

cries of these little forgotten souls has passed forever. Mr. Obama takes his place as the undisputed abortion President.

While I mourn that reality, Mr. Speaker, I take great hope in a new reality that Donald Trump is now President of the United States and that the winds of change are beginning to blow. I believe Mr. Trump will be a protector of these little babies that have waited so very long for someone to come along and help them.

So now I pray that the Members of this body and those in the United States Senate will remember the words of Thomas Jefferson when he said: “The care of human life and its happiness, and not its destruction, is the chief and only object of good government.”

That phrase in the 14th Amendment that capsulizes our entire Constitution says: “No State shall deprive any person of life, liberty, or property without due process of law.”

Mr. Speaker, protecting the lives of all Americans and their constitutional rights is why we are all here.

Mr. Speaker, there is hope now. We wait for that new day that has come to manifest and the sun to break through the clouds and shine once again on the faces of these little babies.

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

PROTECTING THE UNBORN

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

Mr. FRANKS of Arizona. Mr. Speaker, it is a new day in America. I am very gratified that we now have a President that looks differently upon the innocent unborn than did the last one.

Mr. Speaker, protecting the lives of all Americans and their constitutional rights is why we are all here in this place. The bedrock foundation of this Republic is that clarion declaration of the self-evident truth that all human beings are created equal and endowed by their Creator with certain inalienable rights: the rights of life, liberty, and the pursuit of happiness.

Every conflict and every battle our Nation has ever faced can be traced to this core commitment to this self-evident truth. It has made us the beacon of hope for the entire world, Mr. Speaker. It is who we are. Yet, today, another day has passed and we in this body have still failed to honor that foundational commitment.

While we move in the right direction, we have still failed our sworn oath and our God-given responsibility, as more than 3,000 additional American babies died today without the protection we should have already given them.

So, Mr. Speaker, let me just say, in the hopes that we will finally embrace

the truth that abortion really does kill little babies, that it is time we looked up together again and looked to the Declaration of Independence and that we remember that we are the same America that rejected human slavery and that marched into Europe to arrest the Nazi Holocaust and that we are the courageous and compassionate nation that can find a better way for mothers and their unborn children than abortion on demand.

It is a new day in America, Mr. Speaker, and we all have a glorious new opportunity to make a better world and for America to be the one that leads the rest of the planet, just as we did in the days of slavery, from this tragic genocide of murdering more than 3,000 of our own children every day.

So now, Mr. Speaker, as we consider the plight of the unborn after 44 years under Roe v. Wade, may we each remind ourselves that our own days in this sunshine of life are all numbered and that all too soon each one of us will also walk from this Chamber for the very last time.

But if it should be that we are allowed to convene again on yet another day, may that be the day, Mr. Speaker, when we finally hear the cries of these little babies. May that be the day when we find the humanity, the courage, and the will to embrace together our human and our constitutional duty to protect these, the least of our tiny little brothers and sisters, from this murderous scourge called abortion on demand.

It has been 44 years, Mr. Speaker, since Roe v. Wade first stained the foundation of this Nation with the blood of its own children. But, thankfully, it is a new day in the land of the free and home of the brave. By the grace of God, help is finally on the way.

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

□ 1845

FIXING OUR HEALTHCARE SYSTEM

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

Mr. SESSIONS. Mr. Speaker, tonight I rise in support of describing to each of my colleagues some important attributes of a big issue that we are all working on, and that is about health care. I rise today to talk about not just the current state of health care, but also a direction about where this body has an opportunity and a chance to go to make America’s healthcare system even better so that it is the greatest healthcare system in the world.

President Obama signed what is known as ObamaCare, the Affordable Care Act, into law on March 23, 2010. This was an attempt then by the President and his party, receiving no votes

from the Republicans in the House or the Senate, to offer a brand-new vision to the American people of their idea of health care.

It took several years for the American people really to comprehend and understand this undertaking, but we are now in the sixth year of ObamaCare, and it has turned out that it not only is not sustainable, but it has provided millions of people who have lost coverage, higher premiums. It is not uncommon to see where some healthcare providers are raising their rates by 60 percent, and in 2013 alone, 4.7 million Americans had their preferred healthcare system canceled.

So the plan began with the high accolades of President Obama and Democrats, only to see, in its sixth year, it has become a concrete life preserver to many who are not only on the plan, but those who would wish to have their own healthcare coverage and cannot because of this law.

Tonight what I would like to describe to my colleagues is a chance for them to begin understanding that the American people have elected Donald J. Trump, Republicans, back into the majority, and Republicans back again into the majority in the United States Senate. This was done because there were a number of ideas that were made well aware to the voting public that Republicans would have an answer not only to repeal, but to replace the Affordable Care Act.

Republicans, in fact, now that we are in our second or third week of being in the majority, with President Trump taking office last Friday, Republicans have begun working not only with themselves, but with this administration on ideas that will make the replacement of ObamaCare even better for each and every person in this country.

The ability to make this transition, I believe, will require a deliberate and disciplined approach by Members of Congress and the American people for us to listen to each other, for, you see, Republicans do have better ideas to fix health care for all Americans. The basis of the understanding about where Republicans will come from, I believe, is embodied in the law as it exists today.

In 1943, employer-sponsored insurance exemption was given. It was during World War II. It was at a time when there were wages that were frozen but opportunities for benefits to be given to employees that would not be taxed. And so back in 1942, this benefits system arose. Sure, it became an opportunity as a result of being employed. It became an employer benefit. And that is what has taken place today with about 150 million Americans who receive the benefits of pretax contributions not only by their employer, but also by the employee to their healthcare system.

Well, just last December, under the 21st Century Cures Act, Congress made a new change, updating, allowing more

people in the system, this time small business, allowing small business the opportunity to deduct up to \$4,500 per employee, a chance for them to receive their health care on a pretax basis.

What this has established now is a different, unfair system that Mr. Trump was speaking about when he was on the campaign trail. He referred to it as a rigged system. Now, he was not just speaking about the healthcare system. He actually was speaking about much of the way America operates systems that are not fair for the average American not only to have a shot at making their life better, but in this case, a healthcare system where about 150 million Americans get their health care on a pretax basis and others do not. This is the basis of where I believe Republicans have an opportunity to help make the tax advantage for all Americans available.

So the question is: Who is insured and who is uninsured? Well, we can go to the chart that we see here. About 49 percent of all the people in this country who are insured, health care would be provided by an employer, meaning that an employer most likely is able to offer, as a benefit, a healthcare package on a pretax basis, and the employee is able to receive that, allowing them to make their own contributions on a pretax basis.

As an example, as a Member of Congress, I have this opportunity. My employer, being in the House of Representatives, provides about 70 percent, which is standard for the operations of almost any business in this country, 70 percent, and the employee would provide 30 percent. In this case, I provide the premiums of about \$13,000 for my health care.

Then I have a \$3,600 deduction under my ObamaCare health insurance that I receive. I am required by law, as a result of being a Member of Congress, to receive, to buy into health care that would be ObamaCare, and then I have a \$3,600 deductible that is a pretax contribution. So I make about a \$17,000 contribution to my health care every year. Not unusual for employer-provided contributions on a pretax basis.

Medicaid is about 20 percent of all the people who are insured, and then, as you see here, Medicare is about 14 percent.

As you look at Medicaid, Medicaid is what is commonly known as insurance for those people who are at or below the poverty level to gain coverage. But it comes with strict requirements. Many of those requirements work against the opportunity to go and get a job for fear that they will lose their contribution that comes from the government because they might not have an opportunity to receive other help.

Then, as you see, we have got exchanges, and those that just buy their own insurance. And then about 9 percent, or about 30 million Americans, are uninsured.

This is the current status of where we are in America today.

When I say these things to people back in Dallas, Texas, I receive a lot of feedback, and one of them that I have selected comes from a man who is self-employed. He falls under the what might be off exchange, meaning he pays for his own health care without it being on a pretax basis. He said: I am being penalized for being an entrepreneur—penalized.

This is true of the 20 percent who are on Medicaid. They are in a system that essentially keeps them there and keeps them from going to gain the opportunity to receive full-time employment because it might not be an employment that provides health care.

So Republicans have a daunting challenge. We have a challenge to understand that there are about 12 to 20 million people who presently are on ObamaCare, including Members of Congress, and it is a very expensive—not only to the country, but also to individuals—insurance plan.

The biggest problem with ObamaCare is not its expense. The problem is that people are not on the system, as we were told would happen. We were told there would be upwards of 40 million people, providing an opportunity for more people to pay into the system, to sustain the system, and for it to be, what I would say, structured in such a way to where it had young people, middle-aged people, and perhaps older people up to Medicare age who would be paying in or be a part of a system—and it didn't work that way.

Younger people are not in ObamaCare because it is tremendously expensive, and they have found that to meet their deductible, it takes thousands and thousands of dollars. It does not meet their needs. It does not meet my needs with my family. It would not be a preferred healthcare choice that I or my family would make.

So we now have a choice, a chance as a result of the American people saying: Okay, Republicans, let's see what you can do. Bring us your ideas to make health care better.

Here is one of the facts that we know. We know that of the family working status of uninsured, 74 percent of people who are uninsured go to work. Now, this is a staggering fact because we were told by President Obama and Democrats that they were going to make sure that people got health care, the working poor, as we were told, people who needed coverage. But, in fact, 74 percent of 30 million people get up and go to work.

What we find is that they have lost, many times, their full-time status because of ObamaCare rules and regulations, mandates on employers to where employers cut their full-time status to part-time workers. Because we have so many part-time workers, they cannot afford to get the payments that are necessary, even though they were above the Medicaid line.

So Republicans now have a choice to be able to say, if we are going to outthink ObamaCare, if we are going to

make sure that we believe—as President Trump has said just in the last few weeks and on the trail as he was running, he believes we should have a system that is not rigged. We should have a system that helps cover every single American and creates an opportunity that is sustainable and does not mean that we have 60 percent or even double-digit increases every year in health care because of the inequities that exist in the system.

□ 1900

This is the system that exists today. So what might be one of those options or alternatives?

One of those options or alternatives might be a bill that I have worked on for 2 years, with over 500 physicians from across this country, known as the National Physicians' Council for Healthcare Policy. The National Physicians' Council for Healthcare Policy has formally met with hundreds of doctors nine times. They are co-chaired by Dr. Marcy S. Zwelling from Los Angeles, California, and Dr. John T. Gill from Dallas, Texas.

We have worked diligently with economists also to put together a plan that matches what President Trump is speaking about, but probably has not had time to fill in all of the rest of the activities.

This is what I would like to tell you. We believe that we should first allow every single American to be a part of a pre-tax credit, an advanceable credit that can be given to every single American to allow them to buy into a non-government healthcare system. That means, yes, people who are on Medicaid today can receive their health care and go out and get a job without fear of losing their healthcare coverage. It means that you no longer would have to go to the Federal Government and the IRS and to tell them how much work or how much money you think you will do this next year, and if you guess wrong, to pay differently. It creates a well-understood system, and can be done for the same amount of money that is presently in the system today.

It means that a person, a family, would be able to, effective this next November, go online and go to a database and fill it in. I am from Dallas, Texas. I would put my name in, I would put my wife's name, our social security numbers, and our children, and it would allow this pre-tax credit that is advanceable, assignable, and refundable, not coming to me, but going to a healthcare plan that I could then purchase. I could co-purchase, I could put my own money in on a pre-tax basis.

But what it would mean to me, PETE SESSIONS, is that I would be out of ObamaCare. I would choose to be in what is called a health savings account, an HSA. A health savings account requires that you have a major medical component with any coverage that you get.

What is major medical?

Major medical is hospitalization, the chance, the risk that you would have of

needing hospitalization. It could be a car wreck, it could be cancer, it could be something really unexpected. But I would then purchase this major medical policy that is well known in the marketplace today, and then have a choice of deciding the type of coverage where I would pay the first \$5,000 that is required. And then after that, based upon the risk that I would choose.

If I were younger, I would choose probably a plan that would be 90/10. That means that I would pay 10 percent beyond what happened after I paid my \$5,000. Perhaps I couldn't afford that and would want to move to a 70/30 where I accept more of the risk.

The other component that I would then choose is a health savings account. That is I would take the \$17,000 that I contribute to my health care every year, cash, and I would take that to a pre-tax cash account that would be available for me to go to the doctor. Instead of showing up with a card, I would shop the doctor that I choose, only buying the things that I and my family needed, choosing my doctor, and asking my doctor and the marketplace what services would be available for a cash price.

Generally speaking, cash prices are about 18 percent less. Because a doctor would receive that money directly in, rather than having to file a claim, or wait time to get back their money. It would allow my family a chance to receive virtually an 18 percent opportunity upfront savings. It would allow me to manage the things which I needed to and not worry about paying for the things I didn't use. It would save my local doctor, who would then look at me as a preferred customer as opposed to me shopping around, perhaps with others in the marketplace, based upon a model of ObamaCare, which today you can't always count on who your doctor would be. A far better idea. Every single American that would qualify would receive this opportunity, but not required.

Now, how do we make it better, because there is more?

We would, under every single one of these circumstances, take away the mandate on an individual and the mandate on the business. We would do away with the Cadillac tax, because I don't think health care should be taxed. I think everybody should have an opportunity, and the world's greatest healthcare plan would allow that. Every single person would have a chance to have their health care provided, just as I have mine, too.

So what I want to say to the Members today is Republicans are going to be sharing ideas. We are going to be presenting our ideas at the Energy and Commerce Committee, at the Ways and Means Committee, and we believe we have an opportunity under three scenarios to make sure that health care is available and ready for every single American.

First, we need to establish a Republican alternative that can be imple-

mented this year. Not waiting. Our better idea is ready in a bill ready to go.

Would we do hearings? Yes.

Would we want to scrub that and maybe add some things? Yes.

We should be ready to do it and make the transition this year. We should use reconciliation to repeal the most onerous parts of mandates. Yes, we should. And I believe we are doing that.

Should we make sure that we replace before we repeal? Absolutely.

And we should allow HHS, under what is today becoming Dr. TOM PRICE, a proud Member of this body, a chairman of the Budget Committee, who is in hearings over in the Senate to be the secretary of Health and Human Services, he should use everything that is available in law today to manage a system and to make it better. But my bet is that he will count on real people, not government, to make these decisions. And in doing so, he will empower a better opportunity.

So what Republicans want to do is to establish a tax benefit system while allowing a continuation of an employer-sponsored system. Those people that are on a system today that is provided by your employer, that would continue. But we would do away with the mandates on the individual and the business and the Cadillac tax. And we would encourage each of these companies to continue that system and work with their employees on a benefit system to make it better.

We would make HSAs available to every single person, not just Members of Congress, to where they would have an opportunity to have a system that would help their health care and their families and not be use it or lose it. It would make no sense that I would have to spend \$43,000 a year simply to start over next year when I could actually benefit from saving and being efficient with my money. Maybe I am 30 years old and want to save for the future. Maybe I am 50 and cannot save, but I would roll over the system and make it work for me.

It will allow private physicians to endorse. And what this does is empowers the private physician.

But there is more. And that is we will also keep—I believe we should, and the world's greatest healthcare system would, keep what are known as consumer protections that today exist in law: dependent coverage through age 26, no lifetime or annual limits, modified guaranteed availability and renewability, prohibition on preexisting condition exclusions, prohibition on discrimination based on your health status, and nondiscrimination in healthcare coverage.

I would like to tell the Members that back in Dallas, Texas, I am proud to also represent the disability community. I believe I can look at every single person back in Dallas, Texas, in the 32nd Congressional District of Texas, and say this: If you like your health care, you can keep it. If you like your own doctor, you can keep your own doctor.

But, more importantly, I believe that we will give equal to or better than opportunities for every single American. We will end the discriminatory services that ObamaCare is today. Because virtually every single doctor and virtually every single hospital will begin taking coverage, where today only about 24 percent of doctors take ObamaCare because it does not reimburse properly. And hospitals all over Dallas that do not take ObamaCare, leading edge hospitals in Dallas, Texas, and across this country, will begin taking this new health care because it reimburses based upon actual cost and marketplace availability.

So to my colleagues who want to go back home and talk to their constituents about Republican ideas, I don't know which one we will end up with. What I do know is that Senator BILL CASSIDY and I have worked with hundreds of physicians for 2 years, and we have a bill, the world's greatest healthcare plan. The world's greatest healthcare plan is a bill that you can understand that is guaranteed to provide people a better opportunity without guessing about their healthcare coverage, and it is not use it or lose it.

So it is my hope that my colleagues that saw this this evening and took part in this will understand that there is an opportunity to go back home and sell the world's greatest healthcare plan for their people back home, too.

I thank my colleagues for being here tonight.

I yield back the balance of my time.

LEAVE OF ABSENCE

By unanimous consent, leave of absence was granted to:

Ms. EDDIE BERNICE JOHNSON of Texas (at the request of Ms. PELOSI) for today.

PUBLICATION OF COMMITTEE RULES

RULES OF THE COMMITTEE ON RULES FOR THE 115TH CONGRESS

Mr. SESSIONS. Mr. Speaker, pursuant to clause 2(a)(2) of rule XI, the Committee on Rules' rules of procedure for the 115th Congress are transmitted herewith. They were adopted on January 4, 2017 by a nonrecord vote.

RULE 1.—GENERAL PROVISIONS

(a) The Rules of the House are the rules of the Committee and its subcommittees so far as applicable, except that a motion to recess from day to day, and a motion to dispense with the first reading (in full) of a bill or resolution, if printed copies are available, are non-debatable privileged motions in the Committee. A proposed investigative or oversight report shall be considered as read if it has been available to the members of the Committee for at least 24 hours (excluding Saturdays, Sundays, or legal holidays except when the House is in session on such day).

(b) Each subcommittee is a part of the Committee, and is subject to the authority and direction of the Committee and to its rules so far as applicable.

(c) The provisions of clause 2 of rule XI of the Rules of the House are incorporated by