

leaving the city where it was founded in the mid-19th century—and moving to Toledo, Ohio.

The society announced today that it will be making a “strategic” relocation to an Art Deco building on the spacious campus of the Toledo Museum of Art. The \$20 million plan, to be completed in 2028, would make possible its long-harbored vision of a state-of-the-art money museum, a dream that has proved elusive in New York.

“One of our members said that this will mean a terrible loss to New York City,” the society’s executive director, Ute Wartenberg Kagan, said. “But if no one uses it, what’s the loss?”

Wartenberg Kagan, a scholar of ancient Greek coinage, left the British Museum in 1998 to join the American Numismatic Society and someday establish a proper money museum where one belonged, in the city of Wall Street. But exorbitant costs and space constraints conspired against those plans, as did an apparent indifference to the charms of numismatics.

So: Hello, Toledo!

Wartenberg Kagan said that she and several other colleagues are eager to make the 560-mile move west, where the society has already bought the building that will house its collection as well as a library, auditorium and education center. The population of the Toledo metropolitan area is about 650,000, less than one-tenth that of New York City, but there are many buts.

The cost of living is lower. The campus has plenty of space to accommodate the school buses that never pulled up to the current location because there was nowhere to park. And there is the opportunity to work in concert with the museum, integrating collections to produce dynamic exhibits for an engaged community.

“We’re not just buying real estate,” Wartenberg Kagan said. “We’re buying a relationship.”

But as one relationship begins, another ends. The American Numismatic Society traces its origins to 1858, when a teenage boy named Augustus B. Sage invited other coin obsessives to his family’s Manhattan home to discuss the creation of a society dedicated to all matters numismatic. Sage, who would go on to serve in the Civil War and die young, of pneumonia, donated the first object: an 1825 American half-cent.

In 1908, the society built a neoclassical building at 155th Street and Broadway, in the city’s Washington Heights section, to accommodate its growing membership, library and collection. The numismatic cognoscenti gathered there for lectures and exhibits, for celebrations of National Coin Week and debates about the aesthetics of the buffalo nickel.

But as the years passed, fewer people traveled to Upper Manhattan to see and discuss coins. Mentions of the society sometimes appeared in newspaper roundups of out-of-the-way places to visit in Manhattan.

Excitement occasionally paid a call. In 1977, four armed men overpowered two society guards, meticulously taped cloth over display cases to muffle the sound of glass being broken and made off with about 300 rare coins worth as much as \$100,000. As they calmly exited the building, the thieves told three impatient visitors at the door that the place was closed.

And in 1989, a heart surgeon and coin collector from California arrived in New York to be honored by the society for his beneficence, only to be arrested—and later convicted—instead. During his occasional visits, the good doctor had been pocketing rarities worth about \$1 million: a gold coin of the Roman Emperor Hadrian here, six gold coins of the Visigoths there.

Facing a yawning deficit, the society sold its Washington Heights building and moved to the Wall Street area in 2004, with plans to open a money museum. But the plan never came to fruition.

In 2008 the society moved again, to leased space on the 11th floor of an old building at 75 Varick Street. Over eight hours one late-spring Saturday, its entire collection, cocooned in bubble wrap and packed in more than 400 plastic crates, was transported to the new location as quietly as can be done with a police escort.

Both the appeals and challenges of the society’s current home were evident during a recent tour. An extensive library all but begged the visitor to pause and flip through a book, any book: on heraldry or mythology, shipwrecks or excavation. Then, once past the several locked doors that guard the vault, Wartenberg Kagan and Peter van Alfen, the chief curator, shared with glee just the smallest hint of the society’s immense treasure.

In this sliding drawer, a silver coin from the reign of Alexander the Great, one of many, portraying him in battle in India. And in this drawer, the famous silver denarius, minted to commemorate the murder of Julius Caesar and depicting two daggers and the bust of his assassin, Brutus. Here, a 1787 doubloon made by a New York City goldsmith, and here, a rare 1861 Confederate half dollar, struck in New Orleans.

A year could be lost in the vault of the American Numismatic Society.

But the society’s leased space is too expensive (\$1.8 million a year, including taxes), too small to accommodate its ever-growing holdings and not conducive to public engagement. A few years ago, a travel guide included the society among its list of free attractions—open by appointment and closed on weekends—in Lower Manhattan. Even then, only a half-dozen or so tourists might wander in every week.

“This is both a big and a small place,” Wartenberg Kagan said. “That’s one of its problems.”

For the last several years, the society—which has 1,400 members, including 265 outside the United States—has searched for more suitable quarters. Plans to move to the University of Chicago fell apart, as did those to move to the University of Pennsylvania, Long Island City in Queens and a warehouse in Fall River, Mass.

Then came a bit of numismatic serendipity. It just so happened that Adam M. Levine, the president and director of the Toledo Museum of Art, had spent the summer of 2009 at the American Numismatics Society, studying the iconography of Justinian II coinage. He contacted Wartenberg Kagan, whom he knew, and suggested that she consider Toledo, where he just happened to know of a four-story building on the museum’s 37-acre campus that would soon become available.

Levine, who grew up in the Riverdale section of the Bronx, expressed great affection for his native city. But he is now imbued with what he called the “zeal of the convert,” and he vouched for Toledo’s cultural amenities, community spirit and easy, relatively short ride to the Detroit Metropolitan Wayne County Airport.

“I feel very confident that there is life after New York,” Levine said. “And Toledo is made special by being the only place where you can pretty much guarantee that you’ll like the next person you meet.”

A dubious Wartenberg Kagan visited Toledo—and came away persuaded. It checked every box for the society’s trustees, including a supportive, good-sized city, reasonable housing costs and proximity to major research facilities.

Other staff members also made the trip to Toledo and liked what they saw. About half of the 17-member staff will be making the move, including Wartenberg Kagan and van Alfen.

“They will be welcomed with open arms,” Levine predicted. “And they’ll have more visitors in their first year than they’ve had in the last five.”

“Probably 10 years,” Wartenberg Kagan added.

OREGON’S THIRD DISTRICT CONSTITUENT SERVICES

(Ms. DEXTER asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DEXTER. Mr. Speaker, I rise today to share how my office has been hard at work for the people of Oregon’s Third Congressional District.

Since coming to Congress, our office has helped constituents recover more than one-half million dollars owed to them by the Federal Government through our casework services.

That is one-half million dollars returned to veterans waiting on care, to families caught in bureaucratic limbo, and to seniors who depend on their Social Security checks to live with dignity.

If my constituents need help navigating a Federal agency, my team is here for them. Visit dexter.house.gov or call 503-231-2300.

I certainly cannot reverse every agency decision, but I can ask questions, and I can press for answers and work to move stalled cases forward.

We do that every day for veterans seeking care, for seniors needing benefits, for families waiting on tax refunds, and for neighbors who simply need someone in their corner.

That is what representation looks like.

MEDICAL BILLS ARE TOO HIGH

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

GENERAL LEAVE

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

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

There was no objection.

Ms. McCLELLAN. Mr. Speaker, today is December 1. At midnight and 30 days, at least 5 million Americans could lose access to their health insurance, and 22 million Americans who benefit from enhanced premium tax credits under the Affordable Care Act—as they began open enrollment 1 month ago—started to see their health insurance premiums spike.

Last week, in honor of Prematurity Awareness Month, I stood on this floor

to talk about how the Affordable Care Act expanded insurance to millions of Americans, how Medicaid expansion expanded insurance to millions of Americans, and how critically important that health insurance coverage is to a full-term birth with a nonfatal outcome for mother and child.

In the middle of the week, with several other mothers of preemies, I talked about my birth story.

Ten years ago, when I woke up one morning and my placenta ruptured and after almost bleeding to death, my daughter, Samantha, was born by emergency C-section. It was the scariest moment of my life. The hardest moment was the fact that I could not hold her, see her, or touch her for 24 hours, as she was in the NICU, and then the moment when I walked out of the hospital and had to leave her in the NICU for 6 more weeks.

I don't remember how much that NICU bill was because I was one of the lucky ones who had health insurance to cover that stay. On average, a NICU stay is \$70,000 a day. That is more than a single person who qualifies for the enhanced premium tax credits under the Affordable Care Act at the maximum rate of 400 percent of the Federal poverty line makes in a year. That person makes \$62,600. The average NICU stay is \$70,000.

□ 1930

I was lucky not only because I was able to take my daughter home 6 weeks later, but that entire 6 weeks I didn't have to worry about how I was going to pay that bill. All I had to worry about was her and my recovery. There are a lot of people that aren't that lucky.

There are a lot of people trying to decide right now whether to start a family. There are people right now who are in the process of starting a family who wonder if they will be able to afford their health insurance come January 1. They are having to make really tough decisions now, as they are in the middle of open enrollment, as to whether or not they can continue to afford health insurance.

Tonight, members of the Congressional Black Caucus will bring you stories from our constituents, from the States that we represent, of people who will be priced out of the insurance market, who will be one illness or accident away from economic devastation if Congress does not act to extend the enhanced premium tax credits beyond December 31.

Mr. Speaker, I yield to the gentlewoman from New York (Ms. CLARKE), our chairwoman and the Representative from New York's Ninth District, to tell some stories.

Ms. CLARKE of New York. Mr. Speaker, I thank the gentlewoman from Virginia for her steadfast leadership and for hosting our Special Order hour this evening.

Mr. Speaker, good evening. I am Representative YVETTE D. CLARKE, chair of the Congressional Black Caucus, proud-

ly representing New York's Ninth Congressional District, located in Brooklyn, New York.

I thank my colleague, Congresswoman JENNIFER MCCLELLAN, for anchoring this Congressional Black Caucus Special Order hour.

I rise tonight with my colleagues of the Congressional Black Caucus to bring awareness to the fast-approaching ACA tax credit funding deadline, 30 days to go, and to give voice to everyday Americans who will be harmed by the Republican-led healthcare crisis.

The enhanced ACA tax credits are set to expire on December 31 unless congressional Republicans join Democrats to extend them.

Without an extension of the ACA tax credits, tens of millions of individuals and families can expect to pay significantly higher health insurance premiums for marketplace plans.

Without these tax credits, Americans will see their healthcare costs skyrocket, increase by hundreds if not thousands of dollars per month, which will force families who are already struggling with the cost of living to face unaffordable premium spikes or lose coverage altogether.

The ACA tax credits have ensured that families, seniors, young adults, and workers in every CBC district could afford quality healthcare.

In our districts, we have heard from countless constituents who receive their healthcare on the ACA marketplace who are now worried about the cost of their healthcare going up.

One of my constituents, Lilah Wilson, a small business owner who depends on the ACA marketplace said: "My heart dropped when I got an email earlier this month stating that I might lose my insurance benefits. I already struggle to afford the city that I have grown up in and contributed to as a small business owner."

She continued: "Shopping for health insurance through the marketplace created by the Affordable Care Act was the first time that I had assurance of affordable, good insurance. We must protect this program. It is a matter of survival."

At every turn, Republicans have turned their backs on the American people. President Trump and congressional Republicans promised the American people that they would take swift action on day one to address our Nation's affordability crisis by lowering the high cost of living.

Well, instead, they unleashed the most aggressive assault on our Nation's healthcare in history, and the damage has been devastating.

Across the country, we are already seeing hospitals, nursing homes, and clinics that serve our communities closing their doors, and now Republicans' refusal to extend ACA premium tax credits is driving up costs and pushing coverage out of reach for many in our communities.

The CBC and House Democrats stood united for more than 40 days to prevent

exactly this outcome while Republicans refused to negotiate and left working families to bear the consequences.

We are calling on our Republican colleagues to join us in putting the wellbeing of the American people above partisanship, to put people over politics.

This is not an abstract policy debate. It is about real lives. It is about parents deciding whether to fill a prescription or pay the rent. It is about seniors choosing between a doctor's visit and groceries. It is about young adults, gig workers, caregivers, and small business owners who depend on the ACA marketplace for the coverage that keeps them healthy and financially secure.

Let me be clear: Allowing these tax credits to expire is a choice. It is a choice of greed. It is a choice of cruelty. It is the wrong choice.

Ms. MCCLELLAN. Mr. Speaker, I thank our chair for those remarks.

Mr. Speaker, I yield to the gentleman from Georgia (Mr. JOHNSON), the Representative from Georgia's Fourth District.

Mr. JOHNSON of Georgia. Mr. Speaker, I thank Representative MCCLELLAN for running point on this Special Order hour for the CBC. She is a legislative champion both in the State house and in the Federal House. It is good to be with her tonight, and I thank her for recognizing me.

I also give a shout-out to our beloved leader of the CBC, Representative YVETTE CLARKE, who is doing a fine job leading us through these difficult times.

These are difficult times for us. We here in Congress are having a difficult time. You see it. But the difficulties we face are nothing to what you face out there. You are the ones who are struggling to put food on the table. You are the ones who are struggling to keep a roof over your head as the head of your family. You are the ones struggling to work 8 hours a day for an honest day's wage only to come up short and having to work second and third jobs in order to make ends meet while you see others living lavishly surrounded by gold ornaments on everything that they can touch, building ballrooms for the rich and wealthy after knocking down the historic east wing of the White House, and doing it without anybody's consent, just waking up and deciding I am going to do this.

□ 1940

We live in a democracy, not someplace where a king is in charge, and that king is playing politics with the people.

The other day, he floated the idea that he wanted to extend the Affordable Care Act tax credits, or ObamaCare tax credits. He floated that idea but got some pushback from a few Representatives on the Republican side of the aisle, and so he snatched it back.

He doesn't realize that real people are depending on those tax credits in

order to make insurance affordable for them. People like Vivian in my district, who I had a phone conversation with recently about the rising cost of her healthcare premiums due to the Republicans' cruel refusal to extend ObamaCare tax subsidies, are depending on those tax credits.

She told me: That is just an amount I simply cannot afford.

Mr. Speaker, her premiums are going from \$50 a month all the way up to \$1,260 a month. From \$50 a month to \$1,260 a month. There is no way that she can afford that.

Vivian has suffered from psoriatic arthritis since she was 27, and she now has vision problems in one eye. She relies on specialty medications to deal with her conditions.

While Vivian faces skyrocketing healthcare costs, her husband is dealing with cancer. Luckily, he is on Medicare and is receiving the care that he needs, but if Vivian is cut off from her access to care, there is no way that she can keep going and take care of him at the same time.

She said: Without the ObamaCare subsidies, my quality of life will be nonexistent.

Vivian told me that without healthcare and access to her medications, she would lose vision in one eye, and because the medications help keep her arthritis at bay, it allows her to do seemingly simple things, such as to tie her shoes or walk without pain.

She said: ObamaCare subsidies have saved my life. I don't know what I will do without it. People are people. Access to quality, affordable care shouldn't be a partisan issue.

I agree. Americans like Vivian who are out there, those are the people who Democrats are fighting for.

In the wealthiest country in the world, no one should have to worry about affording medical care. That is why I will work with anybody in Congress, including MARJORIE TAYLOR GREENE, who believes that access to quality healthcare is a human right and not a privilege reserved only for those who can afford it.

Mr. Speaker, I have a number of other testimonials from people in my district, the Fourth District of Georgia, who have written and emailed what their situations are all about. They are many, and they are excruciatingly painful to listen to.

Over 1.5 million Georgians are in the health exchange, in the marketplace, and 340,000 of those, or about one-quarter will lose their coverage if we don't do something about these expiring tax credits.

A family of four earning \$82,000 a year will see their annual premiums double to around \$7,000 per year. It is just unsustainable for people to have to go through this month after month, and so we need to do something.

Mr. Speaker, I appreciate our caucus for hosting this Special Order hour.

Ms. MCCLELLAN. Mr. Speaker, I thank the gentleman for his words.

To hear more stories from Georgia, I now yield to the Representative from Georgia's Seventh District, Congresswoman LUCY MCBATH.

Mrs. MCBATH. Mr. Speaker, I thank the gentlewoman for yielding me time.

Mr. Speaker, I rise today to speak out on the rising costs of healthcare, which are putting undue burdens on the American people. I thank my colleague Representative JENNIFER MCCLELLAN for consistently continuing to elevate the voices of the Congressional Black Caucus members as we talk about the stories of our communities and the stories of our people and those who we represent, highlighting the needs of those in our Nation who are suffering right now.

I thank our chair of the Congressional Black Caucus, YVETTE CLARKE, for her earnest, continued work to also make sure that the Congressional Black Caucus is standing on the front lines and trying each and every day to make sure that we are defending people's rights to exist in this country freely and fairly without these undue burdens.

Earlier this year, we watched as this Republican congressional leadership reached historic new lows in their inability to work in a bipartisan fashion to meet the needs of the people who we were elected to serve.

For 43 days, Speaker Johnson refused to come to the table and extend the healthcare subsidies which will prevent premiums from skyrocketing for the millions of Americans who get their insurance from the Affordable Care Act marketplace. That is approximately more than 70,000 people, constituents, in my district alone.

During that same time, we watched President Trump and his administration play politics with Federal food assistance, jeopardizing benefits for hungry families.

I heard a story in my district in Georgia from Rich about the impact that these cost increases would have on his livelihood. I have heard many stories, but this one really struck me.

He writes: I am the self-employed, sole provider for a family of four where two of us have preexisting conditions. If the Republicans get their way and remove the subsidies, my very basic catastrophe plan-style HMO will literally increase tenfold. I am currently spending 39 percent of my income on healthcare, including the subsidized ACA policy. Removing subsidies will ultimately lead me to financial bankruptcy.

There are more stories just like this, and they are a window into how the chaos and unpredictability of this administration is making it harder on working families to succeed and thrive.

Since January, we have dealt with the uncertainty and the chaos that has been brought by this second Trump administration. From the unpredictability of the tariffs, the rising costs of healthcare, and the increasingly unattainable goal of homeownership, what

is going on in Washington should concern every single American in this country.

Congress and the Trump administration should be doing more to lower costs and improve outcomes for our hardworking families.

As I have continued to do since I first came to Congress, I have been committed to addressing the concerns of the families who I am very honored to represent. No family in this country should ever be forced to choose between paying their insurance premiums or for prescription drugs over paying their mortgage. That is unconscionable, and that is most definitely un-American.

We must identify solutions to put the dream of homeownership back into reality for young Americans, and we must make it less expensive for Americans to get the skills necessary to provide a decent life for themselves and for their families, but they can't do that if they are sick. They can't do that if they can't go to work. They can't do that if they can't pay their bills, such as their hospital bills or other medical bills.

I am a two-time breast cancer survivor myself, and not a day goes by that I don't think about how egregious not extending these ACA tax subsidies is to the American people. I am a lucky person.

□ 1950

I am very grateful that I had the ability to have private insurance, group insurance, where I could pay for all of my healthcare and didn't have to sit there and worry about how I was paying the bills while I was getting healthy and well.

There are people all over this country who, if they ever get sick, that is the absolute demise of their ability to be able to live in this country and care for their families, and that is un-American.

I am so grateful to Chairwoman CLARKE and my fellow CBC member, Representative MCCLELLAN, for convening us again tonight as we look ahead to the year 2026. I truly look forward to working with every single one of my colleagues to build a better life for the hardworking families that we are privileged to represent, but I honestly pray every single day that everyone here, every one of us in this Chamber, truly is committed to the same ideals.

Ms. MCCLELLAN. Mr. Speaker, I yield to the gentlewoman from Florida (Mrs. CHERFILUS-McCORMICK), who represents the 20th District.

Mrs. CHERFILUS-McCORMICK. Mr. Speaker, I thank Representative MCCLELLAN for hosting this tonight and for hearing the cries of our district, what they are suffering and the political anxiety that they are living in just thinking that healthcare for them and their families will be stripped from them.

Mr. Speaker, I rise today for a woman named Maria. Maria lives in

Broward County. She is a home health aide who works full time, raising two children, and still cannot afford health insurance without the tax credit from the Affordable Care Act.

Because of those credits, Maria can take her blood pressure medication, and her son can see a specialist for his asthma. These are not extras. These are basic human survival and dignity matters.

If these credits expire, Maria's premiums will more than double. She will be forced to choose which child sees a doctor and which child stays home and waits to get better.

Mr. Speaker, that is not a choice any mother should have to face. That is not freedom. That is fear.

Maria is not alone. In Florida's 20th District, more than 200,000 people depend on these tax credits, and many are already dealing with serious gaps in their healthcare.

This is not a policy debate. This is not a question of who we choose to value. This is a question of dignity for all Americans and their right to survive.

I am calling on every Member in this House to look beyond party politics, party games, and trying to get the limelight to actually put human beings' lives front and center.

The shutdown may be over, but our responsibility to protect the health and dignity of the American people is not.

If we do not pass the ACA tax credits, we will be guilty of political malpractice for each person who goes without healthcare and has an unfortunate demise.

Once again, I stress to every Member in this body to make sure we retain healthcare and the dignity of all Americans in this country and their right to have healthcare and survive like anyone else.

Ms. MCCLELLAN. Mr. Speaker, I yield to the gentleman from Maryland (Mr. IVEY), who represents the Fourth District.

Mr. IVEY. Mr. Speaker, I thank my colleague from Virginia for yielding to me and for putting this together. I appreciate the fact that she took the leadership and initiative to bring this forward. I also thank my colleagues in the Congressional Black Caucus, as well, for taking a stand on this issue and the House Democratic Caucus overall.

This is the issue that we fought about with respect to the government shutdown. This is the issue that has not gone away. I suppose the White House and my Republican colleagues were hoping that it would, but it is worse now than it was even then.

In fact, the Republicans knew this problem was coming all the way back on January 20 when Mr. Trump first took office. To much fanfare, they began moving forward with his legislative agenda, the big, beautiful bill and other pieces of legislation. I don't even know how many executive orders they put together and put out undermining the government from the standpoint of government employees and making damaging impacts across the board.

They failed to address this particular issue. In fact, I will come back to that in a moment. Not only did they not address extending the tax credits for the Affordable Care Act, but they made the problem even worse. The big, ugly bill that they passed included a \$1 trillion cut to Medicaid.

The healthcare safety net in this country, to the extent it is a safety net, was damaged terribly by what they have done, and it is about to get infinitely worse when these tax credits expire at the end of the month.

I know my Republican colleagues have been fighting against ObamaCare for years now. I can remember back when it was first passed 15 years ago in this Chamber. There were over 60 votes to repeal and replace the ObamaCare piece of legislation. They kept going year after year after year. Somewhere along the way, about 5 years in, they found out that the American people actually like ObamaCare. They don't call it ObamaCare. They might call it the Affordable Care Act, but they kind of liked not having pregnancy treated as a preexisting condition, and they kind of liked having the ability to have their kids stay on their family insurance plans until they turned 26.

The efforts to repeal it not only failed, but it has gotten stronger over the years because people have come to realize that without it, they might not be able to afford healthcare at all.

I have decided to bring in a couple of comments from people in my district. There are too many to read all of them, but this one is from Beth, who lives in Greenbelt, Maryland, which is in my district. She is looking at her premiums going up \$9,372 this year. She has major health conditions that require ongoing healthcare that she can't avoid. They were brought on by a major surgery that she underwent several years ago.

Her case isn't unique. In the State of Maryland, it is estimated that the impact will be on 14,000 or so members of my district. A 60-year-old couple with an \$82,000 income is looking at a 168 percent increase if these affordable care tax credits are allowed to expire. A family of four, ages 45, 45, 15, and 10, is looking at a 200 percent increase in their monthly premiums. Obviously, most families can't sustain that.

I am going to pick one. I read an article in the Washington Post a little while ago. This is a gentleman in Altoona, Pennsylvania. That is not my district, obviously; that is the district of Congressman JOYCE. Matt Hornberger is 61 years old and from Altoona, Pennsylvania. Monthly payments for him and his wife will rise from \$670 to \$2,054. He said this: "Between the high deductible and \$25,000 in premiums, this is 40 percent of our income. I am just trying to live a life here and be able to go to the doctor when you need to go to the doctor."

He ought to be able to do that. In fact, every American ought to be able to do that.

What have we gotten from our Republican colleagues in the 9 months or

so since they took over the White House, the House, and the Senate? Not much. I remember the President saying in the debate that he didn't have a plan, that he had a concept of a plan. I am not sure we have gotten much past the concept point 9 months later, but he did talk about HSAs.

I was looking at that, doing a little research, and an economist, Doug Holtz-Eakin, who works for the American Action Forum, a conservative think tank, said this: "There is a place for health savings accounts to augment insurance and fill things out around the edges, but it can't be the core insurance product."

The reason for that is because it is not designed to be the core insurance product. As a matter of fact, we have HSAs in place now, but 66 percent or so of these have only \$1,000 or less in the account.

As you heard from my colleague from Virginia, \$1,000 doesn't go a long way in our healthcare system. It is \$70,000 a day for the NICU system. I am a kidney cancer survivor. A thousand dollars sure wouldn't have covered my insurance for the surgery that I underwent. As a matter of fact, it wouldn't have even covered the MRI that allowed us to find it, fortunately, very early on.

□ 2000

Now, what is the path forward?

Mr. Speaker, I have to complain a bit because we have been talking about this issue the whole time. I am a father. I have six kids, and this reminds me a little bit of one of them.

He came home from school one day and he looked at his mom, of course, and said: Mom, will you help me with this project I have? She said: Honey, I am a little tied up right now. Can I help you out later? He said: We can't really wait on this. She said: Why not? He said: It is because it is a big part of my grade. It is a huge part of my grade. She said: Okay. I will help you out with it, but when is it due? He said: Tomorrow. She said: When did you know about this project?

As it turned out, he knew he had this assignment months ago, but he hadn't done anything to get ready for it. He hadn't let us know that he needed the help to work on it, and he certainly hadn't done any work to prepare the project.

That is what our Republican colleagues are doing right now. They came into office on January 20th knowing that these ACA tax credits were going to expire. They didn't do anything to address it. Not only that, but we brought it to their attention when this bill was moving through, the big, ugly bill. We tried to address it then, but they refused to extend the tax credits then. We tried to offer amendments at the committee level. I am on the Appropriations Committee. We offered four of those to try and amend

this piece just to extend it. Let's try and fix it. If you have other things you want to do with it, let's extend it now so it doesn't expire.

They refused to do it. They voted it down four times on a party-line vote over and over again just like they had done over the previous 15 years when they were trying to get rid of it. Maybe this is death by a thousand cuts in their minds, but something strange happened along the way.

The American people started getting these notices in the mail that their premiums were about to double or triple. The American people, millions of them across the country, started realizing that there is no way they can afford to pay that. They are going to be forced into the choice of either dropping the insurance or take some other drastic measure like selling their house. One lady said she might have to pull her kid out of college to pay for this healthcare coverage.

It is absolutely outrageous, but the failure to do something until the eleventh hour is a total abdication of their responsibility of leadership, not just in the House, not just in the Senate, not just in the White House but entirely across the board.

The Republican Party didn't wake up to this until the American people started screaming in their ears. Well, now, here we are. What is the path forward?

Senator SCHUMER back during the government shutdown at the end of it said: Tell you what. Why don't we just extend it for a year. Let's put a task force together to try and work out the differences because I understand the Republicans don't agree with everything. Let's take a year and extend it and try and work it out.

Not only did the Republicans and the Senate reject that, they actually said: This is stupid. I can't believe he would propose this. Those were the types of comments he got from his Senate colleagues for proposing a 1-year extension.

Right now, there is a 3-year discharge petition that would extend the tax credits for 3 years. I don't know if there are any Republicans who have signed on to that, but I think we have about 9 legislative days left. At least my kids were only in their early teens. However, if they want to do the big fixes they have been talking about with respect to healthcare, they are not going to be able to do it in 9 days.

Now, I know they are going to try and do something to save face, but at the end of the day, the extension is really the only realistic way we have to go here.

I have to say this: If they don't do the extension, it is going to be devastating for families across the country, millions of them.

We were talking a little bit about how much these things could cost. The HSA is a thousand-dollar average. Look at the average cost for heart surgery. Just the surgery, not even the

stay, is between \$30,000 and \$200,000 just for the procedure. I don't even know how much my cancer surgery cost because I had health insurance. I didn't have to check it like that. We had to pay some deductible, but nothing dramatic. We wouldn't have been able to afford it. I wouldn't have gotten the surgery because I wouldn't even have known I had cancer because we wouldn't have gotten the MRI.

That is where we are putting the American people right now. Actually, not we, the Republicans are putting the American people right now.

It is time to end this. The clock is running out. The calendar says the time has come to do something and put some kind of proposal on the table.

I have to say this, too, on the proposal piece. When the Speaker passed the bill, I think it was, if I recall correctly, July 25th, we left town for the August recess, came back, passed the bill, and then left town again. There was a stretch there where I think we had been in session between July 25th and when the government finally reopened, I think it was 12 legislative days.

To my friends out there in the country, how many of you could only work 12 days in July, August, September, and October and still have a job and still get paid while you are out? That is what they did.

Mr. Speaker, the time has come to get this done finally, to make some kind of an effort to reach a bipartisan solution and resolve this crisis that was created entirely by my Republican colleagues, that was totally avoidable, that they decided to run into the fire anyway.

Let's fix this. Let's protect the American people. Let's allow them to go at least 1 year, maybe 3, so we can extend this so they can make sure that they continue to have healthcare coverage while we are working on this bill. Let's get it done.

Ms. McCLELLAN. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore (Mr. McGUIRE). The gentlewoman from Virginia has 20 minutes remaining.

Ms. McCLELLAN. Mr. Speaker, I will take a personal privilege to close this Special Order hour with some stories from Virginia, which I know you, Mr. Speaker, care a lot about. You and I served together in the State legislature there where we were able to find common ground across the aisle a little more easily than we are able to do in Congress.

In Virginia, about 350,000 people benefit from the Affordable Care Act premium tax credits, enhanced premium tax credits, 30,000 in my district, the Fourth Congressional District.

For a family of four that earns \$129,800 a year, they are looking at premiums that will increase by \$4,675. A family of four earning \$64,000 a year will see their annual premiums increase \$2,571. A 60-year-old couple earning \$82,800 a year will see their annual

premiums increase \$11,968. That is a 174-percent increase. That is what Virginians are facing if we can't find common ground to solve this problem, even temporarily.

Our former colleagues in the General Assembly have predicted that at least 60,000 Virginians would end up canceling their insurance coverage due to affordability if they lose access to the enhanced premium tax credits.

Mr. Speaker, last week, Cardinal News—which covers the Southwest and Southside, Virginia, both of us represent portions of that part of the Commonwealth—told several stories.

There was one from Reagan Fisher Wyssbrod from Salem. Reagan and her husband, who is self-employed, have two children.

□ 2010

Wyssbrod works three part-time jobs to help support the family while keeping the flexibility needed for her children. She spends some days as a substitute teacher and as a business manager for a library association. She does some bookkeeping on the side. None of these jobs offer benefits.

She has a bachelor's degree in psychology, roughly two decades of experience in health insurance and accounting, and she is willing to take almost any job that will offer benefits, she said, even if that means working at McDonald's because she doesn't want to let her children go without healthcare.

Her projected monthly premium increase is \$400, which would raise her monthly out-of-pocket costs to \$1900. On top of that, her longtime doctor has moved out of network. It is astonishing, she said.

She spent 3 weeks combing through plans and eventually found one that would save the family about \$100 a month, bringing their premium down to \$1,800, allowing her to keep her doctor, but it has a higher deductible. She said the worst case scenario is her out-of-pocket costs would be \$20,000 on top of the monthly premium.

Ultimately, it came down to: I don't go to the doctor that often, my kids don't go to the doctor that often, so we will just roll the dice.

She said: We will wrap some bubble wrap around us, I guess.

I don't think bubble wrap is going to help if they get in a car accident.

Victoria Cassels, an accountant in Roanoke, worries about her adult daughter who lives in Richmond, who is a self-employed graphic designer with an autoimmune disease. Her condition limits how much work she can take on, and she depends on marketplace coverage. Her monthly premium rose by \$400, about three times higher than it was last year.

Cassels is going to do what she can to help her daughter cover the costs if she can't take on enough work to meet this new expense. Cassels prepares taxes for individuals and small businesses and says more of her younger clients are

talking about dropping health insurance all together because they just can't afford it.

In the last few years, she has had a slew of clients in their twenties and thirties who have started their own businesses. Just getting started in life, they don't have the savings to afford the increasing cost of health insurance. Without health insurance, it is going to be very difficult for them to start a family.

Ben Pearman, financial adviser from Bent Mountain in Roanoke, runs his own business which is well established, and he has a steady income, but higher monthly costs have led him to reconsider his options.

As a single man in his fifties, he pays for his own health plan. Next year, his monthly premium will jump from \$724 to \$935. He can absorb the higher cost but is considering switching to concierge care, a model in which the patients pay a flat monthly fee, but that would leave him without insurance if an accident happens.

Linda Bartlett, 64, entered semi-retirement last year, and now works part time at Roanoke's Mast General Store. She turned to the marketplace until she qualifies for Medicare. Her premium is about to double, bringing her monthly payment to \$1,200, which is nearly all of her Social Security check.

Mr. Speaker, I yield now to the gentlewoman from Illinois' Second District, Congresswoman ROBIN KELLY.

Ms. KELLY of Illinois. Mr. Speaker, I rise today as the chair of the Congressional Black Caucus Health Braintrust to urge my colleagues across the aisle to extend the ACA tax credits.

As you know, they are set to expire at the end of the year and will cause monthly health bills to skyrocket for millions of Americans. The rising cost of healthcare goes beyond the individual. It affects Black small business owners.

A small business owner in my district owns several coffee shops and worries about her employees being able to afford healthcare. She feels responsible for her employees, but healthcare is a large expense for a small business. The ACA premium tax credits provide affordable care to her employees, allowing her coffee shop and her employees to thrive.

Another small business owner in my district runs a wine production business that sells nationwide. Despite her success, she has to rely on her husband's job for healthcare. These are two small business owners who have created their own success, and through their businesses created jobs for other people.

Republicans love to say they support our economy. It is time to actually support the healthcare of small business owners, who are the backbone of our economy. Republicans also love to say the best option for healthcare is a job.

My constituents have a job. They also provide jobs for more people, but

they all receive affordable healthcare through the ACA. Without the ACA tax credits, their employees may have no other option but to go uninsured or find another job. If they decide to leave, my constituents' businesses won't be able to run.

It is simple: We all do better when we all do better. We are all healthier when we are all healthier. Let's extend the ACA premium tax credits. Let's make healthcare more affordable and accessible.

Ms. McCLELLAN. Mr. Speaker, I want to put this debate in a larger context. I was in the State legislature where the Affordable Care Act passed. It wasn't perfect. Our healthcare system has never been perfect, but what it did, between the marketplace and expanding Medicaid, is it got the number of uninsured to record lows, at least in Virginia. I can't speak to nationwide, but in Virginia, we saw our uninsured rate go to record lows.

We were able to expand Medicaid on a bipartisan basis because it didn't just benefit urban cores, but suburban centers and rural communities, rural communities that had high numbers of uninsured, that were worried about how their healthcare centers, their hospitals were going to have the volumes to stay open.

We expanded Medicaid. During the—I call it the big, ugly bill, we put millions of Americans at risk of losing their health insurance through cuts to Medicaid. We saw a list of over 300 hospitals in rural areas identified as being at risk of closing.

During the August recess, I traveled all over Virginia not just to talk to my constituents, but as one of only two members of the Energy and Commerce Committee to talk to a wide cross-section of Virginians. I visited a dental clinic in Abingdon. Eighty percent of their patients are covered by Medicaid, 80 percent. The other 20 percent are uninsured.

Before that clinic opened, that community got dental services once a year when a mobile dental clinic showed up, and the line was incredibly long to get one day of dental service a year.

When I visited this clinic, I didn't come in with any talking points. I just came to tour. I asked: What keeps you up at night? The director said: I don't know how we are going to keep our doors open with these Medicaid cuts.

Two TV stations were there who were there when the clinic opened because they understood what a big deal this clinic was, not just for Abingdon, but the entire southwest corner of the Commonwealth. My colleague who represents that area in response to that visit said: Democrats are just fear-mongering.

Well, lo and behold, less than a month later, three rural clinics closed, citing Medicaid cuts in H.R. 1. A hospital in Farmville closed its labor and delivery unit.

I ran for office because I grew up listening to my parents tell stories when

they grew up in the segregated South during the Depression. They saw the best of government and they saw the worst of government.

□ 2020

Mr. Speaker, the best of government was when people came together to solve problems and to help people who were hurting through no fault of their own. These were people who were working day in and day out and couldn't afford to put food on the table. They couldn't afford healthcare when they got sick. They couldn't afford a roof over their heads.

The worst of government is when we sit here and focus more on: How can I score political points? How can I benefit the wealthiest 1 percent on the backs of every other working American?

As I traveled around Virginia in August and October, and in the 54 days that we weren't doing our job here in Washington—not having committee hearings and not voting on the House floor—what I heard was people losing faith that our government knows how to be at its best. We have to get back to that.

Our system is not perfect. That is why in the Constitution it says that our government was formed in order to form a more perfect Union. It is not a perfect union but a more perfect Union.

The beauty of our form of government is when we listen to the people and see that they are hurting, we have an opportunity to do something to stop that hurting, an opportunity to feed the hungry, house the homeless, care for the sick, welcome the stranger, and visit the incarcerated. When we do for the least of these, we are at our best.

We have gotten away from that, Mr. Speaker. We better get back to it because the American people are losing faith that this body, Congress, will do its job. We better do it. They are depending on us to. They have told us they are worried. We heard the stories tonight. This is just one thing people are worried about.

We need to get back to our better nature. We need to come together, find common ground, and help people who are wondering: Come January 1, how am I going to afford this health insurance? What am I going to do when my kid burns his hand and ends up in the burn unit with a bill of \$15,000 that I can't afford to pay? What am I going to do if my baby is born prematurely and has to stay in the NICU at an average price of \$70,000 a day?

People are wondering: Do we hear them, and are we going to act?

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

HONORING GEORGIA'S FINEST

(Under the Speaker's announced policy of January 3, 2025, Mr. CARTER of Georgia was recognized for 60 minutes as the designee of the majority leader.)

GENERAL LEAVE

Mr. CARTER of Georgia. Mr. Speaker, I ask unanimous consent that all