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House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mrs. BICE).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,

September 2, 2025.

I hereby appoint the Honorable STEPHANIE I. BICE to act as Speaker pro tempore on this day.

MIKE JOHNSON,

Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2025, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with time equally allocated between the parties and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 1:50 p.m.

CRITICAL SUPPLY CHAINS

(Mr. JOYCE of Pennsylvania was recognized to address the House for 5 minutes.)

Mr. JOYCE of Pennsylvania. Madam Speaker, it is no secret that our Nation's most critical supply chains are almost fully reliant on foreign nations, and our pharmaceutical supply chain is no different.

Approximately 10 percent of the active pharmaceutical ingredients required for domestic prescription drug manufacturing comes from foreign supplies.

Simply stated, the prescription drugs that save the lives of millions of Americans every year are at severe risk. American patients cannot be reliant on countries like China for these lifesaving medications.

I am proud to see that President Trump is taking this seriously by issuing an executive order that ensures that our Nation has a 6-month supply of the critical active ingredients needed to make these lifesaving medicines.

Bringing production back to the U.S. is not enough to fix our supply chain. With this executive action, President Trump will also ensure that America has the ingredients needed to domestically manufacture these medicines.

American patients rely on these medicines each and every day, and I applaud President Trump for taking this significant action.

CREATING A NATIONAL DAY OF THE BIBLE

Mr. JOYCE of Pennsylvania. Madam Speaker, last Friday, I was proud to join a joint resolution to make September 12 the national day of the Bible.

When the United States Congress met in Philadelphia in 1782, it approved a 1,400-page version of the Bible published by Robert Aitken. This Bible became known as the Bible of the Revolution.

This joint resolution will formally designate September 12 as the day of the Bible to honor the first complete English-language Bible that was produced in America. This is a historic moment.

This resolution also encourages our schools and other institutions to observe this day and focus on the Bible's significance to our Nation's history and our Nation's future.

Our Nation was founded on the ideals of freedom, including religious freedom. Those who founded this land were fleeing religious persecution. The Bible of the Revolution serves as a reminder of the resilience that set our Nation on a path toward freedom as one nation under God.

HONORING WEST SUBURBAN SOFTBALL TEAM

Mr. JOYCE of Pennsylvania. Madam Speaker, I rise today to honor the West Suburban 12-under softball team of Johnstown, Pennsylvania, for winning the Little League Softball World Series.

West Suburban compiled a record of 20-2 this summer and ended the season on a 15-game winning streak. In their five wins during the World Series, West Suburban outscored their opposition 15-1.

In the championship game, West Suburban defeated the central region champion, Floyds Knobs of Indiana, 1-0. More than 1 million people watched as West Suburban captured that victory. This makes the 2025 championship the most watched Little League Softball World Series game ever.

West Suburban's success is a tribute to the outstanding leadership of the coaches, the tremendous talents of the players, and the enduring support of family and community.

I congratulate Manager Lester Gaunt, Coach Rick Baxter, Coach Rick Bills, and players Mallory Bailor, Aubrey Baxter, Reagan Bills, Sadie Divido, Kennedy Fees, Camilla Gaunt, Adalyn Hines, Mara Keefe, Kendal Schilling, Leilah Schilling-Mansour, Haley Shepherd, and Nevaeh Worthington.

Madam Speaker, on behalf of everyone in Pennsylvania's 13th Congressional District, I congratulate the players and coaches of West Suburban for an incredible achievement and offer my best wishes for continued success.

HONORING THE METZ FAMILY

Mr. JOYCE of Pennsylvania. Madam Speaker, I rise today to honor the Metz family of Perry County, Pennsylvania, for receiving the designation of bicentennial farm from the Pennsylvania Department of Agriculture.

A bicentennial farm is a farm that has been owned by the same family for at least 200 consecutive years, has a

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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family member who still lives on the farm, and has at least 10 acres of the original holding.

Richard Metz, Jr.'s newly designated bicentennial farm was founded in 1825 by Johann Metz, his third great-grandfather. After more than 150 years of family farm lineage, Richard Metz took ownership in 1996.

Today, the original 110 acres exist and grow soybeans, corn, and hay.

Madam Speaker, I offer my sincere congratulations to Richard Metz and his family for continuing this rich history of agriculture in Pennsylvania.

CONGRESS' LONG TO-DO LIST

(Mr. COURTNEY of Connecticut was recognized to address the House for 5 minutes.)

Mr. COURTNEY. Madam Speaker, after an extraordinarily lengthy recess that Speaker JOHNSON ordered at the third week of July, Congress is finally back in session with a huge to-do list.

If there was any benefit in terms of having Members back home, though, it was an opportunity to go out and listen to what is on people's minds. Townhall meetings and community gatherings offer, again, Members of Congress a chance to listen to people in terms of what they care about the most.

I had a number of those events, in Mansfield, Colchester, and Old Saybrook, Connecticut, with very packed rooms. The issue that was of most concern was H.R. 1, what President Trump calls the one big, beautiful bill.

While Congress was away, the Congressional Budget Office had a chance to finally zero in on final numbers in terms of the impact of H.R. 1, the one big, beautiful bill.

It was being written over and over again and changing up until the final minutes, but they finally got some clarity. What they determined was that the number of people who will lose their health insurance coverage because of H.R. 1 is 10 million, 7.5 million people on Medicaid and another 2 million people who get their insurance through private health plans on the exchange.

They also calculated the debt impact in terms of H.R. 1 because of the massive giveaway to billionaires and the top 1 percent of this country. They determined that the bill is going to add \$3.4 trillion to America's deficits between 2025 and 2034.

The debt service on that additional debt is an additional \$718 billion. That is just pure interest. It has no value in terms of services or programs that actually help the American people.

Because of that debt figure, the bill triggered another law called paygo, the pay-as-you-go law, which was passed in the 1990s to put pressure on Congress not to pass legislation with that big of a deficit impact. Unfortunately, the majority ignored the paygo rule.

What CBO told us on August 15 is that will trigger automatic cuts to

other programs. That is the way the paygo law was designed to create some deterrent on Congress from excessive deficit spending.

□ 1210

Madam Speaker, the Medicare program, the program that helps people over the age of 65, will take the hit of 4 percent across the board. It will be a \$45 billion paygo cut because of this measure.

In addition to those numbers, we are also hearing from the groups who are going to be impacted. Madam Speaker, in this morning's Connecticut press, there is a story titled: "What worries CT hospital leaders about Trump's Big Beautiful Bill."

Madam Speaker, I include in the RECORD the article from the CT Mirror.

[From CT Mirror, Sept. 2, 2025]

WHAT WORRIES CT HOSPITAL LEADERS ABOUT TRUMP'S BIG BEAUTIFUL BILL

(By Katy Golvala)

Connecticut's health care leaders and state officials have been warning for months about the potentially devastating impacts of President Donald J. Trump's One Big Beautiful Bill Act on access to care for millions of Americans.

Nearly two months after the law's passage, hospital executives here say there are critical details still unknown that make it difficult to determine exactly how it will impact providers and patients.

"My best guess is it's not going to be good for hospital providers and health care in general," Vincent Capece, president and CEO of Middlesex Hospital, an independent hospital located in Middletown, CT. "There's going to be less money available, but exactly how much and how that all works out when the dust settles is really hard to calculate."

The law makes several changes to Medicaid, known as HUSKY in Connecticut, that are projected to kick anywhere from 100,000 to 170,000 residents off the program in the next decade. It also impose new limits on the amount of Medicaid funding states can collect from the federal government through what's known as the "hospital provider tax."

Those are just some of the policies that could spell trouble for a hospital's bottom line.

Health care researchers predict the law's major components, some of which aren't slated for implementation until 2027 at the earliest, will pose the greatest challenge to rural hospitals and those that serve a large share of Medicaid patients. Hospitals that aren't performing well financially might also be less poised to absorb potential revenue hits that the law's measures could bring.

The Connecticut Mirror spoke with hospital executives from around the state about how they're approaching major pending federal changes.

Most of the hospital leaders who spoke for this article said it's still too early to consider scaling back services in response to the federal cuts.

Ben Wade, chief strategy officer at Stamford Health, said he's hopeful they'll be able to manage costs without reducing access to services.

"We have not identified any programs at this time for closure," Wade said. "We don't plan to do that."

However, leaders at small community and rural hospitals acknowledged that they may have to scale back the availability of certain services.

"It's not necessarily cutting programs," Kurt Barwis, CEO of Bristol Hospital, said.

"It's starting to look critically and strategically at 'How do I retool these programs to accomplish the same thing but at a lower cost?'"

Barwis said he's established partnerships with larger hospital systems, like UConn Health and Hartford HealthCare, and expects to do more of these in the future.

Kyle Kramer, CEO of Day Kimball Hospital in Putnam, said service changes are "inevitable" at rural community hospitals like his, where they must always think about whether there is enough demand for a particular service, he said.

"There has to be a high enough level of volume to maintain that proficiency," Kramer said. "And if it becomes a service that is too expensive to offer, we've got to think about, 'Okay, is this something that we should partner with somebody else who has larger scale to provide it?'"

While the federal changes directly impact people who get coverage through Medicaid and state-based exchanges, the ripple effects will be felt by everyone, health care leaders warned.

"The impact goes far beyond those who lose coverage. Our entire health system and every community we serve will feel the effects. Reduced services, longer wait times, staff reductions, and the potential closure of programs and facilities," Daniel Keenan, vice president of government relations at Trinity Health of New England, stated in emailed comments.

Keenan pointed to emergency rooms as an example. When people don't have coverage, they turn to emergency departments for basic care, resulting in crowding, service delays and staffing issues that impact the entire system, he said.

The changes could drive UP costs for people with private insurance, as well.

Leaders at both Stamford and Middlesex hospitals say the reductions in government Medicaid payments will likely force them to negotiate increased payments from commercial insurers, which could result in higher premiums for those with private coverage.

"We will need to think about the upcoming commercial insurance negotiations that we have to make sure that we have the resources that we need to cover our expenses," Wade said, adding that if insurers and employers don't opt to absorb these costs, they will end up hitting people's premiums.

One of the big areas of uncertainty lies with the hospital providers tax, several hospital executives said. The provider tax is an arrangement that allows states to increase the amount of federal Medicaid dollars they get from the federal government by collecting taxes from hospitals and then redistributing those funds back to the facilities. The exchange counts as Medicaid spending by states and entitles them to extra reimbursements from Washington.

The federal budget bill decreases the "safe harbor limit"—or the rate at which states can tax hospitals—from 6 percent to 3.5 percent by 2031, with a phased-in reduction beginning in 2028.

Even though the new limit won't take effect for several years, federal waivers for the tax rate will pose an issue as soon as next year, when the current provider tax agreement between the state and hospitals expires. In advance of a new agreement, approved by the legislature this year and slated to take effect in July 2026, Connecticut will have to reapply for a federal waiver to tax the hospitals above the safe harbor limit in order to go ahead with its plan to increase hospital taxes by \$375 million.

In the past, states have been permitted to apply for waivers to tax hospitals at rates exceeding the safe harbor limit. Connecticut, for example, taxes hospitals at the maximum