

Health Care Act becomes law, Members of Congress and congressional staff will be treated the same way as every other citizen. That is only right, and it is only proper.

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

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 308, the previous question is ordered on the bill.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

Mr. BURGESS. Mr. Speaker, on that I demand the yeas and nays.

The yeas and nays were ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

FURTHER MESSAGE FROM THE SENATE

A further message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has passed with an amendment in which the concurrence of the House is requested, a bill of the House of the following title:

H.R. 534. An act to require the Secretary of State to take such actions as may be necessary for the United States to rejoin the Bureau of International Expositions, and for other purposes.

AMERICAN HEALTH CARE ACT OF 2017

The SPEAKER pro tempore. Pursuant to clause 1(c) of rule XIX, further consideration of the bill (H.R. 1628) to provide for reconciliation pursuant to title II of the concurrent resolution on the budget for fiscal year 2017, as amended, will now resume.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 308, the further amendments printed in House Report 115-109 are considered as adopted.

When consideration was postponed on Friday, March 24, 2017, 41¾ minutes of the debate remained on the bill.

The gentlewoman from Tennessee (Mrs. BLACK) has 19½ minutes remaining. The gentleman from Virginia (Mr. SCOTT) has 22¼ minutes remaining.

The Chair recognizes the gentlewoman from Tennessee.

GENERAL LEAVE

Mrs. BLACK. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks on H.R. 1628, the American Health Care Act of 2017.

The SPEAKER pro tempore. Is there objection to the request of the gentlewoman from Tennessee?

There was no objection.

Mrs. BLACK. Mr. Speaker, I yield myself such time as I may consume.

Mr. Speaker, I rise today in favor of the American Health Care Act, a bill that repeals the worst parts of ObamaCare and begins to repair the damage it has caused. This bill brings choice and competition back into the healthcare marketplace and puts healthcare decisions back into the hands of patients and doctors where it belongs.

It has been a winding road to get to this point, but we are here today to fulfill the promise that we made to the American people. I will point out right now to those who say we should have just moved on from healthcare reform, American families and individuals are suffering from rising costs and barriers to getting the care that they need right now.

Under ObamaCare, the situation is getting worse every day. In Iowa, just yesterday, one of the last remaining insurers announced that it will pull out of the ObamaCare exchanges, leaving nearly all of the State's residents with no—and, yes, I will say again, nearly all of the residents with no available health insurance plan for the purchase under ObamaCare.

□ 1230

And in a few of the Iowa counties which are the remaining insurers, even that company is saying it might stop offering plans, leaving the entire State without an insurance plan available under ObamaCare. That is happening this very week. We can't wait a moment longer than necessary to provide relief for the American people by repealing and replacing ObamaCare.

I applaud the Members of this body who stuck with us during this process and worked hard to make the bill better. I, myself, had concerns about the bill as it was introduced. I worked hard to make sure that the bill truly reflected my ideals and the views and desires of my constituents. And when the bill came before the Budget Committee, which I chair, I urged my members to stay in the fight and work to improve the bill rather than stop it in its tracks.

And do you know what? Our members did just that, making some recommendations that were eventually included in the various amendments. That message was heard loud and clear by all of the members of our Conference who have worked tirelessly to finalize a bill that truly reflects our vision for healthcare reform.

Throughout this process, our commitment to undoing the damage done by ObamaCare has remained steadfast. Day after day, my constituents call my office begging us to do something to save them from ObamaCare, and it is because ObamaCare is collapsing.

In my State of Tennessee, families are suffering. Premiums have increased by 60 percent, while deductibles are so high that, even if someone has an in-

surance card, it doesn't mean they have guaranteed care.

There are parts of my State in Tennessee that don't have a single insurance provider in the marketplace, and two-thirds of the counties have only one provider. That is not competition. That is called a monopoly.

While no legislation is perfect, this bill makes some important changes to help American families get quality, affordable health insurance: It zeros out the mandates, it repeals the taxes, and it repeals the subsidies; it allows people to choose health insurance plans to meet the unique needs of their families instead of purchasing a one-size-fits-all plan mandated by a Washington bureaucrat; and it modernizes Medicaid, a once-in-a-lifetime entitlement reform.

Ending Medicaid's open-ended funding structure will play an important role in addressing our future budget deficits and our growing national debt.

This is a particularly proud moment for me. I was working as a nurse in Nashville in the 1990s when the Clinton administration pushed a single-payer pilot program in Tennessee called TennCare. I saw firsthand the negative impact government-run health care has on patient care. I saw costs rise and the quality of care fall. It inspired me to get involved in public service.

When in 2009 and 2010 I saw those same principles being debated and, eventually, implemented on the national level, I thought my experience in Tennessee could be valuable in the national debate; so, in 2011, I sponsored the first piece of legislation that repealed a part of ObamaCare. Today, we take the largest step yet in rescuing the American people from this damaging, government-run healthcare system.

I, and many other Members of this body, have worked hard to make sure that this bill truly reflects our visions for healthcare reform. I, for one, cannot sit idly by and let this opportunity go to waste. Governing is hard, but our constituents did not elect us to do what is easy. They elected us to do what is right.

I urge my colleagues to join me in voting "yes" on the American Health Care Act to rescue the American people from ObamaCare.

Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield myself such time as I may consume, and I remind my colleague that her vote for this bill could increase premiums for people with breast cancer in Tennessee by over \$38,000.

Mr. Speaker, let's begin with a few facts:

Since the passage of the Affordable Care Act, costs have gone up at the lowest rate in 50 years;

Those with preexisting conditions get insurance at the standard rate;

Instead of millions of people losing their insurance every year, 20 million more people have insurance;

Personal bankruptcies are down 50 percent.

Still, all we hear are complaints, press releases, and promises about something better. But CBO has debunked this proposal by pointing out that 24 million fewer people will have insurance, that costs will go up, and insurance will cover less.

So, whatever you think about the Affordable Care Act, this bill makes things worse—except for millionaires, who get a tax cut.

Mr. Speaker, I reserve the balance of my time.

Mrs. BLACK. Mr. Speaker, it is my honor to yield 1½ minutes to the gentleman from Tennessee (Mr. ROE), a physician and the chair of the Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, 7 years ago, I stood right in this well to debate the ACA, which the premise was to increase access and decrease costs. We all agree with that. But that is not exactly what happened.

In my district, in the State of Tennessee, over one-third of the counties have no place they can buy insurance; and multiple counties in my State, including the third largest, have no access. Premiums have soared over 60 percent. Eighteen of the 23 co-ops went bankrupt, including one in my State, which required people to search for other coverage.

No matter what verbiage you hear, nothing in this bill changes how veterans are treated under the law—nothing. The criticisms are flat-out wrong. I am a veteran, doctor, and chairman of the Veterans' Affairs Committee, and it ain't gonna happen.

In my State, and where I practiced medicine for over 30 years, listen to this: 60 to 70 percent of the uncollectible debt now are people with insurance.

So why do I support this bill?

One, it protects preexisting conditions;

Two, it puts patients ahead of special interests and restores a physician-patient relationship;

Three, it reforms Medicaid so that first-class people don't get second-class care; and

Four, it repeals individual mandates so that 160,000 Tennesseans don't get fined for a product they cannot afford.

Mr. Speaker, this bill isn't perfect, but it is a huge improvement over ObamaCare, and it is worthy of every Member's support.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill could take healthcare protections away from over a million people in Tennessee with preexisting conditions.

Mr. Speaker, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI), the vice ranking member of the Committee on Education and the Workforce.

Ms. BONAMICI. Mr. Speaker, today the House is voting on a harmful bill that puts the most vulnerable members of our community at risk. We know that millions will lose coverage. And

the Affordable Care Act protects people with preexisting conditions—this bill does not. High-risk pools don't work.

My constituents are scared, and so are people across this country.

Arden from Gearhart, Oregon, wrote to me, distraught, because she and her daughter, Selah, could lose coverage. Arden took the loving step of adopting a child with special needs, and now the support program they rely on is at risk of being terminated by this bill.

This is a critical vote. I implore my colleagues to think about all of the people like Arden and Selah in their communities. Think about the millions across this country who risk losing coverage.

I implore my colleagues to do no harm. Vote "no" on this harmful bill.

Mrs. BLACK. Mr. Speaker, I yield 4 minutes to the gentleman from Oregon (Mr. WALDEN), the chair of the Energy and Commerce Committee, who has worked tirelessly on this bill.

Mr. WALDEN. Mr. Speaker, I yield to the gentleman from Florida (Mr. WEBSTER), my colleague, for the purpose of a colloquy.

Mr. WEBSTER of Florida. I thank the chairman for yielding.

I have heard from my Governor, State officials, and providers about the challenges on the ground in Florida and what they are facing. The demographic issues in Florida raise significant challenges for the State of Florida, and it is the Medicaid program.

Particularly, the State Medicaid program and providers face challenges relating to the costs of caring for the most disadvantaged and the elderly in Florida's nursing home program, as well as the rising costs associated with Florida's aging population.

As the process moves forward, Florida's unique challenges must be recognized and accounted for as we reallocate dollars for this important safety net program.

Mr. WALDEN. I thank the gentleman from Florida for not only raising this issue, but being a real partner in this legislation. I met with your Governor as well, who has been very helpful in the discussions.

We believe that accounting for aging demographics of the Medicaid program and broader population is an important factor we must consider to ensure that any Medicaid reform is successfully implemented. I am committed to working with the gentleman from Florida, our colleagues in the Senate, and the Trump administration to ensure Florida's unique challenges related to an aging Medicaid demographic are recognized and accounted for appropriately.

Mr. Speaker, in the remaining part of my time, I would just like to thank my colleagues for their work on this measure.

Making sure that people have access to affordable health care is essential. It is something I would say that we all care about. We all care about family members who have suffered from cancer or other debilitating diseases or af-

flictions. We are trying to find a place here that works for all Americans, where we have insurance markets that are actually available where you can get an insurance product that works for you that is affordable for you.

We know that today, in America, the insurance market and the individual market—that is a very small segment, 7 percent of insurance in America; that is what we are talking about here today—that that market is collapsing before our eyes. In fact, in Iowa, I think they just announced 94 in 99 counties, people there won't even have an insurance product they can try to purchase on the exchange.

We have met with Governors and we have met with insurers. We have said: What do we need to do to intercede to get this market back to where it works? The proposals contained in our legislation are designed to do exactly that: to get back to where consumers have choices when they are required to buy insurance to take care of their families. Those choices need to be affordable. They are not now, today.

In my own State of Oregon, premiums have gone up 50 percent in the last 2 years. Meanwhile, the number of options that you have to choose from has gone down—and continues to go down. Now, we haven't gone as far as some States where you have either no option in most areas of the State or just one, but how far off is it when insurers are failing, people losing their opportunity to get affordable health insurance?

We take care of the disabled. We take care of the elderly. In fact, we plus-up to medical CPI plus 1 to make sure that we take care of the elderly and the disabled in our Medicaid program.

By the way, that is probably more than most States are spending today.

So we have thought this through carefully. We care about people and their medical condition and their families because we are all in this together as Americans.

I think the bill we have before us today works. It works to take care of those most in need. It works to make sure that the people can get access to insurance.

I will tell you what. It is a first step in a many-step process to also look at families who are dealing with opioid addiction and what we can do there. There are efforts at NIH, which we just supported yesterday, to fund medical research so that we can get cures for those who have diseases and other afflictions. We are fully committed to improving health care not only for Americans, but around the globe, through innovation and scientific discovery.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this healthcare bill will take away protections for over 600,000 people in Oregon with preexisting conditions.

Mr. Speaker, I yield 1 minute to the gentleman from California (Mr. TAKANO).

(Mr. TAKANO asked and was given permission to revise and extend his remarks.)

Mr. TAKANO. Mr. Speaker, I include in the RECORD a letter from the Consortium for Citizens with Disabilities, which states that this legislation will dramatically cut Medicaid services that are vital to people with disabilities and seniors.

CONSORTIUM FOR CITIZENS
WITH DISABILITIES,
April 28, 2017.

DEAR MEMBER OF CONGRESS: The Consortium for Citizens with Disabilities (CCD) is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically but Medicaid services that are vital to people with disabilities and seniors through per capita caps, which CCD has opposed. The new amendments—including permitting states to seek waivers from the protections for people with pre-existing conditions and from the requirement to provide essential health benefits—makes the amended AHCA even more harmful to people with disabilities. We urge you to oppose this legislation.

Medicaid provides services and supports that maintain the health, function, independence, and well-being of 10 million enrollees living with disabilities. For many people with disabilities, being able to access timely needed care is a life or death matter. The American Health Care Act changes the way that the Federal Government funds Medicaid—rather than paying states based on the actual costs of healthcare for people in Medicaid, it sets a cap on the amount of federal support, a cap that is totally unrelated to the actual costs of needed care for enrollees. This cap is designed to cut Medicaid, and the bill uses those cuts to pay for unrelated tax cuts. Slashing federal support for Medicaid, which is already a lean program, will force states to cut services and eligibility that put the health and wellbeing of people with disabilities at significant risk.

The newest amendments to the American Health Care Act make the bill even more harmful to people with disabilities. The new amendments would allow states to easily obtain waivers, that would allow them to charge higher premiums to people with pre-existing conditions, including people with disabilities. They also would allow states to seek waivers from the Affordable Care Act's requirement to provide essential health benefits, including crucial services for people with disabilities such as mental health and substance use disorder services, prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management, and pediatric services. These waivers jeopardize the Affordable Care Act's protections for people with pre-existing conditions, including people with disabilities, and CCD opposes any roll-back of those protections.

The ACA helped millions of people with disabilities and others to gain access to affordable and comprehensive health insurance. The amended American Health Care Act is insufficient to help people with disabilities meet their healthcare needs, and we urge you to oppose the bill should it come to a vote.

Sincerely,

Health Task Force Co-chairs: Bethany Lilly, Bazelon Center for Mental Health Law; Dave Machledt, National Health Law Program; Peter Thomas, Brain Injury Association of America; Julie Ward, The Arc of the United States.

Long Term Services and Supports Co-chairs: Alison Barkoff, Center for Public

Representation; Nicole Jorwic, The Arc of the United States; Sarah Meek, Lutheran Services in America Disability Network; Laura Weidner, National Multiple Sclerosis Society.

Mr. TAKANO. Mr. Speaker, there are 7 million veterans who are eligible for VA care but not enrolled at the VA. All of them could be denied access to the tax credits in this bill, and each in this Chamber needs to understand how.

On page 10, line 6 of manager's amendment No. 4, it states that an individual is not eligible for tax credits if they are eligible for care, as defined by U.S. Code 5000A(f)(1)(A). This code specifically includes VA care. So this means that those 7 million veterans who are eligible for VA care, even if they are not enrolled, would not have access to the tax credits in this law.

This is not fear-mongering. This is not hyperbole. This is the text of the bill we are voting on today. This bill jeopardizes health care for up to 7 million veterans, and everyone should oppose it.

□ 1245

Mrs. BLACK. Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 3 minutes to the gentleman from Maryland (Mr. HOYER), the Democratic whip.

(Mr. HOYER asked and was given permission to revise and extend his remarks.)

Mr. HOYER. Mr. Speaker, Republicans now control all of our government. Whatever happens to our healthcare system will be their responsibility, including what has already happened since January with the destabilizing of our insurance markets and health plans announcing rate hikes due to uncertainty.

They will be held accountable for what happens. Today, Americans will have an opportunity to see exactly where their Representatives stand. This vote is a simple one. It votes to kick 24 million Americans off of their health insurance coverage. I don't say that; CBO says that, which is perhaps why we don't have a CBO report on the amendment. It includes 7 million people who are covered through their employers.

It is a vote to make coverage unaffordable for one in four Americans with preexisting conditions and ration care through high-risk pools.

It is a vote to impose an age tax on older Americans, some \$1,700 to \$14,600. That is quite a hike.

It is a vote to force Americans to pay more for less, to raise premiums 24 to 29 percent, on average, over each of the next 2 years. CBO says that, not me.

And no matter how Republicans try to spin it, healthcare advocates from the AMA to AARP, to everybody that follows, have said that it ends protections for those with preexisting conditions.

I repeat: It ends protections for those with preexisting conditions.

I repeat again: It ends protections for those with preexisting conditions.

It takes away essential health benefits, like doctor visits, emergency room visits, and prescription drugs. So this, Mr. Speaker, will be a very instructive vote. It will show the American people if Republicans stand with those who don't want to lose their coverage, some 55 percent now and 75 percent saying fix it, don't repeal it—or if they stand with a President who wants to claim a victory, but doesn't even seem to know what his own TrumpCare bill says.

I recommend, as a political strategist who is concerned about 2018, that you once again withdraw this bill. Instead, we ought to work together to make sure that the Affordable Care Act works for all Americans, and deliver on the promise that President Trump made—and made from that rostrum—when he said that he wanted “insurance for everybody;” not kick 24 million off, “for everybody;” not make seniors pay more, “for everybody;” not to put Medicaid at risk, “for everybody” that is “far less expensive and far better.”

Mr. Speaker, I urge my colleagues: Come to your senses, defeat this bill.

Mrs. BLACK. Mr. Speaker, I would like to remind the other side that if they read the bill, they will see under section 137 it says:

No limiting access to coverage for individuals with preexisting conditions. Nothing in this act shall be construed as permitting health insurance insurers to limit access to health coverage for individuals with pre-existing conditions.

Mr. Speaker, it is my honor to yield 4 minutes to the gentleman from Texas (Mr. BRADY), the chairman of the Ways and Means Committee.

Mr. BRADY of Texas. Mr. Speaker, I first want to thank Chairwoman BLACK for her leadership on this effort, as well as Chairman WALDEN of the Energy and Commerce Committee for incredible work.

As chairman on behalf of the Ways and Means Committee who work alongside you, I am honored to speak in support of the American Health Care Act because it guarantees coverage for those with preexisting illnesses.

It guarantees coverage for those with preexisting illnesses. In fact, this bill takes decisive action to repeal all of the bad parts, all of the damage done by ObamaCare, and begin a thoughtful step-by-step process to deliver a patient-centered healthcare system, not a Washington-centered healthcare system, to the American people.

While ObamaCare has helped some, far more have been hurt by this law. And more ObamaCare failures are piling up every day. Just yesterday, Aetna announced it will exit Virginia's individual health market next year. And it is not just the State's ObamaCare exchanges they are leaving behind. Aetna will not offer any plans next year in the individual market in Virginia.

The same thing is happening in Iowa. And my friends on the Democratic aisle have done nothing to stop this—

nothing. But today, because of this bill, thousands of people will have hope for a new plan to provide the healthcare coverage they need. Millions of Americans throughout the country are facing just terrible options.

People of Texas have been hit particularly hard. Between last year and this year, nine healthcare insurers have exited ObamaCare exchanges in the Lone Star State. No other State saw more insurers leave. For my family, the failures of this law have come to mean some incredibly tough choices. They have had to accept, under ObamaCare, you can't access affordable coverage that is tailored to what they need. They have had to learn how to get by as their monthly health premiums just skyrocket each and every year—bigger than their mortgage payments. They have had to choose between paying out of pocket for the care they need or not getting care at all.

Under ObamaCare, the ability to receive treatment from a doctor you know and who knows you has become a luxury that too many can't afford. Today, with the American Health Care Act, the Republicans propose we have an opportunity to provide immediate relief from this failing law. More than that, we can provide Americans with real choices in health care, not the painful decision they are forced to live with under ObamaCare.

Under the Ways and Means Committee area, this starts by repealing the law's crushing taxes and mandates, and that is where Ways and Means takes action. Under ObamaCare, the individual and employer mandate penalties allow Washington to strong-arm you, to strong-arm Americans into ObamaCare plans you do not want and cannot afford.

Not anymore. Under the Republican plan, we repeal the individual and employer mandate tax penalties so Americans have the freedom to make the healthcare choices that are right for them. Under ObamaCare, over \$1 trillion of taxes were imposed on the American people. Under the Republican plan, those taxes are gone that burden American small businesses and families.

Under our plan, we provide increased health savings accounts so Americans can save easier for the out-of-pocket costs that hit them under any health care; and then we create a personal individual tax credit so Americans can buy plans that are right for them, not what is right for government.

Healthcare premiums, they can choose a plan that can go with them from job to job, State to State, home to start a business, or a family, and even into those preretirement years.

Today is about taking on a collapsing ObamaCare and replacing for the American people health care that they want, that they can use, and that they can afford; driven not by what Washington wants, but driven by what American families need in their health care.

Mr. Speaker, I urge the support of this bill.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill could take away protections of over 4.5 million people with preexisting conditions in Texas who might have access to coverage, but if they have diabetes, their rates could go up \$5,000.

Mr. Speaker, I yield 1 minute to the gentlewoman from North Carolina (Ms. ADAMS).

Ms. ADAMS. Mr. Speaker, I thank the gentleman for yielding.

After his latest failed attempt to roll back the ACA, Speaker RYAN declared to the American people "ObamaCare is the law of the land." Less than 50 days later, PAUL RYAN shamefully is going against his word trying to ram TrumpCare down our throats.

It is an embarrassment that we are wasting taxpayer dollars to again consider TrumpCare—or as I called it "Trump don't care"—a reckless plan that does nothing to make health care better.

TrumpCare gives the rich and big corporations a \$600 billion tax break. It forces families to pay higher premiums and deductions, placing health care out of their reach. TrumpCare forces seniors to pay higher costs and changes Medicare as we know it. It strips essential health benefits and protections for people with preexisting conditions.

What a pitiful display of partisan politics. TrumpCare is so bad, Republicans have exempted themselves from it. They don't want TrumpCare. The medical industry doesn't want TrumpCare. Democrats don't want TrumpCare.

Why don't House Republicans listen? The people don't want it, and I won't support it.

Ms. BLACK. Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I include in the RECORD a letter from Common Sense Kids Action that explains that: "This jeopardizes the health and well-being of America's kids and will alarm any parent who understands the importance of health insurance for their children and family."

COMMON SENSE KIDS ACTION,
April 25, 2017.

Re H.R. 1628—OPPOSE.

Hon. DIANE BLACK,
Chairwoman, House Budget Committee,
House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BLACK: On behalf of the millions of American kids and families who rely on comprehensive, dependable health insurance to stay healthy and to get medical treatment when they need it, we are writing to respectfully express our strong opposition to your bill, H.R. 1628, the American Health Care Act (AHCA). We have added this bill to our Common Sense Legislative Ratings Tool as an "Against Kids" bill and will communicate our position to our parent and teacher members.

Common Sense is the nation's leading independent nonprofit organization dedicated to helping kids thrive in a rapidly changing world. We empower parents, teachers, and policymakers by providing unbiased information, trusted advice, and innovative tools to help them harness the power of media and technology as a positive force in

all kids' lives. The policy arm, Common Sense Kids Action, is building a movement of parents, teachers, business leaders, and others dedicated to making kids our nation's top priority by supporting policies at the state and federal level that contribute to the building blocks of opportunity for kids. Access to affordable and quality medical care for kids is certainly one of those key building blocks.

Thanks to current law, including the Affordable Care Act, Medicaid, and the Children's Health Insurance Program (CHIP), 95% of young children in the U.S. today have health insurance. That's a remarkable achievement. With health insurance, parents are more likely to seek medical care for themselves and for their children, helping to prevent illnesses from developing and shortening their duration when they occur. However, the AHCA will result in 24 million fewer Americans having coverage, including millions of children. This jeopardizes the health and well-being of America's kids and will alarm any parent who understands the importance of health insurance for their children and family. The Affordable Care Act certainly needs to be fixed, but if Congress has the goal of making sure that all families and businesses have access to affordable and comprehensive health insurance, it could improve the law for everyone without forcing millions of kids and their parents to lose access to critical medical care.

As Congress continues to grapple with this issue, health insurance programs, we think these facts about children's health insurance from the Congressional Budget Office and the Georgetown University Center for Children and Families are important to keep in mind:

Ninety-five percent of children age 0-5 are insured today.

Forty-five million of those children access health care through two programs: about 37 million through Medicaid (a federal-state program) and 8 million through CHIP, the Children's Health Insurance Program.

Children are the single-largest group of persons covered under Medicaid.

Under the Affordable Care Act, as you know, many states expanded Medicaid with help from the federal government, increasing coverage for kids and families, including coverage for mental health care.

Changes being considered, including under the AHCA, would cut funding to Medicaid by as much as \$880 billion over the next 10 years.

The AHCA, when compared with current law, would result in 24 million fewer Americans with health insurance by the year 2026.

Even with changes recently suggested to your bill, America's kids will be best served by strengthening the Affordable Care Act and preserving Medicaid and CHIP, not by repealing the Affordable Care Act and block granting or establishing a per capita cap on Medicaid. We urge you to keep our children's future foremost in your thinking, withdraw your bill, and work on a bipartisan basis to support measures that protect and strengthen children's health care. Thank you for your consideration of our views and we would be happy to talk with you at any time about this and other issues that matter to America's children and families.

Sincerely,

DANNY WEISS,
Vice President, Federal Policy,
Common Sense Media/Kids Action.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. JEFFRIES).

(Mr. JEFFRIES asked and was given permission to revise and extend his remarks.)

Mr. JEFFRIES. Mr. Speaker, I include in the RECORD a letter from SEIU, which states:

This legislation will leave millions without health insurance, and decimate the Medicare program.

SEIU,
May 2, 2017.

DEAR REPRESENTATIVE: On behalf of the 2 million members of the Service Employees International Union (SEIU), America's largest healthcare union, I write to voice strong opposition to the American Health Care Act (AHCA). New provisions in the legislation manage to make a bad bill worse. Not only does the bill cause millions to lose insurance coverage, face higher costs, and end Medicaid as we know it, but now it also strips essential protections for those with pre-existing conditions. The AHCA will leave millions of men, women, and children without access to high quality, affordable health care. The AHCA legislation unequivocally jeopardizes working families' safety, health, and financial security.

The AHCA will leave millions of Americans without health insurance and therefore without access to healthcare. The last available estimate from the nonpartisan Congressional Budget Office (CBO) estimated about 14 million fewer people will have health insurance in 2018, and by 2026, 24 million fewer people will have coverage compared to the current baseline under the ACA. Unfortunately, we do not have more up to date information. Despite the importance that healthcare plays in the lives of working families, Congressional leaders have indicated that they intend to hold a vote on the legislation without knowing its impact.

The AHCA also decimates the Medicaid program, rationing and endangering healthcare for children, seniors, people with disabilities, and their families as well as for those who have gained coverage as a result of the Medicaid expansion. According to CBO, the legislation will cut federal funding for Medicaid by \$880 billion over ten years. Americans know that Medicaid is working and realize the key role that the program plays in helping families afford care—including nursing home care and home and community-based services for elderly and disabled individuals. Nearly 1 in 5 Americans are covered under Medicaid and rely on it to get health services. Under the AHCA, those Americans would lose access to vital care that may mean the difference between life and death.

Additionally, the AHCA would cap the amount of money states receive in Medicaid funding from the federal government each year, regardless of the cost of providing healthcare to those who qualify. Medicaid is already a lean program especially when measured on a per capita basis, and cuts from capping federal funding will quickly force states to cut services, limit enrollment, and decrease payments to hospitals and other providers. Also, Medicaid is the largest payer for long term care in the country. The program pays for more than 60 percent of all nursing home residents and for more than 3.2 million Americans with home and community-based care, which allows many older Americans and people with disabilities to remain in their homes rather than move to a more expensive institutional setting. States—which must balance budgets and already face fiscal pressures—will not be able to make up the lost federal dollars and will be forced to deny care. The inevitable result will be that the AHCA will make it much harder and more costly for older Americans, people with disabilities, and their families to get services they need.

In addition, the legislation will effectively end the Medicaid expansion, which provides

health coverage to millions of people earning low to moderate incomes. While the bill purports to allow states to maintain the expansion, states will only receive an enhanced match, or additional funding, for people who enroll before 2020 and maintain continuous coverage. It is widely understood that there is significant churn on and off the program in this coverage category, and thus over time the reimbursement rates for states will drop. The resulting large cost shift to states may lead them to eliminate coverage for this group altogether. In fact, seven states have triggers that would end the Medicaid expansion in their state if federal reimbursement decreases.

Lastly, Medicaid provider rates are already extremely low in most states. Cuts to Medicaid, capped funding, and elimination of the Medicaid expansion would lead to further reductions in rates for providers, leading to job and other spending cuts in the health care industry that will have ripple effects on the broader economy. We have serious concerns that hospitals, especially those that serve communities that may not have access to many providers, could be forced to close or cut back services, further reducing access to care in underserved areas.

Those who purchase coverage in the individual market do not fare much better under the proposed bill. The AHCA provides tax credits ranging from \$2,000 to \$4,000 to individuals to purchase private insurance—substantially lower than the ACA's current levels for the majority of those who receive them. Unlike the ACA, it is unclear that people with access to employer insurance that is unaffordable or inadequate will be eligible for credits, which would mean that they will be left without access to coverage and care. The bill also creates an age tax on older Americans by letting insurance companies charge people over 60 as much as five times what they charge others for the same coverage. CBO found that under the initial bill introduced, premiums for those between age 50 and 65 would sky-rocket. Moreover, it is unclear what coverage will be available on the individual market or if the current healthcare marketplaces will even still exist under this scheme. Between premiums and out of pocket costs like deductibles, especially for those most in need of care due to pre-existing conditions, illness, or age, the result could be higher costs for less coverage.

A bad bill has managed to have been made even worse by the "MacArthur-Meadows Amendment." The amendment guts essential protections for those with pre-existing conditions. It would allow states to charge those with pre-existing conditions higher premiums by allowing states to very easily waive community rating requirements, which currently prohibits this practice. Furthermore it would grant states, through a waiver that is approved by default, the ability to opt out of essential health benefit requirements, a core set of medical services, like hospitalizations, mental health, maternity care and prescription drug coverage, which all insurers are required to cover under the ACA. If states waive requirements, insurers could leave those who are sick or with pre-existing conditions out to fend for themselves and face exorbitant costs to get life-saving care they need. Experts agree that the funding included in the "Upton-Long Amendment" is completely inadequate to protect those with pre-existing conditions. The Administration and Congressional Leaders promised to the American people that those with pre-existing conditions would remain protected—this bill even with added amendments defaults on that promise.

Another failure of the AHCA is that it hurts women by freezing funding to providers like Planned Parenthood, risking the

health and well-being of the 2.5 million people who rely on the organization for basic care. One in five women in the United States has visited Planned Parenthood clinics and for many low-income women of color, including many of our members, Planned Parenthood is their essential health provider. For these individuals, healthcare is not an ideological struggle or about the politics of one policy versus another; it is a necessity that could mean the difference between sickness and health.

The real winners of the AHCA appear to be special interests and the wealthy. The legislation repeals most if not all of the ACA tax provisions for special interests like the pharmaceutical and insurance industries, offsetting these costs with the massive cuts to Medicaid described above. The bill also maintains the so-called "Cadillac tax," which places a tax on workers who have robust health coverage, merely delaying implementation to 2026. Implementation of the tax will punish people who have decent insurance, and will encourage employers to further shift health costs to workers. Furthermore, the incentives for health savings accounts, which encourage wealthier people to shelter pre-tax income, are of little use to working households earning low to moderate incomes.

The AHCA is not care, it is chaos. The legislation creates an environment of uncertainty and unaffordability for Americans and is a bad deal for working families. The bill radically restructures Medicaid as we know it and cuts funding for the program significantly, endangers women's health, and further enriches corporations, special interests, and the wealthiest Americans at the expense of working families' access to healthcare and financial stability. The American people will hold you accountable for how you proceed in this moment. We therefore respectfully ask you vote no on the American Health Care Act and the proposed amendments to the legislation when it comes to a vote in the House of Representatives. We will add this vote to our legislative scorecard. If you need any additional information please contact Ilene Stein, Assistant Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

Mr. JEFFRIES. Mr. Speaker, the House majority has once again made clear that, under Republican rule, the system is rigged. The fix is in. The deck is stacked against hardworking Americans, and exhibit A is your reckless Republican healthcare plan. Under TrumpCare, 24 million Americans will lose access to health insurance. Under TrumpCare, a draconian age tax will be imposed on people between 50 and 64. Under TrumpCare, costs will go up, premiums will go up, copays will go up, deductibles will go up. Under TrumpCare, tens of millions of Americans who are living with preexisting conditions will be screwed.

House Republicans are out to destroy the American healthcare system as we know it, but you will be held accountable for the cruel and unusual punishment that you have decided to inflict on the American people.

Vote "no" against this draconian piece of legislation.

The SPEAKER pro tempore. The Chair would remind Members to direct their remarks to this Chair.

Mrs. BLACK. Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I include in the RECORD an article in Consumer Reports dated May 2, 2017, entitled: "How the Affordable Care Act Drove Down Personal Bankruptcy."

HOW THE AFFORDABLE CARE ACT DROVE DOWN PERSONAL BANKRUPTCY

EXPANDED HEALTH INSURANCE HELPED CUT THE NUMBER OF FILINGS BY HALF

(By Allen St. John)

As legislators and the executive branch renew their efforts to repeal and replace the Affordable Care Act this week, they might want to keep in mind a little-known financial consequence of the ACA: Since its adoption, far fewer Americans have taken the extreme step of filing for personal bankruptcy.

Filings have dropped about 50 percent, from 1,536,799 in 2010 to 770,846 in 2016 (see chart, below). Those years also represent the time frame when the ACA took effect. Although courts never ask people to declare why they're filing, many bankruptcy and legal experts agree that medical bills had been a leading cause of personal bankruptcy before public healthcare coverage expanded under the ACA. Unlike other causes of debt, medical bills are often unexpected, involuntary, and large.

"If you're uninsured or underinsured, you can run up a huge debt in a short period of time," says Lois Lupica, a bankruptcy expert and Maine Law Foundation Professor of Law at the University of Maine School of Law.

So did the rise of the ACA—which helped some 20 million more Americans get health insurance—cause the decline in bankruptcies?

The many experts we interviewed also pointed to two other contributing factors: an improving economy and changes to bankruptcy laws in 2005 that made it more difficult and costly to file. However, they almost all agreed that expanded health coverage played a major role in the marked, recent decline.

Some of the most important financial protections of the ACA apply to all consumers, whether they get their coverage through ACA exchanges or the private insurance marketplace. These provisions include mandated coverage for pre-existing conditions and, on most covered benefits, an end to annual and lifetime coverage caps. Aspects of the law, including provisions for young people to be covered by a family policy until age 26, went into effect in 2010 and 2011, before the full rollout of the ACA in 2014.

"It's absolutely remarkable," says Jim Molleur, a Maine-based bankruptcy attorney with 20 years of experience. "We're not getting people with big medical bills, chronically sick people who would hit those lifetime caps or be denied because of pre-existing conditions. They seemed to disappear almost overnight once ACA kicked in."

The first attempt to repeal and replace the ACA, in March, failed to gain enough Congressional support and never came to a vote.

Then in April, details of a new replacement plan were released. Although President Donald Trump has said that this new version, like the first bill that was pulled from consideration, will cover pre-existing conditions, the revised law gives states broad latitude to allow insurance companies to increase rates for consumers with an existing illness.

A RARE AND COSTLY DIAGNOSIS

Since the start of the year, more than 2,000 consumers have answered an online questionnaire from Consumer Reports' advocacy and mobilization team, sharing their experiences with the ACA. Katie Weber of Seattle was one of them.

In 2011, she had just landed her first job out of college, as a teacher with AmeriCorps, she explains in a phone interview. That's when the unusual numbness in her hand began, which she—and her doctor—at first mistook for a pinched nerve.

Then came debilitating headaches and nausea and, ultimately, a diagnosis of medulloblastoma, a fast-growing cancerous brain tumor.

The treatment for her tumor was straightforward: surgery, radiation, then chemotherapy. Figuring out how to pay for it was much less clear. She worried that the insurance she had through AmeriCorps wouldn't cover enough of her bills.

"My dad said to me, 'Your health is the most important thing. If you have to declare bankruptcy at age 23, it's no big deal,'" Weber says.

Because of the ACA, she says, it never came to that. After her year with AmeriCorps, the new healthcare law enabled her to get coverage under her parents' insurance plan.

The ACA provisions required that the family's insurance company cover her even though she had already been diagnosed with cancer. That would not have been the case before the ACA, which mandates the coverage of pre-existing conditions for all consumers.

Later, when she aged out of her parents' insurance, Weber was able to enroll in Apple Health, Washington state's version of Medicaid, a program that was expanded once the ACA was passed. That coverage, she says, has been crucial to her financial and medical well-being, especially once the cancer returned last fall.

Weber says she now spends more time discussing treatment options and less time worrying how she'll pay for MRIs and drugs. These are covered in full under her Apple Health policy.

"Cancer is really expensive," she says. "My insurance saved my life."

NUMBERS PLUMMET

If you want further testimony about how much personal bankruptcies have dropped over the past decade, talk to Susan Grossberg, a Springfield, Mass., attorney.

For more than 20 years she has helped consumers push the financial reset button when debt triggered by divorce, unemployment, or a costly illness or medical episode became too much to handle. "Medical debt can get really big really quickly," Grossberg says. "When you're in the emergency room they're not checking your credit score while they're caring for you."

With the advent of the ACA—and before that, expanded state healthcare in Massachusetts—she says fewer clients with large medical debts walked through her door.

Grossberg adds that her bankruptcy business has slowed so much that she has been forced to take on other kinds of legal work—landlord-tenant and housing discrimination cases—to cover her own bills.

The American Bankruptcy Institute suggested that veteran Chicago bankruptcy attorney and trustee David Leibowitz could also help parse the reasons for the decadelong decline.

First, he says, the Bankruptcy Abuse Prevention and Consumer Protection Act of 2005 made it more difficult for consumers to file for bankruptcy. The law required credit counseling and income verification and forced many consumers to seek protection under Chapter 13, which restructures, but does not eliminate, most debt. The piles of paperwork also meant most filers needed a lawyer, which made bankruptcy more costly and therefore not an option for many poor consumers.

Then there was the economy. After a slow and steady recovery following the housing crisis of 2008, Leibowitz explains that American consumers generally had fewer problems with their mortgages, better employment prospects, and greater access to credit, which made them less likely to file.

The final factor, according to Leibowitz, has been the ACA, which afforded health coverage to many more consumers and expanded protections for all.

Of course, not everyone sees such a direct connection between the decline in bankruptcies and the emergence of the ACA.

Thomas P. Miller, resident fellow at the American Enterprise Institute and co-author of "Why ObamaCare is Wrong for America" (HarperCollins, 2011), cautioned against "reaching broad conclusions" because the subject is so complex.

"Certainly there are fewer people declaring bankruptcy, and certainly fewer are declaring bankruptcy because of healthcare spending," he says. But his earlier research suggested that some studies exaggerated the degree to which high healthcare bills cause bankruptcies. "They tended to reflect other problems with credit card balances well beyond healthcare," he says. "It stems from multiple causes."

FIGURING OUT WHY

Over the past decade, determining the cause-and-effect relationship between medical debt and bankruptcy has become a political football, particularly during the years the Obama administration was trying to pass the ACA through Congress.

The truth is that it's not that easy to determine how many bankruptcies are caused by medical debt. Examining the paperwork doesn't always offer insight because debtors often juggle their indebtedness, for example, using a credit card to pay an outstanding medical bill while leaving other debts unpaid.

But a 2014 study from Daniel Austin, a bankruptcy attorney and, at the time, a professor at the Northeastern University School of Law, offers some of the most in-depth research to date.

Austin and his team selected a nationwide group of 100 bankruptcy filers meant to represent a cross-section of the U.S. population, studied their paperwork, then followed up with a survey asking filers, basically, "Why?"

His team's research found that medical debt is the single largest factor in personal bankruptcy. First, Austin analyzed the paperwork of individual case files, which suggested that medical bills were a factor in 18 percent of filings. But when he directly asked the same filers, in a survey, the number was even higher, with 25 percent citing medical bills as a factor in their decision to file bankruptcy.

In addition to the nationwide group, Austin isolated a group of 100 bankruptcy filers from Massachusetts. Why Massachusetts? Because its citizens, starting in 2006, had been covered by a comprehensive state healthcare program similar to the ACA known as Romneycare, after the state's former governor, Mitt Romney.

The differences between the two groups were striking. Even though the Massachusetts filers owed substantially more in unsecured debt (that is, debt not backed by a home, a car, or another asset) than their counterparts in other states, they reported less than half as much medical debt, which is also unsecured.

"The average medical debt in Massachusetts in 2013 was relatively low at just \$3,041 (6 percent of total unsecured debt) compared to \$8,594 (20 percent of total unsecured debt) nationwide," Austin writes in his 2014 study,

portions of which were published in the *Maine Law Review*.

"Only about 9 percent of Massachusetts debtors felt their bankruptcy filing was a result of medical bills," Austin explains. "This compares to 25 percent for debtors from [other] jurisdictions." Austin's research found that comprehensive medical coverage in Massachusetts had all but eliminated medical bills as a cause for bankruptcy.

"Not only in absolute numbers—they had much smaller medical debt—but psychologically, medical debt did not loom nearly as large for people in Massachusetts as it did for other people in other states." And in 2010, four years after Romneycare began, the state had a bankruptcy rate that was about 30 percent lower than that of other states.

IN SEARCH OF CERTAINTY, CONSISTENCY

At its most basic level, health insurance allows consumers to pay for the medical care they need. Each year, the Centers for Disease Control and Prevention determines how well the system is working by surveying Americans and asking a simple but powerful question: Did you have problems paying medical bills in the last 12 months?

The percentage of those reporting problems has dropped from 21.3 percent of households when they first asked the question in 2011 to 16.2 percent in 2016. That's almost 13 million fewer Americans no longer facing collection notices from a doctor or hospital.

"It's been happening across the board, by race, by age, by insurance status, by gender," says Robin Cohen, the study's lead author.

But insurance is also about peace of mind. And judging from the consumers who have shared their stories with *Consumer Reports*, that certainty is in short supply as the fate of the ACA is decided. People are wondering what comes next: Repeal? Replace? Improve? Retain and neglect? No one really knows the answer. Americans are concerned about how the future of healthcare will affect them and their families.

In CR's *Consumer Voices* survey in January 2017, 55 percent of consumers said they lacked confidence that they or their loved ones would be able to afford insurance to secure that care.

Don Shope of Ocean View, Del., said the availability of ACA coverage gave him the confidence to leave a corporate job and start his own consulting business. But now, with the ACA's future in limbo, he and his wife are watching the action in Washington and worrying that they might have to return to jobs with benefits.

"I'm not a liberal or a conservative, a Democrat or a Republican," Shope said in a phone interview. "Our biggest concern is that with repeal and replace we're going to be left high and dry."

He also believes in expanded health coverage for all. "If any American is sick, we should be willing to take care of them," Shope says. "It's the right thing to do. Economics and profit shouldn't be part of the healthcare equation."

HANGING ON EVERY DIP AND TURN

And then there's Kristin Couch, who has channeled the uncertainty into her own brand of activism.

"I was kind of anxious," Couch says about the day in March when Congress was set to vote on a less robust bill that would replace the ACA.

The 31-year-old public relations executive, of Gainesville, Ga., has started to follow health-care politics in the intense, almost obsessive way some people follow sports. The morning after Election Day, she called the offices of her local congressional representatives, urging them to preserve the protections the ACA offers.

Couch began caring about healthcare as a high school senior when she was diagnosed with lupus and since then has become something of a reluctant expert on how to manage not only her treatment but also the insurance that pays for it.

With friends and neighbors she talks about the law in simple but personal terms. "I tell people, 'I have a pre-existing condition, and this has helped me,'" she says of the ACA. Couch follows the healthcare debate in Washington so closely because she knows firsthand what happens when you don't have adequate coverage.

Couch remembers the time, before the ACA, when a new immunosuppressive drug that wasn't covered by her policy became available. "It was expensive," she explained in an interview, "but it worked, and I knew I needed it. Every month I'd just put it on a credit card. When your medication is thousands of dollars a month, that's the start of being in debt." She considered bankruptcy but ultimately worked her way out from under the pile of medical bills.

As a result of the ACA, her coverage shifted again when her employer no longer offered a traditional plan and she had to switch to one with a high \$3,000 deductible. Initially she was stunned by her out-of-pocket costs, but she quickly realized that her total costs would be capped once she'd met that threshold.

"It seemed scary and it seemed different," she explains. "But it actually saved me money." And now, she says, "I don't have to worry about how much a new drug costs."

So on the March day the House of Representatives was supposed to vote on repealing the ACA, she worried that the insurance she'd come to depend on was about to be yanked away. Only after emerging from a client meeting did she learn the vote had been canceled. "I started crying I was so happy," Couch recalls. "It's like a weight has lifted."

But Couch's relief was short-lived. Now she's back to paying close attention to the rhetoric and vote-counting deals in Washington, awaiting another possible vote on the newly revised plan. "I'm still optimistic," she said this week. "I think enough people will stand up and fight for the coverage."

Mr. SCOTT of Virginia. I yield 1 minute to the gentleman from New Jersey (Mr. NORCROSS).

Mr. NORCROSS. Mr. Speaker, a month ago I was ready to speak right here on the floor when this bill was abruptly removed. Apparently, it wasn't bad enough that day, it wasn't harmful enough. But now it is back worse than ever. So bad, it might actually pass.

I don't have a lot of time to explain, but let me tell you two groups that are really going to say thank you: it is the billionaires and it is the undertakers.

This bill will make health care more unaffordable and cause preventable deaths. Meanwhile, it gives \$600 billion—excuse me—\$800 billion to the wealthy, to the billionaires. TrumpCare brings us higher costs, less coverage, guts the benefits, has a crushing age tax, and steals from Medicare. In my district alone, 43,000 people will lose coverage. 9,000 of those are children. The elderly, Medicaid will be lost, close to 2,000.

There is a reason they are trying to jam this down our throats. There is no CBO score because they don't want to hear a score.

Mr. Speaker, let me make it plain. Let's put this bill in a coffin, not Americans. Let's kill and bury this bill.

Mrs. BLACK. Mr. Speaker, I yield 1½ minutes to the gentleman from Louisiana (Mr. SCALISE), our distinguished whip.

Mr. SCALISE. Mr. Speaker, I thank the chairwoman of the Budget Committee for yielding.

I was in strong support of this bill, Mr. Speaker, that finally provides relief to the American people across this country from the failures of ObamaCare.

Just how bad is it failing?

You don't have to look any further than what happened in Iowa yesterday, where literally they are going to have in 94 out of 99 counties nobody to write insurance for people that are in the ObamaCare exchanges.

So what do the people, Mr. Speaker, that are opposed to this bill say to those millions of people in Iowa who are about to have no place to go to get health care?

What are the people that oppose this bill, Mr. Speaker, going to say to the millions of people with preexisting conditions across the country who are being faced with double-digit increases in their health insurance every year and, oh, by the way, premiums and deductibles as high as over \$10,000, which are creaming those folks that are struggling under the weight of this bill?

So what we are replacing it with, Mr. Speaker, are reforms that actually lower premiums, that actually put patients back in charge of their healthcare decisions so that elitists up here in Washington won't tell you what you have to buy. You actually get to make that choice yourself.

□ 1300

You get to focus on plans that are good for your family at lower costs so that you can be in charge. And, by the way, reforming the Medicaid system, one of the most broken forms of health care so that States actually have the ability to innovate and help low-income families.

This bill is important, Mr. Speaker, to rescue the American people from a law that has failed dismally. Let's end the skyrocketing premium increases. Let's lower costs and put patients back in charge of their healthcare decisions.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill can take away protections for over 800,000 people with preexisting conditions in Louisiana. For example, those with breast cancer could see their premiums go up by over \$34,000.

Mr. Speaker, I yield 1 minute to the gentlewoman from Delaware (Ms. BLUNT ROCHESTER).

(Ms. BLUNT ROCHESTER asked and was given permission to revise and extend her remarks.)

Ms. BLUNT ROCHESTER. Mr. Speaker, I include in the RECORD a letter from AARP which makes clear

health care will be sabotaged under this bill, and healthcare costs for older Americans will “dramatically increase.”

[From the House Democratic Leader’s Press Office, May 3, 2017]

AARP PRESS RELEASE: NEW CHANGES TO THE AHCA MAKES A BAD BILL WORSE!

DEAR REPRESENTATIVE: Older Americans care deeply about access to and affordability of health care. With the addition of the Upton Amendment, as reported, we once again write to share our opposition to the American Health Care Act (AHCA) and urge you to vote NO. Changes under consideration that would allow states to waive important consumer protections—allowing insurance companies to once again charge Americans with pre-existing conditions more because they’ve had cancer, diabetes or heart disease—would make a bad bill even worse. This would be devastating for the 25 million Americans 50–64 who have a deniable pre-existing condition. The Upton amendment would do little to reduce the massive premium increases for those with pre-existing conditions.

Throughout consideration of the AHCA, we have been expressing serious concerns about the impact that this legislation will have on older Americans. The Congressional Budget Office (CBO)’s last estimate further demonstrates the harmful impact of this bill on older Americans and some of our most vulnerable. Specifically, the American Health Care Act will weaken the fiscal sustainability of Medicare; dramatically increase premium and out-of-pocket costs for 50–64 year olds purchasing coverage on the individual insurance market; allow insurance companies to once again discriminate against those with pre-existing conditions; substantially increase the number of Americans without insurance; and put at risk millions of children and adults with disabilities and poor seniors who depend on the Medicaid program to access long-term services and supports and other benefits.

Our members and others 50 years of age and older care deeply about health care and want to know where their elected leaders stand. Recognizing the importance of the upcoming vote on the American Health Care Act, AARP intends to inform our members, and others over age 50, how their elected officials voted. We’ll communicate the results of the vote in our widely-circulated publications, in e-mail alerts, in our online channels, and through the media. Again, we urge all Representatives to vote NO on the American Health Care Act in its current form.

MEDICARE

The American Health Care Act repeals provisions in current law that have strengthened Medicare’s fiscal outlook, specifically, the repeal of the additional 0.9 percent payroll tax on higher-income workers. Repealing this provision would remove billions from the Hospital Insurance trust fund, hasten the insolvency of Medicare, and diminish Medicare’s ability to pay for services in the future.

INDIVIDUAL PRIVATE INSURANCE MARKET

Currently, about 25 million Americans age 50–64 have a pre-existing condition, about 6.1 million purchase insurance in the non-group market, and nearly 3.2 million are currently eligible to receive subsidies for health insurance coverage through either the federal health benefits exchange or a state-based exchange (exchange). Since passage of the ACA, the number of 50–64 year old Americans who are uninsured has dropped by half. We are deeply concerned that the AHCA would be a significant step backwards and result in

millions of older Americans who cannot afford their health care, including many simply losing their health care. Based on CBO estimates, approximately 14 million Americans will lose coverage next year, while a total of 24 million Americans would lose coverage over the next 10 years.

Affordability of both premiums and cost-sharing is critical to older Americans and their ability to obtain and access health care. A typical 50–64 year old seeking coverage through an exchange has a median annual income of under \$25,000 and already pays significant out-of-pocket costs for health care. We have serious concerns—reinforced by the CBO estimate—that the bill under consideration will dramatically increase health care costs for 50–64 year olds who purchase health care through an exchange due both to the changes in age rating from 3:1 (already a compromise that requires uninsured older Americans to pay three times more than younger individuals) to 5:1 (or more) and reductions in current tax credits for older Americans. CBO concluded that the bill will substantially raise premiums for older people and force many into lower quality plans.

Age rating plus reduced tax credits equal an unaffordable age tax. Our previous estimates on the age-rating change showed that premiums for current coverage could increase by up to \$3,200 for a 64 year old. In addition, the bill reduced the tax credits available for older Americans to help purchase insurance. We estimate that the bill’s changes to current law’s tax credits alone could increase premium costs by more than \$5,800 for a 64-year old earning \$15,000. Overall, both the bill’s tax credit changes and 5:1 age rating would result in skyrocketing cost increases for older Americans. In their analysis, CBO found that a 64 year old earning \$26,500 a year would see their premiums increase by \$12,900–758 percent—from \$1,700 to \$14,600 a year.

Current law prohibits insurance companies from discriminating against individuals due to a pre-existing condition. The bill would repeal pre-existing condition protections and would once again allow insurance companies to charge Americans more—we estimate up to \$25,000 more—due to a pre-existing condition. As a result, the 40 percent of 50- to 64-year-olds (about 25 million people) who have a deniable preexisting condition risk losing access to affordable coverage. The Upton Amendment, which would add funds to address the impact of premium increases for those with pre-existing conditions, would do little to mitigate the massive premium increase for some of the most vulnerable Americans. AARP strongly opposes any weakening of the law’s pre-existing condition protections which benefit millions of Americans.

MEDICAID AND LONG-TERM SERVICES AND SUPPORTS

AARP opposes the provisions of the American Health Care Act that create a per capita cap financing structure in the Medicaid program. We are concerned that these provisions could endanger the health, safety, and care of millions of individuals who depend on the essential services provided through Medicaid. CBO found that the bill would cut Medicaid funding by \$380 billion over 2017–2026, about 25 percent less than what it projects under current law. Medicaid is a vital safety net and intergenerational lifeline for millions of individuals, including over 17.4 million low-income seniors and children and adults with disabilities who rely on the program for critical health care and long-term services and supports (LTSS, i.e., assistance with daily activities such as eating, bathing, dressing, managing medica-

tions, and transportation). Older adults and people with disabilities now account for over sixty percent of Medicaid spending, and cuts of this magnitude will result in loss of benefits and services for this vulnerable population.

Of these 17.4 million individuals: 6.9 million are ages 65 and older (which equals more than 1 in every 7 elderly Medicare beneficiaries); 10.5 million are children and adults living with disabilities; and about 10.8 million are so poor or have a disability that they qualify for both Medicare and Medicaid (dual eligibles). Dual eligibles account for almost 33 percent of Medicaid spending. While they comprise a relatively small percentage of enrollees, they account for a disproportionate share of total Medicare and Medicaid spending.

Individuals with disabilities of all ages and older adults rely on critical Medicaid services, including home and community-based services (HCBS) for assistance with daily activities such as eating, bathing, dressing, and home modifications; nursing home care; and other benefits such as hearing aids and eyeglasses.

In providing a fixed amount of federal funding per person, this approach to financing would likely result in overwhelming cost shifts to states, state taxpayers, and families unable to shoulder the costs of care without sufficient federal support. This would result in cuts to program eligibility, services, or both—ultimately harming some of our nation’s most vulnerable citizens.

Ms. BLUNT ROCHESTER. Mr. Speaker, I know in these polarized times we often forget our actual connections to each other, but we are all connected. A sick, uninsured employee affects the bottom line of a small business. Uncompensated care in the emergency room, we all pay the bill. When a child from an uninsured family goes to school with an undiagnosed virus, not only does it impact his or her ability to learn, it impacts other kids and puts them at risk. We are all connected.

As Martin Luther King so powerfully said: “We may have come over on different ships, but we are all in the same boat now.”

Mr. Speaker, it is time we start rowing together. Unfortunately, this bill fails to recognize this. It still fails that we are connected, and, instead of bringing us together, this simply divides us by providing less coverage, imposing an age tax, forcing people to pay more, and stripping key protections.

Mr. Speaker, I urge all my colleagues to vote “no” on H.R. 1628.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHY).

(Mr. KRISHNAMOORTHY asked and was given permission to revise and extend his remarks.)

Mr. KRISHNAMOORTHY. I include in the RECORD a letter from the American Medical Association that states: “Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage.”

[From the American Medical Association,
May 3, 2017]

**AMA WARNS THAT PROPOSED CHANGES TO THE
AMERICAN HEALTH CARE ACT DO NOT REM-
EDY BILL'S SHORTCOMINGS**

**DESPITE AMENDMENTS TO BILL, MILLIONS OF
AMERICANS WOULD STILL LOSE HEALTH IN-
SURANCE COVERAGE**

CHICAGO—American Medical Association (AMA) President Andrew W. Gurman, M.D., issued the following statement today about proposed changes to the American Health Care Act (AHCA):

"None of the legislative tweaks under consideration changes the serious harm to patients and the health care delivery system if AHCA passes. Proposed changes to the bill tinker at the edges without remedying the fundamental failing of the bill—that millions of Americans will lose their health insurance as a direct result of this proposal.

"High-risk pools are not a new idea. Prior to the enactment of the Affordable Care Act, 35 states operated high-risk pools, and they were not a panacea for Americans with pre-existing medical conditions. The history of high-risk pools demonstrates that Americans with pre-existing conditions will be stuck in second-class health care coverage—if they are able to obtain coverage at all.

"Not only would the AHCA eliminate health insurance coverage for millions of Americans, the legislation would, in many cases, eliminate the ban against charging those with underlying medical conditions vastly more for their coverage."

"America should not go backward to the time when our fellow citizens with pre-existing health conditions faced high costs for limited coverage, if they were able to obtain coverage at all. The AMA urges congressional leaders and the Administration to pursue a bipartisan dialogue on alternative policies that provide patients with access and coverage to high quality care and preserve the safety net for vulnerable populations."

BACKGROUND ON HIGH-RISK POOLS

A January report from the American Academy of Actuaries notes that "enrollment has generally been low, coverage has been limited and expensive, they require external funding, and they have typically operated at a loss . . . Removing high-risk individuals from the insured risk pools reduces costs in the private market only temporarily. Over time, even lower-cost individuals in the individual market can incur high health care costs, which would put upward pressure on premiums."

According to the Kaiser Family Foundation: State high-risk pools featured premiums above standard non-group market rates—with most states capping them at 150%–200% of standard rates. Many also featured high deductibles, some \$5,000 or more.

Despite the fact that many individuals were forced into high-risk pools because of a pre-existing condition, nearly all states excluded coverage for these conditions for 6–12 months.

Almost all high-risk pools imposed lifetime limits on covered services, and some imposed annual limits.

Some states capped or closed enrollment. Combined net losses for the state high-risk pools totaled more than \$1.2 billion for 2011, or \$5,510 per enrollee, on average.

Furthermore, a 2010 paper by James Capretta and Tom Miller that appeared in National Affairs estimated that the cost of adequately funded high risk pools would be \$15 billion to \$20 billion per year.

Mr. KRISHNAMOORTHY. Mr. Speaker, the country will not remember what we say here today, but it will

never forget what we do today, especially if we make the wrong choice and adopt this bill.

The 159 million Americans whose employer-sponsored health care could be cut would never forget. Neither would the 24 million Americans who would lose their coverage or the 52 million people with preexisting conditions who would struggle to find health insurance again.

If this bill passes, Mr. Speaker, no cancer survivor denied coverage will forget, no survivor of sexual assault charged more for her ordeal will forget, and no parent struggling to afford emergency surgery for a newborn child could ever forget. They would not have that choice.

But today, we have one. We can choose to vote no and prevent millions of Americans from losing their health care. We can choose the right path rooted in morality, decency, and reason. I implore you, vote "no."

Mrs. BLACK. I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from New York (Mr. ESPAILLAT).

(Mr. ESPAILLAT asked and was given permission to revise and extend his remarks.)

Mr. ESPAILLAT. Mr. Speaker, I include in the RECORD a letter from AFSCME which states this bill would cause millions to lose their health coverage and return to the days when even inadequate coverage was unaffordable.

AFSCME,
May 3, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.6 million working and retiree members of the American Federation of State, County and Municipal Employees (AFSCME), I am writing to express our continuing opposition to the American Health Care Act (AHCA), notwithstanding the addition of the Upton amendment.

The harm that AHCA will impose on ordinary Americans is breathtaking in scope. As the Congressional Budget Office has detailed, 24 million will lose their health care coverage. The Medicaid program will be cut by \$839 billion and restructured, ending the guarantee that the federal government will fund a specified share of state Medicaid costs. The bill makes coverage more expensive, especially for lower-income families and older workers and it undermines the financial strength of Medicare. And the MacArthur amendment makes a very bad bill worse by allowing states to opt out of Affordable Care Act protections that ensure that people with pre-existing conditions will be able to obtain comprehensive, affordable health care. Moreover, the MacArthur amendment would allow insurance companies to re-impose caps on annual and lifetime limits, even in employer-sponsored coverage, putting the health care of those with catastrophic illnesses or injuries at risk.

Under the Upton amendment, grants to states that could be used for high-risk pools will be increased by 6% or \$8 billion over five years. This is a paltry increase. Even the conservative Mercatus Center described the increase as a "pittance." High-risk pools would still be grossly underfunded, even if states put all of the \$138 billion in grant funding into them. We urge the Congress not

to ignore the previous experience with state high-risk pools. By segregating those with pre-existing conditions into separate coverage we know they will face higher premiums, benefit exclusions, annual and lifetime limits on coverage and waiting lists.

It is unacceptable that this bill eliminates \$500 billion in taxes on the wealthiest 2%, health insurers, pharmaceutical manufacturers and medical device makers, while taking health care away from millions. Moreover, the bill retains the 40% tax on high cost health plans, which will undermine employer-sponsored insurance for working families by hollowing out coverage and increasing out-of-pocket expenses, although it delays the implementation for six years.

The bottom line is that this bill would cause millions to lose their health coverage. Most of those with pre-existing conditions would return to the days when even inadequate coverage was unaffordable. The bill would drive up costs for those who are older and lower-income, shift costs to states, fail to protect employer-sponsored coverage, weaken public health and undermine the solvency of the Medicare trust fund all the while providing tax cuts for the wealthy and well-connected.

The priorities demonstrated by this bill are upside down. We urge you to oppose this bill.

Sincerely,

SCOTT FREY,

Director of Federal Government Affairs.

Mr. ESPAILLAT. Mr. Speaker, I strongly oppose this bill. We all should. Protecting ACA is the top issue for my constituents. Constituents like Leslie Gauthier who, without the protections of the ACA, would not have gotten the treatment for leukemia that she was diagnosed just at the age of 22.

Leslie is now in remission thanks to ObamaCare. For Leslie, the ACA protections like essential health benefits were a matter of life and death. This Republican bill would destroy those patient protections.

Under the ACA in my district: a 5-percent drop in uninsured rates; subsidies based on income and region and not on age; Medicaid Expansion covering of 156,000 people will be lost.

The President promised not to cut Medicaid. This bill guts it by \$880 billion. This bill is a gut punch to America. Pregnant women seeking health care, kicked to the curb. Patients with preexisting conditions, kicked to the curb. Senior citizens who will have to pay more for less, kicked to curb. Over 24 million people, including 6.5 million Latinos, kicked to the curb.

Mr. Speaker, we demand Republicans stop kicking to the curb Americans. Stop this bill.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield to the gentlewoman from California (Ms. LEE) for the purpose of a unanimous consent request.

(Ms. LEE asked and was given permission to revise and extend her remarks.)

Ms. LEE. Mr. Speaker, I include in the RECORD the Service Employees International Union's letter voicing strong opposition to the deadly American Health Care Act for their 2 million Members.

SEIU,
May 2, 2017.

DEAR REPRESENTATIVE: On behalf of the 2 million members of the Service Employees International Union (SEIU), America's largest healthcare union, I write to voice strong opposition to the American Health Care Act (AHCA). New provisions in the legislation manage to make a bad bill worse. Not only does the bill cause millions to lose insurance coverage, face higher costs, and end Medicaid as we know it, but now it also strips essential protections for those with pre-existing conditions. The AHCA will leave millions of men, women, and children without access to high quality, affordable health care. The AHCA legislation unequivocally jeopardizes working families' safety, health, and financial security.

The AHCA will leave millions of Americans without health insurance and therefore without access to healthcare. The last available estimate from the nonpartisan Congressional Budget Office (CBO) estimated about 14 million fewer people will have health insurance in 2018, and by 2026, 24 million fewer people will have coverage compared to the current baseline under the ACA. Unfortunately, we do not have more up to date information. Despite the importance that healthcare plays in the lives of working families, Congressional leaders have indicated that they intend to hold a vote on the legislation without knowing its impact.

The AHCA also decimates the Medicaid program, rationing and endangering healthcare for children, seniors, people with disabilities, and their families as well as for those who have gained coverage as a result of the Medicaid expansion. According to CBO, the legislation will cut federal funding for Medicaid by \$880 billion over ten years. Americans know that Medicaid is working and realize the key role that the program plays in helping families afford care—including nursing home care and home and community-based services for elderly and disabled individuals. Nearly 1 in 5 Americans are covered under Medicaid and rely on it to get health services. Under the AHCA, those Americans would lose access to vital care that may mean the difference between life and death.

Additionally, the AHCA would cap the amount of money states receive in Medicaid funding from the federal government each year, regardless of the cost of providing healthcare to those who qualify. Medicaid is already a lean program especially when measured on a per capita basis, and cuts from capping federal funding will quickly force states to cut services, limit enrollment, and decrease payments to hospitals and other providers. Also, Medicaid is the largest payer for long term care in the country. The program pays for more than 60 percent of all nursing home residents and for more than 3.2 million Americans with home- and community-based care, which allows many older Americans and people with disabilities to remain in their homes rather than move to a more expensive institutional setting. States—which must balance budgets and already face fiscal pressures—will not be able to make up the lost federal dollars and will be forced to deny care. The inevitable result will be that the AHCA will make it much harder and more costly for older Americans, people with disabilities, and their families to get services they need.

In addition, the legislation will effectively end the Medicaid expansion, which provides health coverage to millions of people earning low to moderate incomes. While the bill purports to allow states to maintain the expansion, states will only receive an enhanced match, or additional funding, for people who enroll before 2020 and maintain continuous

coverage. It is widely understood that there is significant churn on and off the program in this coverage category, and thus over time the reimbursement rates for states will drop. The resulting large cost shift to states may lead them to eliminate coverage for this group altogether. In fact, seven states have triggers that would end the Medicaid expansion in their state if federal reimbursement decreases.

Lastly, Medicaid provider rates are already extremely low in most states. Cuts to Medicaid, capped funding, and elimination of the Medicaid expansion would lead to further reductions in rates for providers, leading to job and other spending cuts in the health care industry that will have ripple effects on the broader economy. We have serious concerns that hospitals, especially those that serve communities that may not have access to many providers, could be forced to close or cut back services, further reducing access to care in underserved areas.

Those who purchase coverage in the individual market do not fare much better under the proposed bill. The AHCA provides tax credits ranging from \$2,000 to \$4,000 to individuals to purchase private insurance—substantially lower than the ACA's current levels for the majority of those who receive them. Unlike the ACA, it is unclear that people with access to employer insurance that is unaffordable or inadequate will be eligible for credits, which would mean that they will be left without access to coverage and care. The bill also creates an age tax on older Americans by letting insurance companies charge people over 60 as much as five times what they charge others for the same coverage. CBO found that under the initial bill introduced, premiums for those between age 50 and 65 would sky-rocket. Moreover, it is unclear what coverage will be available on the individual market or if the current healthcare marketplaces will even still exist under this scheme. Between premiums and out of pocket costs like deductibles, especially for those most in need of care due to pre-existing conditions, illness, or age, the result could be higher costs for less coverage.

A bad bill has managed to have been made even worse by the "MacArthur-Meadows Amendment." The amendment guts essential protections for those with pre-existing conditions. It would allow states to charge those with pre-existing conditions higher premiums by allowing states to very easily waive community rating requirements, which currently prohibits this practice. Furthermore it would grant states, through a waiver that is approved by default, the ability to opt out of essential health benefit requirements, a core set of medical services, like hospitalizations, mental health, maternity care and prescription drug coverage, which all insurers are required to cover under the ACA. If states waive requirements, insurers could leave those who are sick or with pre-existing conditions out to fend for themselves and face exorbitant costs to get life-saving care they need. Experts agree that the funding included in the "Upton-Long Amendment" is completely inadequate to protect those with pre-existing conditions. The Administration and Congressional Leaders promised to the American people that those with pre-existing conditions would remain protected—this bill even with added amendments defaults on that promise.

Another failure of the AHCA is that it hurts women by freezing funding to providers like Planned Parenthood, risking the health and well-being of the 2.5 million people who rely on the organization for basic care. One in five women in the United States has visited Planned Parenthood clinics and for many low-income women of color, including many of our members, Planned Parent-

hood is their essential health provider. For these individuals, healthcare is not an ideological struggle or about the politics of one policy versus another; it is a necessity that could mean the difference between sickness and health.

The real winners of the AHCA appear to be special interests and the wealthy. The legislation repeals most if not all of the ACA tax provisions for special interests like the pharmaceutical and insurance industries, offsetting these costs with the massive cuts to Medicaid described above. The bill also maintains the so-called "Cadillac tax," which places a tax on workers who have robust health coverage, merely delaying implementation to 2026. Implementation of the tax will punish people who have decent insurance, and will encourage employers to further shift health costs to workers. Furthermore, the incentives for health savings accounts, which encourage wealthier people to shelter pre-tax income, are of little use to working households earning low-to moderate incomes.

The AHCA is not care, it is chaos. The legislation creates an environment of uncertainty and unaffordability for Americans and is a bad deal for working families. The bill radically restructures Medicaid as we know it and cuts funding for the program significantly, endangers women's health, and further enriches corporations, special interests, and the wealthiest Americans at the expense of working families' access to healthcare and financial stability. The American people will hold you accountable for how you proceed in this moment. We therefore respectfully ask you vote no on the American Health Care Act and the proposed amendments to the legislation when it comes to a vote in the House of Representatives. We will add this vote to our legislative scorecard. If you need any additional information please contact Ilene Stein, Assistant Legislative Director.

Sincerely,

MARY KAY HENRY,
International President.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from California (Ms. MAXINE WATERS).

(Ms. MAXINE WATERS of California asked and was given permission to revise and extend her remarks.)

Ms. MAXINE WATERS of California. Mr. Speaker, I will include in the RECORD a letter from the Association of American Medical Colleges which states: "Treatment of essential health benefits and health status underwriting dilutes protections for many Americans and would leave individuals with preexisting conditions facing higher premiums and reduce access to vital care."

Mr. Speaker, I rise to caution those Republicans who have allowed themselves to be persuaded by this President into supporting this terrible bill which would leave millions of Americans without health care and raise the cost of care for millions more. You are going to pay a terrible price for not protecting your constituents.

TrumpCare will cause 24 million Americans to lose their health coverage and slash Medicaid by \$880 billion; for older Americans, premiums, deductibles, and copayments will sky-rocket. Those between the ages of 50 and 64 will be forced to pay premiums five times higher than what others pay for the same coverage.

This crushing age tax will fall on some of the most vulnerable members of our society, elderly people on fixed incomes who often have serious health issues.

Meanwhile, hidden in this bill is an outrageous tax break for billionaires. TrumpCare gives \$600 billion in tax cuts to large corporations and wealthy people, including \$2.8 billion to the 400 richest families in America. The MacArthur amendment made this bill even worse by jettisoning protections for people with preexisting conditions.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Michigan (Mr. CONYERS).

Mr. CONYERS. Mr. Speaker, I have been here for five decades, and I can't recall a time when we have debated something so obviously harmful to seniors and working people in this country. This bill strips health care from 24 million people. It requires seniors to pay sometimes 100 percent or more of their income in premiums.

This legislation drastically and dramatically cuts Medicaid, directly contradicting President Trump's claim not to.

In Michigan, half of all children rely on Medicaid. In my district alone, 56,000 people will lose coverage, including 16,000 children and 3,200 seniors.

Let's be clear. If we pass this bill, people will die. Health care is a right and not a privilege.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentleman from Minnesota (Mr. WALZ), the highest ranking enlisted soldier ever elected to Congress.

(Mr. WALZ asked and was given permission to revise and extend his remarks.)

Mr. WALZ. Mr. Speaker, I include in the RECORD a letter from the Paralyzed Veterans of America urging rejection of the latest version of the American Health Care Act.

PARALYZED VETERANS OF AMERICA,
Washington, DC, May 3, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: Paralyzed Veterans of America (PVA) urges rejection of the latest version of the American Health Care Act (AHCA). PVA is the nation's only Congressionally-chartered veterans' service organization solely dedicated to representing veterans with spinal cord injury and/or disease. Consequently, we are very concerned about the conflicting information circulating about this legislation and the adverse impact it could have on our members and millions of other people with disabilities.

As we understand it, the AHCA cuts \$880 billion out of the Medicaid program in order to finance tax cuts that will explode the deficit and largely assist upper income individuals, corporations, and providers. The Medicaid changes are particularly devastating to

people with disabilities. Under the cap and cut proposal, the federal government would no longer share in the costs of providing health care services and community services beyond the capped amount. This would eliminate the enhanced federal match for the Community First Choice Option under Medicaid that provides attendant care services in the community. Thanks to this program, many poor veterans with serious non-service-connected disabilities have been able to move from nursing homes into their communities. The AHCA also weakens Medicaid by ending the Medicaid expansion earlier and offering Medicaid block grants to states. Data from the Robert Wood Johnson Foundation shows expansion has helped thousands of veterans and their caregivers.

For veterans and PVA members in particular, the AHCA continues several problematic policies of the ACA as well as troubling new provisions that could affect the ability of many veterans and their family members to afford health insurance in the private market. The underlying AHCA bill:

Continues to exclude CHAMPVA beneficiaries—dependents of the most catastrophically disabled veterans—from the dependents' coverage policy up to age 26.

Fails to remove the prohibition on enrollment into the VA health care system for Priority Group 8 veterans, thus denying these veterans access to the principal health care system for veterans.

Denies access to tax credits making health insurance affordable to anyone eligible for a host of other federal health programs, including those "eligible" for coverage under Title 38 health care programs. This would prevent many veterans who may be "eligible for" but not enrolled in the VA health care system from accessing these tax credits intended to help people buy insurance.

Not only do the changes made to the original version of the AHCA continue its failure to protect veterans and people with disabilities, they make these circumstances worse. The latest changes would allow states to seek waivers that would allow insurers to charge higher premiums to people with pre-existing conditions, including people with disabilities. The new amendments also would allow states to seek waivers from the ACA's requirement that certain essential health benefits must be provided, including crucial services for people with disabilities such as prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management. The combination of these changes would make it nearly impossible for people with pre-existing conditions to find affordable plans that cover basic health care services.

Throughout these past few months, the American people have been calling for a bipartisan effort to improve the nation's health care system. Congress should heed these voices, stop its pursuit of the flawed American Health Care Act and work together through regular order to strengthen all Americans' access to affordable, high quality health care.

Sincerely,

CARL BLAKE,
Associate Executive Director.

Mr. WALZ. Mr. Speaker, there are many reasons that people may come to the conclusion this is not the piece of legislation for them. I would argue most egregious amongst this is the manner in which it was done. There was clearly an error made on the 7 million veterans you heard about. I do not question a single Member's commitment in here to caring for veterans.

You did not do it on purpose. You did it because you had to, to meet the arcane rules of the Senate, so you stripped it out, and you will, by all intents and purposes, fix it in the Senate.

For you, I would say good luck with that. But for the Members who are sitting here: Why would we not debate this? Why would we not fix it? Why would we not go through regular order so all of us would ensure there is not a loophole that would deny coverage to 7 million veterans. This is too important to rush. It is too important to make errors like this. It is darn sure too important to count on the Senate to fix it. And it was our responsibility.

So here we sat with 30 seconds among 15 of us to make points that are important to the American public.

Mr. Speaker, I urge my colleagues: reject this. Come back and do it right, and provide the health care our veterans deserve.

The SPEAKER pro tempore. Members are again reminded to address their remarks to the Chair.

Mrs. BLACK. Mr. Speaker, I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from Hawaii (Ms. HANABUSA).

(Ms. HANABUSA asked and was given permission to revise and extend her remarks.)

Ms. HANABUSA. Mr. Speaker, I include in the RECORD a letter from Save Medicaid in Schools, a coalition of dozens of organizations. This letter states that this bill jeopardizes health care for the Nation's most vulnerable children: students with disabilities and students in poverty.

MAY 2, 2017.

Re The American Health Care Act Vote

Hon. MITCH MCCONNELL,
Majority Leader, U.S. Senate,
Washington, DC.

Hon. PAUL RYAN,
Speaker, House of Representatives,
Washington, DC.

Hon. CHUCK SCHUMER,
Minority Leader, U.S. Senate,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR MAJORITY LEADER MCCONNELL, SPEAKER RYAN, MINORITY LEADER SCHUMER, AND MINORITY LEADER PELOSI: The undersigned member organizations of the Save Medicaid in the Schools Coalition are concerned that the American Health Care Act (AHCA) jeopardizes healthcare for the nation's most vulnerable children: students with disabilities and students in poverty. Specifically, the AHCA reneges on Medicaid's 50+ year commitment to provide America's children with access to vital healthcare services that ensure they have adequate educational opportunities and can contribute to society by imposing a per-capita cap and shifting current and future costs to taxpayers in every state and Congressional district. While children currently comprise almost half of all Medicaid beneficiaries, less than one in five dollars is spent by Medicaid on children. Accordingly, a per-capita cap, even one that is based on different groups of beneficiaries, will disproportionately harm children's access to care, including services received at school. Considering these unintended consequences, we urge a 'no' vote on The American Health Care Act (AHCA).

Medicaid is a cost-effective and efficient provider of essential health care services for children. School-based Medicaid programs serve as a lifeline to children who can't access critical health care and health services outside of their school. Under this bill, the bulk of the mandated costs of providing health care coverage would be shifted to the States even though health needs and costs of care for children will remain the same or increase. Most analyses of the AHCA project that the Medicaid funding shortfall in support of these mandated services will increase, placing states at greater risk year after year. The federal disinvestment in Medicaid imposed by the AHCA will force States and local communities to increase taxes and reduce or eliminate various programs and services, including other non-Medicaid services. The unintended consequences of the AHCA will force states to cut eligibility, services, and benefits for children.

The projected loss of \$880 billion in federal Medicaid dollars will compel States to ration health care for children. Under the per-capita caps included in the AHCA, health care will be rationed and schools will be forced to compete with other critical health care providers—hospitals, physicians, and clinics—that serve Medicaid-eligible children. School-based health services are mandated on the States and those mandates do not cease simply because Medicaid funds are capped by the AHCA. As with many other unfunded mandates, capping Medicaid merely shifts the financial burden of providing services to the States.

MEDICAID ENABLES SCHOOLS TO PROVIDE CRITICAL HEALTH CARE FOR STUDENTS

A school's primary responsibility is to provide students with a high-quality education. However, children cannot learn to their fullest potential with unmet health needs. As such, school district personnel regularly provide critical health services to ensure that all children are ready to learn and able to thrive alongside their peers. Schools deliver health services effectively and efficiently since school is where children spend most of their days. Increasing access to health care services through Medicaid improves health care and educational outcomes for students. Providing health and wellness services for students in poverty and services that benefit students with disabilities ultimately enables more children to become employable and attend higher-education.

Since 1988, Medicaid has permitted payment to schools for certain medically-necessary services provided to children under the Individuals with Disabilities Education Act (IDEA) through an individualized education program (IEP) or individualized family service program (IFSP). Schools are thus eligible to be reimbursed for direct medical services to Medicaid-eligible students with an IEP or IFSP. In addition, districts can receive Medicaid reimbursements for providing Early Periodic Screening Diagnostic and Treatment Benefits (EPSDT), which provide Medicaid-eligible children under age 21 with a broad array of diagnosis and treatment services. The goal of EPSDT is to assure that health problems are diagnosed and treated as early as possible before the problems become complex and treatment is more expensive.

School districts use their Medicaid reimbursement funds in a variety of ways to help support the learning and development of the children they serve. In a 2017 survey of school districts, district officials reported that two-thirds of Medicaid dollars are used to support the work of health professionals and other specialized instructional support personnel (e.g., speech-language pathologists, audiologists, occupational therapists,

school psychologists, school social workers, and school nurses) who provide comprehensive health and mental health services to students. Districts also use these funds to expand the availability of a wide range of health and mental health services available to students in poverty, who are more likely to lack consistent access to healthcare professionals. Further, some districts depend on Medicaid reimbursements to purchase and update specialized equipment (e.g., walkers, wheelchairs, exercise equipment, special playground equipment, and equipment to assist with hearing and seeing) as well as assistive technology for students with disabilities to help them learn alongside their peers.

School districts would stand to lose much of their funding for Medicaid under the AHCA. Schools currently receive roughly \$4 billion in Medicaid reimbursements each year. Yet under this proposal, states would no longer have to consider schools as eligible Medicaid providers, which would mean that districts would have the same obligation to provide services for students with disabilities under IDEA, but no Medicaid dollars to provide medically-necessary services. Schools would be unable to provide EPSDT to students, which would mean screenings and treatment that take place in school settings would have to be moved to physician offices or hospital emergency rooms, where some families may not visit regularly or where costs are much higher.

In addition, basic health screenings for vision, hearing, and mental health problems for students would no longer be possible, making these problems more difficult to address and expensive to treat. Moving health screenings out of schools also reduces access to early identification and treatment, which also leads to more costly treatment down the road. Efforts by schools to enroll eligible students in Medicaid, as required, would also decline.

THE CONSEQUENCES OF MEDICAID PER CAPITA CAPS WILL POTENTIALLY BE DEVASTATING FOR CHILDREN

Significant reductions to Medicaid spending could have devastating effects on our nation's children, especially those with disabilities. Due to the underfunding of IDEA, districts rely on Medicaid reimbursements to ensure students with disabilities have access to the supports and services they need to access a Free and Appropriate Public Education (FAPE) and Early Intervention services. Potential consequences of this critical loss of funds include:

Fewer health services: Providing comprehensive physical and mental health services in schools improves accessibility for many children and youth, particularly in high-needs and hard-to-serve areas, such as rural and urban communities. In a 2017 survey of school district leaders, half of them indicated they recently took steps to increase Medicaid enrollment in their districts. Reduced funding for Medicaid would result in decreased access to critical health care for many children.

Cuts to general education: Cuts in Medicaid funding would require districts to divert funds from other educational programs to provide the services as mandated under IDEA. These funding reductions could result in an elimination of program cuts of equivalent cost in "non-mandated" areas of regular education.

Higher taxes: Many districts rely on Medicaid reimbursements to cover personnel costs for their special education programs. A loss in Medicaid dollars could lead to deficits in districts that require increases in property taxes or new levies to cover the costs of the special education programs.

Job loss: Districts use Medicaid reimbursement to support the salaries and benefits of the staff performing eligible services. Sixty-eight percent of districts use Medicaid funding to pay for direct salaries for health professionals who provide services for students. Cuts to Medicaid funding would impact districts' ability to maintain employment for school nurses, physical and occupational therapists, speech-language pathologists, school social workers, school psychologists, and many other critical school personnel who ensure students with disabilities and those with a variety of educational needs are able to learn.

Fewer critical supplies: Districts use Medicaid reimbursement for critical supplies such as wheelchairs, therapeutic bicycles, hydraulic changing tables, walkers, weighted vests, lifts, and student-specific items that are necessary for each child to access curriculum as closely as possible to their non-disabled peers. Replacing this equipment would be difficult if not impossible without Medicaid reimbursements.

Fewer mental health supports: Seven out of ten students receiving mental health services receive these services at school. Cuts to Medicaid would further marginalize these critical services and leave students without access to care.

Noncompliance with IDEA: Given the failure to commit federal resources to fully fund IDEA, Medicaid reimbursements serve as a critical funding stream to help schools provide the specialized instructional supports that students with disabilities need to be educated alongside their peers.

We urge you to carefully consider the important benefits that Medicaid provides to our nation's most vulnerable children. Schools are often the hub of the community, and converting Medicaid's financing structure to per-capita caps threatens to significantly reduce access to comprehensive health and mental and behavioral health care for children with disabilities and those living in poverty. We look forward to working with you to avert the harmful and unnecessary impacts the AHCA would impose on Medicaid, which has proven to benefit children in a highly effective and cost-effective manner.

If you have questions about the letter or wish to meet to discuss this issue further, please do not hesitate to reach out to the co-chair co-chairs: John Hill, Sasha Pudelski and Kelly Vaillancourt Strobach.

Sincerely,

AASA, The School Superintendents Association, Accelify, American Civil Liberties Union, American Dance Therapy Association, American Federation of Teachers, American Foundation for the Blind, American Occupational Therapy Association, American Psychological Association, Association of Assistive Technology Act Programs, Association of Educational Service Agencies, Association of School Business Officials International (ASBO), Association of University Centers on Disabilities, Autistic Self Advocacy Network, Center for American Progress, Center for Public Representation, Clearinghouse on Women's Issues, Colorado School Medicaid Consortium, Conference of Educational Administrators of Schools and Programs for the Deaf, Council for Exceptional Children, Council of Administrators of Special Education, Council of Parent Attorneys and Advocates, Disability Rights Education & Defense Fund.

Division for Early Childhood of the Council for Exceptional Children (DEC), Health and Education Alliance of Louisiana, Healthy Schools Campaign, Healthmaster Holdings LLC, Higher Education Consortium for Special Education, Judge David L. Bazelon Center for Mental Health Law, LEAnet, a national coalition of local education agencies,

Learning Disabilities Association of America, Lutheran Services in America Disability Network, Michigan Association of Intermediate School Administrators, Michigan Association of School Administrators, National Association of Pediatric Nurse Practitioners, National Association of School Nurses, National Association of School Psychologists, National Association of Social Workers, National Association of State Directors of Special Education (NASDSE), National Association of State Head Injury Administrators.

National Black Justice Coalition, National Black Justice Coalition, National Center for Learning Disabilities, National Association of Councils on Developmental Disabilities, National Disability Rights Network, National Down Syndrome Congress, National Education Association, National Health Law Program, National Respite Coalition, National Rural Education Advocacy Collaborative, National Rural Education Association, National School Boards Association, Paradigm Healthcare Services, School Social Work Association of America, School-Based Health Alliance, Share Our Strength, Society for Public Health Education, Teacher Education Division of the Council for Exceptional Children, The Arc of the United States, United Way Worldwide.

Ms. HANABUSA. Mr. Speaker, I rise in strong opposition to the TrumpCare Act. I am fortunate to have been born and raised in Hawaii where we are taught to never forget our seniors, our kupuna.

AARP, with a national membership of 38 million and over 150,000 in Hawaii, remains steadfastly opposed to TrumpCare. The amendment proposed today makes the bill worse. And for our kupuna in Hawaii and nationally, they will have no relief from the age tax.

This chart shows how much more at age 64 a person will pay in premiums, almost \$6,800 in Hawaii where we have one of the best health cares. A 55-year-old will see a premium increase of almost \$3,600 a year. Why? What did the seniors do that TrumpCare wants to penalize them and pay such a premium when they are moving towards retirement? TrumpCare is out to get those 50 to 64 with this terrible age tax.

Vote against H.R. 1628. These numbers will not be different in your districts.

Mrs. BLACK. I continue to reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, could you advise us how much time is remaining on both sides?

The SPEAKER pro tempore. The gentleman from Virginia has 5½ minutes remaining, and the gentlewoman from Tennessee has 2½ minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from Illinois (Mrs. BUSTOS).

(Mrs. BUSTOS asked and was given permission to revise and extend her remarks.)

□ 1315

Mrs. BUSTOS. Mr. Speaker, I include in the RECORD letters from the United Steelworkers, the AFL-CIO, and the International Brotherhood of Teamsters in relation to this bill.

UNITED STEELWORKERS,
May 3, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the members of the United Steelworkers union (USW), I continue to urge you to oppose the American Health Care Act (AHCA), despite proposed amendments. This legislation will adversely affect every American's health insurance benefits including workplace plans, Medicare, Medicaid, and the individual market.

This harmful and partisan legislation will cause tens of millions to lose insurance coverage over the next decade. Deductibles and premiums are expected to rise. In short, rather than reducing costs of health care, this bill will simply shift costs to working Americans and their families while cutting taxes for the wealthy and corporations.

The MacArthur Amendment allows states to opt out of certain protections under the Affordable Care Act such as the requirements that insurers provide plans with a minimum package of services and don't discriminate against people with pre-existing conditions. The amendment also lets states allow insurance companies to charge older people up to five times what they charge younger people. This amendment will allow for an uneven patchwork of insurance coverage across the country and will make insurance cost prohibitive for many working and retired Americans. Although lawmakers are working to address the treatment of individuals with pre-existing conditions, none of the proposals have adequately addressed the costs associated with removal of the Affordable Care Act's protections for those individuals.

Overall, the AHCA is a transfer of wealth from working Americans to the very wealthy and to corporations including the pharmaceutical industry, insurance companies, and medical device manufacturers. It removes taxes on the very wealthy and on corporations, giving the wealthiest 400 household an average tax cut of about \$7 million each. Meanwhile, the bill retains the "Cadillac Tax" which puts the burden of the cost of this legislation squarely on the backs of middle class working families.

Most of our members are covered under employer-negotiated insurance plans. However, the AHCA removes the employer-mandate included in the Affordable Care Act. This dramatically changes the incentive and landscape for employer-sponsored insurance, which threatens the system that provides insurance for millions of hard-working Americans. CBO estimated that 7 million people will lose their workplace coverage as a result of this bill.

The AHCA also undoes protections and assistance for older Americans and our members who are retirees with dramatically increased out-of-pocket costs to Americans who are older but not yet eligible for Medicare. For those who will or currently rely on Medicare this bill reduces the solvency of the program by three years by repealing taxes on the wealthy and on corporations.

Additionally, this bill makes perilous cuts to Medicaid which provides health care to low-income Americans who have been laid off, work at low-paying jobs, are disabled, or are elderly. This will strain already limited state budgets, restrict the needy Americans who are eligible for assistance, and eliminate needed services.

Our members who work in the health care industry may also be affected by job losses and strained budgets caused by the passage of this bill. Providers (our employers) may be subjected to lower reimbursement rates from state Medicaid programs as a result of the federal cuts. Also, the costs of uncom-

pensated care will rise as millions of Americans lose health insurance but still need health care treatment for illnesses and injuries. Once again, hard-working middle class health care workers will have to bear the costs of this harmful legislation.

The amendments to the bill do not change the fundamental flaws in the legislation enough to make it worthy of your support. Harmful tax cuts are retained, and the bill would not do anything to reduce costs or to prevent Americans from losing health insurance—in fact, this bill would make those problems worse.

The American Health Care Act is a harmful piece of legislation that does not solve the problems in our current health insurance system. Despite amendments, the costs of this bill would still be borne by working families, making health care less affordable and less accessible. The United Steelworkers strongly opposes the AHCA and we urge you to vote against it.

Sincerely,

LEO W. GERARD,
International President.

AFL-CFO,
May 4, 2017.

HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 12.5 million working people represented by the AFL-CFO, I urge you to oppose the American Health Care Act (AHCA, H.R. 1628). In a stunning fashion, this bill takes health coverage away from about 24 million people while providing massive tax cuts for the wealthy and large corporations. No one in good conscience can support this legislation.

It is important to understand what is driving Republicans to pursue a massive roll back in health coverage. While it is packaged as health care reform, a straightforward look at this legislation shows that it is fundamentally designed to pare back public commitments to health coverage in order to benefit the wealthy.

House Speaker Paul Ryan publically boasted that the AHCA is a "trillion dollar tax cut" that will benefit corporations and pave the way for further tax "reform." He made clear that repealing the Affordable Care Act (ACA) taxes is a major aim of the bill. The tax cuts, however, largely go to higher earners and corporations. The one ACA tax left intact is the only one that predominantly impacts working people—the so-called "Cadillac" tax on workplace health benefits.

There are terrible human costs to this upward redistribution of wealth. Millions of individuals will again face the dilemma of choosing between getting life-saving medical treatment and meeting their families' basic financial needs.

The AHCA replaces ACA subsidies that support a minimum level of coverage with tax credits so small that at least 3 million people will be unable to afford coverage in the individual market, according to the Congressional Budget Office (CBO). Millions more will find that they can only afford skimpy coverage that will leave them exposed to substantial costs should they face major sickness, undoubtedly increasing the number of medical bankruptcies. The bill allows insurers to require that seniors in the individual market pay five times as much in premiums as younger adults, imposing an "age tax."

The bill also decimates Medicaid, ending the program as we know it—placing seniors, people with disabilities, and children in jeopardy of losing access to care. The AHCA slashes the program by \$839 billion dollars over ten years, and CBO estimates that these cuts will result in 14 million people losing their coverage. In using the program as a

piggy bank, without efforts to improve the services it provides, the AHCA manages to shift resources away from many of the nation's most vulnerable people as part of its redistribution project.

Medicare is not spared either. The bill pulls approximately \$77 billion from the Medicare Hospital Insurance Trust Fund to provide a tax cut to the wealthy, shortening the lifespan of the fund. An additional \$28 billion is extracted from Medicare's trust fund for outpatient medical services, to provide a tax break for pharmaceutical companies.

Employer-based health insurance, the nation's major source of coverage, also gets hit. The AHCA preserves the so-called "Cadillac" tax on workplace health coverage that will impact more than 42 percent of large employer plans when it goes into effect. Economists predict the tax will cause employers to hollow-out the coverage provided in their plans, exposing workers to higher out-of-pocket costs, such as deductibles and copays. In some cases, employers are expected to drop coverage altogether. The bill also eliminates the penalty that employers face when they do not comply with the ACA's employer shared responsibility requirements. 030 estimates that seven million people will lose employer-based coverage under the AHCA.

These sacrifices in health coverage finance stunning tax cuts for the very wealthy and corporations. The legislation provides the 400 highest-income households with an average annual tax cut of \$7 million each. Large corporations see impressive windfalls. The AHCA gives insurance companies alone \$145 billion in tax relief, while medical device makers get \$20 billion, and pharmaceutical companies benefit by paying less into Medicare.

The reasons for opposing this legislation, which sacrifices health coverage for millions to support tax cuts for the few, are clear. We hope you stand with working people when you make your choice.

Sincerely,

WILLIAM SAMUEL,
Director,
Government Affairs Department.

INTERNATIONAL BROTHERHOOD
OF TEAMSTERS,
May 4, 2017.

House of Representatives,
Washington, DC.

DEAR REPRESENTATIVE: On behalf of the 1.4 million members of the International Brotherhood of Teamsters and their families, I urge you to vote no on the American Health Care Act (AHCA) today. The Teamsters have long opposed proposals to tax worker health benefits and this legislation retains the 40 percent excise tax on high quality health care plans which would ultimately reduce the health benefits that hard working Americans receive and increase their out of pocket costs. The amendments added to the bill do nothing to allay Teamster concerns nor address the fundamental flaws of the underlying bill. The amendments make the bill worse than before by opening the door to the erosion or elimination of minimum coverage and pre-existing condition protections and by allowing insurers to charge older adults much higher premiums. It does not change the fact that the millions of American families will lose health insurance.

Congress should be looking for ways to strengthen the middle class instead of promoting policies that will ultimately take money from their hard earned paychecks and reduce, and make more costly, the health care benefits they receive.

The American Health Care Act remains fatally flawed Accordingly, I call on you to op-

pose and vote no on the American Health Care Act when it comes to the floor today.

Sincerely,

JAMES P. HOFFA,
General President.

Mrs. BUSTOS. Mr. Speaker, this is not how Washington is supposed to work. We are supposed to improve the lives of hardworking people. Instead, this reckless and dangerous TrumpCare bill would undermine both the health and the economic security of millions of Americans, people like Emily Carlson.

Emily is a small-business owner and mother of two from rural Abingdon, Illinois. She lives with MS, a lifelong and very expensive preexisting condition. Before healthcare reform, Emily and her husband, Kevin, a farmer, often had to sit around the table at night, go over their bills, and decide between sickness or debt from one month to the next. If this bill passes, that is a choice they are going to have to face once again.

For families like the Carlsons, TrumpCare means higher costs, fewer choices, and worse coverage.

TrumpCare is a bad deal for Americans, but it is devastating for rural Americans. Right now, there are nearly 700 rural hospitals at risk of closure. This bill will pull the plug on far too many of them, killing thousands of jobs and ripping the economic heart out of small towns across our Nation.

It is time to put hardworking families first. Do the right thing, and vote against this bill.

Mrs. BLACK. Mr. Speaker, I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 1 minute to the gentlewoman from New Hampshire (Ms. SHEA-PORTER).

(Ms. SHEA-PORTER asked and was given permission to revise and extend her remarks.)

Ms. SHEA-PORTER. Mr. Speaker, I include in the RECORD a letter from the American Cancer Society, which states cancer patients and survivors need affordable, accessible insurance coverage with no preexisting condition exclusions or annual and lifetime caps and that high-risk pools have failed to meet these basic needs.

AMERICAN CANCER SOCIETY
CANCER ACTION NETWORK,
Washington, DC, May 3, 2017.

Hon. PAUL RYAN,
Speaker of the House, House of Representatives,
Washington, DC.

Hon. NANCY PELOSI,
Minority Leader, House of Representatives,
Washington, DC.

DEAR SPEAKER RYAN AND MINORITY LEADER PELOSI: The American Cancer Society Cancer Action Network (ACS CAN) is deeply concerned about the reports of additional amendments to the American Health Care Act (AHCA), including one that would allegedly add \$8 billion in new spending for state high-risk pools. This amendment is particularly egregious because it would further incentive states to apply for waivers from current-law market rules that protect patients with pre-existing conditions.

Historically, state high-risk pools have fallen short of providing coverage of preven-

tion, treatment and follow-up care for cancer patients and survivors. Segmenting people with cancer and other serious illnesses away from the private marketplace and into high-risk pools absent an adequate and permanent source of public funding has never been an adequate solution.

Between 1976 and 2010, 35 states created high-risk pools to cover individuals who could not otherwise purchase insurance in the private market, usually because of a pre-existing condition. Every one of those risk pools experienced net operating losses year after year. Furthermore, high-risk pools did not result in lower premiums. All of them set premiums above the non-group market average or standard rate in the state, usually by 150-200 percent. Only a few states provided additional premium assistance for low-income individuals, leaving many who could not afford premiums priced out of the program. Most states also imposed waiting periods before covering pre-existing conditions. An individual with a prior cancer diagnosis often had to wait 6-12 months before the high-risk pool would cover the costs associated with cancer treatment or follow-up survivorship care. Most states imposed limitations on coverage with either lifetime or annual limits. And most plans offered deductibles of \$1,000 or higher. Neither AHCA, nor the new amendment would fully protect patients from any of those conditions.

Cancer patients and survivors need insurance coverage that is affordable, readily accessible, and protects them from pre-existing condition exclusions, annual and lifetime caps on coverage and extraordinary out-of-pocket costs. Past experience has shown that high-risk pools failed to meet these basic needs, yet still were a drain on state budgets.

As we have indicated in our earlier letters, there are reasonable fixes that could be made to the current law. We stand ready to work with you to develop policies that improve the law and encourage a robust health insurance market that provides affordable and comprehensive coverage options.

Sincerely,

CHRISTOPHER W. HANSEN,
President.

Ms. SHEA-PORTER. Mr. Speaker, I oppose this cruel bill on behalf of my constituents, especially those it would hurt the most: people with preexisting conditions, older Americans, veterans, and lower income people.

If this bill passes, we will go back to the days when people with preexisting conditions could be denied coverage or charged more, when insurers could decide whether or not to cover basic care like hospitalization, and when sick babies might hit their insurer's lifetime coverage limit before they could even walk.

Under this bill, older Americans will pay more. In fact, Americans aged 50 to 64 would pay premiums five times higher than others. Veterans will lose access to tax credits that make private coverage affordable, and lower income people will be hurt.

Taking away Medicaid expansion would put affordable coverage out of reach for millions and set us back in the fight against the heroin, fentanyl, and opioid crisis.

Instead of this cruel bill, let's come together to improve health care, not take health insurance away from millions just to give tax credits to the wealthiest. We are better than that.

Mrs. BLACK. Mr. Speaker, I yield 30 seconds to myself.

The American Health Care Act has gone through many fits and starts over the last few months. This bill begins to fulfill our promise to the American people by reducing costs for American families. It eliminates ObamaCare's burdens on small businesses and families and protects those with preexisting conditions. We must continue to work to build on this.

I yield 1 minute to the gentleman from California (Mr. MCCARTHY), our majority leader.

Mr. MCCARTHY. Mr. Speaker, I thank the gentlewoman from Tennessee for yielding, but, more importantly, I thank Congresswoman DIANE BLACK for more than four decades as a nurse, for caring for the sick, for her passion for the unborn, and for her work on this legislation.

Now, Mr. Speaker, Americans are a practical people. We know that we can have fair health care that helps those who need it without trapping everyone in a government-run system dreamed up by Washington's central planners.

Now, contrary to our freedom, ObamaCare forced the American people to purchase insurance. Contrary to our well-being, ObamaCare imposed taxes we cannot bear. Contrary to what is responsible and right, ObamaCare made Medicaid unsustainable for the people most in need. And contrary to common sense, ObamaCare regulations continued to drive up the cost of insurance beyond what people can afford.

You want to know how ObamaCare is working? Just read this week's papers. Now, let me take you all the way back to yesterday. This is the headline: "Medica, the last insurer selling individual health policies in most of Iowa, likely to exit."

Now, 94 of the 99 counties will have no insurer in Iowa. Ninety-four of the 94 counties in Iowa will have no insurer.

Here is another headline from yesterday: "Aetna will exit ObamaCare markets in Virginia in 2018."

Humana left the ObamaCare exchanges. Blue Cross left Nebraska. United Healthcare left all but a handful of markets this year.

Mr. Speaker, we have roughly 3,000 counties in all of America. One-third, 1,022, only have one provider. Soon, more counties will have none.

So do you know what doesn't cover preexisting conditions? A healthcare system that doesn't have coverage. No options means no coverage. That is the road ObamaCare is leading us down, and doing nothing leaves too many Americans out in the cold.

Now, Mr. Speaker, we will not stand for that. We tried the ObamaCare way. It is failing remarkably, and the American people are demanding a change.

Now we have a chance to do something great. We could have care without control, stability without centralization, and support without mandates. We have a chance to listen to

the American people and repeal and replace ObamaCare.

The American Health Care Act will repeal the individual and employer mandates. It will repeal ObamaCare taxes. It will repeal ObamaCare rules. It will repeal ObamaCare subsidies. And it will do what is right by stopping taxpayer funding for abortion providers and by refocusing Medicaid on those who most need it. We replace all of that with a system that protects those with preexisting conditions.

Mr. Speaker, I heard a lot about this bill, and this bill is not 2,000 pages. It is less than 130. But, Mr. Speaker, I have heard things on this floor that are not true.

So let me state it one more time. We will replace all that with a system that protects those with preexisting conditions and then reduces premiums through the tried-and-true process of fair competition.

As the price of insurance decreases, we give those who still can't quite afford it a step up through tax credits and expanded health savings accounts. This is fundamental and structural reform.

Now, Mr. Speaker, since I have had the honor to stand on this floor and serve in this House, this body has done many good things. We have stood time and again for what was best for our country, struggling against other branches for so long. Many times that required us to dig in our heels and stop something terrible. It is good to stop bad things from happening, but it is great to make good things happen. Finally, after years of waiting, we have the chance to do something good today.

This bill is not perfect. No bill could be. The question is not: Why can't it be made perfect? The question is: Do we retreat or do we act? Do we take this great leap to repeal and replace ObamaCare, extend a hand to our fellow citizens most in need and break free from Washington control, or do we continue to wait for a day that is already here in the hope of a better day that may never come?

We were not sent here to wait. We are called to action. This is our opportunity. Mr. Speaker, I do not want to read another day of headlines of more people going without insurance, without insurance without preexisting conditions, without coverage.

Today we will do something good. That is why today we will act.

Mr. SCOTT of Virginia. Mr. Speaker, I remind my colleague that his vote for this bill could take away protections for preexisting conditions from almost 6 million people in California who would have access to coverage. Those with diabetes could see their premiums go up by \$5,000 a year.

Mr. Speaker, I yield to the gentleman from Florida (Mr. CRIST) for the purpose of a unanimous consent request.

(Mr. CRIST asked and was given permission to revise and extend his remarks.)

Mr. CRIST. Mr. Speaker, this is a terrible bill. This bill will cut 24 million Americans out of health insurance. This bill will gut Planned Parenthood in the first year, affecting women across the country. And it will cut \$350 billion out of Medicaid hurting the poor and the disabled in our country. It is unconscionable.

The SPEAKER pro tempore. Is the gentleman from Virginia yielding for the purpose of debate?

Mr. SCOTT of Virginia. No. Just for the purpose of a unanimous consent request.

The SPEAKER pro tempore. The gentleman is engaging in debate. The time of the gentleman will be deducted.

Mr. SCOTT of Virginia. Would the Speaker advise how much time is remaining?

The SPEAKER pro tempore. The gentleman has 3/4 minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield to the gentleman from New York (Mr. ENGEL) for the purpose of a unanimous consent request.

(Mr. ENGEL asked and was given permission to revise and extend his remarks.)

Mr. ENGEL. Mr. Speaker, I rise in strong opposition to this bill, and I include in the RECORD a statement of the American Hospital Association against the bill.

I just want to say this bill can have a very simple slogan: American people are going to pay more and get less. That is what this bill does.

STATEMENT ON THE AMERICAN HEALTH CARE ACT

(By Rick Pollack, President and CEO, American Hospital Association, April 27, 2017)

The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with preexisting conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. However, we urge Congress to continue to work with stakeholders on a solution that provides meaningful coverage.

The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. This could allow plans to set premium prices based on individual risk for some consumers, which could significantly raise costs for those with pre-existing conditions.

Additionally, the Congressional Budget Office has not yet scored the amendment. However, CBO previously projected that the AHCA would result in 24 million fewer people covered in 2026. It is unlikely this amendment would improve these coverage estimates.

As the backbone of America's health safety-net, hospitals and health systems must protect access to care for those who need it and ensure that the most vulnerable patients are not left behind. The AHCA continues to fall far short of that goal.

Mr. SCOTT of Virginia. Mr. Speaker, I yield to the gentleman from Georgia (Mr. DAVID SCOTT) for the purpose of a unanimous consent request.

Mr. DAVID SCOTT of Georgia. Mr. Speaker, I ask unanimous consent to make one point: It is most shameful to take \$882 billion out of Medicaid to help the poor—

The SPEAKER pro tempore. The gentleman is not making a unanimous consent request.

Mr. DAVID SCOTT of Georgia.—and give it to the wealthy. That is the wrong thing to do.

The SPEAKER pro tempore. The gentleman is not recognized.

Mr. SCOTT of Virginia. Mr. Speaker, would the Speaker advise again how much time is remaining?

The SPEAKER pro tempore. The gentleman has 3¼ minutes remaining.

Mr. SCOTT of Virginia. Mr. Speaker, I yield 2¼ minutes to the gentleman from South Carolina (Mr. CLYBURN).

Mr. CLYBURN. Mr. Speaker, I rise in strong opposition to the Republican's pay-more-for-less healthcare plan.

I often repeat the 1966 observation of Martin Luther King, Jr., that, of all the inequalities that exist, the injustice in health care is the most egregious and inhumane.

On the day it was passed, I observed that the Affordable Care Act is the Civil Rights Act of the 21st century. Repealing the Affordable Care Act would be inhumane and put egregious forms of discrimination back into our healthcare delivery system.

My Republican colleagues and President Trump have promised more coverage and less cost for everyone. However, this plan would allow all States to eliminate essential health benefits, such as maternity and newborn coverage, prescription drugs, hospitalization, emergency coverage, and mental health services. It would also allow States to tax older Americans five times more than younger Americans.

Republicans are renegeing on their promise to protect Americans with pre-existing conditions. Without essential health benefits standards, protections for those with preexisting conditions will exist in name only.

Repeal of the essential health benefits would drive a race to the bottom, with insurers dropping coverage for everything from chemotherapy to high-cost drugs.

It would precipitate a proliferation of junk policies that have historically plagued unsuspecting low-income communities for years. People with pre-existing conditions who need these and other costly services would not be able to find the coverage they need at any price, much less an affordable one. We took a giant step away from this with the ACA, but this Republican bill takes us back to that era where people with preexisting conditions are left in the cold.

Adding money to a State slush fund is not a solution. Repealing the ACA would, once again, institutionalize inhumanity and egregiousness.

□ 1330

Mrs. BLACK. Mr. Speaker, I am prepared to close, and I reserve the balance of my time.

Mr. SCOTT of Virginia. Mr. Speaker, I yield the balance of my time to the gentlewoman from California (Ms. PELOSI), the Democratic leader, for our closing statement.

Ms. PELOSI. Mr. Speaker, I thank the gentleman for yielding. I thank him, Congressman SCOTT, I thank FRANK PALLONE, JOHN YARMUTH, RITCHIE NEAL, our ranking members, who have done such excellent work on this debate on the values of our country.

Mr. Speaker, our colleague, Mr. CLYBURN, began his remarks quoting Reverend Dr. Martin Luther King, and I want to join him. I think those words bear repeating. Over 50 years ago, Dr. King said: "Of all of the forms of inequality, injustice in health care is the most shocking and the most inhumane because it often results in physical death."

We come to the floor with the moral force of Dr. Martin Luther King's words in our hearts: Affordable health care is a civil right, a fundamental right for every person in our country, not just the privileged few.

And so, in the spirit of Mr. CLYBURN and Dr. King, let us be prayerful about how we go forward on this very personal issue about the well-being of every person in our country.

Speaker RYAN once called this bill an act of mercy. There is no mercy here. Indeed, inequality and inhumanity is exactly what TrumpCare has in store for the American people. But when he said it is an act of mercy, here is what others said.

From the beginning, TrumpCare was a moral monstrosity that will devastate seniors, children, and hard-working Americans. That was from me. But don't take it from me.

Sister Simone Campbell said: This is not the faithful way forward and must be rejected.

The Catholic Health Association wrote: We strongly encourage the full House to reject this replacement bill.

And the United Methodist Church, opposing TrumpCare, this is what they said: People will die because of efforts like this to roll back health care.

Lutheran Services in America said: TrumpCare will jeopardize the health care and long-term services and supports of millions of Americans.

The Episcopal Church said: TrumpCare falls woefully short of our spiritual calling to care for the least of these, as well as the noble values upon which our great Nation was founded.

And all that was said before the Republicans decided to destroy the protections of Americans with preexisting conditions.

I grant our Republican friends their position. I respect them and their constituents who sent them here. But I reject the wrong priorities in TrumpCare—tax cuts for the rich at the expense of the health insurance for tens of millions of working families across America.

TrumpCare very clearly spotlights the differences in priorities between

Democrats and Republicans in Congress. It has stepped forward in the longstanding Republican belief that Medicare should wither on the vine, that Medicaid should be shrunken, and that Social Security should be privatized.

If you believe in the health and well-being of the American people, you must reject this bill before us now. It is what TrumpCare—here is what it means to the American people. You know, much has been said about policy here today and over time. Much has been said about politics, what are the politics of this.

What is really important is what this means to the American people. And they know they are listening. They know what it means to them.

It means, TrumpCare does, it forces families to pay higher premiums and deductibles, increasing out-of-pocket costs. Higher costs.

Less coverage. TrumpCare will take away health care from more than 24 million hardworking Americans.

A crushing age tax. TrumpCare forces Americans aged 50 to 64 to pay premiums five times higher than what others pay for health coverage, no matter how healthy they are.

It steals from Medicare. TrumpCare shortens the life of the Medicare trust fund and ransacks funds that seniors depend on to get long-term care they need. That is why it is consistent with their wither on the vine for Medicare philosophy.

And then, if that were not bad enough, and they couldn't pass their bill because it was that bad, they moved further away from the American people by gutting key protections. TrumpCare eviscerates essential health benefits such as maternity care, prescription drugs, emergency coverage, prenatal care, and guts protections for Americans with preexisting medical conditions.

As bad as TrumpCare was the first time around, you know, it was dead. It died. It died right here on the floor. Now it has come back to life like a zombie, even more scary than before, and it is even worse.

If Republicans had their way, Americans with preexisting conditions will be pushed off their insurance and segregated into high-risk pools, where they will face soaring costs, worse coverage, and restricted care.

TrumpCare means huge premium increases. It is a frightening future for families who need affordable, dependable care the most.

Now, on the floor, the Republicans have recklessly, and some would say fraudulently, claimed that TrumpCare covers Americans with preexisting conditions. It does not.

As Robert Graboyes at the conservative Mercatus Center said about the Upton amendment: ". . . the \$8 billion amount is a pittance. Spread over 5 years, it is a fifth of a pittance."

As Karen Pollitz from the Kaiser Family Foundation said, the Upton

amendment will cover the costs for only 1 percent of the individual market. Others have given it up to 5 percent; 1 to 5 percent. Does that mean covering? No.

Forcing a vote without a CBO score shows that the Republicans are afraid of the facts. They are afraid of learning the full consequences of their plan to push Americans with preexisting conditions into the cold or, as my colleague from New York said, off the sidewalk.

If Republicans thought they were really protecting people, they wouldn't be afraid of the facts. But they are also afraid of the truth, and the truth that would come forth if we knew the facts. And they are afraid that the American people would find out that this is not a healthcare bill, this is a tax bill disguised as a health bill.

This is a bill that is one of the biggest transfers of wealth from the middle class to the richest people and corporations in America. This is a tax bill not a healthcare bill. That is why they have to do it now so they can get on with their tax bill.

But the suffering TrumpCare will inflict on the sick is all too clear. That is why this disastrous bill has been condemned by the American Medical Association, the American Cancer Society, the American Diabetes Association, the American Heart Association, the American Lung Association, the American Society of Clinical Oncology, the Cystic Fibrosis Foundation, AIDS United, the Children's Hospital Association, AARP, the March of Dimes. The list goes on and on—the American Cancer Society.

Instead of reading all of these pages, I include them for the RECORD.

Trumpcare—pulled from the House Floor by Speaker Paul Ryan on March 24—already meant higher health costs, more than 24 million Americans losing their health coverage, gutting key protections, a crushing Age Tax, and stealing from Medicare.

Amazingly, Republicans have managed to make Trumpcare even worse. The MacArthur Amendment would completely gut the protections for people with pre-existing conditions by allowing states to waive essential health benefits and community rating rules, which prevent insurers from charging people with pre-existing conditions more. This will make it all but impossible for millions of Americans fighting illness to afford the coverage they desperately need.

As seen below, over the last few days, the number of health care, consumer, seniors, children, disability and other groups that are speaking out against Trumpcare continues to grow.

A Coalition of Patient Advocacy Groups, Including American Cancer Society, American Heart Association, American Lung Association, American Diabetes Association, and March of Dimes: "In March, our patient advocacy organizations collectively urged Congress to ensure that any changes made to the Patient Protection and Affordable Care Act (ACA) provide affordable, accessible and adequate coverage and do not result in a loss of coverage for any Americans. The AHCA would do the opposite, causing at least 24 million Americans to lose health insurance, according to the non-partisan Congressional Budget Office. . . . We are alarmed by recent harmful changes to AHCA. . . . These

changes include allowing states to waive the requirement for essential health benefits. . . . Another change allows states to waive protections against health status rating. Weakening these rules would enable insurers to charge higher prices to people with pre-existing conditions, possibly making insurance unaffordable for those who need it most. . . . The individuals and families we represent cannot go back to a time when people with pre-existing conditions could be denied coverage or forced to choose between purchasing basic necessities and affording their health care coverage. Given these factors, we oppose the latest draft of the AHCA. We urge Members of Congress to reject this legislation." [5/1/17]

American Academy of Pediatrics, American College of Physicians, American Congress of Obstetricians and Gynecologists, National Association of Nurse Practitioners in Women's Health, National Partnership for Women & Families: "Rather than support recent gains in women's access to healthcare and coverage, the MacArthur Amendment and AHCA turn back the clock and reverse hard-won progress. . . . The MacArthur Amendment would enable states to waive EHBs including those for maternity and newborn care, preventive services, and services for mental health and substance use disorders; [and] to waive community rating rules. . . . Supporters of the bill claim this bill maintains protections for those with pre-existing conditions, but allowing states to waive coverage of EHB and charge people more based on their health status renders the promise of coverage for preexisting conditions to be meaningless. . . . Women and families must not be made to suffer, lose access to care and coverage, and pay higher healthcare costs. . . . The AHCA and the MacArthur Amendment turn the clock back on women's health and should not move forward." [5/1/17]

Association of American Medical Colleges: "This week, the House could vote on a new version of the American Health Care Act that includes the MacArthur amendment. . . . The [MacArthur] amendment's treatment of essential health benefits and health status underwriting dilutes protections for many Americans and would leave individuals with preexisting conditions facing higher premiums and reduced access to care. The shortcomings in the underlying bill remain the same. The original analysis from the Congressional Budget Office indicated that 14 million Americans would lose their health insurance coverage as early as next year, and as many as 24 million by 2024. Nothing in the bill has changed that alters the fact that this legislation would lead to fewer Americans with quality insurance, less affordable coverage for those who have it, and the destabilization of the current Medicaid program." [5/2/17]

Children's Hospital Association: "On behalf of our nation's children's hospitals and the patients and families they serve, Children's Hospital Association (CHA) continues to oppose the newly modified American Health Care Act (AHCA) and strongly urges the House of Representatives to reject the bill. Recently adopted changes only worsen the AHCA by putting children with pre-existing conditions at increased risk of losing health care coverage and failing to correct the Medicaid cuts that would impact over 30 million kids. . . . The block grant option in particular would be devastating to children as it eliminates Medicaid's EPSDT (Early and Periodic Screening, Diagnostic, and Treatment) benefit which ensures children receive immunizations, mental health assessments and vision, eye and hearing exams as well as other medical services they might need. CHA urgently asks members of Congress to vote against the AHCA." [4/27/17]

Children's Leadership Council: "The Children's Leadership Council opposes the American Health Care Act (AHCA) because it would jeopardize health care for millions of babies, children, youth and families. We urge you to vote NO on this legislation. . . . The ACHA's changes to Medicaid would radically restructure a program that has worked for more than 50 years to support children's health. The Medicaid cap would shift \$839 billion to states, forcing them to cut eligibility, benefits, or provider rates that could have disastrous health consequences. There is no question that the massive cuts to Medicaid, increased premiums likely for millions of families, and eliminating the Essential Health Benefits requirements under current law will seriously harm children and families. . . . This legislation is a dangerous step backward." [5/1/17]

Consortium for Citizens with Disabilities: "The Consortium for Citizens with Disabilities (CCD) is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill's proposals to dramatically cut Medicaid services that are vital to people with disabilities and seniors through per capita caps, which CCD has opposed. . . . The newest amendments to the American Health Care Act make the bill even more harmful to people with disabilities. The new amendments would allow states to easily obtain waivers that would allow them to charge higher premiums to people with pre-existing conditions, including people with disabilities. They would also allow states to seek waivers from the Affordable Care Act's requirement to provide essential health benefits, including services for people with disabilities. . . . We urge you to oppose the bill should it come to a vote." [4/28/17]

National Education Association: "Apparently, snatching health care coverage from children and families was not enough for House Republican leaders and the Trump administration. To make a terrible bill even worse, a new amendment to the American Health Care Act (AHCA) would allow states to jettison existing essential health benefit requirements and permit insurance companies to charge people with pre-existing conditions more than they charge healthy people. . . . If the AHCA and new amendment are enacted, millions of kids and families would effectively lose the health care coverage they need. The new amendment also threatens to make insurance for people with pre-existing conditions prohibitively expensive." [4/27/17]

American Society of Clinical Oncology: "On behalf of the American Society of Clinical Oncology (ASCO), I write to express our strong opposition to the American Health Care Act (AHCA), as currently amended. . . . Studies show that when cancer patients do not have adequate insurance they receive less care, receive it later, and have worse outcomes than those with better insurance coverage. . . . The AHCA as currently constructed will create or worsen barriers to care. It will add costs to the system, decrease access to appropriate treatment and increase existing disparities of care. We are especially concerned with provisions allowing state waivers that could erode important protections for people with cancer, including pre-existing condition safeguards, coverage of essential services, and access to affordable health insurance. . . . ASCO strongly opposes passage of the AHCA in its current form." [4/27/17]

American Thoracic Society: "On behalf of the 16,000 members of the American Thoracic Society (ATS), I want to voice my grave concerns with the latest legislative proposal developed to repeal and replace the Affordable Care Act (ACA). . . . The ATS opposes any

legislation that does not ensure affordable health insurance coverage for Americans currently insured under the ACA. We are concerned that allowing states to waive important insurance reforms in the Affordable Care Act will lead to reduced coverage for many Americans and significant price increases for patients with preexisting conditions. Further, we are concerned that reliance on “high risk pools” will not adequately meet the health insurance needs of many Americans with pre-existing conditions. We note that previous attempts at implementing state-based high risk pools have been largely unsuccessful. Members of the ATS serve a large and diverse patient population, including patients with respiratory diseases, critical illnesses and sleep disorders such as asthma, COPD, pneumonia, sepsis and obstructive sleep apnea. Our patients cannot afford to lose affordable health insurance coverage for any period of time.” [4/27/17]

Lutheran Services in America: “Lutheran Services in America continues to oppose the drastic and unnecessary restructure of the Medicaid guarantee to a per capita cap system as proposed in the American Health Care Act (AHCA). Furthermore, we oppose the bill’s new provisions that eliminate protections for people with pre-existing conditions as these provisions would be devastating to people with chronic diseases and disabilities. . . . In addition, the modified bill maintains the AHCA’s drastic cuts and fundamental restructuring of the Medicaid program, shifting significant risks and costs to states, and to the people who need and provide Medicaid services. . . . Lutheran Services in America respectfully urges members of Congress to reject this or any legislation that would erode Medicaid, increase the number of uninsured and/or decrease protections for preexisting conditions.” [4/28/17]

Planned Parenthood Federation of America: “The latest Republican proposal to repeal the Affordable Care Act is the worst legislation for women’s health in a lifetime. It eliminates the community rating provision, allowing insurers to charge people with pre-existing conditions an exorbitant amount for coverage. Despite the fact that the proposal claims to maintain the current prohibition on gender rating, it still allows insurers to once again discriminate against women and charge more for being a woman. Eliminating the community rating provision disproportionately affects women, since insurers can claim having given birth, having had a C-section, or having been a survivor of domestic violence is a so-called pre-existing condition. For example, a woman who had breast cancer could be charged more than \$28,000 per year for coverage and a woman who was previously pregnant could be charged more than \$17,000 per year for . . . They took a bad bill that would result in 24 million people losing their insurance and higher premiums and actually made it worse.” [4/27/17]

Federal AIDS Policy Partnership: “The undersigned 77 organizations are writing to strongly urge you to oppose the amended American Health Care Act (AHCA) on behalf of the 24 million or more Americans estimated to lose coverage, including tens of thousands of people with HIV. . . . Healthcare coverage can be a life or death issue for people living with HIV, and in the three years that the Patient Protection and Affordable Care Act (ACA) coverage has been available it has made a critical difference. . . . We cannot afford to go back to the pre-ACA sick care system that focused on treating disability and disease rather than preventing it. Please support access to healthcare coverage for the more than 52 million Americans living with pre-existing conditions, including 1.1 million living with

HIV. We hope we can count on you to oppose the amended American Health Care Act.” [5/1/17]

AIDS United: “AIDS United seeks a health care system that will eventually enable the end of HIV in the United States. AHCA makes major changes to the U.S. health care system that would, if passed, worsen the provision of HIV prevention services for people at risk for HIV and the treatment and care for people living with HIV. . . . AIDS United is especially concerned that the [MacArthur] amendment, far from improving the situation, will make it easier for insurance companies to raise rates on people living with HIV, people with other chronic conditions and the elderly. . . . AIDS United notes that thanks to Congress’s strong response over many years, the U.S. has made substantial progress in responding to the HIV epidemic. However, doing so requires a strong health care system that can ensure that people living with HIV are able to access care and treatment. . . . H.R. 1628 will reverse some of the gains that we have made in ensuring coverage for both prevention and treatment. AIDS United urges you to decide to vote no and publicly state your position prior to any vote.” [4/28/17]

American College of Nurse-Midwives: “On behalf of the American College of Nurse-Midwives, . . . we strongly urge the House of Representatives to vote NO on the revised American Health Care Act (AHCA). The legislation, in its current form, would further impeded access to healthcare and coverage for millions of women and newborns. Midwives stand for improving access to quality care and coverage for women and newborns . . . including, but not limited to, coverage and access to a full range of preventative, reproductive and sexual health services under state Medicaid programs and coverage and access to essential health benefits (EHBs), including maternity and newborn care. The newly-revised AHCA language will end this guarantee and radically turn back the clock on the progress made in women’s health. Specifically, the “MacArthur Amendment” would enable states to apply for the ability to waive EHBs, including those for maternity and newborn care, to waive community rating rules, and to shift patient with pre-existing conditions or illnesses into high-risk pools. These provisions, if adopted, could have dire consequences for women’s health and health coverage.” [4/27/17]

AARP: “This harmful legislation still puts an Age Tax on older Americans and puts vulnerable populations at risk through a series of backdoor deals that attempt to shift responsibility to states. Older Americans need affordable health care services and prescriptions. This legislation still goes in the opposite direction, increasing insurance premiums for older Americans and not doing anything to lower drug costs. AARP continues to oppose legislation that would impose an Age Tax, eliminate protections for pre-existing conditions, weaken Medicare, erode seniors’ ability to live independently because of billions of dollars in Medicaid cuts, and give sweetheart deals to drug and insurance companies while doing nothing to lower the cost of health care or prescription drugs. We intend to let all 38 million of our members know exactly how their Representative votes on this bill in newsletters, in our publications, on social media and in other formats.” [4/26/17]

American Medical Association: “After reviewing the MacArthur Amendment to H.R. 1628, the American Health Care Act (AHCA), the American Medical Association (AMA) remains opposed to passage of this legislation. As we have previously stated, we are deeply concerned that the AHCA would result in millions of Americans losing their current

health insurance coverage. Nothing in the MacArthur amendment remedies the shortcomings of the underlying bill. The MacArthur Amendment would allow states to apply for waivers for critical consumer protections provided in the Affordable Care Act (ACA), including . . . the requirements that health insurers must cover certain essential health benefits, and the ban on health status underwriting. The current ban on health status underwriting protects individuals from being discriminated against by virtue of their medical conditions. Prior to the passage of the ACA, such individuals were routinely denied coverage and/or priced out of affordable coverage. We are particularly concerned about allowing states to waive this requirement because it will likely lead to patients losing their coverage.” [4/27/17]

American College of Physicians: “The College strongly believes in the first, do no harm principle. Therefore, we continue to urge that Congress move away from the fundamentally flawed and harmful policies that would result from the American Health Care Act and from the changes under consideration—including the proposed “Limited Waiver” amendment—that would make the bill even worse for patients.” [4/24/17]

American Hospital Association: “The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with pre-existing conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. . . . The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. This could allow plans to set premium prices based on individual risk for some consumers, which could significantly raise costs for those with pre-existing conditions.” [4/27/17]

America’s Essential Hospitals: “This latest version of the AHCA is not an improvement. It’s simply bad policy that will cut a lifeline of health care for millions of Americans. The legislation also would leave unchanged more than \$800 billion in Medicaid cuts over the next decade, breaking the nation’s safety net and saddling state, local governments, and taxpayers with new costs for indigent care. The nation has spoken on the AHCA: only 17 percent of the public support it and their elected representatives have rejected it once already.” [4/26/17]

Catholic Health Association: “It is critically important to look at this bill for what it is. It is not in any way a health care bill. Rather, it is legislation whose aim is to take significant funding allocated by Congress for health care for very low income people and use that money for tax cuts for some of our wealthiest citizens. This is contrary to the spirit of who we are as a nation, a giant step backward that should be resisted.” [4/27/17]

U.S. Conference of Catholic Bishops: “It is deeply disappointing to many Americans that, in modifying the American Health Care Act to again attempt a vote, proponents of the bill left in place its serious flaws, including unacceptable modifications to Medicaid that will endanger coverage and affordability for millions of people, according to reports,” said Bishop Dewane. “Sadly, some of the recently proposed amendments—especially those designed to give states flexibility—lack apparent safeguards to ensure quality of care. These additions could severely impact many people with pre-existing

conditions while risking for others the loss of access to various essential coverages.” [4/27/17]

American Nurses Association: “The new bill is an even further departure from our principles; endangers consumer protections put into place by the ACA. [4/26/17]

American Cancer Society Cancer Action Network: “The American Cancer Society Cancer Action Network (ACS CAN) is deeply concerned about a proposed amendment to the American Health Care Act (AHCA) that would create an option for states to obtain waivers from the Essential Health Benefits (EHB) and the community rating rule. These two rules work together to guarantee access to comprehensive and affordable insurance that covers cancer prevention and treatment for patients and survivors with pre-existing conditions. . . . In short, the proposal could lead to bare bones coverage plans that push significant costs onto patients who access care.” [4/20/17]

American Lung Association: “The American Lung Association requests that Representatives oppose the American Health Care Act (AHCA) with the new amendment by Rep. MacArthur. The American Lung Association opposes the MacArthur amendment because would allow states to opt-out of the Essential Health Benefits (EHB)—resulting in millions of Americans having inadequate care. . . . All Americans—regardless of the state in which they live—need adequate coverage for the range of essential health services and treatments including life-saving cancer screening.” [4/26/17]

March of Dimes: “Women and children need quality, affordable insurance coverage to be born healthy and lead healthy, productive lives. Unfortunately, in its current form, the MacArthur amendment to American Health Care Act will deny millions of pregnant women, babies, and their families the affordable coverage and quality services they need. . . . The MacArthur amendment will offer states and health plans numerous opportunities to charge people with pre-existing conditions higher rates, design plans that explicitly exclude the services they are most likely to need, and erect barriers to care.” [4/26/17]

Families USA: “America’s families must be heard. By now, it should be clear to House Republicans and the Trump Administration from all the town halls, letters, phone calls and tweets that this is not what people want. They do not want to return to the dark days when insurers were free to charge the sick and old more for coverage and offered policies that covered very little, often leaving people to cope with staggering medical bills. It’s time for President Trump and the GOP to drop this harmful effort to undermine the nation’s health care system. It’s time to move on.” [4/26/17]

American Psychological Association: “We are writing on behalf of the American Psychological Association and the American Psychological Association Practice Organization to express our opposition to the American Health Care Act, as recently revised and proposed for floor consideration. Our organizations comprise nearly 115,700 members and affiliates, who are clinicians, researchers, educators, consultants, and students.” [4/26/17]

Arc of the United States: “The Arc of the United States is strongly opposed to the amended American Health Care Act. The amended American Health Care Act retains the original bill’s proposals to dramatically cut Medicaid services that are vital to people with disabilities and seniors through per capita caps. The new amendments make the AHCA even more harmful to people with disabilities.” [4/26/17]

Chronic Illness and Disability Partnership: “On behalf of the Chronic Illness and Dis-

ability Partnership as well as allied organizations, we are writing to strongly urge you to oppose the American Health Care Act (AHCA), with or without the amendment to allow states to waive community rating and Essential Health Benefits protections (the MacArthur Amendment). If enacted, the amended bill will only increase the 24 million Americans estimated to lose coverage under the AHCA, including millions of individuals living with chronic conditions and disabilities. The MacArthur Amendment seeks to deliver cheaper insurance to healthy Americans by undercutting crucial Essential Health Benefits requirements and excluding the most vulnerable Americans from the private insurance market by allowing states to remove crucial consumer protections.” [4/27/17]

Democratic Governors Association: “This new proposal is nothing more than the reheated leftovers of the failed Trumpcare bill. Just like last month’s bill, this one would slash Medicaid funding, throw millions out of health coverage and leave states holding the bag. The only fresh idea in this proposal is a new way to raise insurance rates on sick people. States are happy to work with the federal government on strengthening health care, but we never asked for the flexibility to jack up premiums on people with pre-existing conditions. Congress should again reject this disastrous proposal that would wreck state budgets and cut millions off of health coverage.” [4/27/17]

National Nurse United: “The original version of the American Health Care Act posed a mortal threat to the health and well-being of our patients, and to the health security of our country. The new version, which incorporates changes negotiated between the House Freedom Caucus and Congressman Tom MacArthur, will be even worse for our patients. This new version has not yet received a score from the Congressional Budget Office, and it should not be considered by the House until a CBO score has been made public.” [4/26/17]

Leadership Council of Aging Organizations: “While LCAO is made up of organizations that often have different perspectives on public policies, as a coalition LCAO strongly opposes the American Health Care Act (AHCA) of 2017, which would cause at least 24 million Americans to lose their health care insurance. We strongly oppose the Medicaid cuts and caps that remain the core of the American Health Care Act. Over six million older adults rely on Medicaid. Among the non-Medicare population, Americans aged 50–64 are the most likely to face health challenges and have pre-existing conditions. The AHCA will expose these older Americans to significantly higher premiums and health care costs, if they can afford to purchase coverage at all. We are also deeply disappointed that there is a push to vote on the bill without a revised estimate from the Congressional Budget Office on how it will impact Americans. We fear and expect that the proposed changes will increase the number of uninsured beyond the current estimate of 24 million. For these reasons, as well as other harms that would result for older Americans and their families, LCAO opposes AHCA and urges members to vote against it.”

Common Sense Kids Action: “On behalf of the millions of American kids and families who rely on comprehensive, dependable health insurance to stay healthy and to get medical treatment when they need it, we are writing to respectfully express our strong opposition to your bill, H.R. 1628, the American Health Care Act (AHCA). Thanks to current law, including the Affordable Care Act, Medicaid, and the Children’s Health Insurance Program (CHIP), 95% of young children in the U.S. today have health insurance. That’s

a remarkable achievement. However, the AHCA will result in 24 million fewer Americans having coverage, including millions of children. Even with changes recently suggested to your bill, America’s kids will be best served by strengthening the Affordable Care Act and preserving Medicaid and CHIP, not by repealing the Affordable Care Act and block granting or establishing a per capita cap on Medicaid. We urge you to keep our children’s future foremost in your thinking, withdraw your bill, and work on a bipartisan basis to support measures that protect and strengthen children’s health care.”

American Hospital Association: “The latest version of the AHCA continues to put health coverage in jeopardy for many Americans. Our top concern is what this change could mean for older and sicker patients, including those with pre-existing conditions, such as cancer patients and those with chronic conditions. For these reasons, along with our previously stated concerns about the AHCA, we cannot support the bill. The amendment proposed this week would dramatically worsen the bill. The changes included put consumer protections at greater risk by allowing states to waive the essential health benefit standards, which could leave patients without access to critical health services and increase out-of-pocket spending. Additionally, the Congressional Budget Office has not yet scored the amendment. However, CBO previously projected that the AHCA would result in 24 million fewer people covered in 2026. As the backbone of America’s health safety-net, hospitals and health systems must protect access to care for those who need it and ensure that the most vulnerable patients are not left behind. The AHCA continues to fall far short of that goal.”

Ms. PELOSI. Mr. Speaker, under TrumpCare, families, seniors, vulnerable children, Americans with disabilities, people struggling to overcome addiction, and the sick will lose their health care. Rural hospitals will be closed. Nearly 2 million jobs will be destroyed across America. Seven million veterans will lose access to tax credits for health care.

And all of this, to give a massive tax cut to the richest in America. TrumpCare is a billionaire’s tax cut, again, disguised as a healthcare bill. It is Robin Hood in reverse, one of the largest, again, transfers of wealth from working families to the rich in our country.

Today, we honor the visions of our Founders, we can, who risked everything. They risked everything, their lives, their liberty, their sacred honor, to advance the right to life, liberty, and the pursuit of happiness; the life, a healthier life, the freedom to pursue your happiness, the freedom from being job-locked or policy-locked because of what the Republicans want to do today.

Today, we fight to preserve affordable health care as the right of every American, again, not the privileged few.

Today, we fight for children like Zoe Madison Lihn. Zoe was born with a congenital heart defect in May of 2010. She faced her first of three heart surgeries at 15 hours old. By 6 months old, Zoe was halfway to her lifetime limit her insurer had placed on her. She

faced a grim future, not only using up her lifetime limit by preschool but by carrying a preexisting condition that will require attention and care for the rest of her life.

Under the Affordable Care Act, Zoe is protected, but TrumpCare puts her future in danger.

I wish that our Members who vote for this bill, I hope you make time to sit down with the parents of a newborn with a heart condition, or a young woman who just learned she had breast cancer, the family of loved ones struggling with a disease or a chronic condition, any of the tens of millions of Americans who are rightfully terrified of what TrumpCare will mean in their lives.

Mr. Speaker, we have, with this bill, a right, a wonderful opportunity. This is one of the best civics lessons we can engage in. Because of what happened following the election, the American people are engaged. They are paying attention. I am not saying in a political way, I am saying in a personal way.

A former Speaker said: All politics is local. In the case of health care, all politics is personal when it comes to health care. And so, this civics lesson will teach the American people a number of things.

As special as we think we are when we come to the floor here, most Americans don't know who their Member of Congress is. But they will now, when they find out that you voted to take away their health care. They will know when you put an age tax on them, or undermine Medicare and Medicaid and the rest.

Oh, yeah, they are paying attention because it is really personal with them and their families. So I think we have to get ready for that.

I have Members, I have colleagues who have the mantle of being a moderate. You vote for this bill, you have walked the plank from moderate to radical. And you are walking the plank for what? A bill that will not be accepted by the United States Senate. Why are you doing this?

Do you believe in what is in this bill?

Some of you have said: Well, they will fix it in the Senate. But you have every provision of this bill tattooed on your forehead. You will glow in the dark on this one. You will glow in the dark. So don't walk the plank, especially unnecessarily.

Our responsibility to the sick and the hurt is Biblical. It is fundamental to who we are.

As Pope Francis said: "Health is not a consumer good but a universal right, so access to health services cannot be a privilege."

Today, let us declare, once again, that affordable health care must be the right of every American, not the privileged few.

So I ask you, my colleagues, does TrumpCare lower health costs?

Does TrumpCare provide better health care?

Does TrumpCare protect seniors and families?

Is TrumpCare good for our veterans? Is there any caring in TrumpCare at all?

For the sake of our values, to honor our responsibilities to our Founders, life, liberty, and the pursuit of happiness, to our veterans who protect us, and to our children whose aspirations are our guide, I urge my colleagues to vote "no" on this disastrous TrumpCare bill.

The SPEAKER pro tempore. Members are reminded to address their remarks to the Chair.

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

Mrs. BLACK. Mr. Speaker, it really is my privilege now to yield 1 minute to the distinguished gentleman from Wisconsin (Mr. RYAN), the Speaker of the House.

Mr. RYAN of Wisconsin. First off, there are a few people I would like to thank. I would like to thank the committee chairs. I would like to thank Chairman WALDEN, Chairman BRADY, Chairman BLACK, Chairman SESSIONS.

I want to thank the members of those committees: Energy and Commerce, Ways and Means, Budget, and Rules.

I want to thank all the Members who made constructive contributions throughout this entire deliberative, bottom-up organic process.

I want to thank the President of the United States for his steadfast leadership.

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Mr. Speaker, in his address in this Chamber, he called on Congress to act; and today we take the next step to repeal and replace ObamaCare.

I want to thank Vice President PENCE, Secretary Price, Director Mulvaney, and all of their teams.

Mr. Speaker, there is a fundamental and urgent choice at the heart of this debate. We can continue with the status quo under ObamaCare, and we know what this looks like. It means even higher premiums, even fewer choices, even more insurance companies pulling out, even more uncertainty, and even more chaos.

Look at what has happened in Iowa this week. As is the case in so many areas in this country, Iowa is down to one insurer. That, of course, is not a choice. But now that one insurer is saying that it will have to pull out of 94 of the 99 counties in Iowa. This is happening right now. So tens of thousands of Iowans will go from having one option to no options. That is not a choice. This is a crisis, and it is happening right now.

What protection is ObamaCare if there is no healthcare plan to purchase in your State?

This is the direction ObamaCare is rapidly heading. So we can continue with this status quo or we can put this collapsing law behind us and end this failed experiment. Let's make it easier

for people to afford their health insurance. Let's give people more choices and more control over their care. Let's make insurance companies come in and compete for your business. Let's return power from Washington to the States. Let's help give people peace of mind. Let's put the patient, not bureaucrats, at the center of this system. This bill does all of those things. This bill delivers the promises that we have made to the American people.

A lot of us have been waiting 7 years to cast this vote. Many of us are here because we pledged to cast this very vote to repeal and replace ObamaCare, to rescue people from this collapsing law.

Are we going to meet this test? Are we going to be men and women of our word? Are we going to keep the promises that we made? Or are we going to falter?

No. After all of this—after seeing what is happening in Iowa and around the country, after seeing this law collapsing while we witness it across the country and knowing all this turmoil that is coming, we will not falter. We will replace; and today is the day that we are going to do this.

Today this House has the opportunity to do more than just fulfill a promise. We have the opportunity to raise our gaze and set a bold course for our country. We have the opportunity to show that we have got the resolve to tackle the big challenges in this country before they tackle us; to stop the drift of arrogant, Big Government policies in our lives, and to begin a new era of reform based on liberty and self-determination, giving people choices and letting them control their own destinies.

That is the day that is before us right here. So let us pass this bill to take the next step to put ObamaCare behind us; let us pass this bill to build a better healthcare system for American families; and let us pass this bill to leave this country better than we found it because that is why we are here.

That is what is at stake today. That is why I am going to be so proud to cast my vote for this legislation, and I urge all of my colleagues to do the same.

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

Mrs. BEATTY. Mr. Speaker, I rise today in strong opposition to the Republicans' latest version of Trumpcare.

Trumpcare will cover fewer people, provide weaker protections, and result in higher costs.

Trumpcare will eviscerate essential health benefits and protections for pre-existing conditions and make it all but impossible for millions of Americans fighting illness to afford the health coverage they desperately need.

Trumpcare will mean higher costs for less coverage.

It will result in 24 million hard-working Americans losing health coverage.

It will destroy protections for Americans with pre-existing conditions and gut Essential Health Benefits, such as maternity, prescription drug coverage, and emergency coverage.

Trumpcare will create a crushing age tax—it will force Americans aged 50–64 to pay premiums five times higher than what others pay for health coverage, no matter how healthy they are.

Mr. Speaker, healthcare should be a right for all, not just the privileged few. I will vote against Trumpcare and urge all my colleagues to vote no.

Ms. LEE. Mr. Speaker, I rise once again in strong opposition to H.R. 1628, which is a bill to take away health care from 24 million Americans.

Whether you believe it or not, health care is a basic right.

This shameful bill steals from the most vulnerable among us, including seniors, veterans, people living with HIV, children, and the disabled. And this new bill is even more dangerous and destructive than when they brought it to the Floor last time.

It would, yes, rip away health care from 24 million people. It would reduce benefits, make families pay more for less, and transfer \$600 billion in tax cuts to the very wealthy.

This is outrageous.

Access to women's health is denied by defunding Planned Parenthood. Medicaid, as we know it, will end. Healthcare costs for working families and seniors will skyrocket.

It allows states to eliminate essential health benefits like maternity care, cancer screenings, and emergency care.

Mr. Speaker, this is not a health bill at all. This is a massive tax giveaway to the wealthy.

Let me tell you, as a woman of faith, I am appalled and I am saddened by the hypocrisy displayed in this bill by people who say they are religious.

I want to remind you—in the Scriptures, the Book of Mark, chapter 12:31, we are reminded to love your neighbor as yourself.

I hope Republicans remember to love their neighbor as themselves today and vote “no” on this mean-spirited, evil and morally bankrupt bill.

This is a matter of life and death, and the American people deserve better.

Mr. DANNY K. DAVIS of Illinois. Mr. Speaker, first of all, the Affordable Healthcare Act is the best thing that has happened to healthcare in the U.S. since the mid 1960's when Congress passed Medicare and Medicaid. More than twenty million people in our country have health insurance coverage now who never had it before.

In Illinois, 36 percent of children receive coverage through Medicaid with approximately 3.1 million people covered overall.

There are 649,000 Illinoisans enrolled under the Affordable Care Act, this bill AHCA would repeal and replace the ACA.

Implementation of the AHCA will lead to a loss of coverage for 24 million people nationwide.

Overall 44,296 Illinoisans covered under the ACA and 252,612 covered under Medicaid expansion will be in danger of curtailed coverage.

Healthcare professionals and activists have worked hard over the past fifty years to improve healthcare access and delivery and it would be a shame to have us go backwards.

Passage of the AHCA would probably cause real estate taxes in Cook County to go up in order to keep Stroger Hospital and its other health services adequately funded to meet the health needs of the medically indigent in Cook County.

Practically every professional healthcare group in America is opposed to the AHCA.

It will spell disaster for residents of Illinois.

Mr. NADLER. Mr. Speaker, the Republicans have rushed this bill to the floor before they even had a chance to print the text, let alone get a CBO score. They are pushing this bill through without any analysis so that the American people won't know how terrible this bill really is—how many millions of people will lose their health insurance, how much premiums will skyrocket for those with pre-existing conditions, how little money they will actually save. And all to score empty political points or to impress Donald Trump, a man who has demonstrated again and again that he does not know or care what is in this bill, and just wants to “win.”

This bill is the same terrible legislation the Republicans failed to pass in March, but with amendments to make it even more cruel to the American people. The bill will kick 24 million people off their health insurance and eliminate employer-provided coverage for seven million people. The bill creates an “age tax” that would allow insurers to charge older Americans five times as much as a younger person for the same plan. The bill raises premiums 30 percent for people who allow their insurance to lapse for any reason. The bill cuts \$880 billion out of Medicaid and forces states to ration care to the millions of families and children who rely on it, in clear violation of Donald Trump's campaign pledge. The bill gives the wealthiest Americans a trillion dollar tax cut and cuts taxes on drug companies and health insurance companies that pay their CEOs more than \$500,000.

But that bill wasn't terrible enough to get the votes of the right wing of the Republicans in the House, so the Republicans made it even crueler. The amendments the Republicans will add today allow states to waive the essential health benefits requirements for insurance plans, meaning you could lose coverage for services as basic as hospital stays, prescription drugs, or doctor visits. States will also be able to waive the guarantee against discrimination against people with pre-existing conditions. Of course, the Republicans are saying that insurance companies cannot deny people coverage, but insurers will be able to charge people whatever they want. The Center for American Progress estimates that premiums could increase by over \$36,000 per year for people diagnosed with breast cancer. Pregnancy will result in a \$17,000 increase in premiums. Asthma, a \$4,000 increase. The high risk pools Republicans are touting will do nothing to protect people by sequestering the sickest Americans in pools and then drastically underfunding them. The Republicans are hiding from these numbers behind the so-called Upton Amendment, which provides a paltry \$8 billion to cover some extra costs for those with pre-existing conditions. But even the conservative Mercatus Foundation found that to be less than a pittance compared with the skyrocketing costs for those who need it.

Every day, we are finding new egregious consequences of this legislation. Last night, the New York Times reported that passing this bill will cut special education programs to over 2500 students with disabilities. Yesterday, the Center for Budget and Policy Priorities reported that the tax credits Republicans are proposing in this bill will be totally unusable in states like California and New York because

of state laws that require coverage of abortion. Reports have come out that sexual assault and domestic violence would, once again, be considered a pre-existing condition, making insurance unaffordable for survivors. The Wall Street Journal reported that the bill could allow employers to reinstate lifetime caps and eliminate out-of-pocket caps for their employees' insurance plans, leaving the 159 million Americans who get insurance through their employer with no insurance coverage when they need it most. That's right—if you think that because you don't buy insurance on the exchange and therefore don't have to worry about this bill, you're wrong. I have no doubt that in the time it takes to read this statement another round of articles and reports will come out finding even more abhorrent consequences of this contemptible piece of legislation.

So I ask my Republican colleagues—who are you passing this bill for? Are you so out of touch with the lives of real Americans that you no longer understand what it means to struggle to pay your medical bills? Have you traveled so far from the values you claim to uphold that you are willing to force parents to watch their children die of curable diseases because they have reached the lifetime cap on covered costs that your bill reinstates, and they can no longer afford to pay for treatment? Are you willing to gamble away their lives and the lives of their children just to say you passed a bill to repeal the Affordable Care Act?

Shame on any member who votes for this cowardly, cruel bill and tries to sell this bill to their constituents as a win for the American people. Shame on this House for even considering a bill that could leave the most vulnerable in our country—children born with disabilities, women fleeing domestic violence, older Americans too sick to buy insurance but too young to enroll in Medicare—at the mercy of insurance companies and fate. Shame on you for playing political games with people's lives.

Ms. EDDIE BERNICE JOHNSON of Texas. Mr. Speaker, I rise in opposition to the American Care Act. After seven years, the Republicans have released a plan that works to kick people off health insurance very quickly, increases out-of-pocket costs, and punishes older and sicker Americans. This is not the package that I envisioned.

Some of the key features of the Affordable Care Act that millions of people relied on would be gone under this proposal. Under the Affordable Care Act, states could expand Medicaid, but this proposal would freeze enrollment to expanded Medicaid at January 1, 2020. On that date, enrollees who drop off of Medicaid due to income changes would not be able to return to Medicaid coverage if they dropped on for one full month. The proposal also changes Medicaid funding to a per capita cap system which will lead to deep cuts to Medicaid in my home state of Texas. This punishes low-income Americans who would otherwise have no access to health insurance.

This piece of legislation forces Americans to pay more and get less. The average subsidy under the American Health Care Act will likely be about 60 percent of the average subsidy under current law. Deductibles and out-of-pocket spending in the individual market will have to increase due to the elimination of requirements that insurance plans cover a certain value. Americans will pay more for their

premiums, more for their care, more on out-of-pocket expenses and deductibles; all the while giving tax breaks to the wealthy and the tanning industry.

One amendment to this bill would repeal the Essential Health Benefits, the ten coverage rules set up by the Affordable Care Act. The Affordable Care Act required insurers to cover ten "Essential Health Benefits" from maternity care, mental health, and prescription drugs, to hospitalization and outpatient care. If this is repealed, comprehensive health insurance will become virtually unavailable in the individual market. This means that individuals with pre-existing conditions would not be protected. Younger and healthier people benefit, older and sicker people suffer.

Another amendment would allow states to waive out of the Affordable Care Act's ban on pre-existing conditions. However, Members of Congress and their staff would be protected from this provision and would be guaranteed coverage of pre-existing conditions.

Mr. Speaker, the public has spoken about this so-called "replacement" bill. People will live or die as a result of this legislation. The Republican leadership has rushed this bill to the floor without any consideration and I urge you all to consider its harmful effects. Your constituents are asking you to work with us to repair the Affordable Care Act. Work with us.

Ms. ESHOO. Mr. Speaker, include in for the RECORD a letter from common sense kids action:

COMMON SENSE KIDS ACTION,
April 25, 2017.

Re H.R. 1628—OPPOSE

Hon. DIANE BLACK,
Chairwoman, House Budget Committee, House of Representatives, Washington, DC.

DEAR REPRESENTATIVE BLACK: On behalf of the millions of American kids and families who rely on comprehensive, dependable health insurance to stay healthy and to get medical treatment when they need it, we are writing to respectfully express our strong opposition to your bill, H.R. 1628, the American Health Care Act (AHCA). We have added this bill to our Common Sense Legislative Ratings Tool as an "Against Kids" bill and will communicate our position to our parent and teacher members.

Common Sense is the nation's leading independent nonprofit organization dedicated to helping kids thrive in a rapidly changing world. We empower parents, teachers, and policymakers by providing unbiased information, trusted advice, and innovative tools to help them harness the power of media and technology as a positive force in all kids' lives. The policy arm, Common Sense Kids Action, is building a movement of parents, teachers, business leaders, and others dedicated to making kids our nation's top priority by supporting policies at the state and federal level that contribute to the building blocks of opportunity for kids. Access to affordable and quality medical care for kids is certainly one of those key building blocks.

Thanks to current law, including the Affordable Care Act, Medicaid, and the Children's Health Insurance Program (CHIP), 95% of young children in the U.S. today have health insurance. That's a remarkable achievement. With health insurance, parents are more likely to seek medical care for themselves and for their children, helping to prevent illnesses from developing and shortening their duration when they occur. However, the AHCA will result in 24 million fewer Americans having coverage, including millions of children. This jeopardizes the

health and well-being of America's kids and will alarm any parent who understands the importance of health insurance for their children and family. The Affordable Care Act certainly needs to be fixed, but if Congress has the goal of making sure that all families and businesses have access to affordable and comprehensive health insurance, it could improve the law for everyone without forcing millions of kids and their parents to lose access to critical medical care.

As Congress continues to grapple with this issue, health insurance programs, we think these facts about children's health insurance from the Congressional Budget Office and the Georgetown University Center for Children and Families are important to keep in mind:

Ninety-five percent of children age 0-5 are insured today.

Forty-five million of those children access health care through two programs: about 37 million through Medicaid (a federal-state program) and 8 million through CHIP, the Children's Health Insurance Program.

Children are the single-largest group of persons covered under Medicaid.

Under the Affordable Care Act, as you know, many states expanded Medicaid with help from the federal government, increasing coverage for kids and families, including coverage for mental health care.

Changes being considered, including under the AHCA, would cut funding to Medicaid by as much as \$880 billion over the next 10 years.

The AHCA, when compared with current law, would result in 24 million fewer Americans with health insurance by the year 2026.

Even with changes recently suggested to your bill, America's kids will be best served by strengthening the Affordable Care Act and preserving Medicaid and CHIP, not by repealing the Affordable Care Act and block granting or establishing a per capita cap on Medicaid. We urge you to keep our children's future foremost in your thinking, withdraw your bill, and work on a bipartisan basis to support measures that protect and strengthen children's health care. Thank you for your consideration of our views and we would be happy to talk with you at any time about this and other issues that matter to America's children and families.

Sincerely,

DANNY WEISS,
Vice President, Federal Policy.

The SPEAKER pro tempore. All time for debate has expired.

Pursuant to House Resolution 228, the previous question is ordered on the bill, as amended.

The question is on the engrossment and third reading of the bill.

The bill was ordered to be engrossed and read a third time, and was read the third time.

The SPEAKER pro tempore. The question is on the passage of the bill.

The question was taken; and the Speaker pro tempore announced that the ayes appeared to have it.

RECORDED VOTE

Mr. SCOTT of Virginia. Mr. Speaker, I demand a recorded vote.

A recorded vote was ordered.

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, further proceedings on this question will be postponed.

ANNOUNCEMENT BY THE SPEAKER PRO TEMPORE

The SPEAKER pro tempore. Pursuant to clause 8 of rule XX, proceedings

will resume on questions previously postponed.

Votes will be taken in the following order:

The question on passage of H.R. 2192;

The question on passage of H.R. 1628; and

The motion to suspend the rules and pass H.R. 1644.

The first electronic vote will be conducted as a 15-minute vote. Remaining electronic votes will be conducted as 5-minute votes.

PUBLIC HEALTH SERVICE ACT AMENDMENT

The SPEAKER pro tempore. The unfinished business is the vote on passage of the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff, on which the yeas and nays were ordered.

The Clerk read the title of the bill.

The SPEAKER pro tempore. The question is on the passage of the bill.

The vote was taken by electronic device, and there were—yeas 429, nays 0, not voting 2, as follows:

[Roll No. 255]

YEAS—429

Abraham	Carter (TX)	Doggett
Adams	Cartwright	Donovan
Aderholt	Castor (FL)	Doyle, Michael
Aguilar	Castro (TX)	F.
Allen	Chabot	Duffy
Amash	Chaffetz	Duncan (SC)
Amodei	Cheney	Duncan (TN)
Arrington	Chu, Judy	Dunn
Babin	Ciulline	Ellison
Bacon	Clark (MA)	Emmer
Banks (IN)	Clarke (NY)	Engel
Barletta	Clay	Eshoo
Barr	Cleaver	Espaillet
Barragán	Clyburn	Estes (KS)
Barton	Coffman	Esty (CT)
Bass	Cohen	Evans
Beatty	Cole	Farenthold
Bera	Collins (GA)	Faso
Bergman	Collins (NY)	Ferguson
Beyer	Comer	Fitzpatrick
Biggs	Comstock	Fleischmann
Bilirakis	Conaway	Flores
Bishop (GA)	Connolly	Fortenberry
Bishop (MI)	Conyers	Foster
Bishop (UT)	Cook	Fox
Black	Cooper	Frankel (FL)
Blackburn	Correa	Franks (AZ)
Blum	Costa	Frelinghuysen
Blumenauer	Costello (PA)	Fudge
Blunt Rochester	Courtney	Gabbard
Bonamici	Cramer	Gaetz
Bost	Crawford	Gallagher
Boyle, Brendan	Crist	Galleo
F.	Crowley	Garamendi
Brady (PA)	Cuellar	Garrett
Brady (TX)	Culberson	Gibbs
Brat	Cummings	Gohmert
Bridenstine	Curbelo (FL)	Gonzalez (TX)
Brooks (AL)	Davidson	Goodlatte
Brooks (IN)	Davis (CA)	Gosar
Brown (MD)	Davis, Danny	Gottheimer
Brownley (CA)	Davis, Rodney	Gowdy
Buchanan	DeFazio	Granger
Buck	DeGette	Graves (GA)
Bucshon	Delaney	Graves (LA)
Budd	DeLauro	Graves (MO)
Burgess	DelBene	Green, Al
Bustos	Demings	Green, Gene
Butterfield	Denham	Griffith
Byrne	Dent	Grijalva
Calvert	DeSantis	Grothman
Capuano	DeSaulnier	Guthrie
Carbajal	DesJarlais	Gutiérrez
Cárdenas	Deutch	Hanabusa
Carson (IN)	Diaz-Balart	Harper
Carter (GA)	Dingell	Harris