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Lynch  
Morelle  
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Sewell (AL)  
Stivers  
Webster (FL)

□ 1425

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

## PERSONAL EXPLANATION

Mr. FOSTER. Mr. Speaker, due to a personal emergency, I was not present for votes Wednesday, February 5 and Thursday, February 6, 2020. Had I been present, I would have voted: Rollcall No. 35 yea, rollcall No. 36 yea, rollcall No. 37 yea, rollcall No. 38 yea, rollcall No. 39 yea, and rollcall No. 40 yea.

# EXPRESSING DISAPPROVAL OF THE TRUMP ADMINISTRATION'S HARMFUL ACTIONS TOWARDS MEDICAID

## GENERAL LEAVE

Mr. PALLONE. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include any extraneous material on H. Res. 826, Expressing Disapproval of the Trump Administration's Harmful Actions Towards Medicaid.

The SPEAKER pro tempore (Mr. BLUMENAUER). Is there objection to the request of the gentleman from New Jersey?

There was no objection.

□ 1430

Mr. PALLONE. Mr. Speaker, pursuant to House Resolution 833, I call up the resolution (H. Res. 826) expressing disapproval of the Trump administration's harmful actions towards Medicaid and ask for its immediate consideration.

The Clerk read the title of the resolution.

The SPEAKER pro tempore. Pursuant to House Resolution 833, the resolution is considered read.

The text of the resolution is as follows:

H. RES. 826

*Resolved*, That it is the sense of the House of Representatives that—

(1) the illegal actions taken by the Trump administration to undermine the Medicaid program, including beneficiary protections, are a cruel attack on a program that provides for the health and well-being for some of our most vulnerable citizens;

(2) the Trump administration should immediately withdraw its illegal block grant guidance and cease its campaign to undermine and weaken Medicaid; and

(3) the Trump administration should uphold its responsibility to faithfully execute the law, including the Medicaid Act, and cease any and all efforts that threaten the care of the millions of Americans who rely on Medicaid.

The SPEAKER pro tempore. The resolution shall be debatable for 1 hour, equally divided and controlled by the chair and ranking minority member of the Committee on Energy and Commerce.

The gentleman from New Jersey (Mr. PALLONE) and the gentleman from Oregon (Mr. WALDEN) each will control 30 minutes.

The Chair recognizes the gentleman from New Jersey.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today to speak in support of H. Res. 826 expressing disapproval of the Trump administration's harmful actions toward Medicaid.

Last Thursday, the Trump administration continued through its relentless campaign to sabotage the Affordable Care Act and its unprecedented attack on Medicaid. Despite promising as a candidate that he would not cut Medicaid, the Trump administration proposed just that last week. It has issued guidance that will allow States to block grant their Medicaid program. Just another day and another broken promise by this President.

Unfortunately, like a lot of his other broken promises, this proposal could have devastating consequences on the health of millions of Americans, including those affected by the opioid epidemic.

One in five Americans have access to healthcare through Medicaid. Block grants limit the amount of Federal dollars States receive, forcing them to cut benefits, cut payments to doctors, and tighten eligibility standards.

The administration's proposal is also illegal. Converting Medicaid to a block grant would require an act of Congress. Our Republican colleagues understand this, and that is why they included a Medicaid block grant provision in their failed attempt to repeal the ACA.

Congressional Republicans know that block granting Medicaid is a seismic change in the program that requires a change in the law. I would hope that they would be concerned by this illegal action and would join us in sending a bipartisan message of disapproval to the Trump administration.

I would also like to refute some claims that you are likely to hear during this debate, Mr. Speaker. First, this has nothing to do with increasing State flexibility. It is about cutting

Medicaid. States already have significant flexibility to design a Medicaid program that works best for them.

You are also likely to hear that the Trump administration proposal only applies to the Medicaid expansion population. But, again, that is not true.

As the Kaiser Family Foundation makes clear, States could include many low-income parents and pregnant women who currently rely on Medicaid. Now, imagine if States would be allowed to cut pregnant women off of their health coverage in the midst of a maternal mortality crisis, which we now have.

At the end of this day, this illegal proposal will lead to lower quality of care for fewer people. I encourage my colleagues to support this resolution and reject the administration's illegal and cruel attack on working families, and I reserve the balance of my time.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise in opposition to this resolution. We wouldn't be having what is going to be a spirited debate today over the facts if the Energy and Commerce Committee had bothered to have a hearing on the underlying issue.

I have asked the chairman, my friend, Mr. PALLONE, to do exactly that. He cited a source, Kaiser Family Foundation, saying pregnant women are going to be involved in all of this. The head of CMS and their lawyers say: Not true. Not the case at all.

So here we have a disputed fact on the floor being hammered out here without the benefit of due process and regular order. There has been no regular order, no hearing, no opportunity to bring in these very qualified people, and do what we do best in this Congress, which is listen to the experts, take the testimony, make up our minds, and have debates.

No. The administration put out their letter, their guidance, saying here is how States can innovate. Our State of Oregon spent a lot on innovation in this space. We were both in the State legislature at times, and we sought waivers as a State so we could innovate, create the Oregon Health Plan, and do all of these things. Forty States have waivers. Most of our States have waivers so they can innovate; so they can bring better healthcare to the working poor; and find cost savings they can plow back into better services and more services, which is what this underlying proposal allows.

Let me talk about a couple of things: One, there is no mandate here. This is not, as my friend describes, some evil-empire approach where the Trump administration is forcing something on States. That is factually not the case. This is States seeking an option to innovate and provide better healthcare at lower costs to the people they are trying to serve.

They would have to meet rigorous standards, including all of the essential health benefits required under ObamaCare. That is a requirement here. They can't walk away from that.

This applies to able-bodied adults, not to children, not to people with disabilities, on down that list of mandatory populations. This does not affect the mandatory. This is only the expansion population in the States that expanded Medicaid.

They are going to argue differently because I heard it in the Rules Committee. I can tell you directly from CMS, that is not the case. That is not their intent. That is not what they have suggested. That is not in their proposal.

If we are going to have this difference of opinion, I go back to the underlying issue here. Why in the devil did we not take an hour or two to do regular order and have the Subcommittee on Health, chaired by my dear friend from California, Ms. ESHOO, who could have done a great job having a hearing? She can be rigorous on the administration. We could have hashed this out there. But no.

This isn't even a resolution of disapproval that stops what the administration is proposing. This is the partisan equivalent of a press release. It is a sense of Congress saying: We don't like this.

So when we are done with that, then what happens? Nothing. This is a partisan, political, pathetic debate that serves no real legislative purpose. Done.

If you want to argue legislation, the grownup work we do so well at Energy and Commerce, then let's have a legislative hearing. Let's bring in the Kaiser Family Foundation that was just cited and hold them accountable under oath to show us where what they claim is fact. We can dispute whether something is legal or not. Let's have the lawyers there to give us guidance. But that is not what we are doing.

On Monday afternoon, this language got posted. We went to the Rules Committee. We asked for an opportunity to have an alternative, a motion to recommit on this issue. We were denied that. We had no opportunity to dig into the facts and the figures.

We do know one thing: Our States are great laboratories for innovation. They really are. California has waivers. Oregon has waivers. A lot of States have waivers. We had it back in the day when, I think, Project Independence was a waiver from Medicaid because we thought we could do it better and be a laboratory.

This administration believes in that. States can, those closest to the people can create even better programs to take care of those they serve. This is a Federal-State partnership.

Mr. Speaker, I object to this resolution.

Mr. Speaker, I rise in opposition to House Resolution 826; a resolution hastily put together that opposes the Administration's Healthy Adult Opportunity demonstration initiative in Medicaid.

The Centers for Medicare and Medicaid Services introduced a voluntary proposal to allow states to file for an 1115 Waiver called

the Healthy Adult Opportunity Initiative. This is an option; let me emphasize, an option, for states for certain able-bodied adults-only.

This optional Healthy Adult Opportunity Initiative does not apply to children, seniors, or those with disabilities—just able-bodied adults. It is a prepackaged set of flexibilities, most of which are already used by states in running their programs.

There are many provisions in this proposal that we can all get behind: lowering drug costs, increasing transparency, and greater access to health care. These proposals build on bipartisan legislation we've worked on in the past.

Administrator Verma released a 56-page letter for the demonstration initiative on January 30th. Industry groups were already voicing opposition to the initiative only an hour later—pretty quick to read it and write an opposition to it if you ask me. House members were faster than that.

The day before the plan was released, 36 House members sent a letter to Secretary Azar and Administrator Verma opposing the initiative. How can you oppose something you haven't even seen?

The resolution says that the goal of the Waiver Opportunity is to deprive Medicaid beneficiaries of health services. But on Page 7, CMS points out that any state electing to participate in this demonstration initiative will be expected, at a minimum, to provide coverage of items and services in the categories of the ACA's Essential Health Benefits (EHBs), benefits such as (1) ambulatory patient services; (2) emergency services; (3) hospitalization; (4) maternity and newborn care; (5) mental health and substance use disorder services, including behavioral health treatment; (6) prescription drugs; (7) rehabilitative and habilitative services and devices; (8) laboratory services; (9) preventive and wellness services and chronic disease management; and (10) pediatric services, including oral and vision care, which generally are not applicable for the populations that would be covered under any state that participates in the Waiver Opportunity.

The resolution also asserts the initiative would roll back access standards. But on Page 4, CMS expressly states that those who participate in the demonstration will be monitored to ensure health outcomes are achieved.

This resolution is just another case of Democrats putting partisan political rhetoric in the way of facts and meaningful health reform.

The Healthy Adult Opportunity—if states choose to participate in it—will not give states the ability to cap beneficiary enrollment or cut benefits. CMS is putting an expenditure cap on the waiver should a state choose to take this option, but expenditure caps are fairly common in health programs.

For example, the Children's Health Insurance Program (CHIP) and many section 1115 Medicaid demonstrations (of which more than 40 states currently participate voluntarily) already operate under a funding ceiling.

I want to point out that while total federal funding will be capped, the waiver does not change the need for states to submit claims reflecting actual expenditures to obtain federal matching funds for the Medicaid program and to maintain health outcomes as under current law. Again, states will not be allowed to cap

enrollment and qualify for the statutory enhanced federal match rate for this expansion population.

Finally, to the extent a State achieves savings and demonstrate no declines in access or quality, CMS will share back a portion of the federal savings for reinvestment into Medicaid. Perhaps, this sort of shared responsibility and incentives could help the people the Medicaid program is intended to serve.

Now, to be clear, I agree this is a major proposal, one that needs to be examined carefully. To that end, let's have a committee hearing at Energy and Commerce, the Committee with jurisdiction over Medicaid, where we can hear from stakeholders as well as the Administration and walk through the facts of the Waiver Opportunity. Instead of a hurried disapproval resolution that bypassed the Committee process, let's do the work at the Committee level to examine this proposal carefully.

When I was Chairman of the Energy and Commerce Committee, we were committed to a process of regular order, allowing for enough time to have meaningful debate and examination of the issues that came before our committee.

House Democrats said they are just as committed to regular order, yet time and time again, we come to the House floor to debate bills or resolution with no committee process and always for partisan political theatre.

Instead of this resolution, we should be voting to end surprise billing. We should be debating how to avoid the Part D catastrophic cliff Obamacare created. We should be considering bipartisan legislation to lower drug prices.

This is another episode of House Democrats putting politics over progress.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. VEASEY), who is a sponsor of this resolution.

Mr. VEASEY. Mr. Speaker, I am proud to bring this resolution to the floor today which will fight against the Trump administration's harmful Medicaid block grants.

I would like to take a moment to thank the chairman and the committee and their staff for working hard to protect healthcare for all Americans.

Today, we are here to shine a light on yet another one of the harmful and irresponsible policies designed by the Trump administration.

These block grants are just the latest in a slew of attempts by his administration to gut the Affordable Care Act and the numerous coverage expansions that have been offered to millions of Americans of all ages and all backgrounds who were unable to gain coverage before, and the millions more who could gain coverage if States like mine would be smart and expand Medicaid in our own States.

They have been talking about these block grants in Texas for a while, and they are a hee-hee, ha-ha joke. Everybody knows that these are harmful. People in the healthcare industry in Texas know that these are harmful, and block grants would be harmful for the Nation.

This resolution on the floor today demonstrates our majority's strong opposition to removing the expanded protections that the Affordable Care Act provided to primarily childless adults and those parents who are living at or below the poverty line.

Millions of hardworking Americans have finally been able to gain affordable health insurance. Now the Trump administration wants to take away the progress made by these Americans and undercut their access to healthcare.

They also want to chip away at the access to healthcare for millions of Americans who have and will be able to gain coverage through State Medicaid expansions.

That is why I am proud to lead this resolution today because affordable and accessible healthcare is a right. It should not be a privilege, Mr. Speaker. It should be a right for all.

Mr. WALDEN. Mr. Speaker, I yield 2 minutes to the gentleman from Ohio (Mr. LATTA).

Mr. LATTA. Mr. Speaker, I thank the Republican leader of the Energy and Commerce Committee for yielding.

I rise in opposition to H. Res. 826. This resolution is solely a political talking point. The administration's proposal does not harm Medicaid. I applaud the Trump administration for moving in the right direction. Block grants give States the flexibility to invest in their citizens' best interests, while spending an estimated \$1.4 trillion over the next 10 years. That is trillion.

It is plain and simple. Children, seniors, and individuals with disabilities will not be negatively affected by this option, and those in low-income communities will be greatly benefited.

Additionally, CHIP and many of the other Medicaid demonstrations are currently running under similar structures.

As earlier stated by the Republican leader, States do know what is best for their residents. By giving States the options to voluntarily participate in this program and to share in the Federal savings, it is a win. This resolution is simply a Democrat health scare tactic, and I encourage all of my colleagues to oppose H. Res. 826.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. ESHOO), who is the chair of our Health Subcommittee.

Ms. ESHOO. Mr. Speaker, I thank the chairman of the committee for yielding.

Mr. Speaker, I rise in support of this resolution. I do so for the following reasons: We have heard from our friends on the other side of the aisle about process issues. They are always appropriate to bring up. But that reality is an obfuscation of why we are on the floor today with this resolution. This is about healthcare. This is about the Democrats looking to protect the healthcare that the American people have today.

Now, from the outset of this administration, Medicaid coverage for low-in-

come and disabled Americans, medically complex children, and our Nation's most vulnerable communities have been under attack.

After failing to repeal Medicaid coverage for 17 million Americans in the last Congress, the Trump administration is now taking a hatchet to Medicaid. They are ripping coverage away from families, through onerous paperwork—saying: "Oh, no, that really doesn't matter," but it does—onerous paperwork requirements, discriminatory policies against documented immigrants, and funding cuts through proposed block grants.

□ 1445

Block grants are not exactly tidy. It is not the way they are being represented. They use the word "flexible."

Whom is it flexible for? It is flexible for the States that can't stand it and allow them to cut, and they are the States that have some of the poorest people in them.

The administration's actions have already taken a terrible toll. They are directly responsible for 818,000 fewer children being enrolled in Medicaid and the Children's Health Insurance Program and 750,000 fewer adults being enrolled in Medicaid since 2017.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. PALLONE. Mr. Speaker, I yield the gentlewoman from California an additional 30 seconds.

Ms. ESHOO. Mr. Speaker, I would like to hear the Republicans today stand up on the floor and say: We object to the administration being in the court to eviscerate, remove, undo, and get rid of the entirety of the Affordable Care Act, and I don't think this can stand.

Mr. Speaker, I urge my colleagues to support it. I think a vote against this resolution is a vote to throw millions of Americans with preexisting conditions overboard.

Mr. WALDEN. Mr. Speaker, I have to just respond in that none of that is what is in this resolution because this resolution has no force of law. This resolution is not healthcare policy; it is a press statement. It does nothing to deal with any of the issues my dear friend has just raised, other than make a statement.

Do you want to legislate? Then legislate. Let's go have a hearing. Let's go have a markup. Let's go work on these issues together.

Mr. Speaker, I yield 2 minutes to the gentleman from Texas (Mr. BURGESS). The good doctor is the former chairman of the Health Subcommittee.

Mr. BURGESS. Mr. Speaker, I did want to speak in opposition to H. Res. 826. It is indeed a political exercise, and I am disappointed that the Democrats have decided to discuss the Healthy Adult Opportunity demonstration in this manner.

If we are to have legitimate debate on this optional policy, then we should do so in a hearing. We should do so in

a hearing in our committee. That is why the Energy and Commerce Committee Republican Leader WALDEN and I sent a letter to Chairman PALLONE to request such a hearing. We should be asking the questions of the agencies and the States that are deciding as to whether or not they want to utilize this option, a new section 1115 waiver for a very specific population.

This optional demonstration changes nothing for children, seniors, or individuals with disabilities.

The comments about the State of Texas are absolutely erroneous. Texas did not expand Medicaid. This only applies to the Healthy Adult expansion population, not to the traditional mandatory populations.

All essential health benefits requirements would remain in place, and States do not have to take the option. States can maintain the status quo and continue to operate their Medicaid programs as they were before this opportunity was presented to them.

Again, this is an option. Give States flexibility. States are great laboratories of innovation. We should let them innovate.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Illinois (Mr. RUSH), who chairs our Energy Subcommittee.

Mr. RUSH. Mr. Speaker, I thank the chairman of the full Committee on Energy and Commerce for yielding me this time.

Mr. Speaker, I rise in support of H. Res. 826. Over the last 3 years, the Trump administration has deliberately and repeatedly sabotaged the Affordable Care Act. This has led to higher healthcare costs for low- and middle-income Americans. This has also led to an increase in the number of uninsured Americans, including those in my home State of Illinois.

As such, Mr. Speaker, it is not surprising to me that the administration is, once again, attacking vulnerable Americans' healthcare.

We have not forgotten that our colleagues across the aisle tried and failed to force through the Medicaid block grant in the year 2017. It failed, Mr. Speaker, because the American people saw the plan for what it was: a way to weaken the Medicaid program.

Under this latest proposal, just like TrumpCare, much of the financial burden would shift to States. States, Mr. Speaker, would be forced to reduce benefits, kick vulnerable Americans off Medicaid, and siphon funds from other priorities, including schools, roads, and first responders.

Mr. Speaker, healthcare is a human right, and we cannot and we will not stand idly by if this right is taken away from the most vulnerable among us.

As such, Mr. Speaker, I am proud to vote in favor of this resolution to express my disapproval of the Trump administration's Medicaid block grant plan.

Mr. WALDEN. Mr. Speaker, once again, I just point out the State Gov-

ernor would have to seek a waiver and get approval to maintain all the essential benefits of the Affordable Care Act in everything they do. This only applies in States that took the expansion, not others. States are the great laboratories that innovate and deliver healthcare better for the working poor.

Mr. Speaker, I yield 2 minutes to the gentlewoman from Washington (Mrs. RODGERS).

Mrs. RODGERS of Washington. Mr. Speaker, I thank the gentleman and our leader for yielding.

Mr. Speaker, I stand in opposition to H. Res. 826.

It really is a partisan resolution. It has zero reforms. It is being rushed through to attack the administration's Healthy Adult Opportunity program to modernize Medicaid.

The majority is ignoring that Medicaid's status quo is leaving people like pregnant women, the elderly, and people with disabilities behind today. Instead of working in a bipartisan fashion to actually improve Medicaid, they are more interested in scoring political points.

There are currently over 700,000 individuals across this country on waiting lists, people with disabilities on waiting lists, to get care within Medicaid. I would urge you to check your States, Mr. Speaker. Two-thirds of the 700,000 who are waiting for care and services that they need currently today on Medicaid are living with a disability.

I listened to one family's story. Their daughter had a rare neurological condition. She was put on a Medicaid waiting list for 10 years to be approved for services—10 years.

This is happening in my home State of Washington, too. There are almost 14,000 individuals with disabilities today waiting for care and services.

The most appalling figure is that at least 21,900 people across the country have died waiting for Medicaid services that they need.

The status quo is unacceptable. It needs to be fixed. We need a solution, not a partisan resolution that maintains the status quo.

It is time to modernize Medicaid. Let's work together. Let's get solutions. The Healthy Adult Opportunity program will improve the Medicaid program's integrity by giving States the option to innovate and provide coverage by enrolling in the program. This will give States the flexibility to control costs and share the program's savings within Medicaid. States like Washington could put those savings directly back into the Medicaid program so that they can shorten their waiting list and save lives.

Let's have a hearing. Let's get this done. Let's work in a bipartisan way.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Pennsylvania (Mr. MICHAEL F. DOYLE), who chairs our Communications and Technology Subcommittee.

Mr. MICHAEL F. DOYLE of Pennsylvania. Mr. Speaker, I have a strange

feeling of *deja vu* today because, once again, Democrats are down on the floor, speaking out against another attempt by the Trump administration to take away people's healthcare.

This should go without saying, but let me say clearly: Block grants do not strengthen the Medicaid program, and they do not protect Americans.

It makes sense that when the economy is bad, more people might need Medicaid, and when the economy is good, Medicaid payments shrink. This is common sense and good public policy. Medicaid should be there when people need it the most, yet the Trump administration wants to undo that. Instead, the amount of money that a State would receive would be flat, and States would have to adjust their coverages accordingly.

That means one of two things: either fewer people can be covered or fewer services can be covered. In fact, this policy encourages States to cut coverage and divert Medicaid money to other parts of their budgets.

We should be trying to improve people's healthcare and investing more so that American families don't have to.

Republicans have been trying to cut Medicaid for 30 years. This is just the latest attempt. They most recently failed to cut Medicaid coverage when they were in the majority and tried to repeal the Affordable Care Act because the American people were overwhelmingly opposed to their plan. Now the Trump administration is trying to go it alone.

But the American people will see through what you are doing, and they will see the Republicans in Congress, once again, turning a blind eye while this President and his administration try to take healthcare away from millions of Americans.

Mr. Speaker, I urge my colleagues to support this resolution to condemn this outrageous and unwise proposal.

The SPEAKER pro tempore. Members are requested to address their remarks to the Chair.

Mr. WALDEN. Mr. Speaker, could I inquire as to how much time each side has remaining.

The SPEAKER pro tempore. The gentleman from Oregon has 18 $\frac{1}{4}$  minutes remaining. The gentleman from New Jersey has 19 minutes remaining.

Mr. WALDEN. Mr. Speaker, I yield 2 minutes to the gentleman from Michigan (Mr. MITCHELL).

Mr. MITCHELL. I am not sure, Mr. Speaker, if you are aware or my colleagues are aware that we are now over 15 resolutions expressing disapproval with some policy of the administration, more than one per month. It appears maybe we have a monthly checklist that we must do some resolution disapproving of the administration's action on a monthly basis.

There is a point in time in this body we actually legislated. Imagine that. We considered an issue. We would have hearings. We would get experts in. We would have a bill. We would have regular order. We would amend the bill. And we would debate the policies.

This is not legislation. H. Res. 826 has less impact and less importance than the tissue in the Cloakroom has on this body. I repeat that: less impact because, frankly, it is more useful.

This is not. This is a media opportunity. This is a press release. At some time, the media will have people gathered together to bemoan the policy of the Trump administration.

By the way, this is simply a guide to the States if they want to pursue waivers. States are choosing what is best for their citizens to serve them. As has been noted, there have been over 43 waivers approved by multiple States.

So let me just say, I watched with great interest last evening the debate over expressing one's opinion and First Amendment rights in this body. With great interest, I watched them. So let me at this point in time express my opinion and exercise my First Amendment rights by simply saying—

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY), who chairs our Consumer Protection and Commerce Subcommittee in Congress.

Ms. SCHAKOWSKY. Mr. Speaker, I rise to condemn the Trump administration's cuts to Medicaid as yet another broken promise from this President.

On May 7, 2015, then-candidate Trump tweeted: "I was the first and only potential GOP candidate to state there will be no cuts to Social Security, Medicare, and Medicaid." He even said that these programs were a part of what makes America great.

The President was right. Medicaid is a pillar of our society. Mr. Speaker, 3.26 million people in my home State of Illinois receive their healthcare through Medicaid. Since Illinois expanded Medicaid in 2013, our uninsured rate has been cut nearly in half. One study found that expanded Medicaid coverage reduced mortality in Illinois by 6 percent.

Mr. Speaker, 40 percent of kids in my State can see a doctor when they are sick and get vaccinations and screenings that they need only because of Medicaid, and over 275,000 Illinois seniors and almost 400,000 people with disabilities rely on Medicaid. In fact, Medicaid pays for over half of all long-term services and supports across the United States.

□ 1500

Despite all this, the administration is gutting Medicaid funding and allowing States to cut benefits.

Mr. Speaker, I urge my colleagues to join me in voicing our opposition to the Trump administration by voting "yes" on this resolution. Medicaid matters, and we will protect your care.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

I just point out that, again, this is a State option. Nobody is mandating anything on any State. States can

come to the Federal Government, as they willfully do, and say: We have a better idea to take care of the working poor. We think we can achieve some savings that we understand. If we do, we will be plowed back into more benefits and services in some large measure to improve and expand Medicaid in our State.

Mr. Speaker, our States have done that. As you know, others are. This is an option. It is not a mandate.

Finally, the resolution on the floor today has no legal effect on any of this. It is a press release called a resolution. It never even goes to the Senate. It will never go to the President. It will never become a law. It is just a press statement.

Mr. Speaker, so for all the comments about stopping this and stopping that, you do that with legislation. That is why we have said you ought to have a hearing in the committee of jurisdiction. If you want to mark up a bill, let's go do that. Let's have witnesses. Let's do what we do best around here. But we are not doing this.

Mr. Speaker, I yield 2 minutes to the gentleman from Georgia (Mr. CARTER), Congress' pharmacist.

Mr. CARTER of Georgia. Mr. Speaker, I rise today to speak against H. Res. 826, a resolution that was hastily put together that opposes the administration's Healthy Adult Opportunity demonstration initiative in Medicaid.

The use of waivers to grant States more flexibility in managing their healthcare systems is foundational to health reforms from both parties throughout the years. In fact, most Medicaid programs across the country today are currently operating under some form of waiver.

In the latest waiver proposal, the Trump administration would allow States more flexibility to manage their Medicaid expansion population by choosing to accept their Federal funds in a per person or lump sum basis. States would be able to take that Federal money and more efficiently treat these patients and then share in the savings.

The Medicaid program was built to be a safety net for our children and the poor, not to be our Nation's largest insurer. This waiver would not affect how Medicaid cares for children, seniors, or those with disabilities.

The Healthy Adult Opportunity waivers are designed only to help States manage the rapidly ballooning costs from able-bodied adults who are now on Medicaid after ObamaCare.

Medicaid benefits and patient access to care will not be cut in this proposal. Any State pursuing a Healthy Adult Opportunity waiver will still be held responsible for the accessibility of services to beneficiaries.

As much as my friends across the aisle seek to demonize this proposal and use every scare tactic in the book, this is sound policy to help the growing number of States struggling to manage the costs of their growing Medicaid programs.

Mr. Speaker, I commend President Trump, Secretary Azar, and Administrator Verma for their work, and I urge my colleagues to vote against this resolution.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Florida (Ms. CASTOR).

Ms. CASTOR of Florida. Mr. Speaker, I thank Chairman PALLONE for yielding the time.

Affordable healthcare is fundamental to the well-being of American families, but the Trump administration doesn't believe that. Now, they are proposing again to shrink, block, or eliminate health services under Medicaid.

For over 50 years, Medicaid has provided a coverage guarantee. It is guaranteed that if you fall on hard times or if you have a disability or you are a senior in skilled nursing, care will be there if you need it. But this proposal out of the administration will severely chip away at that coverage guarantee.

It is particularly harmful to my home State of Florida, and it will complicate our ability to expand Medicaid health services to families who need it.

Don't just take it from me. Patient advocates, doctors, and hospitals overwhelmingly oppose block grant waivers because they will weaken access to care. Groups like AARP, the American Cancer Society Action Network, the American Academy of Pediatrics, the Federation of American Hospitals, the Children's Hospital Association, and many others have spoken out against block grants and waivers.

Unfortunately, this is part of the administration's broader antihealthcare agenda. They have tried to weaken affordable care through budgets; we have rejected it. Through legislation, we have defeated it. Now, they are in the courts to take away that coverage for preexisting conditions.

The Trump antihealthcare agenda is cruel. It is wrong. And I urge my colleagues to reject it today by passing this resolution.

Mr. WALDEN. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE).

Mr. GUTHRIE. Mr. Speaker, I rise today in opposition to H. Res. 826, a rushed resolution to dismantle the Trump administration's Healthy Adult Opportunity Medicaid initiative.

The Affordable Care Act expansion of Medicaid is simply unsustainable. It is bankrupting my home State of Kentucky.

In the 114th Congress, I served as the chair of the House Committee on Energy and Commerce's Medicaid Task Force. We explored ways that would make Medicaid sustainable so that it can be fully utilized by vulnerable populations for generations to come.

The Trump administration has proposed a commonsense option that will not affect funding for children, pregnant women, the elderly, or people with disabilities but, rather, give States flexibility for their Medicaid programs.

I will continue to work with my colleagues on the House Committee on Energy and Commerce to make Medicaid sustainable and accessible to those who need it.

Mr. Speaker, I urge my colleagues to oppose H. Res. 826.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, I rise today on behalf of the millions of Americans who rely on Medicaid for access to mental health services. Individuals with mental illnesses and addictions were among the largest beneficiaries of the Medicaid expansion.

The mentally ill, along with disabled, low-income families, and older adults, will undoubtedly suffer if their coverage is reduced or taken away entirely under the Trump administration's new guidance to cut Medicaid funding. Block grants will shift costs to States, forcing them to make tough decisions about what services to cut, picking the well-being and care needs of one patient population over another.

Not only is this plan unethical, it is illegal. And the American people understand block grants would hurt some of the most vulnerable amongst us. We cannot allow this administration to recklessly cause such hardship.

Mr. Speaker, I urge my colleagues to join me in expressing their disapproval of the Trump block grant plan by voting to support H. Res. 826.

Mr. WALDEN. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from Massachusetts (Mr. KENNEDY).

Mr. KENNEDY. Mr. Speaker, Medicaid saves lives. It helps save patients from poverty and provides families with access to critical care. It is the largest payer of mental healthcare in the country and the longest payer of long-term care in the country.

It covers half of all births and strengthens special education opportunities in our schools. It covers working families. It covers babies. It covers the elderly, the sick, the addicted, and those in need.

In short, it covers those that this administration has relentlessly targeted from its very first day, from a healthcare repeal effort that would have denied care to millions of Americans; to a lawsuit that could still steal healthcare from millions more; then a relentless effort to impose onerous bureaucratic red tape known as work requirements on people struggling to make ends meet; and now this, an illegal and immoral block grant that will end in countless lives lost to preventable deaths.

We can afford trillions of dollars in tax cuts to make the rich richer. We can afford \$60 billion for a wall that falls in the wind and fails in the rain. But taking care of our neighbors, that is a cost we can't bear, a challenge too great for this country to shoulder.

For an administration that seeks to make America great, our President far

too frequently doubts the capabilities and grit of our fellow neighbors. But as this administration stands proudly behind this illegal policy, I have no doubt that it will be rejected by this Chamber, in our courts, and by the American people yet again.

Mr. WALDEN. Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. CÁRDENAS).

Mr. CÁRDENAS. Mr. Speaker, I rise today to express my strong opposition to President Trump's constant efforts to gut Medicaid.

Let's be clear. This is another attempt by President Trump to take healthcare away from millions of Americans. This block grant proposal is the latest step in Trump's ongoing efforts to end the Affordable Care Act. Trump is, tragically, trying to affect the most vulnerable in our country: children, people with disabilities, low-income families, and seniors.

According to a recent study, this proposal could lead to cuts of \$37 billion, perhaps as much as \$49 billion a year of healthcare benefits to our American citizens.

Just 2 days ago, President Trump spoke right here in this Chamber, saying that he is out to protect healthcare for the American people. But once again, we see he is trying to hurt Americans when all he is trying to do is talk one way and take actions like this against the American people and their healthcare.

I know what it is like to not have healthcare, when I was a little boy, when an aspirin, a prayer, and the emergency room were your only options.

Americans should not have to suffer through that. There is no need for it. But this President wants people to suffer.

Many of my constituents rely on Medicaid for their health coverage. People shouldn't be forced to choose between buying medicine for their children or putting food on their tables.

Mr. Speaker, I am proud to join my colleagues in Congress, such as Congressman VEASEY, in supporting H. Res. 826. We will not stay silent as this administration continues its efforts to gut and take healthcare away from millions of Americans across our great Nation.

The SPEAKER pro tempore. Members are reminded to refrain from engaging in personalities toward the President.

Mr. WALDEN. Mr. Speaker, I was going to raise that point.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from California (Mr. RUIZ), a member of our committee.

Mr. RUIZ. Mr. Speaker, block-granting Medicaid will increase out-of-pocket costs, limit patient care, and take away health coverage for millions of Americans across this country.

Block-granting Medicaid is just another way of cutting Medicaid. To reduce costs, States will cut eligibility, cut payments to doctors and hospitals that care for the poor, and cut coverage for seniors and medicines.

These cuts will raise out-of-pocket costs for Americans, result in fewer hospitals and providers for Medicaid recipients, and increase barriers to care for low-income, rural, and vulnerable patients.

□ 1515

It will harm people in underserved areas with physician shortages, like Desert Hot Springs, Eastern Coachella Valley, and Hemet in my district, people in rural areas, low-income seniors, children, people with disabilities, our neighbors and families.

Put simply, Medicaid block grants hurt the very people Medicaid is here to help. That is why I urge this body to vote for H. Res. 826 and make a strong statement to protect healthcare for millions of Americans.

Mr. WALDEN. Mr. Speaker, I yield myself as much time as I may consume.

May I say, the proposal before us today has no force of law. There is a lot of heated rhetoric, yes. There is a lot of fire and brimstone, yes. There are even words that probably could have been taken down. But the resolution before us is nothing more than a partisan political press release.

So for all of the comments, you could legislate, but you are not. You could actually have the force of law.

Now, let's get to the underlying issue. All these attacks on the President say the President is doing this, the President is doing this, that, and the other thing, when, in fact, that is not what is happening here. The President is giving States the opportunity to do a better job of providing healthcare to their citizens.

Nothing in this waiver process that exists today in statute or exists tomorrow under this proposal that the administration has put forward is allowed to adversely affect people on disabilities or pregnant women or children. This goes to the expanded adult population, where they can then innovate.

Our State, Mr. Speaker, as you know, is seeking a waiver to be able to expand substance abuse disorder treatment. That would be allowed under this. States like California could come to the administration under this authority and say we would like to expand our Medicaid program to include more services for people who need mental health, so mental health and substance abuse disorders.

Mr. Speaker, earlier in the debate, my colleague from Washington State talked about the backlog for people on disabilities who can't get access to Medicaid. So what is wrong with a State saying: We can do it better; we can do it more efficiently; we can save money; and we can plow the savings back into expanded coverage?

By the way, Mr. Speaker, Oregon has been a leader in this sort of effort with our CCOs, our Coordinated Care Organizations, where they have done precisely this. They do wraparound services. They take the most vulnerable and people in need in our communities and say: Let's all get together and take care of this patient. In doing so, the savings, in large measure, go back into expanded services.

So, for all the doomsday talk I hear on the floor, Mr. Speaker, let's get to the facts of the matter. The facts of the matter are nobody is being forced to do a block grant; nobody is being forced to do cap and a gap.

What we are saying is: States, let's be thoughtful about this. Come to Washington. Here are some things we know work elsewhere, and you can do it in your State and save money and probably provide more benefits and maybe save a little for the taxpayers and improve the quality of the healthcare for the people you are over-seeing.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentlewoman from Michigan (Mrs. DINGELL), also a member of our committee.

Mrs. DINGELL. Mr. Speaker, I thank my chairman for all the hard work he has been doing.

I rise in strong support of H. Res. 826 and in opposition to the Trump administration's recent proposed cuts to Medicaid.

Medicaid provides important life-saving care for our Nation's children, seniors, and disabled, including in my home State of Michigan. That is why political leaders, under the leadership of Governor Rick Snyder, a Republican, worked across the aisle to expand Medicaid in Michigan in 2014.

This expansion, Healthy Michigan, currently covers over 650,000 Michiganders, providing them access to both quality and affordable healthcare and protection from crippling medical bills.

It has also supported rural hospitals both in Michigan and across the country. Without Healthy Michigan, hospitals across the State that serve some of our most vulnerable residents would face closures and terrible increased financial pressures.

Finally, Medicaid is the single largest payor of long-term care in this country and allows our seniors the opportunity to live with dignity as they age.

The Trump administration's recent actions puts this all at risk. Both the 2017 healthcare proposal and the CMS proposal would block grant Medicaid, drastically cutting the resources it provides for lifesaving medical care.

We know what this means: increased healthcare costs for my constituents and a loss of coverage for seniors, the disabled, and our children, who are the overwhelming majority of Medicaid recipients.

This resolution sends a strong message: We will make good on our com-

mitment to provide quality and affordable healthcare to every American, and I urge my colleagues to support it.

Mr. WALDEN. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, Michigan doesn't have to apply for another waiver. Nobody is going to force anything like we just heard on Michigan. That is not the proposal from the administration, and nothing in this resolution stops anything anyway.

In fact, I would argue, Michigan probably came to an administration to get exactly an 1115 waiver to do everything my friend and colleague just said they are doing in Michigan, just like Oregon had to come back and get waivers to do what we are doing.

All this administration is doing is saying: Let's make that waiver process a little easier, but you have to make sure you are continuing to provide the best care possible to the people you serve.

And once again, despite what we have heard on the floor today, nothing in their proposal would apply to the categories we have been discussing: the mandatory, the legacy population. That is not what is there.

That is why, Mr. Speaker, it would have been so much better to have a real hearing in the Energy and Commerce Committee where we could have had a real discussion with real experts there to get us all on the same basis of fact. It is unfortunate we don't have that.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from North Carolina (Mr. BUTTERFIELD), who is the vice chair of our Health Subcommittee.

Mr. BUTTERFIELD. Mr. Speaker, for the life of me—for the life of me—I just cannot understand why 14 States have flatly refused to expand their Medicaid program to provide healthcare to their low-income, healthy, childless adults, a demographic that was omitted from Medicaid in 1965 when it was enacted into law.

North Carolina, my home State, would greatly benefit from Medicaid expansion. Other congressional districts would benefit.

And to my Republican friends: The fact is that your low-income constituents would greatly benefit. Talk to your doctors. Talk to your hospitals. Talk to your providers. The coverage low-income individuals would receive will not only benefit them, but the entire economy of your State.

Let's cooperate on this one. Let the States know that Medicaid expansion will benefit them, and it will not break their budget. We, the Federal Government, will pay 90 percent of the costs in perpetuity.

For the President to direct the block granting of Medicaid to the State will be absolutely beyond his executive authority.

I repeat: To direct block granting to the State will absolutely be beyond his executive authority.

To cap and slash these benefits is unlawful, and it is cruel. It will require authorization from this Congress.

I urge my colleagues to vote "aye" on this resolution, H. Res. 826.

The SPEAKER pro tempore. The Chair would remind Members to address their remarks to the Chair.

Mr. WALDEN. Mr. Speaker, my friend from North Carolina, I would just say, through the Chair, that Oregon is an expansion State. So you are right. We have seen the benefits of this in my State. We have seen the benefit of flexibility. We have sought waivers and gotten them to do exactly the sorts of things you are saying.

And, ironically, under the proposal of the administration, North Carolina could use this authority to expand its Medicaid population. That is allowed under the proposal from the administration out to the States. They can actually use these tools and do exactly what the gentleman is saying: expand the population in North Carolina.

So there are good thing things in here.

Mr. Speaker, I am not going to get into the legal debate. I am not a lawyer. I am not burdened with a law degree. But I would argue that, if we had this discussion in our committee we love so much, maybe we would have a better outcome here.

Mr. Speaker, I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield 2 minutes to the gentleman from New Jersey (Mr. PASCRELL).

Mr. PASCRELL. Mr. Speaker, I have a great deal of respect for both you and the chairman, but there is a parting of the ways here. I want to urge my colleagues to stand against the administration's vicious assault on Medicaid. That is how I perceive it.

The expansion of Medicaid by the ACA is one of the great success stories of government in action in the last 50 years. Despite the decade-long obstructionism, Medicaid expansion has saved 19,000 older, low-income adult lives—and I know they don't challenge those numbers—and 825 lives just in our State of New Jersey.

But many Republicans have rejected the attempts to destroy—they tried to destroy the ACA at the ballot box and at the courthouse. But like Captain Ahab after his white whale, they remain singularly dedicated to stealing healthcare away from as many Americans as possible.

This administration knows their policy is pure poison. They gave it an innocuous name and, as we heard on Tuesday, are lying about the details to fool people.

Americans will not be fooled by this Orwellian scheme. This policy would rip away healthcare for some of the most vulnerable of our neighbors. They want to obliterate the ACA no matter what the consequences.

Mr. Speaker, I support this resolution to send a loud message: Those on the other side cannot be allowed to steal your healthcare. We will do everything in our power to stop their schemes.

Now, the “Joker” movie may not prevail at Sunday’s Oscars. We must think about any other jokers that go through any of their basements, including the White House, after today’s vote. What will they be sulking about? This is important legislation.

Mr. WALDEN. Mr. Speaker, may I inquire as to the amount of time each side has.

The SPEAKER pro tempore. The gentleman from Oregon has 8 minutes remaining. The gentleman from New Jersey has 3¾ minutes remaining.

Mr. PALLONE. Mr. Speaker, I don’t have any more speakers other than myself at this time, so I am prepared to close.

Mr. WALDEN. Mr. Speaker, I don’t believe we have any more, but I still have 8 minutes, so I am going to share a few comments.

Mr. Speaker, I want to say a couple of things.

When I chaired the Energy and Commerce Committee, we did try to do some reforms on healthcare, certainly, and there was a big disagreement, but we also extended funding for community health centers, the biggest increase they had ever gotten, 2 years fully funded.

The chairman and I both are supportive of a 5-year extension of fully funding community health centers going forward. In my State, I think we had 63 different places people got healthcare in my district, and 122—well, a lot of people in Oregon go through community health centers.

As chairman, I led the effort in this Congress the last session to fully fund a 10-year expansion of the Children’s Health Insurance Program. That is the biggest expansion, I think, in modern legislative history, probably.

Many Democrats voted against it when I tried to get it extended for 4 years, and then a lot of Democrats voted against it when it was 6, and then eventually we got to 10—unprecedented. We got that into law. We eventually came together and we got that into law.

We have done a lot of work on special diabetes program funding and a special program for those with diabetes in our Native American community.

One thing after another, in the last Congress, we accomplished in a bipartisan way.

The work we did on opioids together as a Congress, you were a very important part of that, Mr. Chairman, on a proposal that we passed in the House. Unfortunately, we fell a little short in the Senate to get better communication among providers.

We put real money behind that, billions of dollars into our States and communities; and that help is starting to show up with expanded access—I

think it is a 38 percent increase in access—to the kind of services, health services, people dealing with addiction need.

And, as a result of our work, I would say, in public education and other work, we saw, finally, a topping off in the overdose deaths.

Now, there is more work to do there.

□ 1530

This proposal, the underlying proposal the administration has put forward, I would argue, builds on the notion of local, State, Federal partnership to serve the same people. We would give States more authority to manage their Medicaid programs more efficiently and effectively. Savings would be put back into the Medicaid program in large measure.

Now, my friend from New Jersey, not the chairman, but the predecessor speaker here, talked about ripping away healthcare. Ironically, it is the socialist left that wants to take away all Americans’ healthcare and have the Federal Government run it. That would be Medicare, Medicaid, Medicare Advantage, veterans’ healthcare in there, Medicare for all proposals that would, I think, bankrupt the Federal Government.

But it would rip away all the health insurance products out there and make them illegal. So if you liked your health insurance, you could say goodbye to it. And some of these same people that can’t count votes in Iowa want to run your insurance in America, and I don’t think that is really a good thing.

So we stand here today opposing this resolution. We stand here today saying, the resolution does nothing anyway, other than make a statement. Do you want to legislate?

We can be partners, as we were on community health centers, as we were on opioids, as we were on children’s health insurance, as we were on a lot of things; but let’s go back to work where it belongs, in the committee.

Mr. Speaker, I would just ask my colleagues, vote against this resolution. Then let’s get back to work on the real policy in the place where policy is done best. And with all due respect to those on the Ways and Means Committee, that would be the Energy and Commerce Committee. That is one thing we agree on in a bipartisan way.

We can do our work there. We can get this right. Mr. Speaker, I ask for a “no” vote, and I yield back the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself such time as I may consume to close.

I would urge my colleagues on both sides of the aisle to support this resolution. And in doing so, I would like to point to some of the whereas clauses of the actual resolution.

It points out that the President has waged an unrelenting war on Medicaid. It says that, under President Trump’s watch, the number of uninsured chil-

dren has increased, reversing years of decline, largely as a result of substantial losses in Medicaid coverage for children.

Over a million children have lost Medicaid and CHIP coverage, and over 750,000 adults have lost Medicaid coverage.

And I know that my colleague, the ranking member, who I respect, made reference to pregnant women and said that they would not be included under this block grant.

In contrast to that, I want to read something from—the American College of Obstetricians and Gynecologists was sent a letter, and they say, under Federal law, States must cover pregnant women earning up to 138 percent of the Federal poverty level in their Medicare programs.

Almost all States cover pregnant women beyond the Federal minimum. Any pregnant women covered beyond this minimum are, therefore, an optional population, and could be included in a State’s block grant demonstration program. So, the fact of the matter is that pregnant women and postpartum women would be included in this.

Also, it says in the whereas clauses, not only the guidance that we are trying to reverse here today that allows States to cap their Medicaid funding through a block grant, but the President has also proposed regulations to roll back access standards put in place to ensure beneficiaries receive the care they need.

He also issued guidance to allow State Medicaid programs to restrict access to prescription drugs by adopting closed formularies. He proposed massive annual compounding cuts in Federal funding to the program, in direct contradiction to an explicit campaign promise.

Last year, the President’s budget cut Medicaid by \$1 trillion. We are going to get the President’s budget next week. I would not be shocked if he didn’t cut it again by \$1 trillion.

We have been seeing this war by President Trump on Medicaid in every way, and that is why we are here today, to say this war against Medicaid has to stop.

If the GOP claim that they support Medicaid, which oftentimes they don’t, then they should be voting for this resolution.

So I urge all my colleagues to support this resolution, and I yield back the balance of my time.

Ms. SCHAKOWSKY. Mr. Speaker, I rise to condemn the Trump Administration’s cuts to Medicaid as yet another broken promise from this President.

On May 7, 2015, then-Candidate Trump tweeted: “I was the first & only potential GOP candidate to state there will be no cuts to Social Security, Medicare & Medicaid.”

He even said that these programs were a part of what makes America great.

Well, Mr. President—you were right: Medicaid is a pillar of our society.

3.26 million people in my home state of Illinois receive their health care through Medicaid.

Since Illinois expanded Medicaid in 2013, our uninsured rate has been nearly cut in half. One study found that expanding Medicaid coverage reduced mortality by 6 percent.

40 percent of kids in my state can see a doctor when they are sick and get the vaccinations and screenings they need to stay healthy only because of Medicaid.

Over 275,000 of Illinois' seniors and almost 400,000 people with disabilities rely on Medicaid to live independently, including nursing home care and services that help them live at home.

In fact, Medicaid pays for over half of all longterm services and supports across the United States.

Despite all this, the Administration is gutting Medicaid funding and allowing states to cut benefits that people need to survive.

Why?

Maybe because they need to pay for the GOP Tax Scam, which created a \$1.5 trillion deficit in tax breaks for millionaires and billionaires.

And because they want to continue their legacy of punishing low-income people and the most vulnerable among us.

Medicaid is critical to the health and financial security of people across the United States.

I urge my colleagues to join me in voting YES on this resolution so that we can send a clear message: Medicaid matters, and we will Protect Your Care.

Mr. COHEN. Mr. Speaker, I adamantly oppose Tennessee's proposal to block grant its version of Medicaid, TennCare, and the Administration's proposal for all states to have the opportunity to restrict Medicaid funding. This proposal would harm Americans most in need across the country. We should not be encouraging states to limit resources and cap budgets. In Tennessee, one in ten people have no health insurance. When this is the case, we should be expanding options for affordable health care options. Instead, this Administration has relentlessly attacked Medicaid and the people who depend on its support to stay healthy. The fact is, the majority of non-disabled, non-elderly adults on Medicaid are working hard and rely on Medicaid to help get the basic health care that they need. I am proud to support H. Res. 826 and will continue to fight for access to health care for all Americans. I urge my colleagues to do the same.

Ms. JACKSON LEE. Mr. Speaker, I rise to join my Colleagues in support of House Resolution 826, "Expressing disapproval of the Trump administration's harmful actions towards Medicaid."

Great Presidents are made by landmark policy initiatives and programs that bring a positive impact for the lives of the American people or the world.

Trump has promised to introduce new proposals to protect those with pre-existing conditions if the Affordable Care Act (ACA) bill is replaced, but so far none of his administration's alternatives have come close to providing the level of healthcare currently available.

The landmark bill, seen as one of the key pieces of legislation signed by President Obama barred insurers from denying coverage, or charging more, to those with a pre-existing condition.

Trump said during his State of the Union Address that he would protect the rights of the

insured with pre-existing conditions is not true and the dishonesty of his statement is revealed by his administration joining a lawsuit to take away this important protection.

Through his actions Trump is doing all that he can to end the protections for those with pre-existing conditions.

Trump's Justice Department joined a lawsuit that would end the protections for pre-existing conditions.

In July of this year, Medicare and Medicaid will reach 55 years of service to Americans from all walks of life.

On July 30, 1965, President Lyndon B. Johnson, another great president, signed Medicare and Medicaid into law as part of the Social Security Act.

This landmark legislation that truly represents Americans at our best became a reality due to the tireless efforts of great leaders like Teddy Roosevelt, Harry Truman, and Lyndon B. Johnson.

The signing of the law that established Medicare forged a promise with American seniors that we must not allow Donald J. Trump to take from them.

America's word matters and our promise to our seniors cannot be allowed to be broken.

Both Medicare and Medicaid promise our nation's elderly and poor that they could enjoy their lives with peace of mind and the security of reliable, affordable, and high-quality healthcare.

Medicaid created a crucial partnership between the Government and the governed to provide a basic health care safety net for some of the most vulnerable Americans: children of adults with low incomes, persons with disabilities and the poor.

Mr. Speaker, over half a century later, the legacy of these programs has proven how powerful government action can be to the life and wellbeing of our nation's most vulnerable.

Today, the Trump administration is trying to go back on this promise.

On January 30, the Centers for Medicare & Medicaid Services (CMS) released its long-rumored guidance on Medicaid block grants.

This notice to state Medicaid directors invites states to restructure their Medicaid programs in a radical manner previously rejected by Congress, by capping federal funding at an artificially low level. Millions of Americans will be denied health care because of this draconian directive. Also persons who are disabled, children, and seniors will be most impacted. We should vote no on cutting Medicaid and making Americans sicker.

Medicaid's financing is already based on federal matching of state Medicaid costs.

The current program reimburses states as they spend money to pay for Medicaid services, with the federal government paying for a portion of state costs ranging from 50 percent to 90 percent, depending on the nature of the cost and the state.

State fiscal flexibility is therefore built into Medicaid: States can spend what is needed on Medicaid knowing that their match rate is fixed in statute.

Today, 70 million Americans rely on Medicaid for health care, ranging from preventive services, hospital visits, lab tests, to critical medical supplies, and prescription drugs.

Before the Medicaid, funding poor families with children, pregnant women, and low-income working Americans were not able to afford even the most basic medical care they needed to remain healthy and productive.

The most likely group to be block granted under HAO in the next several months is therefore the Medicaid expansion population, composed of adults who are under 138 percent of the federal poverty level and do not otherwise qualify for Medicaid as disabled, as a very low-income parent, or as a pregnant woman.

However, according to the guidance that CMS released, other groups of Medicaid beneficiaries are also vulnerable to a federal approval of a similar block grant if they are in any way optional for states to cover.

The HAO guidance is a quid pro quo that proffers to states accept financial risk in return for new flexibility.

But "flexibility" in this case is simply another route to cuts to Medicaid that are not allowed under the Medicaid statute.

As detailed below, HAO allows states to make otherwise disallowed cuts to Medicaid eligibility, benefits, and provider payment rates.

The underlying reason for changing eligibility is to reduce the numbers of those covered.

In my home state of Texas and in communities across the U.S. Medicare and Medicaid are vital programs that have significantly changed the lives and improved health outcomes of many Americans over the past century and represent the best American values where we believe Health is a Human right not a commodity. Medicaid is also really needed when communities face natural disasters like hurricane Harvey in Texas.

Unfortunately, Texas has the highest percentage of uninsured (27.6 percent) in the nation, 4 percent more than Louisiana the next state on the list and has opted out of participating in Medicaid expansion.

The State of Texas' refusal to participate in the Medicaid expansion created by the Affordable Care act has already put the poor residents in my state in jeopardy, with this proposed change many more will be at risk of losing health insurance.

In the 18th Congressional District there are 195,400 persons with Medicaid.

Mr. Speaker, my constituents in the 18th Congressional District of Texas favor access to universal health care, because they understand the insecurity and feeling of helplessness of being uninsured or underinsured.

I join my colleagues in support of H. Res. 826 because it sends a clear message to this Administration and the American people that the House of Representatives—the People's House will not tolerate harmful changes to critical health care programs like Medicaid by this Administration.

The SPEAKER pro tempore (Mr. COURTNEY). All time for debate has expired.

Pursuant to House Resolution 833, the previous question is ordered on the resolution.

The question is on the resolution.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. WALDEN. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

PROTECTING THE RIGHT TO  
ORGANIZE ACT OF 2019

GENERAL LEAVE

Mr. SCOTT of Virginia. Mr. Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 2474, the Protecting the Right to Organize Act of 2019.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Virginia?

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 833 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the bill, H.R. 2474.

The Chair appoints the gentleman from Oregon (Mr. BLUMENAUER) to preside over the Committee of the Whole.

□ 1536

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the bill (H.R. 2474) to amend the National Labor Relations Act, the Labor Management Relations Act, 1947, and the Labor-Management Reporting and Disclosure Act of 1959, and for other purposes, with Mr. BLUMENAUER in the chair.

The Clerk read the title of the bill.

The CHAIR. Pursuant to the rule, the bill is considered read the first time.

General debate will be confined to the bill and shall not exceed 1 hour equally divided and controlled by the chair and ranking minority member of the Committee on Education and Labor.

The gentleman from Virginia (Mr. SCOTT) and the gentlewoman from North Carolina (Ms. FOXX) each will control 30 minutes.

The Chair recognizes the gentleman from Virginia.

Mr. SCOTT of Virginia. Mr. Chairman, I yield myself such time as I may consume.

Mr. Chair, throughout their history, America's labor unions have enabled millions of American workers to secure their place in the middle class and receive their fair share of the profits they produce. When workers have the power to stand together and negotiate with their employer, they have higher pay, better benefits, and safer working conditions.

Unions not only benefit union members, but also nonunion members benefit from the higher wages that union members enjoy. And even the children of union members also do better. And under union contracts, pay gaps disappear because union members get equal pay for equal work.

But union membership, which peaked at around 30 percent of the workforce during the 1950s, is just at 10 percent today. That is the lowest level since just after the National Labor Relations Act was enacted in 1935. It is not a co-

incidence that as union membership has decreased, income inequality has increased.

This decline in union membership is not a function of workers' choices. A recent study found that nearly half of nonunion workers would join a union if given the chance. The gap between worker preferences and union membership is the product of intensified antiworker attacks and labor laws that fail to address unfair labor practices.

The lesson from the last 40 years is clear: That it is our current labor laws that are too weak to defend workers' rights to join a union and to collectively bargain with their employer.

H.R. 2474, the Protecting the Right to Organize Act, or the PRO Act, is the most significant upgrade in U.S. labor laws in 80 years. This comprehensive proposal makes sensible reforms to protect and strengthen workers' rights.

The PRO Act would put teeth in the Nation's labor laws by authorizing the NLRB to assess meaningful civil penalties when companies violate their workers' rights to organize and bargain.

It will close loopholes that the corporations use to misclassify workers as independent contractors instead of employees; thereby evading their obligation to bargain, as well as evading their obligation to pay minimum wage and overtime; provide Worker's Compensation, unemployment compensation, and employee benefits.

It ensures that workers can decide whether to form a union without interference. Democracy in the workplace should be a right, not a fight.

Too many Americans are now working too hard for too little. And while corporations are enjoying record-level profits, workers and their families are struggling to keep pace with rising costs of housing, childcare, education, and other essentials.

So I urge my colleagues to support the PRO Act, and I reserve the balance of my time.

Ms. FOXX of North Carolina. Mr. Chair, I yield myself such time as I may consume.

I rise today in opposition to H.R. 2474, the Protecting the Right to Organize Act of 2019.

Big Labor is in a panic over plummeting union membership. Union bosses could self-correct and increase transparency and accountability to serve workers better, or dedicate more resources to union organizing, rather than attempting to organize less than one-tenth of 1 percent of eligible employees, as they did in 2018.

Instead, the largest federation of labor unions in America spends more than three times as much money on political activities as it does on its stated purpose of organizing and representing workers. And they are resorting to their usual arm-twisting and intimidation tactics by demanding Democrats pass the PRO Act.

Before I get into the many, many failings of this bill, I want to correct

the Democrats' false narrative that the decline in union membership is hurting workers.

Americans are benefiting from a booming economy, thanks to Republican tax and regulatory reforms. Despite Democrats' false claims, wages are rising fastest for lower- and middle-income workers. Unemployment is at a 50-year low, and millions of jobs have been created since President Trump took office.

In fact, millions of poor Americans continue to move into the middle class, and millions in the middle class are moving into the ranks of the wealthy. The substantial economic mobility many Americans are experiencing should be celebrated.

Instead, Democrats are trying to claim falsely that the economy isn't working for average Americans, and the only way to fix it is to expand enforced unionism through coercive, socialist schemes like the PRO Act.

Let's also remember that Federal law already protects the rights of employees to organize, and Republicans respect that right. Any reforms to U.S. labor laws should help workers, not union bosses.

The PRO Act will require employers to hand over workers' private, personal information to union organizers, without workers having any say in the matter. This would make it even easier for union organizers to target, harass and intimidate workers.

It would also overturn all State right-to-work laws. These are laws that allow workers to decide for themselves whether to join a union and pay dues. If the PRO Act becomes law, workers will be forced to take money from their paychecks and give it to labor unions, even if they don't want to be represented by a union.

This provision is astonishing since we know that from 2010 to 2018, unions spent \$1.6 billion in members' dues on hundreds of left-wing groups, without first receiving consent from workers to do so.

The PRO Act will also undermine workers' rights to vote by secret ballot. This is hypocrisy at its worst, or best. House Democrats elect their own leaders by secret ballot, and Democrats held up the USMCA trade deal to guarantee workers in Mexico had the right to a secret ballot. Yet, they are willing to deprive American workers of that same protection.

Among the PRO Act's most harmful provisions is the incorporation of California's newly-enacted, overly broad, and confusing definition of employee, which will deprive millions of Americans of the opportunity to work independently and start their own businesses.

Bottom line, there are over 50 harmful provisions in this bill that are bad for workers, job creators, and the U.S. economy.

Mr. Chairman, I reserve the balance of my time.