

When we look at the massive increase year over year, aside from revenue and profits, there is something wrong with this entire situation. We can directly correlate it to when ObamaCare came into play.

We can't have insurance companies seeing such record profits and at the same time taxpayers are forced to sort of subsidize these plans. That is not a healthy way to grow a market.

The Affordable Care Act—ObamaCare, ACA—broke the American healthcare system. It created numerous problems over the last decade. Since its inception, these premium costs have skyrocketed. Networks have shrunk, and the system has become bloated and inefficient.

It is important to remember that the enhanced premium tax credit expiration at the end of the year, again, was set by Democrats. When they are complaining that Republicans are going to let this expire, that was their timeline. This zero-dollar issue and then not capping it, so it is only targeted towards lower-income individuals, had to go away. Even in compromise and bipartisan approaches to deal with this expiration, those aspects had to go away. Those are things that were on the chopping block.

Again, I think when folks understand, the subsidies aren't going away entirely. If a person is a low-income individual and making 100 percent of the Federal poverty line—and for a single person, that is maybe \$15,000 or \$20,000 a year—that plan will only require that person to pay a few hundred dollars a year.

Just by moving it so it doesn't go to zero dollars creates it so there is not so much fraud in the system. Then, hopefully, over time we don't see this rapid, rapid increase in premiums because that is bad for all Americans.

□ 1950

Americans simply deserve better, and we have not been giving the healthcare system with the exception of ObamaCare.

This is why House Republicans have proposed legislation that delivers real relief. The Lower Healthcare Premiums for All Americans Act focuses on lasting policies that provide predictability and transparency.

As the name suggests, this is focused on the entirety of the individuals on healthcare. This isn't just targeted toward a small 7 percent of the total population that is that narrow margin in ObamaCare. This is touching every single person, and that is the only way to actually lower health premium costs over time.

This bill lowers premiums through pharmacy transparency and cost-sharing reductions. This legislation improves options for workers by expanding access to associated health plans. It also ensures that small and midsize employers can offer more tailored, affordable care, and it codifies and strengthens CHOICE arrangements,

permitting employees to pay their premiums pretax.

All of those things are targeted toward a broad group of people and not just this tiny little subset that we are hearing a lot of complaining about right now. We are actually focused on the entirety of the world that is out there paying more and more for their health insurance.

It is time to implement policies that work for all Americans and that provide predictability and affordability.

I am grateful to be a voice from Utah on the Committee on Ways and Means Health Subcommittee during this critical moment, and I am excited to see this legislation move forward and delivering real results, savings, and peace of mind for Utahns and Americans across the country.

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

#### FUN WITH MATH

(Under the Speaker's announced policy of January 3, 2025, Mr. SCHWEIKERT of Arizona was recognized for 30 minutes.)

Mr. SCHWEIKERT. Madam Speaker, I promise you at least this one. I think I have the half an hour. I am going to try not to use all of it, and I will try to slow down some of the speaking.

Madam Speaker, I had a couple of odds and ends and then some basic optimism on one or two things. First off, let's do some cleanup.

Last week, I actually walked through a little bit of an economic report. We got a preview of it. I think it will be published fairly soon. It is "Measuring What Matters," and the title is: "Why Italy May Be in Better Fiscal Shape than the U.S."

This is done by some of the super economic geeks out of Boston and Cambridge, but what terrified me because I am actually doing my best to read these sorts of documents is the little sentence I have highlighted here. I tried to point this out last week. This is for supergeeks. If you use a 6 percent discount rate, you need 104 percent of a child's lifetime income who is born next year and this year just to cover the pension and healthcare benefits in our country. You need more than they are ever going to earn in their entire life just to cover those promises.

Now, if you take it down to a 2 percent discount rate, which is a way you sort of say that here is where inflation and these things are going to be, you still need a 22 percent increase on their lifetime taxes just to cover pension benefits. This is actually based on some numbers where I think they may have too high a fertility rate.

The reason I point that out is we are not having the really difficult conversation here. What happens in a country this year when my economists on the Joint Economic Committee are saying that we may have zero population growth in the United States this year and the fact that we have fewer

18-year-olds today than we had 20 years ago but almost double those who are 65 and older?

Madam Speaker, I keep coming here week after week after week and showing charts about the debt and the unfunded liabilities. Now I am seeing some stories today saying that net interest will be over \$1 trillion this year if you add in the paying back because we have to pay interest back to the Social Security trust fund and all of those when we borrow the money. It could be \$1.25 trillion of interest.

What you should understand there is—let's walk through some of the hierarchy. Social Security is number one. We are going to spend \$1.5 trillion to \$1.6 trillion this year on Social Security. Guess what the number two expense in our country is now? It is interest. If you do the total interest load, interest.

The next is Medicare.

Number four turns out to be the ObamaCare, or the ACA subsidies and Medicaid. That is number four.

Guess what is number five now in our spending? It is defense.

So often, I will talk to my liberal brothers and sisters, and they will turn to you and say that we should cut defense. That way, we can give out more money. It is now number five.

Look, it breaks my heart because we keep having these discussions, and I have come behind this microphone for over a decade now and feel like sometimes I am doing a junior economics lecture.

The point is trying to say: Here is the scale of the problem, but there are actually solutions if we can be bold, if we can be creative, and if we can take on the entrenched incumbency of the bureaucracy and business models.

Let's actually do a couple of things here and see if I can make this make sense. Let's march along—this is sort of important—and see if I can make this make sense.

This is last year. The red is spending. The blue is tax receipts. That gap is debt. You will notice, actually, that our projection for the fiscal year 2026 is our tax receipts—so tax collections are actually up. They are actually up almost 17.8 percent, which is wonderful. Most of it is capital gains. You know, the stock market is doing well.

Oddly enough, our spending is actually slightly down, but we still have this massive gap. Our best guess is that we are still running a \$2 trillion deficit this year. Depending on what the Supreme Court does in regard to the enhanced tariffs, we may pick up some other liability that we are going to have to find out a way to work out with the White House.

Madam Speaker, this is an improvement, but the scale is still terrifying. It is still a couple trillion dollars. I know there are some products that have come out of the White House, CBO, and others saying that debt may only be \$1.6 trillion or \$1.8 trillion. It is not what we are tracking because so

far, the first quarter of this year—we still have a couple more weeks on it—for every dollar in tax receipts, we are spending about \$1.62. We think this will even out to being about \$1 of taxes in, and we are going to spend about \$1.43.

Guess what? Most of that debt—that growth and that debt is interest because we have been refinancing a lot of our debt that was sold a few years ago when interest rates were very, very low, and healthcare costs.

A point I want to make—and I am going to come back to this a couple of times here—a couple hours ago, we had the Joint Economic Committee over in the Senate. It is one of my blessings. I get to chair it. We did something, and both sides were pretty good. Some Democrats took some pokes at us, but the theme of this Joint Economic Committee hearing was healthcare.

We, as a body—we, as Congress—we, as a society, have turned into financial engineering. The ACA, ObamaCare, is a financing bill. It is who pays and who gets subsidized? The Republican alternative had much better—well, somewhat better actuarial distribution, but it was still a financing bill. It is who got to pay, and who got subsidized? Medicare for all is almost completely a financing bill.

How about if we held a hearing where we talked about not the financing of healthcare but things that could disrupt the cost of healthcare? We had one gentleman from one of the biggest life insurance companies in America come in and talk about it saying that here are the things we do to keep our insured population alive and healthier.

□ 2000

We do things. We reward them for doing these data rings, or putting things on their wrists, or how they eat, or we gamify some exercise, and talk about how much healthier the population is. For them, it is a profit model. Turns out, if you sell life insurance, the longer someone keeps making their premium payments, the more money you make. They were incentivized.

We had one of the lead medical officers from a healthcare system in Arizona called Banner talking about how they are trying to align a system that actually they get rewarded for helping populations be healthier and the technology they are using to do it.

The fact of the matter is that we are finally trying to drag the conversation around this place from being financial engineering is the future of healthcare, “Let’s subsidize more populations,” even though I am going to show you a couple of boards here of how much of that subsidy, your tax money, is just disappearing.

Maybe the crazy conversation here is what happens with the combination of the use of technology, of cures, of availability.

If it is true that semaglutides, you think of the GLP-1s, one of the deals the President made is the tablet version is going to go to \$149 sometime

next year. We know from the Milken study a few years ago that obesity is 47 percent of U.S. healthcare spending. Wouldn’t it help if we could help our brothers and sisters get healthier? Yes, obesity is complex. Diabetes is complex, autoimmune. There are all sorts of things that go on. I accept the complexity.

The morality of what happens in a society if you could, over a couple of years, help your brothers and sisters get healthier, it turns out you could have these remarkable changes in costs. How many times have you heard the saying in healthcare that 5 percent of the population is over 50 percent of the spend? It turns out that much of that 50 percent of spending is on people who have multichronic conditions. A substantial portion of that is because of obesity.

Let’s not be afraid to talk about it. Let’s do the moral thing of helping ourselves, helping our brothers and sisters. It actually helps the debt and deficit.

We published a major report 2 years ago now, showing that obesity will be responsible for \$9.1 trillion of additional healthcare spending over 10 years, making it the single most expensive thing in our country. Yet, how much work have you seen behind these microphones, saying maybe we shouldn’t always talk about the subsidization of healthcare and start talking about what we all pay.

For a decade, I have come behind these microphones with technology and ideas. We are going to walk through just a little bit on the ACA because I can’t stop myself after what I heard a couple of our Democrat colleagues say.

This is from the audits and the Joint Economic research, and it is a very simple thing. This is on the ACA, the ObamaCare subsidies, and then the enhanced subsidies, so it is the subsidies on top of the subsidies.

We actually got to the point where it appears only 33 percent of the money actually goes to you as a consumer for your healthcare, for your getting well.

We have 27 percent of what I call deadweight. It just disappears. It is someone who is insured who has never made a claim, even though they may have been 100 percent subsidized. Now, we are finding out huge portions of that appear to be fraud. Last year, over 41 percent of the ACA population, which is 7 percent of healthcare, so ACA, the ObamaCare population, 41 percent paid no premiums. If you are not paying premiums, you see how easy it would be to sign someone up, take the commissions, and no one ever has to know because you are not getting a bill. We are discovering stunning amounts of fraud.

The other thing, which was just fascinating, is that in the study, we have almost 38 percent of these dollars disappearing, functioning insurance. You go, but they can only hold 6, 7 percent of it. That is not actually what happens.

We published an entire paper on this 2 weeks ago in the Joint Economic Committee. Go to the website, Joint Economic Committee Republicans, and you will see our methodology and where the math is.

We are back to, once again, arguing: Is this how you want your taxpayer dollars to disappear? We want our brothers and sisters to have the most affordable healthcare possible in America, but to do it, do you want us to funnel your cash, your tax dollars, into this level of fraud? We have to walk through this.

Why the fixation, particularly for my Joint Economic Committee and myself, on changing the actual costs of healthcare is you look at the long-run charts, the national healthcare expenditures, we have the substantial gap—and I know these types of charts are almost impossible to read, but what I am trying to help you understand here is here is the gross domestic product. We are growing as a country, but the cost of healthcare is growing substantially faster.

A factoid, I beg of you, whether you be on the left side, or the right side, or confused somewhere in between, in 7 years, the \$1 trillion we spend this year on Medicare becomes \$2 trillion. We double the spend on Medicare in the next 7 years, and in 7 years, the trust fund is gone, meaning if you are a hospital or a doctor and part of your revenues that you receive on Medicare patients is from the Medicare Part A trust fund, it is gone. It is gone in 7 years. Let alone, the Social Security trust fund is also gone in 7 years, and we will double senior poverty.

We are not allowed to talk about that. I will get an angry text message this evening saying: DAVID, you can’t talk about that, as the Democrat political consultants are saying, oh, good, more attacks.

The immorality of this place to not want to tell the truth about our demographics and the complete barrier we have built legally on innovation—I have a couple of really geeky things here, but I am going to skip them and go to something that is a little crazy.

Every week when I do these, I try to come here with something that is optimistic. A few years ago, I got behind this microphone and talked about a University of Houston drug that basically takes fentanyl in your system—and I am sure I am describing it partially wrong, but I am doing my best—and attaches a protein to it, and, therefore, the drug can’t pass the blood-brain barrier. It lasts for 6 months to a year.

What would happen if I came to you and showed you some of the economic studies we have done in the Joint Economic Committee by reading the literature? Some of our data, we are a few years out of date, but in 2020, we were approaching \$1.5 trillion for the cost of fentanyl in America in 2020. Do you realize that is more than the defense budget? That is almost what we are

going to spend this year in Social Security, the cost to society from fentanyl.

What happens if someone like me comes to you and says, hey, and anyone that is interested, look it up because WIRED Magazine last week actually did an amazingly detailed article—it is a long article; it is a long read—on the labs around the country. They featured the University of Houston and a couple of the private companies that are trying to bring these things to market. They call it a fentanyl vaccine. It is technically not a vaccine. What would happen in our society if someone who has used a synthetic opioid, it has rewired their brain, and it is one of the ways we help them get through rehab? How about if you are the police officer who doesn't have to worry about having Narcan close by?

The other challenge I will give you is to go look up a couple of the articles that are about Philadelphia and some of the animal tranquilizers, and this is beyond the xylazine and—I think that is spelled with an x. It is a whole other category that makes it almost impossible to detox because the cravings are so violent.

□ 2010

Once it starts on the East Coast, it is coming across the country. I beg of everyone here to start to think about what happens if our ability to help bring a solution, a drug solution to help our brothers and sisters and protect our first responders—because so far, the data on—let's call it a fentanyl vaccine—is that it is 92 to 98 percent effective. What if this were worth a few hundred billion dollars in economic savings to our society in a single year?

Repeatedly, I come here and I talk about helping our brothers and sisters with obesity, the technology, that you can walk around and have a medical lab attached to your body. Here are some of the others that I talk about, with biology and synthetic biology and other solutions. They are out there. But how do I get the brain trust around here to come together and say: We are going to take all of these ideas and build a unified theory, and this unified theory is how we crash the price of healthcare, instead of spending a couple more years arguing back and forth on how much more money we should borrow to hand out as subsidies, particularly to insurance companies.

That is my simple theory I am trying to sell. There are solutions. They are complex. You have actually got to read a lot of long articles to try and understand what is going on. You have got to stop being afraid, and you have got to stop protecting incumbent business models that are terrified of having cures, solutions, better and faster ways to do it, and the use of technology. If we get rid of that fear and start doing what is moral and economically rational around here, we are in the time of miracles.

Mr. Speaker, I am going to let you go back to your lives. I yield back the balance of my time.

## ENROLLED BILLS SIGNED

Kevin F. McCumber, Clerk of the House, reported and found truly enrolled bills of the House of the following titles, which were thereupon signed by the Speaker:

H.R. 165. An act to direct the Secretary of the Interior to complete all actions necessary for certain land to be held in restricted fee status by the Oglala Sioux Tribe and Cheyenne River Sioux Tribe, and for other purposes.

H.R. 504. An act to amend the Miccosukee Reserved Area Act to authorize the expansion of the Miccosukee Reserved Area and to carry out activities to protect structures within the Osceola Camp from flooding, and for other purposes.

H.R. 1491. An act to amend the Internal Revenue Code of 1986 to make the postponement of certain deadlines by reason of disasters applicable to the limitation on credit or refund, and to take postponements into account for purposes of sending collection notices.

## SENATE ENROLLED BILLS SIGNED

The Speaker announced his signature to enrolled bills of the Senate of the following titles:

S. 216.—An Act to amend the Save Our Seas 2.0 Act to improve the administration of the Marine Debris Foundation, to amend the Marine Debris Act to improve the administration of the Marine Debris Program of the National Oceanic and Atmospheric Administration, and for other purposes.

S. 222.—An Act to amend the Richard B. Russell National School Lunch Act to allow schools that participate in the school lunch program to serve whole milk, and for other purposes.

S. 284.—An Act to reauthorize the Congressional Award Act.

S. 2878.—An Act to reauthorize funding to monitor, assess, and research the Great Lakes Basin, and for other purposes.

## ADJOURNMENT

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

The motion was agreed to; accordingly (at 8 o'clock and 12 minutes p.m.), under its previous order, the House adjourned until tomorrow, Thursday, December 18, 2025, at 9 a.m.

## MOTION TO DISCHARGE A COMMITTEE

DECEMBER 17, 2025.

*To the Clerk of the House of Representatives:*  
Pursuant to clause 2 of rule XV, I, Hakeem S. Jeffries, move to discharge the Committee on Rules from the consideration of the resolution. H. Res. 780 entitled, a resolution providing for consideration of the bill (H.R. 1834) to advance policy priorities that will break the gridlock, which was referred to said committee September 30, 2025, in support of which motion the undersigned Members of the House of Representatives affix their signatures, to wit:

1. Hakeem S. Jeffries. 2. James P. McGovern. 3. Katherine M. Clark.

4. Suzan K. DelBene. 58. Sarah Elfreth. 116. Janelle S. Bynum. 59. Julie Johnson. 117. Adam Gray. 60. Timothy M. Kennedy. 118. Kevin Mullin. 61. Ayanna Pressley. 119. Robert C. "Bobby" Scott. 62. Jill N. Tokuda. 120. Brendan F. Boyle. 63. Mary Gay Scanlon. 121. Joe Courtney. 64. Becca Balint. 122. Ritchie Torres. 65. Gabe Vasquez. 123. Morgan McGarvey. 66. Steven Horsford. 124. Jerrold Nadler. 67. Dave Min. 125. Ed Case. 68. Betty McCollum. 126. William R. Keating. 69. Doris O. Matsui. 127. Rosa L. DeLauro. 70. Sean Casten. 128. Jason Crow. 71. Herbert C. Conaway. 129. Rick Larsen. 72. John W. Mannion. 130. Jim Costa. 73. Glenn Ivey. 131. Brittany Pettersen. 74. Mark Pocan. 132. Kim Schrier. 75. Derek Tran. 133. Luz M. Rivas. 76. Maxine Dexter. 134. Lateefah Simon. 77. Madeleine Dean. 135. Lucy McBath. 78. Paul Tonko. 136. Jimmy Panetta. 79. Melanie A. Stansbury. 137. Danny K. Davis. 80. James R. Walkinshaw. 138. Greg Stanton. 81. George Latimer. 139. Teresa Leger Fernandez. 82. Seth Magaziner. 140. Alexandria Ocasio-Cortez. 83. Pete Aguilar. 141. Raul Ruiz. 84. Darren Soto. 142. Dina Titus. 85. Joe Neguse. 143. Sarah McBride. 86. Ilhan Omar. 144. Shri Thaneedar. 87. Lori Trahan. 145. LaMonica McIver. 88. John B. Larson. 146. Gregory W. Meeks. 89. Valerie P. Foushee. 147. Andre Carson. 90. Mark Takano. 148. John Garamendi. 91. Donald Norcross. 149. Juan Vargas. 92. Yvette D. Clarke. 150. Mark DeSaulnier. 93. Sheila Cherfilus-McCormick. 151. Haley M. Stevens. 94. Lois Frankel. 152. Jonathan L. Jackson. 95. Alma S. Adams. 153. Jared Huffman. 96. Steny H. Hoyer. 154. Linda T. Sánchez. 97. Kathy Castor. 155. Sanford D. Bishop. 98. Johnny Olszewski. 156. Ami Bera. 99. Brad Sherman. 157. Lloyd Doggett. 100. Delia C. Ramirez. 158. Bill Foster. 101. Greg Casar. 159. Mikie Sherrill. 102. Eric Sorensen. 160. Vicente Gonzalez. 103. Steve Cohen. 161. Marcy Kaptur. 104. Jamie Raskin. 162. Pramila Jayapal. 105. April McClain Delaney. 163. Jimmy Gomez. 106. Suzanne Bonamici. 164. James A. Himes. 107. David Scott. 165. Suhas Subramanyam. 108. Troy A. Carter. 166. Christopher R. Deluzio. 109. Bennie G. Thompson. 167. Henry Cuellar. 110. Maggie Goodlander. 168. Josh Gottheimer. 111. Laura Friedman. 169. Debbie Wasserman Schultz. 112. Nikki Budzinski. 170. Summer L. Lee. 113. Stephen F. Lynch. 171. Ted Lieu.