

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.

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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

6 percent for inpatient revenues, but received a federal waiver to tax outpatient revenues at slightly over 10 percent, said Paul Kidwell, senior vice president at the Connecticut Hospital Association. It's unclear whether the federal government will continue to grant such waivers, he added.

"It's a big question mark," Kidwell said. "We're proceeding as if we can continue, with the knowledge that we need more information from CMS in order to be certain."

Capece, CEO at Middlesex Hospital, said the tax change could be the biggest financial disruptor for his hospital, even more so than changes to Medicaid eligibility.

"The risk really lies with regard to the provider tax issue," Capece said. "It's a huge amount of money."

Barwis, of Bristol Hospital, called the expiration of the agreement at the end of this fiscal year a looming "day of reckoning" for Connecticut.

"Will [the Centers for Medicare and Medicaid Services] grant a new waiver to keep it at 10.5 percent? Or will CMS say, 'No, no, no, we're not going to grant this waiver again. You need to go down to 6 percent.' And how will that affect hospitals in the state of Connecticut?" Barwis said.

At least some Connecticut hospital leaders hope the most potentially damaging effects of the bill could get scaled back or repealed before they go into effect.

Wade, who oversees strategy at Stamford Health, said there's a chance that, if Democrats take control of Congress in the midterm elections, some of the changes could be "pushed off or unwound entirely," he said.

"We're still doing a lot of advocacy at the federal level because this is still a moving target," Wade said.

Kramer, who heads up Day Kimball, agreed that there's still time for things to change. Capece from Middlesex said he, too, is "cautiously optimistic."

CHA's Kidwell is less convinced the law could be scaled back but, he said, he's grateful to be facing these federal changes in a state that wants to help as many people as possible keep their health coverage.

"We all have this goal of making sure as many people stay insured as possible and that compliance with federal rules is not so onerous that people fall off because of paperwork," Kidwell said. "I don't think that's the same in other states where they might have a different motivation."

Mr. COURTNEY. Madam Speaker, again, this journalist went out and interviewed hospitals across the State. This included urban, rural, and suburban hospitals. What all of them are reporting is that the hit of \$1 trillion of Medicaid is going to ripple through the system and cause impact for everybody who relies on those critical services.

Daniel Keenan from Trinity Health Of New England, Saint Francis Hospital of Hartford is one of their big members. I was born there a number of years ago. He stated: "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 potential closure of programs and facilities."

"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."

That affects everyone, and it will spill over into other people's employ-

ment-based insurance premiums, which the article goes through in great detail.

Madam Speaker, President Trump the other day said he actually doesn't think he wants to call the bill the One Big Beautiful Bill Act anymore. As he said, it was good for getting it approved, but it is not really good for explaining it to people. People have figured out enough in terms of deficit impact, taking away people's health insurance coverage, and the impact on services, particularly in the hospital sector, which they warned us about before the bill was passed. Yet, the majority and the White House turned a deaf ear.

We have a lot of work to do when we get back into town, starting tonight. Again, what would be nice is if all of the Members who had townhalls—and I know Republicans heard about this as well as Democrats—recognized that this bill is not the Ten Commandments.

Madam Speaker, we have the ability and the legal authority to make changes and listen to the people who are warning us that it is actually going to harm the American people, and there is nothing beautiful about it.

#### REFLECTING ON AUGUST RECESS

(Mrs. MILLER-MEEKS of Iowa was recognized to address the House for 5 minutes.)

Mrs. MILLER-MEEKS. Madam Speaker, it is great to be back in our Nation's Capital, especially now that President Trump has cleaned up Washington and made this city safer for all residents and visitors.

Madam Speaker, there is no place like home, and it is really hard to leave Iowa. August was an incredible month, working across Iowa's First District. I went corner to corner, visiting all 20 counties. I met with manufacturers, farmers, hospital leaders, nonprofits, issue advocacy groups, emergency services, law enforcement, county supervisors, and small businesses. They all highlighted the wins we have delivered, which is the largest tax cut in history for working- and middle-class Americans.

Madam Speaker, there is a 20 percent tax cut for small businesses, permanent relief from the death tax for family farms, historic investments in trade schools, and manufacturing provisions that keep jobs and innovation in America.

I was proud to lead a Made in America Manufacturing Tour with stops at Cemen Tech, Vermeer, and SSAB to showcase how these pro-growth policies are driving investment and creating jobs in Iowa.

I also held roundtables with hospitals, EMS, and small businesses to discuss lowering costs, cutting red tape, and ensuring our communities remain strong.

Of course, I joined thousands of Iowans at the great Iowa State Fair,

celebrating our traditions, supporting agriculture, and talking with families about the issues that matter most. August was not a break. It was a work period filled with results.

Under President Trump's leadership, we are cutting taxes, bringing jobs back, unleashing American energy, securing our borders, and restoring America's strength. I am proud of the progress we made, and I am committed to working for Iowa and our great Nation.

#### CONGRATULATING UNIVERSITY OF IOWA DEPARTMENT OF PHYSICS AND ASTRONOMY

Mrs. MILLER-MEEKS. Madam Speaker, I rise today to congratulate the University of Iowa's Department of Physics and Astronomy for their critical role on the NASA TRACERS mission.

On July 23, 2025, the Tandem Reconnection and Cusp Electrodynamics Reconnaissance Satellites, also known as TRACERS, was successfully sent up from Vandenberg Air Force Base in California. This innovative mission is being led by David Miles, a professor at the University of Iowa.

I had the honor of touring the TRACERS lab at the University of Iowa. I saw the impressive work being carried out by Professor Miles and his team. Aboard the rocket are two twin satellites that will be used to study how the solar wind's energy enters space and how the Sun transfers energy and mass throughout the solar system. They will also study how Earth's magnetic shield protects our planet from the effects of space weather.

I am proud of the team that is home to such groundbreaking work and innovation. I congratulate Professor Miles and the TRACERS team on a successful launch. Go Hawks.

#### REMEMBERING COLLETA "LETTIE" LOUISE HARDEBECK

Mrs. MILLER-MEEKS. Madam Speaker, I rise today to honor the remarkable life of my aunt, Colleta "Lettie" Louise Hardebeck, who passed away August 16 at the age of 102.

Her celebration of life is tomorrow on September 3. I won't be able to be there because we are here in session.

Lettie was the energy and the adventurer of our family. She was born in 1923 to German immigrants in Simi Valley, California. She grew up on the family farm which was taken over by eminent domain for Interstate 5. She helped harvest oranges and walnuts.

After high school, she moved to Los Angeles where she worked for Prudential Life Insurance; rode the Red Bus with her sister, my Aunt Ellie; and met her husband, Bob, a Coast Guard sailor. They married in 1947 and raised four children together.

Lettie's life was marked by devotion to her family, to her Catholic faith, and to her community. She helped raise four children: Cathi, Larry, Jim, and Bobby. She also helped raise her grandson, Joey. She remained active in her church. Even at 100 years old, she was still attending Mass in person.