

voted against H.R. 2. That is the real solution. We need to secure our border.

Let's revert to the policies that were working previous to Joe Biden dismantling our border and making it open. It is unsafe and unsustainable for both American citizens as well as the individuals who are taking the treacherous journey at the hands of the drug cartels, which are profiting off of this human trafficking. Our government should not allow it to continue.

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

Ms. VELÁZQUEZ. Mr. Chair, I yield such time as he may consume to the gentleman from Arizona (Mr. GRIJALVA).

Mr. GRIJALVA. Mr. Chair, I rise in support of this amendment. This amendment draws attention to the dubious and deceptive strategy of placing migrants on buses under false pretenses and without any coordination or even a courtesy call.

Both Governor Abbott and Governor DeSantis have demonstrated that they are more interested in ginning up the MAGA base on Twitter than finding meaningful solutions to the challenges facing our immigration system, the refugee crisis both nationally and particularly in their States.

Migrants are people, not political pawns. We can have disagreements over immigration policy. That is fair game. However, the dehumanizing games and political stunts need to stop.

Mr. Chair, I associate myself with the remarks of the gentlewoman from New York, the sponsor of the amendment.

Ms. VELÁZQUEZ. Mr. Chairman, I yield back the balance of my time.

The Acting CHAIR (Mr. LAMALFA). The question is on the amendment offered by the gentlewoman from New York (Ms. VELÁZQUEZ).

The question was taken; and the Acting Chair announced that the yeas appeared to have it.

Ms. VELÁZQUEZ. Mr. Chair, I demand a recorded vote.

The Acting CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentlewoman from New York will be postponed.

Mr. WESTERMAN. Mr. Chair, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. HUNT) having assumed the chair, Mr. LAMALFA, Acting Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the bill (H.R. 5283) to prohibit the use of Federal funds to provide housing to specified aliens on any land under the administrative jurisdiction of the Federal land management agencies, had come to no resolution thereon.

□ 1545

#### BORDER SECURITY IS NATIONAL SECURITY

(Mr. LAMALFA asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. LAMALFA. Mr. Speaker, as the conversation has been, we know that border security actually is national security.

President Biden's open border policies have incentivized a historic surge in illegal immigration at our southern and northern borders and the impact we are seeing lately on our national parks.

Since President Biden taking office, there have been over 6.4 million illegal crossings of our southern border and 1.7 million known got-aways who evaded U.S. Border Patrol.

Every State is now a border State. Every town is now a border town. Democrats are using the national parks to house illegal immigrants—think how absurd that is—which only further encourages this crisis.

Republicans and Democrats alike have condemned Biden's border crisis. We must stop incentivizing further waves of illegal immigrants by providing them with free housing—again, the latest scheme being housing them in our national parks.

We will continue to fight to secure our border and eliminate the financial burdens these illegal immigrants are putting on American taxpayers and our towns.

That is why earlier this year we passed H.R. 2, the Secure the Border Act, which is the strongest border security package in American history.

#### HONORING XINH DWELLEY

(Mr. KILMER asked and was given permission to address the House for 1 minute.)

Mr. KILMER. Mr. Speaker, my region just lost an extraordinary woman, Xinh Dwelley, after her lengthy battle with cancer.

Xinh was so many things to so many people. She was an outstanding chef who treated so many people to amazing meals, who published cookbooks and took immense joy in feeding people.

She was an inspiration, someone with a powerful immigrant story who loved America mightily. In fact, one of my favorite moments in this job was gifting her a flag that was flown over the United States Capitol in her honor, and she was just so proud.

She was a community icon who supported local people and local causes with a generous heart and a warm smile. Perhaps most importantly, she was a friend to so many.

She was kind and caring. She treated me and others like family. She would give you a long, loving smile and say, I want to cook for you. I last saw Xinh in August and feel lucky to have been able to celebrate and appreciate her.

Mr. Speaker, please join me in offering condolences to Xinh's family and to all who loved her. She will be missed by so many.

#### NATIONAL RURAL HEALTH MONTH

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the gentlewoman from Hawaii (Ms. TOKUDA) is recognized for 60 minutes as the designee of the minority leader.

#### GENERAL LEAVE

Ms. TOKUDA. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material for the RECORD.

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

There was no objection.

Ms. TOKUDA. Mr. Speaker, it is my honor to rise today as co-chair of the Bipartisan Rural Health Caucus to commence hosting the Special Order hour in celebration of National Rural Health Month.

Every year, National Rural Health Month is a time for us all to bring attention to the unique healthcare needs in rural America and honor the incredible efforts of rural healthcare providers, organizations, and other stakeholders.

It has been more than a decade since Congress last had a bipartisan coalition focused on promoting and advancing healthcare solutions for our Nation's rural and remote communities.

Sadly, during that time, the prognosis and progress has only gotten worse for those who live in rural America. The health and wellness of our people has not improved.

Especially given the divisions in our country and in Congress today, we need to find more ways that we can come together around common issues and common ground and develop solutions that ensure rural Americans do not get left behind.

That is one of the reasons why earlier this year, I re-launched the Bipartisan Rural Health Caucus with my distinguished colleague from the great State of Tennessee, DIANA HARSHBARGER.

Earlier this year, we came together with a shared desire for Congress to play a more active role in improving and promoting life and access to healthcare in rural America.

Today, nearly 50 Members of Congress, Republicans and Democrats, have joined the Bipartisan Rural Health Caucus, representing rural areas across the country from Guam to West Virginia to the Upper Peninsula of Michigan down to central Texas.

Whether political, demographic, or geographic, the diversity of our caucus is our strength because rural America is America.

I yield to the gentlewoman from Tennessee (Mrs. HARSHBARGER), my distinguished co-chair.

Mrs. HARSHBARGER. Mr. Speaker, I rise today to recognize National Rural Health Month and to highlight the work of the congressional Bipartisan Rural Health Caucus, which I am proud to cosponsor with my colleague, Representative TOKUDA from Hawaii.

Over 60 million hardworking, everyday Americans live in rural communities throughout the United States. As my co-chair, Representative TOKUDA, is fond of citing, nearly 97 percent of our Nation is designated as rural.

Compared to their counterparts living in urban and suburban areas, rural Americans experience lower life expectancy, poorer health status, and more difficulty accessing quality and affordable healthcare.

Rural patients face these challenges due to a limited number of rural healthcare providers and professionals, higher rates of uninsurance and underinsurance, and long journeys to care providers, sometimes lacking transportation entirely.

Having served as a community pharmacist for over 30 years in east Tennessee, which is a rural area, I understand the unique healthcare challenges and obstacles faced by our patients and healthcare providers each and every day.

It is crucial that Congress takes action to address the issues that rural healthcare providers grapple with such as workforce shortages, supply scarcities, reimbursement challenges, limited access to telehealth, and difficulties ensuring their patients receive the care they need.

The congressional Bipartisan Rural Health Caucus is here to provide a forum for Members of Congress to advocate for legislative action that will help increase access to quality, affordable healthcare and mental health services for all rural Americans.

As co-chair, I will continue my work to advocate for legislation and policies that will ensure long-term sustainability of rural communities.

Earlier this year, I introduced the bipartisan Rural Physician Workforce Production Act, which improves Medicare reimbursement and enhances the current structure of the Medicare-funded graduate medical education program, bringing more medical residents and doctors to rural areas in need.

I also worked with my fellow colleagues from the Tennessee delegation to introduce the Rural America Health Corps Act, which would provide incentives for healthcare professionals to work in rural health facilities in exchange for forgiving medical student loans.

In addition to these bills, I am a proud cosponsor of the Save Rural Hospitals Act, bipartisan legislation that will aid in curbing hospital closures in rural communities by ensuring fairness in Medicare hospital payments.

This legislative work is absolutely critical and complements House Resolution 870, which I introduced with the

majority of the Members of the Bipartisan Rural Health Caucus to support the goals and ideas of National Rural Health Day.

National Rural Health Day, the third Thursday of each November, was established to honor rural communities and the contributions and efforts of rural healthcare providers to address the unique challenges faced by the patients they serve.

Given the aforementioned healthcare disparities faced by rural Americans and the continued difficulty experienced by rural healthcare providers in keeping their doors open, it is vital that Congress prioritizes improved patient care and access in rural areas.

Our rural healthcare professionals and patients showcase a selfless and community-minded spirit. It is altogether fitting and proper that we celebrate rural healthcare providers and the millions of Americans that rural healthcare providers serve, and to express a commitment to advancing policy to improve healthcare accessibility and affordability in rural areas in our country.

Mr. Speaker, I thank Representative TOKUDA and my colleagues for joining in this cause.

Ms. TOKUDA. Mr. Speaker, mahalo to my co-chair, Representative HARSHBARGER, for providing leadership and insight for many, many years in this particular area and serving on the front line as a pharmacist in her own community.

Mr. Speaker, I yield to the gentleman from Washington (Mr. KILMER).

Mr. KILMER. Mr. Speaker, I thank my colleague for yielding.

Mr. Speaker, 49 years ago in Port Angeles, Washington, I was born in what was then called Olympic Memorial Hospital. Over the years, members of my family and I received good, quality care from what is now known as Olympic Medical Center and its well-trained physicians and nurses, and from a staff that genuinely cares about the community.

The future of healthcare in rural communities faces extraordinary challenges that threaten the ability of folks to access the care that they need and that they deserve.

Unfortunately, the reality for many Americans in rural areas when it comes to healthcare is a story of gaps and barriers.

This isn't just a problem for the Olympic Peninsula. Rural populations often bear the brunt of healthcare disparities. They are usually older, have less income, and often have complex health issues.

These factors burden rural hospitals, many of which are already buckling under pressure. In fact, today the rural hospital closure crisis threatens more than 400 rural hospitals nationwide with imminent closure.

For folks on the Olympic Peninsula, quality care should be readily accessible, not a service only available in the shadow of the Space Needle.

No matter who you are or where you are from, you ought to be able to find quality, affordable medical care close to home.

This rural-urban healthcare divide is a crisis that demands attention from Congress. An important piece of the puzzle is addressing the site neutral payment policy, which has significantly impacted rural hospitals like Olympic Medical Center.

This policy, originally intended to equalize payment rates between hospitals and outpatient clinics, often disadvantages rural hospitals, which rely on higher reimbursement rates to maintain operations and provide essential services.

By advocating for an exemption for rural Sole Community Hospitals from this policy, we can ensure these vital institutions receive adequate funding.

In addition, in July I introduced a bipartisan bill known as the Rural Hospital Technical Assistance Program. This bipartisan effort would provide targeted, in-depth technical assistance to vulnerable hospitals and communities struggling to maintain healthcare services.

That means helping to prevent closures, strengthening essential healthcare services in rural communities, and improving financial and operational performance.

Our bill seeks to alleviate the strain felt by many rural providers by authorizing new Federal funding to support improvements to these crucial facilities, aiming to ensure that everyone, regardless of where they live, can stay just as healthy as someone living in a big city.

Consider the hypothetical, but very real situation, of an older patient in Port Townsend who receives chemotherapy multiple times a week at Jefferson Healthcare or the pregnant mother in Elma receiving prenatal and obstetric care at Summit Pacific Medical Center.

Without strong rural hospitals, these patients and others may face a long and burdensome commute to an urban hospital or go without care entirely.

The Rural Hospital Technical Assistance Program aims to mitigate these very real scenarios and keep facilities open and thriving, ensuring that everyone can access medical care near home.

Our bill is important in bridging the gap of healthcare disparities that we see every day. It aims to prevent the unfortunate and unnecessary closure of rural hospitals and to ensure that folks in rural communities receive the care that they need and that they deserve without the necessity of long-distance travel or facing financial ruin.

It isn't just about keeping open facilities like Olympic Medical Center in Port Angeles and Peninsula Community Health Services in rural Kitsap, Mason, and Pierce Counties.

It is about keeping people healthy, employed with good-paying jobs, and improving care in rural areas where the need is most critical.

The Rural Hospital Technical Assistance Program is a commitment to equity, a promise of access, and a crucial step toward ensuring that going forward, quality healthcare isn't a privilege confined to big cities.

We deserve a future where care is not constrained by geography but is easily affordable and accessible for all. Again, I thank my colleague for organizing this Special Order.

Ms. TOKUDA. Mr. Speaker, I yield to the gentleman from California (Mr. LAMALFA).

□ 1600

Mr. LAMALFA. Mr. Speaker, I thank my colleague and friend from Hawaii for yielding.

I would chime in as well on the importance of improving and expanding rural health and the challenges faced in the most rural areas of our country, including my own northern California district.

We have several high country hospitals that are out on their own pretty much. The connectivity that they need and the challenges that pertain to some levels of equality on reimbursements is extremely important, so I would be happy to join with Representative TOKUDA's efforts and that of the Rural Healthcare Caucus.

Indeed, as we expand and get more and more telehealth opportunities, something that has worked pretty well for us in our district is teaching health centers; getting young folks as students, and maybe young doctors, interested in working in our communities here, as well.

It just helps extend the opportunities for people that do live in these rural areas and don't have nearly the choices. That is part of the cost, I guess, of living in a rural area.

We have done a lot of good work with the USDA, expanding fiber optic, getting more and more connectivity. We need to keep doing that in order to be more successful for rural America.

Mr. Speaker, I appreciate this effort, and a bipartisan effort it is.

Ms. TOKUDA. Mr. Speaker, I say mahalo to Representative LAMALFA, and I will extend a great deal of gratitude for helping to guide us through a crisis that is hitting rural America far too often, natural disasters, as we are seeing it.

I look forward to also now working with you to make sure that when a disaster strikes, our healthcare system will be able to support them every step of the way.

Mr. Speaker, I yield to the gentleman from Pennsylvania (Mr. THOMPSON), who often says "food is medicine." I appreciate his guidance and wisdom on this particular issue.

Mr. THOMPSON of Pennsylvania. Madam Speaker, I thank the gentlewoman for her leadership with this bipartisan Rural Healthcare Caucus.

It is incredibly important and really defines my life. Prior to coming to Congress 15 years ago, I spent 28 years

working in rural healthcare as a non-profit community healthcare therapist, rehab service manager, a manager within rural hospitals, and a licensed nursing home administrator. I witnessed firsthand the challenges that individuals that live in rural America, rural communities face when it comes to healthcare.

I am acutely aware of the challenges many face when it comes to obtaining reasonably priced healthcare. It is especially critical for rural America, much like the 15th Congressional District of Pennsylvania that I have the privilege of serving today.

As a Member of Congress representing nearly one-third of the land mass of Pennsylvania, one of the most rural districts east of the Mississippi, I am keenly aware of the problems my constituents face when accessing medical services.

I always say that when I see rural hospitals in dire challenges, and we are struggling with some of that right now in our district, that the end results in a commute that can mean the difference between life and death to be able to get the services they need within the time frame that is required.

I saw that firsthand, quite frankly, as a volunteer firefighter and emergency medical technician for several decades. The importance of being able to get from that accident scene or from their home to a healthcare setting, a hospital setting in a timely manner, especially for those eventually requiring some type of surgery.

We talk about the golden hour. It is not an hour in many parts of rural America. We are facing a healthcare crisis in our Nation's rural areas. These often disadvantaged populations are still struggling to access affordable, quality care. Many remain uninsured. Most are underinsured. However, access to quality care remains the largest challenge.

Even if it is not the bricks and mortar, and we have seen so many of those closed over the past 15 years, it is the talent, the skill, the expertise within that bricks and mortar, the physicians, the nurses, the technicians. It is difficult.

As someone who used to participate in recruiting this talent into our rural hospitals, it is very challenging to get that, to be able to be successful with that. That is why I am a big fan of telemedicine.

I am really excited about the advances that we have made in telemedicine over the past decade or so. There is more that needs to be done.

Even when people gain access to health insurance, it does not equal access to healthcare. Rural hospitals across the country are closing, leaving patients without access to the emergency rooms and long-term care facilities. Quite frankly, where they are not closing, they are always struggling for staff. If you don't have access to qualified healthcare professionals, I don't care how we pay for healthcare, what

kind of shiny package, what ribbon we put on it, there is no access to healthcare without those qualified, highly skilled providers.

Mr. Speaker, I am proud to work with the gentlewoman as a part of this caucus, and proud to be a founding member of the Rural Health Caucus. I am proud to work with the gentlewoman as a great member of the House Agriculture Committee, where under the Rural Development title, we support facilities like nursing homes and rehabilitation centers and hospitals and provide communities reasonable funding to be able to address that need.

This is a problem. It is a multidimensional problem that requires multidimensional solutions. I think that the formation of this caucus is one of the first best starts to address this.

This bipartisan group will bring awareness to these unique challenges, to other members, and actively work to find solutions to these problems.

Ms. TOKUDA. Mr. Speaker, as you can see, we have strong leadership across this great country that is making sure that the health and wellness of rural America is taken care of. I am so appreciative of all the members of our caucus that have stepped forward and stepped up, not just now but in so many years past and will definitely be part of that leadership going forward.

Mr. Speaker, it looks like it is a great day for the great State of Pennsylvania.

Mr. Speaker, I yield to the gentlewoman from Pennsylvania (Ms. WILD).

Ms. WILD. Mr. Speaker, I thank the co-chairs of this caucus for forming the Rural Health Caucus, something that is long overdue and very much needed.

Mr. Speaker, this Rural Health Month, I am thrilled to join my colleagues in the bipartisan Rural Health Caucus to advocate for quality, affordable healthcare in every community. Our neighbors living in rural areas face unique health challenges, a substantial one of those being medical personnel shortages.

In the Commonwealth of Pennsylvania, 26 percent of residents live in federally designated Health Professional Shortage Areas, meaning that nearly one-third of Pennsylvanians live in an area without sufficient medical personnel.

I don't know the last time you went to Pennsylvania, but it is a big State. If you are in a part of the State that doesn't have a lot of healthcare professionals, you are looking at long drives before you can get to a doctor or hospital.

Preventive care is critical to overall health and well-being, and access to preventive care relies upon having an adequate number of medical professionals. Having an adequate number of medical professionals relies upon not being penalized for serving as a teaching hospital.

It is unbelievable to me that this is a problem that Pennsylvania rural hospitals are facing. That is why I

partnered with Representative MEUSER to introduce the bipartisan Fairness for Rural Teaching Hospitals Act.

This bill would allow rural hospitals, including St. Luke's Hospital Easton Campus in my district, and St. Luke's Miners Memorial Hospital, a stone's throw away, to receive fair reimbursements from the Centers for Medicare and Medicaid Services.

This legislation is critical for allowing our rural hospitals to attract, train, and retain talented healthcare professionals to our communities.

I firmly believe that access to high-quality, affordable healthcare should not depend on your ZIP Code, and this bill is a step toward making that a reality.

I am so proud to join my colleagues in the bipartisan Rural Health Caucus to find ways to ensure that Americans in every corner of our Nation have access to the care and resources they deserve. I will keep up the work until that mission is fulfilled.

Ms. TOKUDA. Mr. Speaker, unfortunately, the sad reality is that if you are living in rural America, you are more likely to experience lower health expectations, lower health quality, and lower life expectancy simply because of your ability to access healthcare that you need.

I have sat with constituents in my community of Wainiha who have asked me if it was fair that people that live right down the road in urban Honolulu live 10 years longer than they do. While at times it may seem that they may require more medical attention and care, rural Americans often have more access to healthcare because of such things as you have heard of today: physician shortages, lack of reliable and affordable transportation options, insufficient health insurance coverage, and an increased exposure to environmental and occupational hazards.

As a Representative in Congress for one of the most rural and remote districts in the country, I know that many of my constituents are often just one diagnosis away from a serious illness and the difficult financial and family decisions that often come with this.

Across the country, more than 60 million Americans, about one in five Americans live in rural areas. While they make up just 18 percent of the total U.S. population, they are scattered, as we have heard, across 97 percent of our country's land area.

Rural Americans face numerous health disparities as compared with their urban counterparts. Rural Americans are more likely to die from heart disease, cancer, unintentional injury, chronic lower respiratory disease, and stroke, as compared to their urban counterparts.

Unintentional injury or death. You heard Representative THOMPSON talk a little about this and the "golden hour." They are more likely, by 50 percent higher rates, to die in rural areas as compared to urban areas often be-

cause of their ability to access emergency care when involved in a motor vehicle crash or opioid overdose.

There are so many steps that we can continue to address, but I would have us hear from another part of our great country and a rural caucus, that of the great State of North Carolina.

Mr. Speaker, I yield to the gentleman from North Carolina (Mr. DAVIS), another distinguished member of our Rural Health Caucus.

Mr. DAVIS of North Carolina. Mr. Speaker, I thank the gentlewoman and our co-chairs for leading this Special Order.

Mr. Speaker, I rise on behalf of eastern North Carolina to address my highest legislative priority: improving access to healthcare in rural America.

In honor of National Rural Health month, I join my colleagues here to speak about how we can fund commonsense bipartisan solutions to the most pressing challenges facing our healthcare system.

Since taking office in January, healthcare has been my number one legislative priority, having led, co-led, or cosponsored more than 60 bills in this space.

As we are here today, the people of eastern North Carolina are hurting, and at the root of this pain is the lack of access to healthcare.

To tackle these health disparities, I joined two colleagues in restarting the State Medicaid Expansion Caucus to demonstrate the overwhelming public support for basic access to healthcare.

After more than a decade of waiting, or in some cases dying, over 95,000 eastern North Carolinians will gain access to lifesaving healthcare starting this Friday, December 1.

As co-chair of the State Medicare Expansion Caucus, I will continue leading the charge in Congress to expand Medicaid across the country.

Beyond Medicaid expansion, I have championed the cause of rural hospitals. In the past decade, four rural hospitals in eastern North Carolina stopped operations, creating significant barriers to lifesaving medical care.

Martin General is the most recent example of suspending operations in the East.

While we have limited tools at our disposal, especially in communities where the payer mix skews toward Medicare and Medicaid, the Rural Emergency Hospital Designation Authority is a critical part of the solution.

As eastern North Carolinians grapple with limited access to care, the opioid epidemic continues to plague the region.

To combat this crisis, I introduced bipartisan legislation with Congressman JOHN RUTHERFORD to stem the flow of counterfeit substances, including fentanyl, that have flooded the drug market.

H.R. 4988, the Modern Authentication of Pharmaceuticals Act, will come

down hard on counterfeit controlled substances by requiring on-dose identifiers to guarantee the legitimacy of pharmaceuticals. I urge my colleagues to support this legislation and put a dent in the fentanyl crisis.

While eastern North Carolinians and Americans across the country suffer from opioid addiction, patients recovering from injuries face their own barriers to treatment.

To ensure our most vulnerable patients get the care they require and deserve, I will soon introduce legislation to cut red tape for physical and occupational therapists, streamlining the delivery of care for patients recovering from debilitating injuries.

□ 1615

If passed, the legislation would ease the burdensome plan of care requirements that currently prevent payment for physical therapy services until the therapy provider receives a physician-signed plan of care within 30 days of a first evaluation. No patient should ever have to wait unnecessarily for vital healthcare services, including outpatient services.

As a member of the Bipartisan Rural Health Caucus, you can count on me to champion the causes of patients, healthcare workers, and providers alike.

We all have a responsibility in the greatest Nation on Earth to deliver a standard of healthcare befitting this greatness.

Ms. TOKUDA. Mr. Speaker, as you heard, across our country, we have strong leadership on rural health, much action to be taken, and many opportunities that we need to make sure that we seize.

We have talked a lot about rural America, from California to Pennsylvania to North Carolina. I would like to bring us back to Hawaii now. It is the most isolated archipelago in the world, with the nearest landmass over 2,300 miles away. I can tell you, it is a long distance, given that I travel it pretty much every weekend, crossing that great, beautiful, blue Pacific Ocean.

My district represents all the islands in Hawaii. On our neighboring islands, patients often have to fly to Oahu, our main island with Honolulu, to get emergency or even routine medical, dental, or mental health care. Many Oahu-based providers often spend their weekends, if they can even reach the availability of air transportation, traveling back and forth between our islands just to try to make sure our patients get the medication and services they need to survive.

I know a lot of people are thinking we have telehealth now, so that should be no problem. Again, consider the remoteness of our islands and the remoteness of so many of our rural communities. Broadband speed and access are not equal everywhere across this great country and our territories. Oftentimes, people are just asking folks

to pick up a phone to be able to triage and immediately start to provide care and scripts, which, in many cases, people need because they are living in isolated and remote parts of rural America.

As in many other parts of this country, in Hawaii, we are seeing providers, hospitals, and clinics struggle to keep their doors open because of high operating costs and insufficient reimbursement rates. As was alluded to earlier in this discussion, since 2010, 155 rural hospitals have closed their doors, making the difficult decision to leave their patients behind.

Often these patients aren't just patients. These are family members, neighbors, and friends. With limited healthcare options and access, we know that for many of these individuals, those hospitals, those providers closing their doors, it is a life sentence.

You would think, after these last 15 or so years, that we are out of the woods. Well, think again. Over 40 percent of all rural hospitals are operating with negative margins and are vulnerable to closure. This is on top of the fact that rural communities often have fewer healthcare providers. Over 50 percent of rural communities and counties have no access to hospital-based maternal care. That means just being able to go somewhere to be able to have your child safely. Seventy percent are lacking even a single psychiatrist in their county.

Looking at the stats, when we think about it, just basic physicians, general internists, and doctors in rural communities, you have 13.1 physicians per 10,000 people as compared to 31.2 in urban areas, less than half the amount that urban America is able to enjoy.

When we are talking about specialist care, think of our own situations and how often you would need that specialist or a loved one has needed a specialist to provide lifesaving care for them. Rural America has 30 specialists per 100,000 individuals as compared to 263 specialists per 100,000 people. We can see the disparity, and sadly, we can see the great need that exists in rural America right now.

High costs have also proven to be a significant barrier. Whether it is providing housing for recruiting and retaining healthcare workers in our State, covering medical transport via medevac airplane or helicopter, considering even the wages of professionals, these are all things, as you have heard today, that we have legislative bills we are trying to focus on, making sure that these barriers no longer exist and reducing the challenges to accessing healthcare in rural America.

Mr. Speaker, we will soon hear from another great State in this country, so let me at this particular time take this back to my home State of Hawaii.

As I mentioned earlier when Mr. LAMALFA came up, we have seen such devastation in my district with the Maui fires. The response in the wake of this disaster has really highlighted to

us the importance of making sure we have a strong and robust healthcare system. From critical access care personnel and medical countermeasures and supplies, you have to have them ready and onsite because in so many cases in our rural communities, whether you live on islands or there are hundreds of thousands of miles that separate you from the nearest access point, help can often be days away.

At the onset of our fires, I remember our chief of police telling us that we have often been told—sadly, now we see it—that if we are in a crisis, we are 72 hours away from help. We have to make sure, especially when it comes to critical access care and healthcare, that we have the supplies and personnel in all of our communities to be able to help respond to disaster once she strikes.

My district also has one of the most racially and ethnically unique populations in the country, and these communities often experience, sadly, some of the highest healthcare costs and suffer from some of the highest health disparities that we see across the country.

Mr. Speaker, again, one of the wonderful aspects of this caucus is that it is both bipartisan and represents all of America.

Mr. Speaker, I yield to the gentleman from Michigan (Mr. BERGMAN).

Mr. BERGMAN. Mr. Speaker, it is so interesting to walk in and wonder if you have walked into the middle of something.

Mr. Speaker, I appreciate the gentleman for yielding, and I am honored to join my colleagues today in highlighting the accomplishments and ongoing challenges facing high-quality healthcare access in rural and remote parts of our country. Believe me, it covers a lot of our geography.

Healthcare providers in areas like Michigan's First District face unique struggles in maintaining financial stability while providing the best possible care, struggles unlike anything facing those in urban or suburban regions.

As a result, we have seen a significant increase in rural clinic and hospital closures over the past decade, and many of those still operating today are doing so at the razor's edge. A single provider closing their doors could result in patients having to travel hundreds of miles farther to receive any kind of care.

While the situation remains serious, we have seen promising improvements for rural health, especially when it comes to telemedicine. The pandemic underscored the need for and the efficacy of telehealth, especially for those in rural areas who would otherwise be forced to travel multiple hours just to receive a routine checkup or consult with their doctor.

Congress must act to permanently extend pandemic telehealth flexibilities, help providers and their patients get the tools they need to utilize telemedicine, and continue to reduce government-imposed barriers.

Let me also highlight the importance of the 340B drug pricing program, which provides discounted pharmaceutical products to providers that care for a disproportionate share of uninsured and at-risk patients.

In my district alone, we have 20 340B hospitals helping to care for our most vulnerable populations. These hospitals provide the best care available.

The 340B program has been a critical component of healthcare for so many Michiganders since its inception, and I hope to continue to work with my colleagues to ensure its lasting success, especially as the program faces new challenges that threaten its integrity.

I know our rural and remote providers will continue to do everything in their power to provide top-of-the-line care to their patients. In turn, Congress must continue to address rural health priorities and remove the barriers to their success.

Ms. TOKUDA. Mr. Speaker, you have heard today so many tales of tragedy and disparity across our country in rural America, but also through the legislation, bills, and advocacy that we have seen from our Bipartisan Rural Health Caucus members, so many opportunities for us to do good by rural America.

As I close today, I appreciate all of our Members who have come forward to share their stories from across this great country. Let me highlight an article that was recently run in *The Washington Post* that focused on the fact that more people in Puerto Rico are dying at higher rates because of these healthcare disparities and lack of access to a health system.

As we take a look at the numbers, as we know, Puerto Rico has been devastated by natural disasters, compounded by COVID-19 already stressing a very strained healthcare system. They are lacking professionals in the community to be able to serve their residents. The fact is that they only have one working ambulance for 25,000 people in a town. Too often, by the time the call is made and the ambulance shows up at the home, those people have already passed away.

The fact is that they had 35,400 deaths last year in 2022 for a population of 3.3 million, thousands more than researchers could ever have expected, historical highs that they are seeing compounded as a result of a strained healthcare system that is unable to take care of its people.

There are stories and examples of veterans who have served and fought under our flag that you stand before right there not being able to access the critical care or even the basic care that they need, deserve, and fought for.

Too many people are dying as a result of a lack of access to healthcare. When we take a look at the numbers, there are disparities in terms of increases in Alzheimer's, substance abuse, mental health conditions, and chronic health conditions like blood pressure, diabetes, kidney failure, respiratory failure—all of these things.

To me, when I read this article and all the problems they cite—lack of facilities, lack of professionals, too many of the young ones leaving their community to go to work in the United States or take on other professions—this was a cautionary tale to all of rural and remote America that if we don't get our act together soon in our States and our territories to make sure that no matter where you live in this great country, especially in rural and remote America that makes up over 97 percent of this great country's land mass, we will continue to see people die.

The stakes could not be higher when it comes to making sure that the Bipartisan Rural Health Caucus continues to stay together and fight for those most basic things for every single one of our constituents. No matter where you live, no matter what district, each one has a touch of rural. We need to make sure that the healthcare access and mental health services they need will be there for them when they need it.

Mr. Speaker, I thank you for allowing us this critically important Special Order hour to highlight rural health in our country. I look forward to working very closely with all of my colleagues to make sure that rural America has the healthcare that they need and deserve.

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

#### FOCUSING ON REPUBLICAN PRIORITIES

The SPEAKER pro tempore. Under the Speaker's announced policy of January 9, 2023, the gentleman from Utah (Mr. MOORE) is recognized for 60 minutes as the designee of the majority leader.

#### GENERAL LEAVE

Mr. MOORE of Utah. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and include extraneous material on the topic of this Special Order.

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

There was no objection.

Mr. MOORE of Utah. Mr. Speaker, I yield myself such time as I may consume.

As vice chair of the House Republican Conference, it is shaping up to be a busy, productive week for House Republicans. I am looking forward to hearing from my colleagues to discuss the issues our Conference is focused on this week, including the crisis at our border, support for Israel, and investigations into the Biden family's alleged illegal financial dealings with foreign nations.

□ 1630

We have an energized and diverse conference, eager to make the American Dream possible for the next generation.

My team and I are ready to help Members shine and deliver their message straight to their constituents and the American people.

Mr. Speaker, I yield 5 minutes to the gentlewoman from Michigan (Mrs. MCCLAIN), for the first remarks of the evening.

Mrs. MCCLAIN. Mr. Speaker, I thank our newly-elected vice chair. Congratulations. I look forward to working with him.

Mr. Speaker, I rise today because accountability is finally here.

For years, Joe Biden has used his name and influence for personal gain, all while serving in office and receiving a salary funded by taxpayer dollars. He has deceived the Nation by posing as a trustworthy family man, only to be bought and paid for by foreign nationals.

The Biden family has embedded themselves in a web of lies, spreading deceit to the Nation to cover up their shady dealings. We are not fools and we cannot be fooled.

For months, House Republicans have followed the facts, and more importantly, followed the money. It has all led right back to President Biden. Despite stonewalling attempts at every turn, we have persisted. From the DOJ to the FBI and the White House, cohorts of the Biden family have done everything they can to stop the truth from coming to light. These lies cannot stay hidden forever.

House Republicans in the Oversight Committee have unearthed over \$240,000 in direct payments to the President and his family. What about that money?

That money has direct ties to foreign nationals and our adversaries. These same adversaries President Biden swore to defend America against are actually lining his pockets and influencing his decisions.

It is past time that the American public know the truth. It is time for the Biden family to be held accountable for their corruption.

Mr. Speaker, I thank the House Republicans that accountability is finally here.

Mr. MOORE of Utah. Mr. Speaker, I thank Representative MCCLAIN. I appreciate the comments and I appreciate the clarity and work that the Oversight Committee does on this issue.

Mr. Speaker, I yield 5 minutes to the gentleman from Florida (Mr. DONALDS).

Mr. DONALDS. Mr. Speaker, I thank the gentleman from Utah, our new vice chairman, and congratulate him, as well.

Mr. Speaker, President Biden consistently has stated that he never discussed business with Hunter Biden's associates. This is a lie. Let me repeat that for my colleagues across the aisle. It is a lie.

Throughout our extensive investigation and from the lips of credible witnesses, it is abundantly clear that the Biden family business is Joe Biden. Let

me emphasize, there is no Biden family business except for Joe Biden's 40-plus-year career in Washington, D.C. That has been the family business.

As a member of the House Committee on Oversight and Accountability, we have followed the paper trail and we have conducted our investigation by the book. We have discovered damning evidence and we continue to do so every day.

Our investigation has led to some alarming and eye-opening findings, which point to the President's knowledge and involvement in illegal business transactions.

For example, in 2018, James Biden, the President's brother, received \$600,000 in a loan from Americore, a financially distressed and failing rural hospital operator. Bankruptcy court documents suggest that James Biden received these loans based upon representations that his last name, Biden, could open doors in the Middle East based on his political connections. We all know James Biden doesn't have political connections, Joe Biden, his brother, has political connections.

Specifically, Americore wired a \$200,000 loan into the account of James and Sara Biden. Here is what makes the evidence damning. On the same day, James Biden wrote a \$200,000 check from the same account addressed to his brother, Joe Biden. For the American people, the brother of James Biden is the President of the United States.

The next example is an email obtained by the Committee from a Hunter Biden associate mentioning that 10 percent of the relevant joint venture be held by Hunter for the big guy. Ten percent of a relevant joint venture was held for the big guy.

At this point in the Committee's investigation, we have established that Joe Biden is the big guy. Through the web of transactions that purposefully tried to hide the big guy's involvement, let me stress again that Joe Biden is the Biden family business.

Let me illustrate an example of the confusing web of transactions. A Chinese company sent \$5 million to a joint venture between Hunter and an associate. That same day, the joint venture sent \$400,000 to an entity that Hunter Biden controls alone. Less than a week later, Hunter Biden wired \$150,000 from this entity to a company owned by James Biden and Sara Biden. James Biden, the President's brother.

Sara Biden later withdrew \$50,000 from the same company. Less than a week later, Sara wrote a personal check to Joe Biden, aka the big guy, aka the President of the United States, for \$40,000—the 10 percent of the \$400,000 that was mentioned in the email by the associate to Hunter Biden.

Another example is when a confidential human source overheard a Burisma executive claiming to have bribed then-Vice President Joe Biden for \$5 million. As I stated earlier, Joe Biden