

seems to care so much more about winning the next election than the survival of this Republic and its economy, people, and prosperity.

Is prosperity moral? There is a path where we can meet our obligations, help our brothers and sisters who need the help, and not scare the hell out of the very people who we turn to every single day because this government borrows \$9 billion a day, \$72,000 a second. Next year, it is going to be close to \$82,000 a second. In 9 years, it is approaching \$100,000 a second.

Often, the discussion behind these microphones are things that set off your anger and the mathematical fantasies. If I get one more person who says: I saw on cable news this, so why don't you fix it? I say that I would be happy to fix it, but realize that the Corporation for Public Broadcasting—I think that calculated to paying for 2 hours, 15 minutes of borrowing in an entire year.

□ 1930

Mr. Speaker, it is the lack of understanding of the scale of this math. There is hope. There is a way you can make this work but not until the calculators are pulled out. The morality and the prosperity are the goals, and it is the moral thing to do.

Mr. Speaker, I apologize to anyone if I hurt their feelings. Send me a note. I will write you an apology note. I seem to write a lot of apology notes. I continue to be mad at both parties and almost everyone around here because we are not willing to do the math. There is a way we can make this work.

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

GOP TAX SCAM HURTS EVERYONE

(Under the Speaker's announced policy of January 3, 2025, Ms. SCHRIER of Washington was recognized for 60 minutes as the designee of the minority leader.)

GENERAL LEAVE

Ms. SCHRIER. 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 into the RECORD.

The SPEAKER pro tempore (Mr. HURD of Colorado). Is there objection to the request of the gentlewoman from Washington?

There was no objection.

Ms. SCHRIER. Mr. Speaker, I am here as one of the co-chairs of the Congressional Doctors Caucus in the House of Representatives. I am here to talk straight with you and with the American people and my constituents about this tax plan that is being worked on by my Republican colleagues.

It will explode the deficit. It will also hurt every single person in this country by making the biggest cuts to Medicaid and to food benefits ever.

I want to make clear, as I talk about this, how reckless it is and that even

people who do not rely on Medicaid themselves will be impacted by this. I am outraged. We are talking about a cut of \$715 billion to Medicaid. That is the largest cut ever. It will kick 13.7 million Americans off of their health insurance.

Let's just be really clear about why they are doing this. This isn't to balance the budget. It is not to deal with the deficit. In fact, this bill is exploding the deficit. This is to pay for a gigantic tax break for the wealthiest people in this country a la Elon Musk.

It is morally bankrupt to think about that, that transfer, about taking healthcare away from the people in my district and across this country and transferring it to the wealthiest Americans. It is also fiscally reckless.

Doing this will essentially collapse our healthcare system in the United States of America. That is why just last week, we spent 26½ hours in the Energy and Commerce Committee discussing this very thing, telling the stories of our constituents, painting a picture of what it would mean to cut 13.7 million Americans off of their insurance.

It is interesting that this whole discussion didn't start until 2 o'clock in the morning because my Republican colleagues didn't want to have this discussion during the day when people would actually hear it. They waited until the dead of night to bring up this topic of taking healthcare away from our constituents.

Mr. Speaker, in the State of Washington, one in three people rely on Medicaid. I am going to tell you that most people who do don't even know it because in Washington State it is called Apple Health. If people are asked if they are on Medicaid, they will say no. If they are asked if they are on Apple Health, they will say yes.

This represents the most vulnerable people. These are kids, pregnant women, people with disabilities, and the elderly in nursing homes. These are the people who need our help the most.

I think about my patients. I am a pediatrician. I think about the ones who have Apple Health. If they didn't have it, if they didn't have access to come see me, their primary care pediatrician, and get diagnosed early with a mild pneumonia or an ear infection or whatever the case may be, they would be forced to go to the emergency department for that care.

It is not like they are not going to get sick. They are going to get sicker, and they are going to go later when things are more expensive and more complicated.

Mr. Speaker, do you know what else? Even if you are not on Medicaid, as I think about my patients with private insurance, they are going to be waiting in that emergency department line, too. They will have broken an arm or have some other emergency. They are going to be waiting in a longer line. We all know that the lines are already long to be seen in the emergency department.

The care there is the most expensive a person can get. The lines are the longest lines. Somebody is going to pay for that care. Otherwise, hospitals go underwater, and they go out of business.

Who is that? That is the people who are not on Medicaid but who are paying private insurance premiums. Those premiums are going to go up. It will hurt individuals who buy their own insurance. It will hurt the businesses and the companies who employ those people. This hurts everybody.

I want to tell you the story about Ayla. This is Ayla. She is 4 years old. She was born in 2021 in a rural part of my district after an uneventful pregnancy. Right after she was delivered, something went very, very wrong. She was in dire straits. She was clearly sick. She needed emergency care.

Thank goodness, this rural hospital has a labor and delivery unit. They were well-equipped to resuscitate a baby, to stabilize her, and then to Life Flight her to a hospital that could provide the specialty care that she needed.

Let's think about it for a moment. If Medicaid gets cut and these rural hospitals see a disproportionate share of patients on Medicaid, either those hospitals are going to close or they are going to start cutting back services. Mr. Speaker, I will tell you the first service to go will be labor and delivery.

What if that had happened after these Medicaid cuts? What if Kittitas Valley Healthcare didn't have labor and delivery? What if Ayla had been born then? What if she had not had the specialists there and had not had the ability to be resuscitated there in the delivery room? She would not have made it.

That is what we are going to see when they start cutting away at Medicaid. It will mean the closure of rural hospitals and fewer labor and delivery units. More people will get sicker. They will get poorer. Children like Ayla will not make it.

That is what I mean when I say it collapses our whole healthcare system. Our healthcare system is like a three-legged stool. One of those legs is Medicaid. If we start taking that away, the whole system collapses.

That is what we are talking about: Hospital closures, taking away services, long waits in emergency departments, and a population that is sicker and that needs more care. That care becomes more expensive. It hurts us all.

That is why I am so outraged that this is the mechanism that my Republican colleagues want to use to pay for a tax plan that will give gigantic cuts to the wealthiest taxpayers in this country such as Elon Musk. That is unconscionable. I wanted to start with that.

I am really honored to yield to our Speaker Emerita NANCY PELOSI from the great State of California.

Ms. PELOSI. Mr. Speaker, I am pleased to receive time from the distinguished Congresswoman from Washington State (Ms. SCHRIER). She is a pediatrician. We have all learned a lot about how public policy has a direct impact on the health and well-being of the American people.

When I hear them talk about cutting over \$700 billion in Medicaid and that it is just waste, fraud, and abuse, this beautiful child is not waste, fraud, and abuse. I will talk about a little child in my remarks who is not waste, fraud, and abuse.

This Special Order comes together to shine a bright light on the Republican plan to fund tax breaks for billionaires by making huge cuts to Medicaid.

That is what it looks like. The fact is they will still with their tax bill add nearly \$4 trillion to the national debt to cover their tax break for the wealthiest people in our country.

□ 1940

This is fiscal engineering to reduce the role of government in the lives of the American people where it is most needed. This is Robin Hood in reverse, taking resources from where it is most needed, from people who need it most, and giving it to those who need it less, the billionaires in America.

This is shameful. It is a fraud, and it is a shame.

When President Johnson signed Medicare and Medicaid into law, he traveled to Independence, Missouri, to be in the presence of former President Truman who had worked on this when he was President, but it came to fruition under President Johnson. President Johnson went there, and he signed the bill in the presence of Harry Truman. He reminded the American people of a shared tradition:

“Never to be indifferent toward despair. . . never to turn away from helplessness. . . never to ignore or spurn those who suffer untended in a land that is bursting with abundance.”

Indeed, Medicaid saves lives and is a pillar of health, security, and justice for tens of millions of Americans.

People often think of Medicaid as healthcare for poor children, and that would be justification enough, healthcare for poor children. However, it also is a middle-income benefit for nursing home residents and people needing it for long-term care services. They get that largely through Medicaid. It is also a benefit for people with disabilities.

The Republicans’ devastating budget plan would push about 14 million Medicaid recipients off lifesaving healthcare and leave countless vulnerable families exposed to catastrophic medical bills. This is terrible. This is about health and financial health that is being devastated.

Working families and children from low-income households would face ruinous consequences as would rural hospitals—as the distinguished Congresswoman has mentioned—families seek-

ing opioid addiction treatment for their loved ones, and middle-class Americans with long-term care needs.

Mr. Speaker, I ask unanimous consent to insert a statement from the California Medical Association into the RECORD.

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

There was no objection.

CALIFORNIA MEDICAL ASSOCIATION,
May 12, 2025.

CMA STATEMENT ON HOUSE REPUBLICANS’
PROPOSED CUTS TO MEDICAID

California Medical Association President Shannon Udovic-Constant, M.D., issued the following statement regarding House Republicans’ proposed cuts to Medicaid:

“The latest federal proposal to gut Medicaid is reckless. Physicians and hospitals will be pushed to the brink, forced to close their doors and unable to continue to care for their patients.

“These would be the largest Medicaid cuts in history and will leave veterans, seniors, the disabled, children and working families without health care coverage—making emergency rooms the only point of care for millions of people. Communities will be devastated, and lives will be lost.

“Congress must reject these cuts and instead focus on strengthening the safety net that protects us all. Otherwise, at least 13.7 million people will lose health care coverage.”

Ms. PELOSI. This is what they have said about this.

California Medical Association issued the following statement regarding House Republicans’ proposed cuts in Medicaid:

“The latest Federal proposal to gut Medicaid is reckless. Physicians and hospitals will be pushed to the brink, forced to close their doors and unable to continue care for their patients.”

Mr. Speaker, that is because when this funding leaves those rural hospitals, then not only do the Medicaid patients lose, but all the patients in that rural area lose.

“These would be the largest Medicaid cuts in history and will leave veterans, seniors, the disabled, children and working families without healthcare coverage”—this is as the distinguished physician colleague has said—“making emergency rooms the only point of care for millions of people. Communities will be devastated; lives will be lost.

“Congress must reject these cuts and instead focus on strengthening the safety net that protects us all. Otherwise, at least 13.7 million people will lose healthcare coverage.”

Republican attacks on healthcare impact real people, including little children. My guest at the President’s State of the Union Address to Congress was Elena Hung, mother of Xiomara, a courageous Little Lobbyist, who is 11 years old.

Xiomara has complex medical needs, including chronic lung disease, chronic kidney disease, and global development delays. She has a tracheostomy, is ventilator and oxygen dependent, and uses a feeding tube.

Access to quality, affordable healthcare ensured that Xiomara received the care she needed during an extended hospitalization and can now live at home with her family.

Medicaid has helped Xiomara receive the therapies she needs to catch up with her developmental milestones, including physical therapy, occupational therapy, feeding therapy, and speech therapy.

However, these very lifelines, including Medicaid and more, are what Republicans are working to destroy to fund tax cuts for billionaires.

Democrats are standing strong against the administration’s many attacks against families’ healthcare. This is just one of them.

With this Special Order hour, we are calling out Republicans to either vote to protect their constituents’ healthcare, or to vote to take it away. That is the choice.

In stark contrast to the President and Republicans in Congress, Democrats will always fight to lower healthcare costs. We are unified and ready to use every tool to stop this GOP scheme. We will always work to strengthen pillars of health and financial security in America. That includes the Social Security, Medicare, and Medicaid. We will always fight for Medicaid.

I just want to go back to that one thing. They are still adding nearly \$4 trillion to the national budget to give tax breaks to their wealthy billionaire friends. When the Republicans passed that bill and the President signed it into law, 83 percent of the benefits went to the top 1 percent, adding \$2 trillion to the national debt. They are doubling down on that, adding almost \$4 trillion to the national debt and saying: We have got to give all this money to billionaires and call children waste, fraud, and abuse in our Medicaid system.

It is really sinful, it is really sad, and it is something that I hope the Republicans will reject.

I hope their constituents will call them, because these Medicaid people are in Republican districts. One of our colleagues in California has, out of all of our constituents, he has nearly 500,000 people on Medicaid. Yes, he voted with Republicans on this.

Mr. Speaker, you can be sure he will be hearing from his constituents because people know.

I will close by saying that Lincoln said:

“Public sentiment is everything. With it, you can accomplish almost anything. Without it, practically nothing.”

However, for public sentiment to prevail, people have to know, and we are making sure that our constituents know and they are being informed as to our knowledge of what Republicans are doing. It is Republican reverse Robin Hood.

Mr. Speaker, I am grateful for the opportunity to share the story of this beautiful little girl.

Ms. SCHRIER. Mr. Speaker, I thank Emerita Speaker PELOSI for her moral clarity and her fiscal pragmatism in painting a clear picture of what is going on right now.

Mr. Speaker, I yield to the gentlewoman from Vermont (Ms. BALINT).

Ms. BALINT. Mr. Speaker, I thank Representative SCHRIER, and I am happy to be here.

Just this morning, President Trump said that the Republicans aren't cutting anything meaningful in their budget. What a thing to say. What a shocking thing to say when these cuts will hurt so many Americans. I am having a really hard time understanding how taking away healthcare from nearly 14 million Americans isn't meaningful.

It is not meaningful that rural hospitals across Vermont and across this country are going to be at risk of closing?

Just today I met with Vermonters from a little town called Coventry, and they are deeply concerned that they are going to lose access to labor and delivery healthcare at their local hospital.

Republicans are so out of touch with the reality of American families right now, and it is shocking to call these cuts not meaningful when their bill will hurt working families.

It takes away food and healthcare from millions and millions of people, their own voters, but yet they are not meaningful cuts.

These cuts are certainly meaningful for all the kids and veterans who will go hungry because of this cruel and what I think is a very cynical bill.

Why are my Republican colleagues making the cuts?

That is what we all want to know.

It is to give the very wealthy another big tax cut and deliver tax breaks to billionaires and corporations, people who absolutely don't need any more assistance.

It is taking that money from people who desperately need help and giving away to the people who don't.

□ 1950

People who are just struggling to get by are having precious resources taken away from them.

Right now, across this country, Americans are trying to figure out the math. Are they going to be able to afford groceries for their kids? They are trying to decide whether they can afford to go to the doctor.

While that is happening, in real time, my colleagues are spending time demanding more work requirements for Medicaid recipients when we know that almost half of adults on Medicaid are already working. They act like they are not working. They are working, and 27 percent of those working-age adults on Medicaid are disabled. They are doing the best they can here.

It couldn't be more obvious that they are just looking to remove more people from the Medicaid rolls in order to

have more money to give tax breaks to billionaires and corporations. It is sick.

These are real people who we are talking about tonight in every congressional district who cannot handle these cuts. It is as simple as that.

The reality is that Americans can't pay for their rent right now. They can't pay for their groceries. They are too high. Prescription drug prices are too high. Costs for consumers and small businesses are just going to go up because of the asinine tariff regime that we have been dealt.

Of course, Americans feel like it is rigged against them because it is. That is why we have to be here fighting for them. That is why we have to be here, raising the alarm about what is happening in this bill with Medicaid.

What Americans want is fairness. What they need is fairness. We owe them that. They want and need affordable healthcare, and we owe them that. They want and need a fair shot, a better life for their kids, and we owe them that.

This bill that cuts Medicaid is a statement of values. It shows exactly what and who the Republicans are caring about. It is not you and your family. It is not me and mine. It is about propping up billionaires and kicking the rest of us in the teeth while they do it.

What kind of leaders take away healthcare and food from working people so that the wealthy can get even more money? What kind of leaders? Not strong leaders, not leaders of conscience.

It is shameful.

Ms. SCHRIER. Mr. Speaker, I thank Representative BALINT for that clarity. I appreciate drawing that distinction that Speaker Emerita PELOSI referred to as reverse Robin Hood. That is exactly what is going on here.

Who are you standing up for? We saw with the Republican 2017 tax cut that the vast majority of that benefit went to the wealthiest, and it did not trickle down to people. People are already having trouble affording rent, home prices, food, and other goods.

Putting this kind of financial pressure not just on Medicaid recipients but on everybody else, because insurance rates and medical costs are going to go higher, only makes that squeeze worse.

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

Ms. TOKUDA. Mr. Speaker, I rise today with a warning—no, a plea.

Rural America is already in crisis. People there die younger. Mothers face greater risks when giving birth. Hospitals teeter on the edge of collapse.

Medicaid is the thin lifeline holding together that fragile system. Cut it and people will die.

At Adventist Health Castle in Kailua, 75 percent of patients rely on Medicaid and Medicare. They have already weathered the storm of COVID. With new GOP-led cuts to provider fees, they may be forced to shut down essential

services—obstetrics, pediatrics, and emergency services, care that literally keeps babies and people alive.

This is not just about one hospital in Hawaii. This is a national crisis. Rural Americans face significantly worse health outcomes and health disparities. In too many rural counties, life expectancy is a decade shorter than that of their urban neighbors.

Maternal mortality in rural areas is nearly double that of urban areas, and more than 200 rural hospitals have closed their doors since 2005. Over 450 more are currently at risk of shutting their doors.

This isn't hypothetical. It is happening right now. Let's be clear: When these providers and hospitals close their doors, everyone in those communities, including, by the way, some Members of Congress and their families, will lose their healthcare. It won't bring me or anyone impacted any comfort or peace to say, "I told you so."

Suma Metla, a pediatric physical therapist and mom, treats kids with complex needs. Forty percent of her patients are on Medicaid. She told me plainly, as she sat in my office today with her 1-year-old, Kashi: If these cuts pass, we will not survive past this year.

Already, speech therapists and other specialists are shutting their doors in Hawaii and across the country. Her own practice is buried in a 2-week backlog. One of two hospitals that offer similar care, and we only have two throughout the State, has a 100-child waiting list right now.

Suma has traveled to Lanai to treat children no one else could reach. She tried to keep care going through telehealth, but when Congress let those tools expire, families were left stranded.

Let's talk about the preschool teacher in my district whose son was born weighing less than 2 pounds—5 months in the NICU, emergency surgery, feeding tubes, with a hospital bill 50 times more than she will make in a single year covered by Medicaid.

That little boy is now 3 years old, full of life, laughter, and love and obsessed with music and trucks. He is alive only because Medicaid was there.

We cannot forget what is at stake. These are not just numbers on a page. They are real lives, real children, real families, and real communities, people like you and me.

Slashing Medicaid won't balance a budget. It will close hospital doors. It will rip care from those who need it most. It will end lives.

We must not let this happen. Find the courage. Have a conscience. Vote "no."

Ms. SCHRIER. Mr. Speaker, I thank Representative TOKUDA for bringing up that particular issue of children in the neonatal intensive care unit, where I have worked.

I think about this frequently. When over 40 percent of births in this country are covered by Medicaid, I think about what it would mean for a family

to be bankrupt for the rest of their lives if they had a premature baby or a baby with special needs. I also think about what would happen if those babies didn't get the right care.

Sometimes this is not a matter of life and death but a matter of life, death, and lifelong disabilities. That is what good NICU care will mean, and it makes a difference for these babies who are relying on Medicaid.

Mr. Speaker, I yield to the gentleman from California (Mr. DESAULNIER).

Mr. DESAULNIER. Mr. Speaker, I am reminded of the first oath the gentlewoman took before she got here: First, do no harm.

I wish my Republican colleagues would take that oath because the harm that this proposal does to the least amongst us in this country is unfathomable, cruel, and madness from a financial perspective.

When everyone is cut off from Medicaid, where will they go? They will go to public hospitals that are already underfunded and trying to serve the least among us.

After all the stories you have heard, I want to put in some numbers. Think of multiplying these numbers to the stories you have heard, particularly for people who are the least among us as Americans.

There are 78.5 million people enrolled in Medicaid and the Children's Health Insurance Program across America. This is 10 percent higher than in February 2020, pre-COVID.

One in three people with disabilities, 15 million, have Medicaid. Comparatively, 19 percent of adults without disabilities have Medicaid. These are the people who Republicans and Democrats in the past have tried to protect. Now, we are being cruel and dismissive of their needs.

One in five Medicaid enrollees has a disability. Two-thirds of Medicaid enrollees do not receive SSI benefits.

□ 2000

Mr. Speaker, 10.3 million people would lose Medicaid coverage in the next 10 years if the budget reconciliation bill of the Republicans passes because of its punitive work requirements. Most of these people are already working.

In 2022, Medicaid covered two-thirds of all home-care spending. 4.5 million people receive Medicaid-covered home-care services each year in America.

Medicaid cuts as proposed under the Republican budget threaten optional benefits the most, including long-term services and supports that help the disabled and the elderly in home- and community-based services that help protect these Americans who need our help. They live with disabilities in their own communities and get the support, love, and affection of those communities and their families.

In California alone, almost 15 million Californians are on Medicaid. 1,906,300 Californians on Medicaid have a disability. Of those, 992,000 people are

working, aged 19 to 65. A million people in California with disabilities who get Medicaid are working, and now they are going to be forced to go through a bureaucracy that supposedly the majority wants to make more efficient. That is not efficiency. That is cruelty to the least amongst us.

Mr. Speaker, 68 percent of California adults on Medicaid have a job. In just my district, which is the fifth wealthiest district in the House, 131,634 people are on Medicaid and are at risk of losing care under the Republican budget. 45,916 of those are children, 19,000 are seniors, 10,000 are people with disabilities, 48,300 adults are on Medicaid due to ACA expansion.

Mr. Speaker, this is madness. I thank my colleague for bringing this to the floor, and I thank her for her spirit and her personal testimony to what this will mean to millions of Americans who are the least amongst us.

Ms. SCHRIER. Mr. Speaker, I thank the gentleman for his comments and putting this in a very personal way.

I am wondering for people out there watching if they are thinking, gosh, I wonder is this really true? Are hospitals really going to close? Are we really going to lose labor and delivery and have to drive hours to get to the nearest hospital to deliver a baby?

In my district, the hospital that I talked about earlier is between two mountain passes. If it is snowing, there is really nowhere to go except by Life Flight, and that is not hyperbole. I have sat with the heads of school-based health clinics and community health centers, with heads of hospitals, with nursing homes—and, by the way, we have been referring to rural hospitals, but there are urban hospitals and suburban hospitals that are also highly dependent or have a very high percentage of Medicaid-dependent patients.

We are already seeing cuts in hundreds of employees in the Seattle area because of these impending cuts to Medicaid. I want to just be crystal clear; this is absolutely true. We are hearing this across the board that when Medicaid gets cut, we all lose.

We lose our local labor and delivery service. We lose our local emergency room. We lose the ability to be seen quickly in the event of an emergency because somebody who could have been taken care of by a primary care physician a couple of days earlier with an uncomplicated illness is now in the emergency room ahead of you in line, making you wait when you are having a heart attack. That is completely preventable by using the leanest, most efficient healthcare service and insurance that we have called Medicaid.

I want to tell another story. This is the story of Miguel. Now, we talked about Ayla before, a little 4-year-old girl. Miguel is at the other end of life. He is a senior. He is a constituent who is dependent on Medicaid. He is actually a 76-year-old widower who lives in Wenatchee, the apple capital of the world.

Now, after Miguel's wife passed away, he relied solely on his Social Security check to cover his living expenses. He is a retired orchard worker, and he worked hard to earn that Social Security. He spent decades doing physically demanding labor without access to a pension later, and private insurance was never affordable.

He still depends on Medicaid to stay in his modest home, receiving regular in-home nursing visits and help with daily tasks, like bathing, cooking, and managing his medications. Medicaid's coverage for home-based care is, by the way, far more affordable than nursing home-based care. He gets that home-based care, transportation, and care coordination through Medicaid. Without that, he would have no way to attend his checkups, manage his diabetes, and function through the limitations that he suffered because of a stroke.

Miguel fears losing access to the services that allow him to live at home with dignity, with independence, in familiar surroundings, and he deserves that. Frankly, that is the most cost-effective way to help Miguel.

For seniors like Miguel, Medicaid is not optional. It is their lifeline. It is how they keep dignity. It is how they stay at home. Unfortunately, Miguel's fears are not unfounded. The rural hospital that he depends on treats patients who are more likely to be on Medicaid or Medicare. In other words, they have a disproportionate share, and if these patients, these Medicare patients, lose their health insurance because of this bill, the cost of their care gets absorbed by the hospital.

For hospitals in rural areas that are already struggling, barely keeping their heads above water, this could be the death blow. This will force them to first cut services. I talked about labor and delivery. I could also talk about mental health services and opioid treatment. Those are often the first to go. This would leave Miguel without access to care.

I am not trying to fearmonger or deceive Americans, but this is scary. It is real. I am simply saying what our community health centers, and our hospitals, and our nursing homes, and our school-based health clinics are telling me, that the Republicans' budget will take healthcare away, and health insurance away from 13.7 million Americans all while, therefore, increasing costs for everyone, decreasing access to care, and leaving us all sicker and poorer.

Now, we haven't even talked really about the impact on nursing homes and on our seniors. Speaker Emerita PELOSI touched on this, but I also want to be very clear that three out of five middle-class, working-class Americans in nursing homes depend on Medicaid to pay those bills.

We already say in Washington we don't have enough nursing homes. In fact, people who should be in nursing homes are now filling hospital beds because there is nowhere else to go. Just

imagine if more nursing homes close what that will do to hospitals, what that will do to those patients.

Then think about this: I am in the sandwich generation. If I had a parent who relied on Medicaid to be in a nursing home and could not otherwise afford that, I would need to leave my job to take care of my parents. That is not what they would want for themselves or for me or for my family. This is what millions of families out there will go through if these Medicaid cuts happen.

Ms. PELOSI. Will the gentlewoman yield?

Ms. SCHRIER. I yield to the gentlewoman from California.

Ms. PELOSI. Just briefly, I want to make this further point. Ms. SCHRIER has been so eloquent, and all of us associate ourselves with her remarks and the professional knowledge that she brings, the intellectual resource she is on all of this.

I just want to add one thing. At the same time as the Republican reverse Robin Hood plan is going, taking it from those who need it most, giving it to those who have the most, they are also taking nearly \$300 billion from SNAP.

□ 2010

SNAP is for food. Food is medicine. You are going to make people even more sick if those children don't have food.

There was one time when Medicaid first began that one of the people who was starting community health centers around the country insisted—insisted—with the Federal Government that food be counted as medicine because it is about health. Children who do not have access to food are the ones who suffer the most.

I see that our colleagues have arrived.

Let me just add one thing. People ask me: What is your why? Why did you ever decide to leave home and come to Congress? I have five children. The idea that one in five children in America lives in poverty and goes to sleep hungry at night in the greatest country that ever existed in the history of the world, I just couldn't handle that. That is what took me from kitchen to Congress and housewife to House Speaker, to feed the children.

When Matthew says: "When I was hungry, you fed me," in the Gospel of Matthew, what do we do with that? Just tear it up. This is immoral. It is sinful for us to be taking food out of the mouths of babies to give tax cuts to rich people.

Yet, do you know what? It isn't about that. Republicans are giving those tax cuts anyway. The majority is fiscally engineering the shrinking of the compact that we have with the American people and that developed countries have with their constituents.

We are behind the rest of them in many of these regards when we have to take food out of the mouths of babies

to say that we are going to give a tax cut to the wealthiest, but we just really are taking food out of the mouths of babies because we don't want to feed them. That is what this is about, \$1 trillion: \$700 billion or more for Medicaid and \$300 billion for SNAP. It is reverse Robin Hood a la Republicans.

Ms. SCHRIER. Mr. Speaker, I so very much appreciate those comments and Speaker Emerita PELOSI's dedication to children in every way.

Just to put an even finer point on that, food is medicine, cutting SNAP benefits not only takes food away from hungry people, but it also undermines our economy because those dollars are spent at our local grocery store.

I also have to just mention that food banks, which are the next line of support, are also under threat because DOGE and Elon Musk and Donald Trump have cut the food going to those food banks, leaving shelves bare and leaving food banks having to ration foods. They also canceled the program where local farmers can provide their food to the local food banks, which is the healthiest and local and fresh food.

All of this just adds up, once again, to hurting people in need in order to fund a tax cut for the billionaires in this country.

Mr. Speaker, I now yield to my colleague from Minnesota (Ms. MORRISON) to give her perspective about Medicaid.

Ms. MORRISON. Mr. Speaker, I thank Representative SCHRIER for yielding me time.

Mr. Speaker, I rise today alongside my colleagues in the Democratic Doctors Caucus and as the first and only pro-choice OB/GYN here in Congress to speak out against the Republicans' disastrous budget proposal and to fight for our women, children, and families.

For more than 20 years, I have had the honor and privilege of taking care of OB/GYN. One of the great joys of my job is caring for my patients during their pregnancies and helping them grow their families. I carry my patients and their stories with me, and they inform my work here in Congress. I think about them and all of the challenges that new parents face during pregnancy and then after they head home with their new baby: recovering from the delivery, adjusting to life with a little one, accessing the care they and their family need, balancing caregiving and work, making ends meet, and the cost of raising children in the United States. It is a lot.

I think about all of the babies I have delivered whose moms got their healthcare through Medicaid and how critical that was to help them get off to the best possible start.

It is because of those patients and patients all across the country that I stand here today both incredulous and outraged that the Republican majority in Congress is shoving a budget through that will gut Medicaid, the very health insurance program that covers 40 percent of all births and insures almost half of all children in our

country. As an OB/GYN, as a mother, as a Member of Congress, and as an American, this is unconscionable to me. We already have a maternal health crisis in our country.

Let's look at the facts about that maternal healthcare crisis that we face now and remember that this is before we gut Medicaid. In more than half of our country, women do not have a place to go to get obstetric care. Among our peer nations, the United States has the highest rate of both maternal and infant deaths.

In 2022, there were more than double and sometimes triple the rate of maternal deaths in the United States compared to most other high-income countries, and unacceptable disparities exist. Black, American-Indian, and Alaska-Native women are three to four times more likely to die from a pregnancy-related cause compared to White women. Most of these deaths, more than 80 percent, are preventable.

What is the Republican majority doing to address this unacceptable crisis? Instead of working to find ways to improve women's health and to help moms and babies, they are shoving a budget through that will devastate our Nation's maternal healthcare and decimate many of our hospitals and clinics. It will unequivocally make our Nation's maternal health crisis worse.

Why in the world are they doing this? Why are they choosing to harm women and children? They are doing it to pay for tax cuts for the ultrawealthiest among us. That is literally why. To make the math work to cut taxes for billionaires, they are choosing to sell out the health of women, moms, new babies, and the future of our country to pay for tax cuts for billionaires, choosing to take healthcare away from moms and their babies.

Let's be clear. This won't just be devastating to the moms and new babies who get their healthcare coverage through Medicaid. It will be devastating for maternal healthcare across the country. All of this is coming from the party that calls itself pro-life and profamily. It is hard to imagine a more antifamily policy.

Instead of wasting time musing around ridiculous ways to persuade women to have more children, like giving medals for having six or more babies, I would remind my Republican colleagues that they could start with something real, meaningful, and impactful right now by not gutting the health insurance program that covers almost half of all births and half of all children in our country. The Republican majority needs to make their profamily rhetoric match their policy, put America's moms and babies first, and stop these proposed cuts to Medicaid.

Ms. SCHRIER. Mr. Speaker, I thank Representative Dr. MORRISON for her perspective, from the perspective of an OB/GYN who has taken care of pregnant women and new babies and really

paints a very clear picture about maternal mortality in this country and what cuts to Medicaid mean for that.

It is interesting. All of us in the Doctors Caucus have been talking for years—in fact, for the whole time I have been in Congress—trying and trying to improve Medicaid reimbursement, to make it so that Medicaid reimbursement can match Medicare reimbursement so that more children can have a medical home. It is about expanding Medicaid care for pregnant women until 1 year postpartum to make sure that they are healthy and plan their pregnancies and that we can cut down this outrageous incidence of maternal mortality in this country.

Now we are just fighting to keep Medicaid. That is the situation we are in now because Republicans want to gut Medicaid and take health insurance away from 13.7 million Americans to pay for a tax cut for the wealthiest Americans. That is just plain wrong.

I will talk for a moment about another constituent of mine who paints just a different angle on what it looks like to cut Medicaid. I will tell you that our phones are ringing off the hook. People understand what is going on. They are worried for their health, for the health of their families, and for the health of their parents. They get what will happen to their local rural hospital if these go into effect.

I will tell you about Kathleen, who graciously shared a story about her own mother. Kathleen's mother lived to be 92 years old. She was a widow for 42 of those years and helped care for five of her grandchildren.

□ 2020

Kathleen's mom lived through the deprivations of the Great Depression and World War II and was never one to complain. She lived simply.

In the last decades of her life, she had a number of serious, complex medical conditions that presented real challenges for her medical team and specialists and, of course, for her. Medicaid supplemented her traditional Medicare plan in the last years of her life and allowed her to get the medical care that she needed. She was treated with care and respect.

When Kathleen's mom injured herself in a fall, Medicaid covered the rehabilitation facility and, later, in-home physical therapy and occupational therapy so she could be in her own home.

Later, she had a life-threatening event and was hospitalized. Eventually, she was well enough to move to an outpatient rehabilitation facility, followed by in-home care. Again, Medicaid was there for her. The care was safe, reliable, and appropriate, and it gave tremendous relief to her and her family.

In the last months of her life, Medicaid provided hospice care. The nurses, home health aide, OT, PT, and case manager were her guardian angels. They treated her with compassion and dignity.

Isn't this the type of treatment and care, the care made possible by Medicaid, that all of us deserve, that all of us want, and that we want for our friends, family, and ourselves?

For so many seniors in this country, this type of care is made possible thanks to Medicaid. It is unfathomable that my Republican colleagues want to deny our seniors the type of comprehensive, compassionate, and thoughtful care that Kathleen's mother received.

That brings us full circle to how these cuts to Medicaid, Apple Health in Washington State—something a lot of people out there think is that they are not relying on Medicaid, so maybe it doesn't affect them.

The message I really want to deliver, Mr. Speaker—and I am actually going to look at the camera to speak directly to the American people—is that cuts to Medicaid, or to Apple Health, impact every single person in this country.

They impact you if you are the son, daughter, or spouse of a senior who needs to be in a nursing home because nursing homes will close, and you will have to leave your job to take care of your ailing parent or spouse.

They impact everybody who lives in a rural community or in an urban community where there are a lot of patients who rely on Medicaid insurance, because when Medicaid doesn't pay the bills for those people, the hospital gives away that care for free. Then, they either cut services or close—or, more likely, a combination of them—and your insurance premiums go up because somebody has to pay. Who is going to make up the difference? Private insurance. That means your insurance rates go up, and they are already high.

Everybody hurts from this, even if you are not paying for your own health insurance. I bet, at some point, you are going to the emergency room, and those patients who don't have Medicaid are now getting sicker, waiting longer, and getting their care late in an emergency department.

If you think the waits are bad now because hospital beds and ER beds are full of patients in mental health crises or with fentanyl overdoses or with nursing home patients who don't have a nursing home to go to, if you think the waits are bad now, just wait till 13.7 million Americans lose their health insurance.

We are all impacted. If you live in a rural area and have private insurance, you are doing fine, but if the labor and delivery department closes at that rural hospital and maybe you have a high-risk pregnancy and need obstetrics care and might have a complication with that delivery, you might have to go live in a more urban area for the month before that delivery just to make sure that you are safe and that your baby is safe.

This is something that none of us should have to worry about in the United States of America. This is a

prosperous country. We have excellent healthcare here, and to think that my Republican colleagues want to cut Medicaid, a lifeline for the patients who depend on it and for our entire healthcare system, that they want to cut what the people most in need depend on—again, we are talking about the elderly, people with disabilities, pregnant women, children. To think that they would cut care for them in order to pay for gigantic tax cuts for billionaires—it is a backward transfer of money. It is Robin Hood in reverse. It is just plain wrong. I have explained now that, in addition to being morally bankrupt, it is also fiscally reckless.

It is irresponsible, and I just don't understand how this is the plan that my colleagues came up with. Their constituents are going to hurt every bit as much as mine and, statistically, with more rural areas and already more vulnerable rural hospitals, chances are their constituents are going to hurt even more.

I sure hope that people out there are paying attention. Call the people who represent you. Tell them what your fears are. I know people are calling me, and I am standing up here to appeal to my Republican colleagues and let the American people know what is going on right now, why they should be concerned.

This is a democracy. Call the people who represent you. Tell them what you think. Tell them what it would mean for you, for your family, for your neighbor.

Again, when it is one out of three in Washington State, what would it mean if these largest-ever cuts to Medicaid transpired?

Here is what is going to happen tonight. At 1 o'clock in the morning, the Rules Committee is going to meet. They are going to craft the rules for Trump's so-called big, beautiful bill, which would be a travesty for the people I represent. They are going to do this at 1 o'clock in the morning when everybody else is asleep, not watching, not paying attention, not watching the nightly news. This is not prime time because, I think, they are embarrassed about what they are doing, but they are going to do it anyway. They are going to do it for the people who were in the front row at President Trump's inauguration. That is who they are going to do it for.

This is not helping their constituents. It is not helping my constituents. America, it is not helping you.

It is morally bankrupt. It is fiscally irresponsible. It is just plain cruel. That is why I, along with the rest of the Doctors Caucus, have spent this evening talking about what this means for our patients and for our healthcare system.

We understand it on a visceral level because we have lived in and worked in this healthcare system. We have worked in crowded emergency departments, seeing people who, if they had health insurance, wouldn't need to be

in the emergency department. We have taken care of patients who didn't have insurance like Medicaid, so they delayed care or they didn't pick up a medication because it was too expensive and they didn't have coverage.

We have seen these things. Dr. MORRISON and I have both seen complicated pregnancies and neonatal resuscitations. These are patients who rely on Medicaid. We are here as doctors who swore an oath to our patients to protect them, to stand up for them. This is us standing up for our patients, to plead with my Republican colleagues not to cut Medicaid.

Mr. Speaker, I will let them know and will let my constituents and the American people know that I will continue to fight every minute to make sure that these cuts don't happen and that we keep this oath to our patients.

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

The SPEAKER pro tempore. Members are reminded to direct their remarks to the Chair and not to a perceived viewing audience.

PUBLICATION OF BUDGETARY MATERIAL

ADJUSTMENT TO THE RECONCILIATION INSTRUCTION FOR THE COMMITTEE ON WAYS AND MEANS IN THE FISCAL YEAR 2025 BUDGET RESOLUTION

HOUSE OF REPRESENTATIVES,
COMMITTEE ON THE BUDGET,
Washington, DC, May 20, 2025.

MR. SPEAKER: I hereby submit for printing in the Congressional Record a certification and an adjustment to the reconciliation instruction for the Committee on Ways and Means under section 2001(b)(11) of H. Con. Res. 14, the Concurrent Resolution on the Budget for Fiscal Year 2025.

Section 4001 of H. Con. Res. 14 requires the Chairman of the Committee on the Budget to adjust the reconciliation instruction for the Committee on Ways and Means under section 2001(b)(11) of that resolution if at least \$2 trillion in total deficit reduction over the period of fiscal years 2025 through 2034 is not achieved in the reconciliation recommendations submitted by the 7 authorizing committees with instructions to reduce the deficit under section 2001 of H. Con. Res. 14.

Based on currently available information and estimates, the Congressional Budget Office estimates that the total net deficit reduction by the 7 authorizing committees is \$1.695 trillion. Therefore, I certify that the applicable reconciliation recommendations do not achieve net deficit reduction of at least \$2 trillion over the period of fiscal years 2025 through 2034. As a result, the reconciliation instruction for the Committee on Ways and Means under section 2001(b)(11) of H. Con. Res. 14 is hereby adjusted by a commensurate amount and lowered to \$4,195,257,000,000. As a result, the reconciliation instruction for the Committee on Ways and Means under paragraph (11) of section 2001 (b) of H. Con. Res. 14, the Concurrent Resolution on the Budget for Fiscal Year 2025, is deemed to be as follows:

The Committee on Ways and Means shall submit changes in laws within its jurisdiction that increase the deficit by not more than \$4,195,257,000,000 for the period of fiscal years 2025 through 2034.

This adjustment is made based on currently available information and estimates

from the Congressional Budget Office and pursuant to section 4001 of H. Con. Res. 14. If there are any questions regarding this adjustment, please contact Brad Watson of the Budget Committee staff.

Sincerely,

JODEY C. ARRINGTON,
Chairman, Committee on the Budget.

ADJOURNMENT

Ms. SCHRIER. Mr. Speaker, I move that the House do now adjourn.

The motion was agreed to; accordingly (at 8 o'clock and 29 minutes p.m.), under its previous order, the House adjourned until tomorrow, Wednesday, May 21, 2025, at 10 a.m. for morning-hour debate.

REPORTS OF COMMITTEES ON PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XIII, reports of committees were delivered to the Clerk for printing and reference to the proper calendar, as follows:

Mr. Arrington: Committee on the Budget. H.R. 1. A bill to provide for reconciliation pursuant to title II of H. Con. Res. 14 (Rept. 119-106). Referred to the Committee of the Whole House on the state of the Union.

PUBLIC BILLS AND RESOLUTIONS

Under clause 2 of rule XII, public bills and resolutions of the following titles were introduced and severally referred, as follows:

By Ms. ANSARI (for herself, Ms. VELÁZQUEZ, and Mr. CARSON):

H.R. 3504. A bill to amend section 235 of the Immigration and Nationality Act to provide for an exception from expedited removal for certain countries concern; to the Committee on the Judiciary.

By Mr. BEYER (for himself, Mr. FITZPATRICK, Mr. MOULTON, Mrs. WATSON COLEMAN, Mr. THANEDAR, Mrs. TRAHAN, Ms. KAPTUR, Ms. MOORE of Wisconsin, Mr. CARSON, Mr. RASKIN, Ms. DAVIDS of Kansas, and Ms. MCCOLLUM):

H.R. 3505. A bill to direct the Secretary of Transportation to establish a grant program to facilitate the installation, on certain infrastructure, of evidence-based suicide deterrents, including suicide prevention nets and barriers, and for other purposes; to the Committee on Transportation and Infrastructure.

By Ms. BROWN (for herself and Mr. EVANS of Pennsylvania):

H.R. 3506. A bill to amend the Department of Agriculture Reorganization Act of 1994 to reauthorize the Healthy Food Financing Initiative, and for other purposes; to the Committee on Agriculture.

By Mr. BURCHETT (for himself and Mr. MOSKOWITZ):

H.R. 3507. A bill to require the chairs of committees of the House of Representatives and the Senate to submit certain information to the Clerk of the House of Representatives or the Secretary of the Senate with respect to reported bills and joint resolutions, and for other purposes; to the Committee on Rules, and in addition to the Committee on House Administration, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Ms. DELAURO (for herself, Mrs. WATSON COLEMAN, and Mrs. FOUSHEE):

H.R. 3508. A bill to provide targeted funding for States and other eligible entities through the Social Services Block Grant program to address the increased burden that maintaining the health and hygiene of infants and toddlers, medically complex children, and low-income adults or adults with disabilities who rely on adult incontinence materials and supplies place on families in need, the resultant adverse health effects on children and families, and the limited child care options available for infants and toddlers who lack sufficient diapers and diapering supplies, and for other purposes; to the Committee on Ways and Means, and in addition to the Committee on the Budget, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned.

By Mr. GOLDEN of Maine (for himself and Mr. LUTTRELL):

H.R. 3509. A bill to remove the six-year statute of limitations on certain claims against the United States Government by survivors of members of the Armed Forces who died in the line of duty on or after September 11, 2001; to the Committee on the Judiciary.

By Mr. GOTTHEIMER:

H.R. 3510. A bill to direct the Secretary of Education to establish a grant program to assist with the cost of suicide prevention software for use in elementary schools and secondary schools, and for other purposes; to the Committee on Education and Workforce.

By Mr. GOTTHEIMER (for himself and Ms. FRIEDMAN):

H.R. 3511. A bill to amend the Public Health Service Act to direct the Assistant Secretary for Mental Health and Substance Use to establish a grant program for certain undergraduate or graduate students who agree to work as school psychologists, and for other purposes; to the Committee on Energy and Commerce.

By Mr. HERN of Oklahoma (for himself and Mr. FEENSTRA):

H.R. 3512. A bill to amend the Internal Revenue Code of 1986 to establish a tax on income from litigation which is received by third-party entities that provided financing for such litigation; to the Committee on Ways and Means.

By Mr. JOHNSON of Georgia (for himself, Ms. BROWNLEY, Mr. CARSON, Ms. DEAN of Pennsylvania, Mr. DOGGETT, Mr. FIELDS, Mr. FOSTER, Mr. FROST, Mr. GOLDMAN of New York, Ms. LEE of Pennsylvania, Mr. LIEU, Ms. MCCLELLAN, Mr. MIN, Mr. NADLER, Ms. NORTON, Ms. PINGREE, Mrs. RAMIREZ, Mr. RASKIN, Ms. ROSS, Ms. SCANLON, Ms. SHERRILL, Mr. STANTON, Mr. SWALWELL, Mr. THOMPSON of Mississippi, Ms. TOKUDA, Mr. VARGAS, Ms. CRAIG, Ms. PRESSLEY, and Mr. NEGUSE):

H.R. 3513. A bill to amend title 28, United States Code, to provide for a code of conduct for justices of the Supreme Court of the United States, and for other purposes; to the Committee on the Judiciary.

By Mr. KELLY of Pennsylvania (for himself, Ms. DELBENE, Mr. JOYCE of Pennsylvania, Mr. BERA, Ms. VAN DUYN, Ms. CHU, Mr. CRENSHAW, Ms. CLARKE of New York, Mr. MURPHY, Ms. MOORE of Wisconsin, Mr. BALDERSON, Ms. SCHRIER, Mr. YAKYM, Ms. SEWELL, Mrs. HARSHBARGER, Mr. LARSON of Connecticut, Mr. CAREY, Mr. EVANS of Pennsylvania, Ms. MALLIOTAKIS, Mr. BEYER, Ms. TENNEY, Ms. TOKUDA, Mrs. MILLER of