dyes can cause allergic reactions, skin rashes, headaches, and asthma, and have been linked to behavioral issues in children as well.

It is time we demand more transparency from manufacturers as well as the FDA in checking more closely about them and push for safer, better alternatives or maybe just leave them out. Maybe we don't have to have a perfectly colored potato chip. Instead, let's let it be a little more what it is. Let's support companies that prioritize health and choose products free of harmful synthetic dyes. Our health is worth it.

NATIONAL FAMILY CAREGIVERS MONTH

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

Mr. MAGAZINER. Mr. Speaker, I rise today to recognize November as National Family Caregivers Month and to honor the important work of the more than 48 million American family caregivers across our country.

Every day, Americans provide physical and emotional support for their older parents, spouses, siblings, grandparents, and other loved ones so that they can live independently in their homes. These caregivers help with everything, including meals, bathing, medical care, transportation, often balancing their jobs and their family responsibilities at the same time.

In Congress, we must do our part to make caregivers' lives easier. That is why I introduced the Alleviating Barriers to Caregivers Act, a bicameral, bipartisan bill that will reduce paperwork and red tape and make it easier for caregivers to navigate the resources and benefits that they are entitled to.

Family caregivers work around the clock to make a difference in the lives of their loved ones, and it is time that our country make a difference in theirs.

HONORING THE LIFE OF JEANNE CARTER LUCKEY

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

Mr. EZELL. Mr. Speaker, it is with a heavy heart that I stand here today before you to honor the life and legacy of Jeanne Carter Luckey, who passed away earlier this month.

Jeanne was not only a dedicated trustee for the Mississippi Institutions of Higher Learning, but a tireless advocate for education and the future of our State.

Throughout her distinguished career, Jeanne worked with unwavering passion to ensure that our universities and students had the resources they needed to succeed.

Her leadership on the board of the Mississippi Institutions of Higher Learning was marked by wisdom, integrity, and a deep commitment to Mississippi's educational system. She understood that education was the key to unlocking opportunities for generations to come.

Jeanne was a fierce believer in service to her community, her State, and to the future of our children. She leaves behind a remarkable legacy that will continue to inspire those of us in public service for years to come.

On behalf of the people of Mississippi, I extend my deepest condolences to Jeanne's family, friends, and colleagues. We will miss her leadership and her unshakable dedication to making Mississippi a better place.

NATIONAL RURAL HEALTH MONTH

The SPEAKER pro tempore (Mr. JAMES). 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.

Ms. TOKUDA. Mr. Speaker, as co-chair of the bipartisan Rural Health Caucus, I am proud to lead my colleagues today in celebrating National Rural Health Month.

With 61 million people, roughly 20 percent of the United States population, living across 97 percent of the country's landmass, delivering healthcare to every corner of America has required unique and innovative approaches and remains an ongoing challenge.

As the primary growers and producers of the food, fuel, and fiber that keeps our country running, rural Americans are also quickly becoming older and more ethnically diverse, dealing with the challenges of keeping up with a world increasingly dependent on broadband activity to support all aspects of life, including healthcare delivery, can be a challenge.

Since 2011, National Rural Health Day has been recognized annually on the third Thursday of November—coming up soon, on November 21—to highlight the dedication of healthcare providers and communities in addressing the healthcare needs of rural Americans.

For those of us representing rural and remote parts of this country, every day is Rural Health Day, as we fight to provide access to even the most basic care services and to work to improve health outcomes and the life expectancy of our constituents.

Mr. Speaker, I yield now to the gentlewoman from Illinois (Ms. BUDZINSKI).

Ms. BUDZINSKI. Mr. Speaker, I thank the gentlewoman for yielding to me. I rise today to celebrate National Rural Health Month and bring attention to rural healthcare challenges.

In the communities that I am so proud to represent in central and southern Illinois, independent pharmacies are a lifeline. However, for too long, predatory drug middlemen, called PBMs, have squeezed independent pharmacies out of business through their unfair, anticompetitive practices.

I recently hosted a roundtable, where I heard from several independent pharmacists throughout my district, including Michelle Dyer, the owner of Michelle's Pharmacy in Carlinville, Illinois. In 2022, as PBM s consolidated, she was forced to close multiple locations of her business, leaving three rural towns in Macoupin County without access to a reliable pharmacy.

Our conversation made clear that we must take action to rein in PBMs, who have gone unchecked for far too long. We must pass the Pharmacists Fight Back Act to provide transparency, accountability, and guardrails. We need to protect independent pharmacists and support the health of our rural communities.

Ms. TOKUDA. Mr. Speaker, I yield to the gentleman from Kansas (Mr. MANN).

Mr. MANN. Mr. Speaker, I thank the gentlewoman for hosting this Special Order hour and for yielding me some time.

This month, Americans celebrate National Rural Health Month, where we believe every American should have access to quality, affordable healthcare regardless of their ZIP Code.

The Big First District of Kansas is made up of 60 primarily rural counties and is home to more critical access hospitals than any other district in the Nation, several rural emergency hospitals, and a number of rural health clinics, community health centers, and federally qualified health centers. This network of care facilities is an essential pillar for providing everyday health services and lifesaving care to Kansans.

I am committed to supporting this network and networks like it, removing red tape that handcuffs providers from providing care to rural communities, advocating for increase in telehealth services, and supporting programs that provide a safety net for rural America.

While this still is very much a work in progress, we celebrate the dedicated rural healthcare workers, hospitals, and service providers who provide care day in and day out to rural America. We are incredibly grateful for their service this rural healthcare month and every month.

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

Mr. BERGMAN. Mr. Speaker, I am honored to join my colleagues today in highlighting the accomplishments and ongoing challenges facing access to high-quality healthcare in rural and remote parts of our United States.

Healthcare providers in areas like Michigan's First District work every day to provide the best possible care for patients while overcoming struggles unlike anything facing those in urban or suburban areas.

□ 1715

Unfortunately, we have seen a significant increase in rural provider closures, and many of those still operating today are doing so at the razor's edge of financial viability and stability.

In my own district, Aspirus Ontonagon Hospital ended all hospital and emergency room operations earlier this year and consolidated into a rural health clinic. A single provider closing their doors could result in patients having to travel hundreds of miles further to receive treatment, including lifesaving emergency care.

In 2020, Congress took an important step to address this crisis by creating the Rural Emergency Hospitals, or REH designation. Under this designation, rural hospitals receive direct financial support, more than $3 million annually, and increased Medicare reimbursement in exchange for maintaining 24-hour emergency departments, as well as observation beds and other key health services.

However, when Congress created this designation, REHs were not included as eligible facilities under the 340B drug discount program.

Mr. Speaker, 340B provides significant revenue for critical access hospitals and other rural providers, helping them improve access to prescription drugs and essential health services in underserved and underinsured areas.

This oversight has severely hindered the usefulness of the REH program and made it less likely for rural hospitals facing potential closure to keep their emergency departments open.

That is why I introduced H.R. 8144, the Rural 340B Access Act of 2024, along with my colleague from Michigan, Congresswoman DEBBIE DINGELL. This bipartisan bill will make a commonsense correction and include facilities under the rural emergency hospitals designation as eligible for 340B.

This will further our work to stop rural hospital closures and ensure patients in rural and remote areas can continue to receive essential emergency care. Our rural and remote health 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 in the way of that future success.

Ms. TOKUDA. Mr. Speaker, I will now make remarks about this very important month and some of my own experiences I have had in my district.

Coming out of the pandemic, the health workforce shortage crisis in the U.S. remains one of the greatest challenges to healthcare, and we must take immediate transformational action to address it.

Increasing the number of healthcare professionals is critical to expanding access to care in rural areas and keeping rural hospitals and clinics open, just as my colleague was talking about.

One way to address this issue is by ensuring providers are adequately compensated for their services. The Medicare Physician Fee Schedule is fundamentally broken. The Medicare payment rates have fallen by 29 percent over the last two decades, while the cost of running a practice is estimated to have increased by 3.6 percent.

We need longer-term solutions that provide greater stability and certainty to our clinicians. Congress must pass legislation to stabilize Medicare physician pay so that doctors receive adequate reimbursement to cover the actual costs of providing care, especially in areas of rural America where these costs are higher.

For doctors in my district, I am also advocating for increasing geographic adjustments to ensure provider pay more accurately reflects the uniquely higher cost of healthcare delivery in remote areas like Hawaii.

That is why I am introducing the Protecting Access to Care in Hawaii, or the PATCH Act, which would provide a roughly 24 percent increase in Medicare physician payments to Hawaii physicians so that they receive a similar boost to their counterparts in other remote States like Alaska.

For family physicians like Dr. Michelle Mitchell, higher reimbursements could have made the difference with helping her keep her practice in Hawaii and serving the community she cared for and loved.

From 2008 to 2021, Dr. Mitchell owned Hawaii Family Health in Hilo, Hawaii, where she provided primary care services and offered specialty services, like nutrition intervention and behavioral health to meet the needs of her patients.

However, at the end of the day, after covering her overhead, including paying staff, utilities, and rent, she would only bring home enough money to qualify for food stamps, but she persisted. In an effort to lift herself out of poverty, she started conducting telemedicine visits for patients on the continent where reimbursements were much higher, but this was not sustainable.

In the midst of the pandemic, she left Hawaii and moved to Kansas where she can have a more sustainable practice, leaving behind patients who have struggled to find a new doctor to care for them.

In rural places like Hawaii, we lose too many good doctors, and as a result, too many loved ones who can't get the care they need to survive. Nationally, the United States is facing a shortage of 40,000 to 60,000 physicians, and the shortage is expected to grow to 139,000 physicians by the year 2033.

In my home State alone, the shortage of physicians is 757 statewide, and this is only expected to get worse. Over the past year, we have had 42 physicians retire, 4 have passed away, 55 moved away, and 212 decreased their work. Over 22 percent, nearly a quarter, of our physicians are already over the age of 65, meaning they should be retiring soon, or will be retiring soon. The sad reality is that they can't retire because there are too many lives literally at stake to lose even just one more doctor in Hawaii.

Unfortunately, given the low physician reimbursement levels in Hawaii along with the high cost of living and limited affordable housing options, it remains a challenge just to recruit and retain new physicians to our State and encourage our own, quite frankly, our ''children,'' our ''keiki'', to join the profession too.

That is why it is so vital we fix physician payment models for rural places like Hawaii and to really make sure that we support our rural communities throughout this great country.

For my constituents from the island of Lanai, they say it is difficult to be born and to die in the place that they call home, in the place that they love. That is because of their inability to see the appropriate provider and get the care that they need for their health.

I look forward to working with my colleagues to finally fix our Nation's broken Medicare payment system. When we give our doctors a fighting chance to serve, we give their patients, our constituents, a better chance to live and to thrive.

Mr. Speaker, I yield to the gentlewoman from Tennessee (Mrs. HARSHBARGER), my co-chair for the Bipartisan Rural Health Caucus, an amazing individual, and a leader in the field of health and pharmacy.

Mrs. HARSHBARGER. Mr. Speaker, I thank my friend and co-chair, Representative TOKUDA. You know, there is not a whole lot of difference—there is as far as distance—between Hawaii and Tennessee, but we have the same health challenges in rural health to be exact.

Mr. Speaker, I rise today to recognize National Rural Health Day and to highlight the work and cause of the Congressional Bipartisan Rural Health Caucus, which I am proud to co-chair with my colleague, Representative TOKUDA of Hawaii.

Over 60 million hardworking, everyday Americans live in rural communities throughout the United States, and as my co-chair, Representative TOKUDA, is fond of citing—with nearly 97 percent of our Nation being 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 the limited number of rural healthcare providers; higher rates of people being underinsured and uninsured, and long journeys to healthcare providers, sometimes people lacking transportation entirely.

Having served as a community pharmacist in rural east Tennessee for over 37 years, 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 and patients grapple with, such as workforce shortages, supply scarcities, and 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 to work to advance the cause of ensuring the long-term sustainability of rural communities.

This Congress, I introduced the bipartisan Rural Physician Workforce Production Act, which improves Medicare reimbursements 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 in 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 school 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. This week, I am pleased to help introduce with Representative TOKUDA and other members of the Bipartisan Rural Health Caucus a resolution supporting the goals and ideals of National Rural Health Day.

National Rural Health Day is the third Thursday of every November, and it 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 healthcare disparities faced by rural Americans and the continued difficulty experienced by rural healthcare providers in just keeping their doors open, it is vital that Congress prioritizes improving patient care and access in rural areas.

Our rural healthcare professionals and patients showcase a selfless and community-minded spirit, and it is altogether fitting and proper that we celebrate rural healthcare providers and the millions of Americans that rural healthcare providers serve.

In recognizing and celebrating National Rural Health Day, we join a diverse coalition of rural healthcare stakeholders to express a commitment to advancing policies 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, as you have seen here today, both Democrat and Republican, it doesn't matter which side of the aisle that we may sit and serve on, but at the end of the day, it is about taking care of all of our constituents and everyone that lives in rural and remote America.

Mr. Speaker, 80 percent of rural America is considered medically underserved and faces significant barriers to care, including geographic distances and lack of reliable transportation, fewer healthcare providers and medical facilities, lack of primary care and specialty services, and limited insurance options. As a result of these barriers, rural residents often experience worse health outcomes than their urban counterparts simply because of their inability to access healthcare.

Rural residents have a higher risk of dying early from cancer, chronic lower respiratory diseases, heart disease, stroke, and unintentional injuries. Many of these deaths are absolutely 100 percent preventable.

In my district, Native Hawaiian and Pacific Islanders experience greater rates of heart disease, hypertension, and diabetes, and Asian Americans often experience higher rates of late-stage cancer diagnoses.

To ensure people living in rural and remote communities have access to quality healthcare, we must do more to keep more rural hospitals and clinics open, increase capacity and support for rural providers, and eliminate barriers to care for our rural patients, all things you have heard from my colleagues today.

Before the end of the year, Congress has a long to-do list for rural health. As we go home to celebrate the Thanksgiving weekend, let's keep a few of these important, critical actions in mind for our constituents.

Number one, extending critical rural health programs.

Congress must pass legislation reauthorizing a number of rural health programs that are set to expire at the end of 2024. This includes extending key programs like: The National Health Service Corps, which helps recruit and train aspiring health professionals to rural and underserved areas;

The Community Health Center Program, which supports 1,400 clinics to provide comprehensive health services to more than 31 million Americans, regardless of their ability to pay; and

The Medicare Flex Program, which provides technical assistance to help struggling, small rural hospitals increase quality of care and improve hospital operations. These programs play an important role in strengthening the rural health safety net.

Number two on Congress's to-do list: Safeguarding telehealth.

During the pandemic, telehealth flexibilities allowed providers to care for their patients remotely through the use of a computer or a telephone.

The utilization of telehealth and telephonic care in rural areas has been vital to reducing the challenges and burdens experienced by both rural patients and their providers. That is why we must support extending COVID-era flexibilities beyond 2024 and even making them permanent so that patients can receive timely access to care beyond brick-and-mortar settings.

□ 1730

We must also take action to prevent an impending 3.37 percent reduction in Medicare reimbursements to patients. If Congress does not act this year, Medicare payments will have been cut by almost 10 percent in the last 4 years alone, which is simply unsustainable and could force providers and medical groups to eliminate services, furlough staff, and implement hiring freezes.

Congress must act to ensure Medicare providers have the financial support they need to care for our Nation's seniors in rural America and across this country.

Mr. Speaker, I have a few more points to make, but at this time it is my pleasure to yield the floor to my colleague.

I yield to the gentleman from New York (Mr. LANGWORTHY).

Mr. LANGWORTHY. Mr. Speaker, as a proud member of the Rural Health Caucus, I join my colleagues in celebrating Rural Health Month. I want to highlight the great work of rural healthcare providers across my district.

I represent rural communities across western New York and the Southern Tier, the counties along the Pennsylvania line. Many of my constituents will tell you that their access to high-quality, affordable healthcare is a lifeline, whether it is preventive care, managing chronic conditions, or emergency treatment.

In rural areas, healthcare providers are often the first and sometimes the only line of defense against serious illness.

One example in my own district is an innovation by Roswell Park Comprehensive Cancer Center with their mobile lung cancer screening facility that they call EDDY, which I had the opportunity to tour earlier this month. This program and vehicle takes healthcare directly into our rural communities, offering screenings that catch lung cancer earlier and improve survivor rates.

It is not the large medical centers doing this alone, but community health centers across my district that are stepping up to fill a gap, like the Southern Tier Health Care System based in Olean or Schuyler Hospital in Montour Falls or the Chautauqua Center with locations across the Southern Tier. There are too many excellent rural healthcare providers to name them all.

These centers are the cornerstone of rural healthcare, providing essential services like primary care, mental

health support, and preventative education to populations that might otherwise go without care.

I also want to speak to the importance of our community pharmacists. They play a critical role in rural healthcare. These local pharmacists are often the most accessible healthcare providers for rural residents that they have the most access to, offering guidance for everything from medication to chronic disease management and advice on appointments.

However, our rural communities and their healthcare providers face significant challenges. For many families, the nearest hospital or specialist could be hours away. It makes it difficult and sometimes impossible to get timely care. At the same time, rural areas struggle to recruit and retain skilled doctors and nurses and other professionals, leading to shortages and burnout.

On top of that, many rural hospitals and clinics operate at razor-thin margins, and too many have been forced to close their doors. When these facilities shut down, entire regions, counties, and communities lose access to essential services, forcing residents to travel even farther for care.

That is why I will always fight for commonsense policies that strengthen rural healthcare, ensuring that no one is left behind because of where they live.

I am proud to lead the Rural Telehealth and Education Enhancement Act, which reauthorizes critical funding for programs that expand telemedicine and distance learning in rural areas. This bill, which is included in the House Republicans' farm bill, would invest in new ways for patients to connect with medical experts, improve access to specialized care, and enhance health outcomes in our communities.

Mr. Speaker, I thank every single healthcare provider who has dedicated their time and talents to serving Americans in rural communities. The work they do saves lives and makes our country stronger.

Ms. TOKUDA. Mr. Speaker, I yield to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, I rise in recognition of National Rural Health Month.

Everyone, no matter where they live, deserves access to high-quality healthcare, but I have heard so many stories from my constituents in rural areas who have to drive for hours to the nearest hospital or they don't have reliable internet for healthcare for telehealth.

Today, though, I will share a story celebrating the positive impact of rural healthcare. This mother and her family thrived because they had access to obstetric care in their rural hometown.

A local woman from Danville, a town in a rural county of my southern Illinois community, successfully delivered preterm twins because they lived by a hospital with a full labor and delivery unit. The mom and her babies remained at OSF Sacred Heart Medical Center with both of the babies in a level 2 nursery where they could receive 24/7 care.

The parents were able to spend the maximum time to bond with their babies while the mom recovered from the delivery. The dad was able to go to work because the hospital was close to their home. The mom could be with their newborns and focus on breastfeeding with one-on-one lactation support.

A nearby medical center was especially valuable to these parents who had limited resources and the additional challenge of a language barrier. If OSF Sacred Heart didn't have a birthing center, the mom's only choice would have been a hospital almost an hour away.

Imagine going into early labor with twins, driving to an emergency department, and then being told you have to drive even farther. No mother should have to go through that nightmare. I am so grateful that this mother was able to safely deliver her healthy babies.

We can hear more success stories when there is a greater access to maternal healthcare in every corner of our Nation. As co-chair of the bipartisan Maternity Care Caucus, I introduced the Rural Obstetrics Readiness Act to support the creation of rural healthcare facilities.

As a healthcare equity champion in Congress, I commit myself to deploying additional digital tools in Danville, across my district, and our Nation to supplement rural health in-person care.

Ms. TOKUDA. Mr. Speaker, to continue now my long to-do list for Congress that needs to get done by the end of the year for our rural and remote Americans to make sure that they have the healthcare that they need, number three, we need to fund the government for fiscal year 2025.

The House and Senate appropriation bills contain roughly $730 million for grant programs and initiatives that directly address the growing healthcare crisis in rural America.

Rural health discretionary spending is vitally important for preserving and improving access to care for individuals living in rural America. This funding includes resources to support rural hospitals, cybersecurity, including funding to help small, rural hospitals purchase health IT and equipment and address the growing threats on digital patient records. We read about this every single day in the newspaper. They need the support to be able to safely maintain both their health records and take care of their patients.

This funding also includes funding for community health interventions, including to address the various crises facing rural America in maternal health, as we have just heard from our colleague, opioid abuse, and mental health.

That is why I will keep fighting to ensure we pass a final spending bill that preserves increased funding for rural healthcare programs.

Lastly, number four, Congress needs to pass a disaster aid package. Earlier this week, President Biden submitted a request to Speaker JOHNSON on urgently needing funding to support the Federal response to Hurricanes Helene and Milton and other natural disasters, including the August 2023 wildfires on my island of Maui.

Over the past year, rural communities in the United States have been inundated by several natural disasters, including 17 storm events, 4 tropical cyclones, 1 wildfire event, and 2 winter storms.

In June, New Mexico faced two major wildfires, and Iowa experienced record flooding from the Big Sioux River, which caused mudslides, washed away roads, and required evacuations. In September, Hurricane Helene caused catastrophic flooding, power outages, and property destruction in North Carolina.

Rural communities are on the front lines of natural disasters, which can have far-reaching effects on health and well-being in the immediate aftermath. In the long-term, generationally, it has impacts and trauma that are felt.

Damage to infrastructure caused by storms can compromise emergency response efforts, limit access to basic needs, and disrupt access to necessary healthcare and prescription medication.

Storms can also have long-lasting mental health impacts. That is why it is critical Congress pass a disaster supplemental package this year.

The President's disaster aid request includes a total of $2.7 billion for the Department of Health and Human Services, of which $260 million would be used to support health center infrastructure and ensure continued access to high-quality healthcare services in impacted areas.

This funding request also includes $244 million to expand substance use and mental health prevention and treatment services and $159 million to restore services needed by people with disabilities and older adults.

Across the country, natural disasters have devastated communities, homes, farms, and businesses and disproportionately impacted rural America, which is why I am urging all of my colleagues to support a disaster aid package that addresses both the immediate and long-term needs of impacted rural Americans.

Mr. Speaker, today, you have heard from our colleagues on both sides of the aisle. The bipartisan Rural Health Caucus is now entering its second year and proudly going into its second Congress, having been restarted by myself and Representative HARSHBARGER, and proudly boasts 64 members on both sides of the aisle and quickly growing.

In closing, I want to reiterate our shared commitment to ensure rural

health remains a priority as we wrap up this 118th Congress and head toward the 119th Congress in January.

We will continue working with our colleagues to ensure that we finish our to-do list for rural healthcare this year, continue our bipartisan work in the years ahead, and make sure that every Member of this Congress understands the plight, the need, the challenges, but, yes, the opportunity and the hopes of rural America.

Together, we can and must ensure everyone, regardless of where they live, how much money they have, or their life circumstances, has access to high-quality, affordable, lifesaving healthcare.

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

AN HONEST DISCUSSION ABOUT MATH

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

Mr. SCHWEIKERT. Mr. Speaker, first, I am going to ask everyone's—let me extend an apology. I have fairly severe asthma and just got off an attack, so I am pumping down some inhaled steroids, just routine.

Also, last weekend, I lost my voice. Should I be worried that my wife said it was the best weekend of our marriage and that staff was thrilled and upset I got my voice back?

Here we go. This is like my therapy hour, because I have some things I think we need to share. One of the number one things I want to accomplish tonight is please let there be some of our incoming Members' future staff and the Members themselves listening.

I know there is no one in the room. That is the way it is supposed to be. People are supposed to be in their meetings and reading and trying to understand what is going on. Don't fuss at people for not sitting here. We are on probably a thousand televisions around the Capitol campus.

One of my frustrations is—we just got off election season. Would you believe during elections, people—what is the term? Oh, yeah—make crap up. We need to have an honest discussion about something called math. Let's actually have some fun.

□ 1745

Have you ever had someone say that we are going to grow ourselves out of the debt and deficit?

Let's actually do some math off the top of our heads. This year's debt is going to be $2 trillion. How much does the economy have to grow to produce enough tax receipts to cover $2 trillion? It is actually fairly simple math.

Mr. Speaker, 1 point of GDP is about $300 billion, so you get about 17, 18 percent of GDP in tax receipts. So let's see if $300 billion, 17 percent is $48 billion, so if 1 percent of GDP growth only gets me $48 billion, you do realize that means you, in a single year, have to have 40, 41, 42 percent GDP growth to cover the debt and deficit of this year.

It is absurd. I beg of people: Learn your math. Mr. Speaker, don't let the political consultants make crap up and then put it on our brochures and then tell you to go out and say it.

It is now time to do adult-like math and the understanding—and I am going to do this three or four times tonight—every dime of deficits from today through the next 30 years is the very thing we are not supposed to talk about.

It is demographics. We got older as a society. Our brothers and sisters who worked their 40 quarters and who paid into the system now start to get their benefits.

Mr. Speaker, if you actually look at the inputs of debt the last decade, but particularly what we expect the next three decades, healthcare, Medicare, interest—then, 9 years from now, do we backfill Social Security or do we double senior poverty when the trust fund is empty?

We are not supposed to talk about those things. Actually, I need to share something. I believe the Democrats engage in something—I won't call it evil, but it is absolutely dystopian and cruel when they basically attacked members of the Republican Party for actually talking about ways to save Social Security. Even mentioning it and having the conversation, they do an attack ad on you, and then you wonder why they come back and say that we need bipartisanship, that we are going to work together—except you are not allowed to actually say anything that actually has a basis in a calculator. It is perverse.

Mr. Speaker, is the left actually okay, in 9 years, doubling poverty of seniors in America? We already have reports right now of baby boomers who have retired and are becoming homeless because of the inflationary cycle we just went through not being able to pay their rent. It is just this level of cruelty.

The solution isn't spending more and more money because we don't have it.

Let's actually walk through a couple of the other bits of math here. I was talking to some constituents this week. Actually, I was listening to them because I had almost no voice. One of them was talking about some things they saw in the press: What would happen if we got rid of this department or this department? I did the math for them.

For the entire civilian nonuniform workforce in America, last year's salary cost was about $213 billion. Think about that, Mr. Speaker. If we are borrowing $2 trillion, if you fired every nonuniform person in the Federal Government, every one, they are all gone, you just covered 10 percent of the shortfall this year.

There is a lack of understanding of the scale, so we are going to actually do a little bit of that.

First, I thought tonight I would come to the floor and say that we just crossed $36 trillion. We are close. We are very close. It looks like the Treasury may have reached into a little bit of their cash supply.

Remember, Mr. Speaker, Treasury sometimes keeps from $400 billion to $800 billion of cash. $500 billion is more normal, but we will hit this before the week is over.

Think of that, Mr. Speaker. We clicked off another $1 trillion, from $35 trillion to $36 trillion, and we did it in about 113 days. The projection is that we will go from this $36 trillion to $37 trillion in about 100 days.

Think of that, Mr. Speaker. We are functionally borrowing about $70,000-plus a second.

Walk through this math. Let's actually try to get a sense of what is going on. This chart is a little hard to read, but I want to make a point. I have done entire floor presentations here of showing here are all the tax hikes that the Democrats have proposed and have been scored, and then you do the economic adjustment and functionally get about 1.5 percent of GDP. The things we want to cut, if you go to nondefense discretionary, Mr. Speaker, and cut almost one-third of nondefense discretionary, it is about 1 percent of GDP. You have our 1 percent, their 2.5, you add that together—excuse me, 1.5, our 1 percent, you have 2.5 percent.

We borrowed just a little under 7 percent of the economy this year. Does anyone see a math problem when the left's tax hike solutions and our cut solutions get you 2.5, and we are borrowing close to 6?

The reason I have this chart here, functionally, in 9 budget years, we go from a little under 6 percent of the entire economy being borrowed money by the Federal Government to 9.2. That basically means, in about 9 budget years, we are borrowing close to $4 trillion a year, and that is on the baseline right now. That is with all of our taxes going up after next year. That is with none of the new programs and none of the new spending. That is just where we are at today. That is current law.

Does anyone see a math problem? At what point does the bond market come in here and say that you guys are, by the end of the decade, approaching 9-plus percent of the entire economy in borrowed money, so maybe we need a higher interest rate?

Has anyone paid attention to the bond market the last 3 weeks? Mr. Speaker, have you noticed that even though the Fed started to lower interest rates, we are still sitting 4.4 or 4.5 on a 10? Does anyone understand that is almost a full point higher than we expected at this point in the cycle?

Mr. Speaker, do you understand what 1 point of interest means? Today, interest is the second biggest expense in the Federal Government. Last fiscal year,