trump, I know that you promised a repeal, but you are wrong, Mr. President, you are wrong.

Mr. Speaker, I pass that message on to the President. You should not take away from working men and women

who, for the first time, are able to get their healthcare and are able to afford the private sector market or are able to get on the Medicaid programs. You should not take it away so that you can give, to the superwealthy, a trillion dollars. It is outrageous.

I need to take a deep breath. I am a bit riled up. I am a bit riled up when I hear my colleagues come in and talk about rural America, where I know, from my experience in my district, there is an opioid epidemic and methamphetamines, and I know that those people are dependent upon the Medicaid program that they intend to rip away.

Okay. Calm down, JOHN. Don't get too excited. Don't get too mad. Take a deep breath and turn it over to my colleague from the East Coast.

Congressman TONKO, you and I have been on this floor many times talking about making it in America, about jobs, about making it better for education. Give me a chance to take a deep breath.

Mr. TONKO. Mr. Speaker, I thank the gentleman from California for yielding.

Certainly I understand the anger, Representative GARAMENDI, and I know I am not alone. I know all of my colleagues are hearing the outbursts in our given districts about the foolishness and the hard-heartedness of taking away a very valuable asset. Healthcare coverage is so important now to the American public, but in a particular way, it is near and dear to those who most recently realized that coverage.

I will tell you, being on this floor when the Affordable Care Act was passed, that was a monumental effort. It was difficult to launch that program. It took a lot of hard work, years of messaging, going to hearings, working those amendments that were suggested into the discussion, and making certain that the package met the mission that we embarked upon. So it is important now to make certain that we only go forward and upward from this moment.

Like many programs before the Affordable Care Act—Social Security, Medicare, Medicaid—they were difficult to launch; but unlike those programs, Congress and the Presidents in those given eras came forward and said: Okay. What did we learn from that launch? How can we improve upon the package? How can we strengthen some of the dynamics of concern?

Here we have people, as you indicated, that are not only unwilling to make those reforms possible, but disguising what they call healthcare reform in the name of a tax package for the wealthy. How vulgar is that, when you can sweep the dollars, the savings from denying people healthcare coverage, and utilize it to relieve taxes for those most comfortable in our society? For those 400 households of which you spoke, the on-average relief was on the order of \$7 million. Imagine that: tak-

ing away healthcare from people who live paycheck to paycheck in some cases, and using that to provide for tax relief for those most comfortable.

That is not in keeping with the spirit of this legislation. It is not in keeping with the harmony that was necessary to create this legislation.

The spirit was to speak to the fundamental needs of healthcare for individuals and families across this country to be able to get past difficult moments and situations like preexisting conditions, preexisting conditions that can be with an individual toddler from the moment of birth, as we have heard in the news.

This hard-hearted approach, this senseless attitude, this insensitive expression to Americans across this country by these reform efforts, today we know that the United States Senate went forth with a vote to proceed on their efforts. What will it be? Straightforward repeal, as the President recommends, where 30-plus million people lose their healthcare coverage, you rip it away from those tens of millions? Or will it be repeal and delay? Or will it be repeal and replace?

So far with the iterations, the versions of healthcare reform that have come forth from this House, that were approved in this House and sent over to the Senate, those devised by the Senate have been heartless.

This is about expressing compassion, about being just and fair.

Just this weekend I was with groups of constituents. The first that comes to mind is a fundraising effort for individuals who live with cystic fibrosis. Before I was even to walk into the room, where hundreds of people gathered to support the efforts for this cause, individual sets of parents came to me and said: Keep up the fight to keep Medicaid in the equation.

□ 1845

Our daughter, our son, can't do it without Medicaid. And these people were proud of their given children, adult children, in some cases, who had graduated with honors, played athletics and were athletes, star athletes in their high school years who, then, earned full scholarships to college. And his daughter made him most proud; he cited that moment of pride when he witnessed her on her campus wheeling her IV to class.

That is what we see out there, motivation, inspiration, respect for people who live with difficult challenges in life. And we were responding as a compassionate society, one that should separate us from the rest of the world because, within our abundance, we want to share that with everybody.

And it is so wonderful, Representative GARAMENDI, that you would bring that quote from the memorial, that speaks to the abundance of those who have where we are, evidently, with some of the constructs of legislation here, adding to that abundance, at the expense of those who have precious little. And so we can do better than this.

One other gathering that I attended was for developmentally disabled, differently-abled individuals whose programs focus and strengthen their abilities, focus upon and strengthen their abilities; again, people approaching me saying: Keep up the fight for Medicaid.

We cannot, our consumers cannot, do it. Our loved ones cannot do it without Medicaid. And I think the rejection of Medicaid expansion in this House that was offered by this House, by this town, by Washington, to the many States across the country, the rejection by those States, I believe, was sheer politics. And so, we denied people in States who pay Federal taxes the benefits of Medicaid expansion.

What sense does that make? What heart does that show? We are better than that. We are better than that.

Finally, I will say this, because I know we have colleagues who are looking to share their thoughts and their stories. I looked at some constituents this weekend, in the eyes, and in heartfelt conversation said: Do you think it is fair, do you think it is just to rip away healthcare from people so you can afford a tax cut for the very wealthy? Is it fair to deny preexisting condition coverage for individuals? Is it unfair to take it away?

What about the essential health benefits package, those of our neighbors and friends who struggle, who live with mental illness and mental health disorders, those who are dealing with the illness of addiction? Is it fair not to help them?

I looked at them, and I said: Okay, I know who you voted for. This is a nation where we have the freedom of choice. But when we vote for whom-ever, it is also our duty, our responsibility to see if they are acting accordingly. Do you think your candidate of choice is being fair and just?

They couldn't answer me about that situation. They wanted to redirect the conversation. Why?

Because I think it is difficult to say that people, leaders in this town, the President and leaders in the House and the leaders in the Senate, are not listening to America; and so it is unfair to utilize the sweeping of services, of healthcare and response to tens of millions of individuals and families, and utilize those dollars for a tax cut for the wealthy.

We are going to watch this aggressively, with laser sharp focus. The people of America have spoken. They are continuing to speak. They don't like the injustices. They don't like the unfairness. They don't like the calculated ripping away of healthcare insurance for tens of millions of people. Whether it is 30, 23, 22, 21, whatever the iteration, shame on us for allowing something like that to happen.

America deserves to be—as an industrialized nation that did not have access, affordability, and quality of care as givens for many households in this country, they need to express those terms in a much better format.

Mr. Speaker, I thank Representative GARAMENDI for leading us in a discussion this hour to alert people to the fact that the Democrats in this House are still battling for those families that would have healthcare coverage ripped from them so that we can afford a tax cut for the wealthy.

Mr. GARAMENDI. Mr. Speaker, I thank the gentleman from New York.

The view from the great State of New York and the State of California, somewhere in between those two States lies the State of New Mexico. I yield to the gentlewoman from New Mexico (Ms. MICHELLE LUJAN GRISHAM) to share with us the view from the great State of New Mexico.

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Mr. Speaker, I want to thank my colleague, Mr. GARAMENDI, and certainly thank Mr. TONKO for their incredible statements about what is really at risk and why it is at risk.

I think it is very important for viewers, and our constituents, and families, to really understand that this is not a healthcare debate. This is not a healthcare reform measure.

Nothing that has occurred and passed in the House or in the Senate has involved serious discussion or debate of any kind of healthcare reform because what this really is, as you stated, is a tax break, not just for the wealthiest of Americans, but for two critical corporations, insurance companies and pharmaceutical companies, who, I assure you, do not need additional tax breaks, who are still making record profits. And when we look at the pharmaceutical industry, in particular, it has been one of the most profitable industries in America's history.

So this is an effort to provide more benefits to the three groups who do not need these benefits; and the way in which they pay for it is to remove healthcare benefits from millions of Americans. And as the gentleman pointed out, 32 million Americans are at risk of losing their healthcare, and many more who are in jeopardy of having to pay far more for the benefits that are necessary and lifesaving.

I really wanted to weigh in because States like mine, rural, frontier, very poor States, in fact, we have the most to lose of any State in the Nation if this draconian measure, which is one step closer, is passed in the Senate after today's procedural vote.

It means \$11.4 billion out of our economy. It is a devastating blow to one of the poorest States in the Nation, who has one of the highest percentages of individuals in Medicaid to the expansion.

For the first time in my lifetime, I am seeing New Mexicans in a position to have access to care, the right care at the right time at the right place. If this country is going to get healthcare right, then we have got to make sure that people have access so we are not the sickest population in one of the wealthiest countries in the world.

The only way that you do that is providing access. We provide access in the

Affordable Care Act by giving people subsidies and asking insurance companies to treat their beneficiaries and enrollees fairly, right? Subsidies to afford those premiums, by making sure that they have to cover preexisting conditions, by making sure that they are not making women and other populations pay more for their care.

This is a Congress that has an obligation to address the things that both Republicans in Congress and pharmaceutical companies and insurance companies have done to us, not for us. Premiums are still too often too high; copays still too often too high; and deductibles, still too high.

But is that the fault of the Democrats or an administration that worked to make sure that insurance companies got payments to deal with the rising costs of folks with serious catastrophic illnesses and chronic disease? No, it is Republicans who refuse to continue to fund those risk corridors and those cost-sharing mechanisms.

Did we do anything in this Congress to require pharmaceutical companies who sell the very same drugs for 10 cents on a dollar to nations around the world, to make sure that you got a fair drug price, after your tax dollars helped those same pharmaceutical companies do the research required? And then we give them patent protections to make the most possible money, including now protections on generic brand drugs?

No, we did nothing to hold that industry accountable, which would mean lower costs for consumers.

But what I know happens for sure with this bill is, not only do they rip the rug out from under any of those protections by hardworking New Mexicans and hardworking Americans who deserve the protection and the knowledge that their healthcare will be there for them tomorrow, we also close every rural community health center, every rural hospital at risk in the country, which is why no hospitals, no doctors, no insurance companies, no pharmaceutical companies—because who are they going to sell these proceeds to—are supporting this bill.

And the Senate is ignoring every Republican Governor whose State took up Medicaid, who is saying this is a disaster. They want something else.

Yet this is the path we are under because it would be more important to give tax breaks than to do this—to protect Mr. Templeton in my State, who was diagnosed with prostate cancer in December 2016. He began treatments in January 2017.

He explained in an email that, without the ACA, he is not able to afford any of his treatments. He said: "Am I being sentenced to death by Congress? How many more U.S. citizens are out there like me?"

The answer to Mr. Templeton's question is there are at least 32 million.

As I close with what I think is an outrageous effort by Republicans in the House and the Senate, and by that pro-

cedural vote in the Senate, is at the same time they are looking at ripping healthcare away from millions of Americans, they are willing to put \$1.6 billion into a wall that they promised that Americans would not pay for.

Here is an idea. You have got \$1.6 billion to invest; invest that to protect folks with their costs under the ACA. Give more subsidies.

Let's deal with Medicaid fairly. Let's make sure that we drop prescription drug costs. Let's lower copays. Let's invest in rural community health centers more. Let's have a targeted effort to deal, as you said, with opioid and substance abuse problems that were created by pharmaceutical companies. Let's do that.

If you really care, this is money that would hire more nurses. This is money that would hire thousands more teachers. This is money that would put thousands of New Mexicans and Americans back to work in better, safer, more productive infrastructure for our futures—our very future, Mr. GARAMENDI, Mr. Speaker, at stake by the wrong path and the draconian efforts today in the Senate.

I thank the gentleman for the opportunity to highlight how terrible these efforts are and how important it is for us to encourage our supporters to fight for fairness and justice in this country.

Mr. GARAMENDI. Mr. Speaker, America has been enlightened by the gentlewoman's very forthright statement. The voice of New Mexico has been heard here on the House floor, Ms. MICHELLE LUJAN GRISHAM. I cannot tell you how much I appreciate that message from New Mexico and what it means with the repeal of the Affordable Care Act. Thank you so very much for doing that, a very powerful statement, a very powerful voice on behalf of New Mexicans and Americans.

Somewhere between New Mexico and New York lies the State of Ohio, and, Ms. KAPTUR, you have represented that State so very well for a few years here. We won't say exactly how many years. But over those years, you have always been the voice for the working men and women of Ohio.

Mr. Speaker, I yield to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, I thank Congressman GARAMENDI and Congressman TONKO for their comments. It is a pleasure to be with them tonight, and also Congresswoman MICHELLE LUJAN GRISHAM. She really has been such a leader, not just for New Mexico, but for the whole issue of health across our country. I am really pleased to join all of them.

And I will just say, as a member of the Appropriations Committee, the American people should know, this past week we tried very hard to pass an amendment that would simply ask the executive branch to report back to us on how much money we were spending as a country in Medicare, Medicaid, at the VA, the Department of Defense, for certain classes of drugs in our country.

Now, don't you think it would be right for us to know, since we are spending tax dollars, that if we are spending more money on, let's say, a diabetic medicine than a heart medicine, whatever medicine it is, it would be good for us to do cost accounting to go back and look at what we are paying?

Do you know we were not able to get that simple reporting-back amendment on how much pharmaceuticals are costing the people of the United States, because the Republican members of our committee blocked it.

□ 1900

Ms. KAPTUR. They voted "no." They don't want to know how much the American people are spending through their tax dollars at the Federal level because the goal is to figure out how this money was being spent and to hold those companies responsible to look at what costs were over time and so forth.

It is amazing and it is really wrong what the pharmaceutical industry is doing to the people of this country. They are killing people. People cannot afford the medicine that they need.

Yesterday, and I give this as homework, in The New York Times, there was a great story titled, "When Health Law Isn't Enough, the Desperate Line Up at Tents." It was written by what must be a brilliant young reporter named Trip Gabriel, and it reported about a charity group in our country called the Remote Area Medical Expedition. They were in Wise, Virginia, somewhere south of here.

What it is is a group of charitable citizens who are in optometry. They are doctors. They are dentists. They donate their time over a weekend, and they go to places in our country that don't have medical care.

So no American should assume that everybody has care and that everybody has insurance, even with the current system.

I will tell you, if you want your eyes opened, read that story.

Over one weekend, over 2,000 people came. There were people there who were diabetic who had no medication. One woman, they reported in the story, came with a dispenser for insulin, but the needle was broken. Her glucose reading was over 500.

They talked about people who were there for glasses. They couldn't afford glasses. One woman was diagnosed with vision of 20/100 in one eye, and they were looking for glasses that would fit her.

They had a gentleman who was coughing, and he thought he had black lung disease. It turned out what he really had was sleep apnea. Finally somebody diagnosed what his problem was.

They start out with the story about a gentleman who showed up at that event, and he took them to the trunk of his car and showed them the pliers he was using to rip out his teeth because he had so many decayed teeth

and he hadn't been to the dentist in years. They had dentists. They had all kinds of physicians. They had nurses trying to help people.

I read that article and I thought: This is America? This is America?

Here are just the first few sentences, if I might. It says: "Anthony Marino, 54, reached into his car trunk to show a pair of needle-nosed pliers like the ones he used to yank out a rotting tooth.

"Shirley Akers, 58, clutched a list of 20 medications she takes, before settling down to a sleepless night in the cab of a pickup truck.

"Robin Neal, 40, tried to inject herself with a used-up insulin pen, but it broke, and her blood sugar began to skyrocket.

"As the sun set in the mountains of southwest Virginia, hundreds of hurting souls were camped out or huddled in vehicles, eager for an early place in line when the gates swung open at 5 a.m. for the Nation's largest pop-up free clinic."

That free clinic is called the Remote Area Medical Expedition. I just read that. There were several photos in the paper. This is America.

So, for the Senate, particularly the leader of Senate who comes from Kentucky, a State that is noted to have very poor medical care, where there are large rural areas where many people, including those who are single who get none of this coverage—right? The single are especially discriminated against—how that could be pushed forward by someone from the State of Kentucky, I simply don't understand it.

And here in this House, where we tried so hard to save the Affordable Care Act and to make necessary changes to it, a lot of those changes are needed in these rural States that don't have enough people to really set up a large enough exchange. We need to lump two or three States together so you get a pool that is insurable. We know how to fix this. But we don't need to take more people off health insurance, millions and millions and millions, because we have millions who still are uninsured, and we have industries like the pharmaceutical industry fighting us against trying to get affordable medications to our constituents.

I want to thank you for being here tonight and for fighting the good fight for the American people. Really, to have almost a trillion dollars of money given away over the next 10, 15 years to the wealthiest people in our country? You know what? They have doctors. They can afford insurance. Frankly, they don't need more money. They might benefit by a little less money, actually. Their heirs certainly would. We need a little rigor out there, even among the wealthy in our country, to help us to heal this Nation and to deal with its real medical problems.

I will just say this. We were checking today on the diabetic costs across our country. One facility in Ohio, just one

veterans facility, over 30,000 veterans in that facility have been diagnosed with diabetes. Many, many of those veterans go for the treatment of dialysis in order to help them to deal with their condition. For 1 year, that treatment costs \$100,000. Over a 10-year period, it costs \$1 million per person who goes through dialysis.

Imagine if we were able to prescribe food as medicine, which hospitals are doing in many places, and help people learn how to not become so severely diabetic. We would save so much money across this country, including with our veterans. And more important than money, we would save their lives. We would save the amputations. We would save all of the costs that diabetes incurs over the years. So people would learn how to be healthier.

I want to thank you for being here. I am proud of you two gentlemen, Congressman GARAMENDI and Congressman TONKO. You are honorable gentlemen. You have come here from both ends of the country, New York and California. We are here tonight because we know what the American people want. They want affordable healthcare. They want affordable medicine. They are willing to do their part, and nobody should be left out.

We can find that answer as the United States of America. We don't have to accept this set of death panels that they are figuring out over there in the Senate: who is going to die, who is not going to have health insurance, who is going to be shortchanged. Because when that wheel of fortune turns, you never know who in your family is going to get sick. You simply don't know, and no one should be without coverage.

I thank you for being here on the floor tonight and for doing what the American people expect us to do, and that is to defend and protect them.

Mr. GARAMENDI. Ms. KAPTUR, thank you for your comments. For years you have been the strong voice of working men and women in the State of Ohio. Thank you for bringing us the message from mid-America.

Also, in your wrap-up, you began to talk about the issue of prevention. One of things that the Affordable Care Act does so very well—ObamaCare, if you will—is prevention, particularly for seniors. There is a free annual healthcare checkup for seniors as a result of the Affordable Care Act.

When seniors get that healthcare checkup, they also are able to understand that they have high blood pressure, incipient diabetes or other illnesses that ultimately, as Ms. KAPTUR so correctly pointed out, become extraordinarily expensive if they are not treated.

One other fact is that the Medicaid program in America, more than 50 percent of the total expenses in the Medicaid program are for men and women who are in the nursing homes. We are not just talking about families and

children. We are talking about the elderly that are being cared for in nursing homes.

Now, the result of the repeal of the Affordable Care Act and the reduction of the Medicaid expenditure is that those men and women who are in the nursing homes will no longer have the support to keep them in a nursing home.

So what comes of those men and women? What happens to them if they are no longer able to have care in a nursing home?

Just let that question hang there because it is a question that our Republican colleagues and the Senate must answer, because the repeal and replace legislation or repeal legislation and wait legislation goes right to the heart of the Medicaid program and the support that enables those seniors in nursing homes to receive that service.

In addition to that, what comes of the Medicare program? We know that the Medicare program solvency was significantly increased to about 15 years. It is not going to go bankrupt in the near term as was predicted before the Affordable Care Act but, rather, extended into the out-years. So the solvency of the Medicare program would be reduced, and the free medical checkups, we are not sure whether they would be able to continue or not.

So it is not just men and women who are not yet 65 years of age, but it is men and women who are 65 that would see significant pressure on the services that they now receive, and quite probably reductions in the services that they would receive both in the Medicare as well as in the Medicaid program.

Mr. TONKO, why don't we chat for a few moments back and forth here.

You in New York, you are faced with the same problems that my constituents in California would be faced with, and that is a repeal seriously hurts people, I mean, physically hurts them. They will not be able to get the medical services that they currently have.

I yield to the gentleman from New York.

Mr. TONKO. I thank the gentleman from California for yielding, and, Representative GARAMENDI, I am so honored to associate my comments with those of yours, to connect with you in this effort to make certain that we stop this foolishness coming from this House and the United States Senate that totally rejects the pleas of Americans across this country to make certain that the dynamics that drove the Affordable Care Act still stay in place, and that being affordability, accessibility, and quality of care. Those are such essential forces. They are the underpinning of the foundation of the Affordable Care Act.

When I heard your expression of concern here tonight and pinpointing those various elements of the positive reinforcement that comes from the Affordable Care Act legislation, hearing the voice of two Congresswomen here

from New Mexico and Ohio on the floor joining us, it reminds me that our force is the essential force on the Hill in Washington to make certain that the people's voices are heard. There is anger out there, there is injustice, there is unfairness, and it has to be addressed.

I am proud of the efforts that have been made in my State. I know that you talked about the progress in California. In New York, I am proud of what the Governor, Governor Cuomo, and the legislature did in building those exchanges. It took response from each of the 50 States to make this work, or at least we had hoped each State would respond fully. But in New York, we are managing that effort through sound exchanges.

I get worried when I see tweets from the President when things didn't work for awhile in the Senate, when they couldn't move forward with the repeal or repeal and delay or repeal and replace: Well, we will just let the Affordable Care Act die of its own right.

What are you talking about? That sounds to me like a poor attitude, one that wouldn't do the very best to underpin, through the agencies that are connected to this legislation, to reinforce the markets out there. That is part of this response.

When I hear an attitude like that expressed, I am concerned about what the voice over to these agencies will be saying: Look, we need to be a good partner, a sound partner, an effective partner with the Affordable Care Act.

I don't know if we would get that. So that worries me if your attitude is let it just die and crumble. Why? Why can't you put the American public before politics?

Let's do our best effort. Let's, in earnest, do our best. Let's be genuine in our approach.

I think it is absolutely incredible. You know, as the Republicans, Representative GARAMENDI, in the Senate race to pass TrumpCare, a bill that would rip coverage away from tens of millions of people, perhaps as many as 30 million—if you would allow me to share a few stories from my district, I think it is so important to put a face onto these discussions. I have documented some of the recent stories we have heard from constituents.

Cathryn, a 30-year-old in my district, left work to return to school to pursue graduate studies in social work, and she used the ACA exchange, their plans, to bridge gaps in employer-based coverage.

□ 1915

The ACA plans provided her with essential preventative healthcare services and ensured that a major health event would not leave her bankrupt as she was doing what we asked people to do: develop your talent and your skills to serve the general public.

So she was pursuing graduate studies. The security and affordability of Catherine's ACA plan was tremen-

dously reassuring, allowing her to take risks in order to build a career in service to others. That is what the ACA afforded Catherine to do, a 30-year-old in my district.

Robert, a 52-year-old in my district, purchased insurance on a healthcare exchange while suffering from diabetes. Before buying an exchange plan, Robert spent hundreds and hundreds of dollars each month just to purchase insulin, and no other health coverage.

Because of the ban on discrimination that could be utilized against him based on his preexisting conditions, Robert can now afford a health plan that covers himself and his family.

A couple of other examples, if you will allow me.

Tracey, a 38-year-old from my district, a certified nursing assistant, needs multiple drug prescriptions to treat preexisting conditions, including diabetes. The Affordable Care Act has made it possible for Tracey to get health coverage for herself and her family. Without the ACA, Tracey would not be able to pay her doctors or her drug companies. As recently as January, Tracey was still paying off old bills for her medical care.

This has provided hope for people. We need to make certain we don't have people digging deeper into their pockets for healthcare coverage. We want to relieve that pressure that is upon them. We want to make prescription drugs affordable. We want to make certain that efficiencies are there in the system so we can save, but get the care to people.

That is the difference that we need to cite here. The contrast is that we are trying to make this ACA better and make it work, and we are asking for a bipartisan, bicameral, executive legislative partnership to make it better. Is that too much to ask?

Let me share one more story.

Elliot, a 56-year-old in the 20th Congressional District of New York lost his job in September last year after his company made a massive layoff, even though he just started his job. So through no fault of his own, he lost his employment. Elliot was then left to figure out how to support himself and his 19-year-old son who was a Syracuse University student. A COBRA plan would have cost \$2,000 a month. Because of Medicaid, Elliot and his son now have quality health coverage as Elliot continues to look for work and his son is pursuing his college education.

These are real stories, real hardships, real challenges, real help, real assistance that has come in the way of these families. We don't need to take that good news and suffocate it. We need to build upon these stories.

Now, Senate Republicans are racing to pass a bill that would open the doors to less coverage, rip it away from tens of millions of people, and in many ways perhaps provide for an imposition of lifetime limits on care.

What does that do?

It is a death sentence for far too many people. It would impact severely upon those who are struggling with cancer—working their hardest to defeat that, working with their doctor, their medical community to defeat that impact of cancer in their lives—heart disease, and other long-term illnesses.

My friends, this is about being a compassionate voice. It is about utilizing the advancements in medical care, technology, making affordable our healthcare system, making affordable prescription drug costs.

There are improvements that we want to make, not give a tax cut for the rich, which has been a terrible response. People would say: Oh, the Affordable Care Act is not working.

So if there were improvements required, be fair, be only honest with the public you represent, be there for them.

Finally, the last point I will make right here is Medicaid and the changing profile of Medicaid in many of our States. In New York, people need to see where the growth in Medicaid is. And because we have a disproportionate senior population in upstate New York, you are seeing the growth of Medicaid the farther north you go.

I ask my colleagues to be sensitive to their constituent base. Don't be heartless. Don't be cruel in the outcome. Walk away from this.

The silence is deafening at times when it comes to some of the proposals being sent by leadership in this House and in the Senate. Silence is not what is called for here. Outspoken rejection of some of these harsh measures is what we need, and bipartisan cooperation, bicameral activity is what will serve the public best.

So I thank the gentleman for yielding. I thank him for bringing us together in what is a very important discussion here in this Special Order.

Mr. GARAMENDI. I thank Mr. TONKO very much for his comments. He covered the issues very well.

I want to go to two issues really quickly that need to, I think, be wrapped up here.

First of all, the President talks about the Affordable Care Act dying, and it is not going to make it. That could happen because of actions that he is specifically telling the administration to take.

There are three different areas, one of which is being very late in providing the cost-sharing funding programs for those people who are purchasing insurance. It is discretionary right now. We ought to make that mandatory and not give the President the option of not providing those funds. If those funds are not provided, then, yes, the exchanges will collapse.

Secondly, we know that there is the cross subsidization from one insurance company to another called reinsurance that tries to balance out the risk pool of each individual insurance company. Some insurance companies, for many

different reasons, wind up with a very high risk, high cost population. Others are able to have a very low risk. The risk needs to be balanced out between those two. If that is not done, then there will be a death spiral amongst the insurance companies.

Thirdly, under the Affordable Care Act, people are mandated to buy insurance or else pay a penalty. That penalty is enforced by the Internal Revenue Service, which has been specifically given instructions by the President not to enforce the law. That will lead to those young and healthy invincibles not buying insurance because there is no penalty. That will cause the insurance pool to become more risky and, again, start that death spiral that is so much talked about.

The death spiral can be avoided, and the Affordable Care Act is drafted and written in such a way as to avoid it. So my plea to the President is: Use the law. Do not cause the Affordable Care Act to collapse.

Mr. Speaker, please pass on to the President that the President has within his power to maintain the Affordable Care Act. He also has within his power to cause the Affordable Care Act to collapse.

Now, the final point—and help me with this, Mr. TONKO—is that the Democrats have known for 5 years that there are improvements that need to take place within the Affordable Care Act, and we have pleaded with our Republican colleagues to allow those improvements to take place. We have had a deaf ear from our Republican colleagues. So as we go into this possible crisis, let it be known that the Democrats are seeking improvements in a variety of areas. We heard about the drug prices. I know, Mr. TONKO, you were talking in your earlier presentation about some of the improvements that can be made. So jump in here. Interrupt me, if you will.

Mr. TONKO. To repeat what my colleague just said, I will say that we want to work with the American public. We have said over and over again that it is about affordability, accessibility, quality of care. Share with us the improvements that you think will work. Let us know of the hurdles in the road that you have faced.

Remind us that Medicaid serves the needs of our parents and grandparents in nursing homes. Remind us that those who are born with challenges in life are served well by healthcare coverage and Medicaid. Remind us that those living with developmental disabilities, showcasing their abilities requires Medicaid to make it work; chronic illnesses requiring an insurance clause that addresses preexisting conditions, building upon an essential health benefits package.

We are with you. We walk with you. We raise our voices with you. We lift our hearts with you. We want to be victorious with you and for you. Let's not let them rip away this health insurance for the opportunity to provide tax cuts for the very wealthy.

Again, I thank the gentleman for the opportunity to speak forcefully in this given Special Order. It is so important to save the Affordable Care Act, make it stronger, and respond to the needs of people across this country who are speaking out.

Mr. GARAMENDI. I thank Mr. TONKO so very much, once again, from the East Coast and the West Coast, I hope, to a message that America has listened to.

I just looked out here in the audience and I noticed that our colleague from Texas is here to speak.

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

Ms. JACKSON LEE. Mr. Speaker, I thank Mr. GARAMENDI for yielding. I was detained at another meeting, but I could not help but conclude our very important Special Order.

And I do want to emphasize that we have a better deal. We have the opportunity to be able to stabilize the markets.

We heard from Mr. COHEN today, who is from the great State of California, who says: The Affordable Care Act does work. Subsidies do work. And if we go the route of the Senate—the tragic vote today—Americans will wind up paying more for premiums than their own income.

So I join in saying we can fix and stabilize—fix the Affordable Care Act, stabilize the healthcare system, and ensure that 49 million people do not lose their insurance by 2026; or with the Senate bill, 32 million don't lose their insurance.

So I simply conclude with this: I met with a family who has an autistic child—a young woman who wants to live on her own. She can't do that without the Affordable Care Act.

I met with a young man by the name of Matthew, who spent \$700,000 over a 2-year period because he has a chronic illness; \$73,000 on his medication in the last 6 months. The American people need us to do for them what the government can do, and that is to ensure a healthcare system for all.

That is what the Affordable Care Act's underlying premise is. That is what Democrats have as their message. Mr. GARAMENDI, I believe in saving lives. That is what I want to do with the Affordable Care Act.

Mr. GARAMENDI. Mr. Speaker, I thank Ms. JACKSON LEE very much for her comments.

Indeed, we do look for a better deal, better jobs, better wages, better education. That is our goal, and we can do that.

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

TRIBUTE TO FORMER CONGRESSMAN RALPH REGULA

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2017, the Chair recognizes the gentleman from Ohio (Mr. GIBBS) for 30 minutes.