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6 MARKUP OF COMMITTEE PRINT, BUDGET

7 RECONCILIATION LEGISLATIVE RECOMMENDATIONS

8 AND HOUSE RESOLUTION 154

9 WEDNESDAY, MARCH 8, 2017

10 House of Representatives,

11 Committee on Energy and Commerce

12 Washington, D.C.

13

14

15 The committee met, pursuant to call, at 10:30 a.m., in

16 Room 2123 Rayburn House Office Building, Hon. Greg Walden

17 [chairman of the committee] presiding.

18 Present: Representatives Walden, Barton, Upton, Shimkus,

19 Murphy, Burgess, Blackburn, Scalise, Latta, McMorris Rodgers,

20 Harper, Lance, Guthrie, Olson, McKinley, Kinzinger, Griffith,

21 Bilirakis, Johnson, Long, Bucshon, Flores, Brooks, Mullin,

22 Hudson, Collins, Cramer, Walberg, Walters, Costello, Carter,

23 Pallone, Rush, Eshoo, Engel, Green, DeGette, Doyle,

24 Schakowsky, Butterfield, Matsui, Castor, Sarbanes, McNerney,

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25 Welch, Lujan, Tonko, Clarke, Loeb sack, Schrader, Kennedy,
26 Cardenas, Ruiz, Peters, and Dingell.

27

28 Staff present: Grace Appelbe, Staff Assistant; Jennifer
29 Barblan, Counsel, Oversight and Investigations; Will Batson,
30 Legislative Clerk, Energy and Power; Ray Baum, Staff
31 Director; Mike Bloomquist, Deputy Staff Director; Elena
32 Brennan, Legislative Clerk, Oversight and Investigations;
33 Adam Buckalew, Professional Staff, Health; Karen Christian,
34 General Counsel; Sean Corcoran, Office Manager, Ford; Jordan
35 Davis, Director of Policy and External Affairs; Paige Decker,
36 Executive Assistant and Committee Clerk; Darrell Dykes; Scott
37 Dziengelski, Policy Coordinator, Oversight and
38 Investigations; Paul Edattel, Chief Counsel, Health; Blair
39 Ellis, Digital Coordinator/Press Secretary; Emily Felder
40 (Martin), Counsel, Oversight and Investigations; Melissa
41 Froelich, Counsel, Digital Commerce and Consumer Protection;
42 Adam Fromm, Director of Outreach and Coalitions; Theresa
43 Gambo, Human Resources/Office Administrator; Giulia
44 Giannangeli, Legislative Clerk, Digital Commerce and Consumer
45 Protection/Environment; Jay Gulshen, Legislative Clerk,
46 Health; Tom Hassenboehler, Chief Counsel, Energy/Environment;
47 Brittany Havens, Professional Staff, Oversight and
48 Investigations; Zach Hunter, Director of Communications; A.T.

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49 Johnston, Senior Policy Advisor/Professional Staff,
50 Energy/Environment; Peter Kielty, Deputy General Counsel;
51 Bijan Koochmaraie, Katie McKeough, Press Assistant; Carly
52 McWilliams, Professional Staff Member, Health; Alex Miller,
53 Video Production Aide and Press Assistant; James
54 Paluskiewicz, Professional Staff, Health; Mark Ratner, Policy
55 Coordinator; David Redl, Chief Counsel, Telecom; Chris
56 Sarley, Policy Coordinator, Environment; Dan Schneider, Press
57 Secretary; Kristen Shatynski, Professional Staff Member,
58 Health; Danielle Steele, Policy Coordinator, Health; John
59 Stone, Senior Counsel, Health; Josh Trent, Deputy Chief
60 Health Counsel, Health; Evan Viau, Staff Assistant; Hamlin
61 Wade, Special Advisor, External Affairs; Gregory Watson,
62 Legislative Clerk, Communications & Technology; Jessica
63 Wilkerson, Professional Staff, Oversight & Investigations;
64 Everett Winnick, Director of Information Technology;
65 Jacquelyn Bolen, Minority Professional Staff; Jeff Carroll,
66 Minority Staff Director; Elizabeth Ertel, Minority Office
67 Manager; Waverly Gordon, Minority Health Counsel; Tiffany
68 Guarascio, Minority Deputy Staff Director and Chief Health
69 Advisor; Una Lee, Minority Chief Oversight Counsel; Jerry
70 Leverich, Minority Counsel; Miles Lichtman, Minority Staff
71 Assistant; Jessica Martinez, Minority Outreach and Member
72 Services Coordinator; Dan Miller, Minority Staff Assistant;

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73 Dino Papanastasiou, Minority GAO Detailee; Olivia Pham,
74 Minority Health Fellow; Rachel Pryor, Minority Health Policy
75 Advisor; Tim Robinson, Minority Chief Counsel; Samantha
76 Satchell, Minority Policy Analyst; Matt Schumacher, Minority
77 Press Assistant; Andrew Souvall, Minority Director of
78 Communications, Outreach and Member Services; Kimberlee
79 Trzeciak, Minority Health Policy Advisor; and C.J. Young,
80 Minority Press Secretary.

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81 The Chairman. The committee will come to order. The
82 chair recognizes himself for an opening statement.

83 More than 8 months ago, the House Republicans --

84 Mr. Pallone. Mr. Chairman?

85 The Chairman. -- unveiled a --

86 Mr. Pallone. Mr. Chairman, before we move --

87 The Chairman. For what purpose does the gentleman seek
88 recognition?

89 Mr. Pallone. I would ask that we go back to the normal
90 opening statement procedure, which is 5 minutes for ourselves
91 and then 3 minutes for the members. I know that it has been
92 reduced now to 3 for the leadership and 1 for the members. I
93 think that is a huge mistake. Given the importance of this
94 bill and this legislation, I would say that on a day like
95 this we probably should give ourselves more time rather than
96 less.

97 So I would make the request that we go back to 5 minutes
98 for the committee leadership and 3 minutes for individual
99 members, rather than 3 and 1.

100 The Chairman. Well, I appreciate the gentleman's
101 comments. The committee rules provide discretion of the
102 chairman. The chairman is exercising his discretion for 3-
103 minute opening statements for the full committee ranker and
104 chair and 1 minute for the others.

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105 Believe me, I understand there may be some amendments
106 coming, even though we haven't seen any of them yet. I am
107 sure there will be adequate time for us to talk about these.
108 The bill was actually posted at 6:00 on Monday, and it is
109 much smaller than the prior. Let us get on with our
110 business.

111 More than 8 months ago, House Republicans unveiled A
112 Better Way, which included our vision for repealing Obamacare
113 and replacing it with a patient-centered, 21st century
114 healthcare system. Today we begin the process of
115 implementing that vision. After years of Obamacare's broken
116 promises, we are proud to put forth a plan that presents a
117 better way for patients and for families.

118 Let me be clear: under our plan, we are not going
119 backwards; we are going forwards. We are protecting those
120 patients living with preexisting conditions. We are not
121 returning to the days of lifetime caps or annual limits, and
122 we will continue to allow young adults to remain on their
123 parents' policies until age 26. We will keep our promise to
124 not pull the rug out from anyone as we transition away from
125 this failing law.

126 Under our plan, we are looking forward. We are moving
127 away from a government-run system that, frankly, is in
128 collapse, and where bureaucrats stand in the way between

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129 patients and doctors. Instead, we move forward toward a
130 healthcare system where one-size-fits-all mandates are a
131 thing of the past, where states are empowered to innovate and
132 care for their citizens, and, most importantly, where
133 patients -- patients -- are actually in charge.

134 We create a new and innovative Patient and State
135 Stability Fund to help low-income Americans afford health
136 care and repair the damage done to state insurance markets by
137 Obamacare, and those state insurance markets are in collapse.
138 This fund gives states broad flexibility to design programs
139 that best serve their unique populations.

140 We responsibly unwind the Obamacare Medicaid expansion
141 while treating those covered under the expansion today
142 fairly, and we refocus Medicaid's limited resources to the
143 patients most in need. We propose a per capita allotment to
144 determine a fair level of funding for states. This type of
145 allotment has been supported not just by Republicans but also
146 by key Democrats, like former President Bill Clinton, who
147 recommended it.

148 Simply put, we have a better way to deliver solutions
149 that put patients, not bureaucrats, first. We provide the
150 American people with what they have asked for all along --
151 great choice, lower cost, flexibility to choose the plan that
152 best suits their needs.

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153 I now recognize my friend from New Jersey, Mr. Pallone,
154 for a 3-minute opening statement.

155 Ms. Castor. Mr. Chairman, I have a unanimous consent
156 request.

157 The Chairman. I recognize the gentleman from New Jersey
158 for an opening statement.

159 Ms. Castor. I have a unanimous consent request.

160 Mr. Pallone. The vice ranking member, and I have to
161 say, Mr. Chairman, I am not aware that I have actually
162 mentioned to the Republican --

163 Mr. Barton. Mr. Chairman, I reserve the right to object
164 to whatever it is they are going to offer.

165 Mr. Pallone. Well, Mr. Chairman, just so you know,
166 because I don't think I have mentioned before, that we
167 decided in our Democratic caucus that we would have vice
168 rankers. I know you have vice chairs, so we have vice
169 rankers now for our committees.

170 And Ms. Castor was elected unanimously by the Democrats
171 on the Energy and Commerce Committee to be our vice ranking
172 member, and she has a unanimous consent request.

173 The Chairman. What is the gentlelady's request?

174 Ms. Castor. Thank you, Mr. Chairman. Health care is so
175 important to our families all across the country, and the
176 Republican bill makes such drastic --

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177 Mr. Barton. Mr. Chairman, I am going to object.

178 Ms. Castor. I know --

179 Mr. Barton. If she is not --

180 The Chairman. I am sorry. That is --

181 Ms. Castor. I know that you have limited our opening
182 statements to 1 minute, but I would ask unanimous consent
183 because this is so important that you allow us to also take 3
184 minutes, as the leaders have.

185 The Chairman. As the gentlelady --

186 Mr. Barton. If that is the request, I will object. I
187 object.

188 The Chairman. We communicated the plan for the
189 committee markup yesterday. We heard no objections back. So
190 this is all sort of new. Look, we are going to have plenty
191 of time to discuss these issues.

192 I recognize the gentleman from New Jersey, Mr. Pallone.

193 Mr. Lujan. Mr. Chairman, me, for unanimous consent
194 request?

195 The Chairman. I recognize the gentleman from New
196 Jersey, Mr. Pallone --

197 Mr. Lujan. I reserve the right to object.

198 The Chairman. -- for an opening statement.

199 Mr. Pallone. Well, Mr. Chairman, we have a unanimous
200 consent request from members of the committee. So this is --

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201 The Chairman. If somebody wants to object --

202 Mr. Pallone. -- really no surprise. If you want to
203 object, you can.

204 The Chairman. The gentleman from New Mexico is -- for
205 what purpose does he seek recognition?

206 Mr. Lujan. Mr. Chairman, maybe if I could just restate
207 the previous unanimous consent request. Because Ms. Castor
208 was elected one of our leadership out of this committee, if,
209 at the very least, she be recognized for 3 minutes, while I
210 respect the Chairman's discretion in not recognizing the rest
211 of us for that time.

212 Mr. Shimkus. I object.

213 The Chairman. We have an objection to the UC.

214 Mr. Shimkus. I am serious.

215 The Chairman. All right. Let us --

216 Mr. Barton. Can I --

217 The Chairman. Other people could yield to her as well.

218 Mr. Barton. Can I speak on my reservation? Just
219 briefly.

220 The Chairman. The gentleman is recognized to speak on
221 his reservation.

222 Mr. Barton. Briefly. If it is truly just going to be
223 one person, the gentlelady from Florida, I would ask the
224 gentleman from Illinois, with the Chairman's support, to

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225 withdraw and let her have 3, with the understanding that the
226 Vice Chairman, myself, there is no requirement that there is
227 vice -- we know there is vice on both sides of the aisle, so
228 I should have 3 also.

229 The Chairman. Without objection. We will accord Ms.
230 Castor 3; we will accord Mr. Barton 3 minutes. I now
231 recognize again the gentleman from New Jersey, Mr. Pallone.

232 Mr. Pallone. Thank you, Mr. Chairman. The Republican
233 repeal bill before us will seriously harm American families.
234 Most people who garnered health insurance under the ACA will
235 lose their coverage. Those who retain health insurance will
236 pay a lot more for less coverage, and states will seriously
237 ration care for those who still have Medicaid.

238 For 7 years, Republicans claimed to have a better way,
239 but it turns out that is nothing more than an empty slogan.
240 After 7 years of sabotaging and obstructing the ACA,
241 Republicans have finally presented a repeal bill less than 2
242 days ago that is incredibly destructive to the little guy, to
243 the average working man and woman.

244 Now, Mr. Chairman, I am not a fool, and neither is the
245 American public. Throughout the coming days and weeks,
246 Democrats and advocates alike will band together to bring
247 transparency to this process and will expose the GOP policies
248 for what they are -- a prescription for disaster.

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249 Republicans, both the Speaker and our committee
250 chairman, repeatedly said they would follow regular order,
251 but not one hearing has been held on their repeal bill, and
252 we have also not received analysis from the CBO. Regular
253 order would require a hearing and markup in the Health
254 Subcommittee before we get to the full committee markup here
255 today.

256 Can Republicans guarantee that the 20 million who have
257 insurance today will continue to have health insurance under
258 their plan? Clearly not. How many more millions of
259 Americans will lose their health insurance as a result of
260 this bill? Who will be covered, and what will people pay for
261 needed health care? No response from the GOP.

262 Now, let us talk about what we do know about the
263 Republican repeal bill. With devastating cuts and caps on
264 Medicaid, it will ration care for the 76 million Americans
265 who rely on Medicaid, including seniors with long-term care
266 needs and Americans with disabilities, pregnant women and
267 vulnerable children, virtually ending Medicaid as we know it.

268 Working families could see their premiums and
269 deductibles increase by hundreds of thousands of dollars, and
270 seniors will pay an age tax and be forced to pay premiums 5
271 times higher than what others pay for health insurance, one
272 reason that the AARP came out strongly against the GOP repeal

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273 bill yesterday. The bill also shortens the life of the
274 Medicare Trust Fund, putting the care of 57 million American
275 seniors and people with disabilities at risk.

276 The Republican repeal bill will institute a cancer tax,
277 and Americans with preexisting conditions will suffer.
278 Insurers will once again be able to charge more or
279 discriminate against Americans with preexisting conditions
280 when their coverage lapses for any reason.

281 The Republican repeal bill is a giant transfer of
282 wealth, taking from hardworking families and giving to the
283 rich. In fact, according to the Joint Committee on Taxation,
284 the bill would cut taxes for the rich and corporations by
285 about \$600 million, so billionaires will benefit while
286 Republicans dump huge out-of-pocket costs on working
287 families.

288 Frankly, this is a disgrace. Americans today have
289 better health coverage and health care thanks to the ACA.
290 The American people do not want to see it repealed, and
291 Democrats will fight Republican efforts to dismantle the
292 health and economic security of millions of hardworking
293 Americans.

294 I yield back.

295 The Chairman. The chair now recognizes the gentleman
296 from Texas, Mr. Barton, for 3 minutes.

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297 Mr. Barton. Thank you, Mr. Chairman. I want to commend
298 you and the staff and the members who have worked on the
299 draft that we are going to debate today for your effort and
300 your work product. Make no mistake, this is a necessary
301 thing. The Affordable Care Act is fatally flawed, and it is,
302 as some people have said, in a death spiral.

303 If Mrs. Clinton had won the election, and the Democrats
304 had won the House, we would be here today holding a similar
305 markup. It a simple fact that the Affordable Care Act, as it
306 is current construed, will not work.

307 The draft is a good effort, and I intend to support it.
308 Having said that, it can be improved upon. I am sure my
309 friends on the Democratic side are going to offer many
310 amendments in the course of this markup, some of them
311 thoughtful and well-intentioned, some not so thoughtful, not
312 so well-intentioned.

313 I have been there, Mr. Chairman. I have sat where Mr.
314 Pallone is. In fact, I was in his chair when the Affordable
315 Care Act was marked up, so I know how that feels. At some
316 point in the process, Mr. Chairman, I plan to offer myself 2
317 amendments, one that would give a date certain to the
318 expansion of Medicaid in the states that have expanded it.
319 The current draft doesn't end that until the end of 2019, and
320 my amendment would end it at the end of this calendar year,

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321 the end of 2017.

322 I also intend to offer an amendment to make sure that
323 there is a date certain that the transition period back to
324 the normal FMAP match occurs. Under the current draft, it is
325 never definitively ended. My amendment would give a date
326 certain of 2023.

327 I plan to work very closely during the debate on both --
328 all of the amendments. I look forward to a thoughtful markup
329 and, at the end of the process, moving the bill I believe to
330 the Budget Committee.

331 I would be happy to yield the remaining 1 minute to
332 anybody on the Republican side that wishes to use it. Seeing
333 no hands, I yield back, Mr. Chairman.

334 The Chairman. The gentleman yields back. The chair
335 recognizes the gentlelady from Florida, Ms. Castor, for 3
336 minutes.

337 Ms. Castor. Well, thank you, Mr. Chairman, and
338 colleagues. This is a very disappointing place to start
339 because this Republican bill will eliminate health coverage
340 for millions of Americans. Plus, it takes this very radical
341 turn against our neighbors that are in nursing home care,
342 Alzheimer's patients, kids, that rely on Medicaid for their
343 health services. A large portion of this bill really is
344 focused on eliminating their care and eliminating the support

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345 to states that is vital for so many of our neighbors.

346 What is interesting with this bill, it is in stark
347 contrast to what the Democrats did a few years ago. The
348 House Republicans for about 7 years have promised to replace
349 the Affordable Care Act with something better and cheaper.
350 This bill does not do that.

351 Speaker Paul Ryan promised the American people their
352 replacement bill would go through a thorough and transparent
353 legislative process. Well, we know that is not true either.
354 This bill was released less than 48 hours ago without a
355 bipartisan Congressional Budget Office score. So we don't
356 know how much it is going to cost. Experts say it is going
357 to add to the deficit.

358 We don't know how many people are going to lose their
359 insurance and how high the uninsured rate will go up in
360 America because of this bill, because they didn't take the
361 time to wait to see what that CBO score said.

362 On the Today Show with Matt Lauer, right at the end of
363 February the Speaker said, "We are going through the
364 committee process. We are going to do this step by step. We
365 are having public hearings. We are having committees work on
366 legislation. This is how the legislative process is
367 designed. We are not hatching some bill in a back room and
368 plopping it on the American people's front door."

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369 Well, that is not true. We had members of Congress,
370 Democrat and Republican, the end of last week searching the
371 halls of the Capitol in back rooms for the bill, and they
372 wouldn't produce it until Monday night. Less than a week
373 later, the House Republicans are reneging on Speaker Ryan's
374 pledge to introduce their replacement bill.

375 Unlike the House Republicans, Democrats took the
376 Affordable Care Act through an open and transparent process.
377 Just a little reminder here, we held 79 bipartisan hearings
378 and markups on the health insurance reform. House members
379 back in the ACA days did 100 hours in hearings. We heard
380 from 181 witnesses from both sides of the aisle. We
381 considered 239 amendments, both Democratic and Republican,
382 and accepted 121 amendments.

383 The original House bill was posted online for 30 days
384 before the first committee began their markup. And then
385 there were more than 100 days before the Tri-Committees
386 formally introduced their merged bill. House Democrats
387 posted the first House bill online for the promised 72-hour
388 review.

389 This is important because this --

390 The Chairman. The gentlelady's time --

391 Ms. Castor. -- affects all Americans --

392 The Chairman. -- has expired.

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393 Ms. Castor. -- all of our neighbors. They deserve a
394 chance to weigh in, tell their stories.

395 The Chairman. The gentlelady's time has expired. The
396 chair recognizes the gentleman from Michigan, Mr. Upton, for
397 1 minute.

398 Mr. Upton. Well, thank you, Mr. Chairman. Those who
399 know me know that I have got a long record of bipartisanship,
400 especially when it comes to health care. I was proud to
401 author with Representative DeGette legislation to speed up
402 Cures that passed this committee unanimously, and it was
403 signed into law by President Obama.

404 Sadly, this same bipartisan approach was not used in
405 enacting Obamacare, and it shows. Premiums were promised to
406 go down, but they increased by more than 16 percent just last
407 year in Michigan. We passed a bill in 2013 that simply said,
408 "If you like your healthcare plan, you can keep it," on the
409 House floor. That would have helped the nearly 5 million
410 Americans who were kicked off their health plans under
411 Obamacare.

412 Most would agree that Obamacare is failing. Right now,
413 Americans need results. Our families deserve access to
414 quality health care, especially our most vulnerable and those
415 with preexisting conditions. You will hear a lot of
416 discussion today about Medicaid expansion. In Michigan, the

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417 number of folks enrolled exceeds 650,000. This bill ensures
418 that the rug is not pulled out from underneath them.

419 The American people want and deserve a better way. I
420 remain committed to working with all my colleagues to deliver
421 bipartisan healthcare reform and relief for all.

422 I yield back.

423 The Chairman. The gentleman's time has expired. The
424 chair recognizes the gentleman from Illinois, Mr. Rush.

425 Mr. Rush. I want to thank you, Mr. Chairman. Mr.
426 Chairman, I am in total opposition to this devastatingly
427 draconian and unabashedly evil bill that seems to wreak havoc
428 on the most vulnerable segment of our population, the working
429 poor.

430 First and foremost, Mr. Chairman, my opposition stems
431 from the way that this bill has been brought to us today.
432 This bill was produced in the interest of a process that our
433 constituents on both sides of the aisle have vocally and
434 vehemently opposed.

435 And I am sure everyone on this committee is aware, Mr.
436 Chairman, that just last week Speaker Ryan on the Today Show
437 stated that, "We are going through a committee process, and
438 we are having public hearings."

439 Mr. Chairman, what impact did the members of this
440 committee have into this legislation? What hearings were

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441 held that allowed us and the public to learn about the impact
442 of this bill? The answer to those questions, Mr. Chairman,
443 is absolutely none. Instead, this bill was hatched in a back
444 room, prevented from being read by all but a select few, and
445 plopped on last night's dinner table for the American people
446 to digest and to just live with.

447 This paper moon process --

448 The Chairman. The gentleman's time has expired.

449 Mr. Rush. -- has been so hush --

450 The Chairman. The gentleman's time has expired. The
451 chair recognizes the gentleman from Pennsylvania, Mr. Murphy,
452 for 1 minute.

453 Mr. Murphy. Thank you, Mr. Chairman. I appreciate that
454 we are moving forward on this. I know one of the concerns I
455 heard so consistently from my constituents was that in some
456 cases under the Affordable Care Act they could afford the
457 premiums; they couldn't afford to get sick because the
458 deductibles were so massive for them, heard that time and
459 time again, and this bill will fix that and make it
460 affordable.

461 The second thing -- I intend to offer an amendment later
462 today regarding mental health care. This committee worked
463 long, long hours to work on the Helping Families in Mental
464 Health Crisis Act, which was put into the Cures Act, Mr.

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465 Upton's Cures Act.

466 And parity is extremely important to all of us to make
467 sure that mental health coverage remains intact. And I want
468 to make sure that we do that in this bill and as we move
469 forward, because we know when states coordinate care and
470 integrate care between mental health and physical health
471 coverage that they actually provide better care, more
472 compassionate care, and lower cost care. So I will be
473 offering that later.

474 And with that, Mr. Chairman, I yield back.

475 The Chairman. We appreciate that. I now recognize my
476 friend from California, Ms. Eshoo, for 1 minute.

477 Ms. Eshoo. Thank you, Mr. Chairman. This is a very big
478 day, and this is a very important undertaking. And, Mr.
479 Chairman, you are my friend, you are my colleague, but I am
480 disappointed in this process. It really doesn't reflect the
481 way you have operated before. It hasn't been transparent.
482 We have been noticed right within -- you know, within seconds
483 of when it needs to be noticed. It is rushed. Members are
484 squeezed in terms of their comments. So this is a lousy
485 process, in plain English.

486 Now, we have heard a great deal about the advertising
487 and the rhetoric. This is going to be for everyone. It is
488 going to cost less and people are going to get more. But

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489 this doesn't pass the test of what the advertising is. This
490 bill actually reduces benefits; it increases costs.

491 The Chairman. The gentlelady's --

492 Ms. Eshoo. According to the CBO --

493 The Chairman. -- time has expired.

494 Ms. Eshoo. And this bill is not scored either. We are
495 in such a rush our colleagues don't want to know what it
496 costs, is it going to --

497 The Chairman. The gentlelady's time --

498 Ms. Eshoo. -- produce more deficits --

499 The Chairman. -- has expired.

500 Ms. Eshoo. -- and I will have more to say about it.

501 The last thing I want to say is, all of the members are
502 enrolled in Obamacare. All of us.

503 The Chairman. The gentlelady's time has expired.

504 Ms. Eshoo. And if it is good enough for us, it should
505 be good enough for our constituents.

506 The Chairman. The gentlelady's time --

507 Ms. Eshoo. Thank you.

508 The Chairman. -- has expired. The chair recognizes
509 the gentleman from Texas, Mr. Burgess, Dr. Burgess, the
510 Chairman of the Subcommittee on Health, for 1 minute.

511 Mr. Burgess. Thank you, Mr. Chairman, and I appreciate
512 the opportunity to be able to speak on what may well be the most

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513 important bill that I will have worked on in my congressional
514 career. I have devoted my professional life to health care.
515 I have devoted my time in public service to health policy.
516 It is my highest priority to improve the state of health care
517 in our nation, and to do so we must put patience first, above
518 politics, above partisanship.

519 Mr. Chairman, unfortunately, the Affordable Care Act is
520 packed with Washington mandates and federal regulations. One
521 of the biggest cost drivers is the one-size-fits-all,
522 Washington-knows-best approach, and I believe we are going to
523 go far down the road of correcting that with this legislation
524 today.

525 Again, I would remind the committee that this is about
526 people, helping people, making tough decisions. The
527 Affordable Care Act is nothing shy of a failed political and
528 social experiment that ignored the need, the desire, and the
529 will of individuals across this country. To those people I
530 simply say, "We hear you." I yield back.

531 The Chairman. The gentleman's time has expired. The
532 chair recognizes the gentleman from New York, Mr. Engel, for
533 1 minute.

534 Mr. Engel. Well, as Ronald Reagan used to say, there
535 you go again. The people that didn't like Obamacare, they
536 are going to hate this. This is going to cost them more,

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537 give them less coverage, bad for Americans, terrible for
538 seniors. People making between \$25- and \$75,000 are the ones
539 who are really going to be terribly harmed.

540 In my district, more than 100,000 people have gained
541 coverage through the Marketplace or the Medicaid expansion.
542 This will all go away.

543 You know, Republicans gave Americans less than 2 days to
544 evaluate a bill that will radically restructure the Medicaid
545 program, shift trillions of dollars onto states, forcing them
546 to ration care and rip health coverage away from 30 million
547 people. In short, the bill is a disgrace. We should have
548 been working together to repair Obamacare. Any major bill
549 that is passed like that needs to be tweaked when we see how
550 it works. It was true of Medicare, Medicaid, the civil
551 rights acts of the 1960s.

552 We could have worked together. But, instead, when we
553 get -- we removed Obamacare, which helped so many people.
554 Yes, there were problems --

555 The Chairman. The gentleman's --

556 Mr. Engel. -- with it. This doesn't fix it; it makes
557 it worse.

558 The Chairman. The gentleman's time has expired. The
559 chair recognizes the gentlelady, the Subcommittee Chair for
560 Telecommunications, Mrs. Blackburn.

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561 Mrs. Blackburn. Thank you, Mr. Chairman. And I am
562 appreciating this revision as history that is going on about
563 what was posted, what was passed, what was read, and we know
564 what caused disruption. I want to thank Mr. Barton for the
565 amendments that he will offer that will address concerns that
566 some of us have.

567 I applaud the efforts of this committee with the Patient
568 and State Stability Fund programs. This is something that
569 will give some needed flexibility to our states to allow them
570 to address the needs that their -- that our constituents,
571 their constituents, have. We know that this legislation led
572 to a law that is too expensive to afford and too expensive to
573 use, and I appreciate our efforts to get it off the books and
574 address the concerns of our constituents.

575 Yield back.

576 The Chairman. The gentlelady yields back the balance of
577 her time. The chair recognizes the gentleman from Texas, Mr.
578 Green.

579 Mr. Green. Thank you, Mr. Chairman. This bill has had
580 no public hearings, no Congressional Budget Office cost
581 estimates. It will have less healthcare coverage, more
582 uninsured, fewer protections, higher cost, and that is what
583 this bill will mean for millions of Americans.

584 It will lead to millions losing health care. People pay

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585 more for less in ration and care. This plan makes a
586 meaningful healthcare standard worse for millions of
587 Americans. Under this plan, many Americans will be pushed
588 into bad coverage that they can't afford to use, and millions
589 more will become uninsured altogether.

590 It in no way lives up to the rhetoric President Trump
591 said that the Republican plan will mean coverage for everyone
592 at much lower cost. Conservative leader Avik Roy went so far
593 as to say, "Expanding subsidies for high earners, cutting
594 health coverage off from working poor, it sounds like a left
595 wing caricature of a mustache-twirling, top-hatted,
596 Republican fat cat." I agree with him.

597 The repeal bill will not protect patients, will not save
598 money, and will not help working families. Instead, it is a
599 drastic, devastating step backward, and the only people who
600 stand to benefit are the healthy and the wealthy. And I will
601 yield back my time.

602 The Chairman. The gentleman yields back the balance of
603 his time. The chair recognizes the gentleman from Louisiana,
604 the Whip of the House, Mr. Scalise.

605 Mr. Scalise. Thank you, Mr. Chairman. I think let us
606 first be clear why we are here. Obamacare has failed the
607 American people. This is my original version of Obamacare.
608 I had just gotten on the committee in 2009, sat way down

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609 there at the very end as a freshman on this committee when
610 Obamacare came through, and we predicted when we read this
611 bill the devastation that would occur.

612 Why do you think families are experienced double-digit
613 price increases in their healthcare premiums every single
614 year because of Obamacare? It is in the bill. We said it
615 was going to happen. Families are facing over \$10,000
616 deductibles in many cases because of the unworkable mandates
617 in taxes in this bill. Families have been begging for relief
618 from this law and saying, "Just give us freedom. Let us make
619 our own healthcare choices. No unelected bureaucrat in
620 Washington should be able to tell you what you can or can't
621 buy in such an important personal decision."

622 I applaud not only the Chairman and our other colleagues
623 here in the House, I applaud President Trump for working with
624 us to bring forward a bill that is common sense, that lets
625 patients be in charge of their healthcare decisions, so we
626 can lower costs and actually put them back in charge of this
627 very personal decision. We need to pass --

628 The Chairman. The gentleman's time --

629 Mr. Scalise. -- this will and get the President to
630 sign it. I yield back.

631 The Chairman. -- has expired. The chair recognizes
632 the gentlelady from Colorado for a 1-minute opening

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633 statement.

634 Ms. DeGette. Thank you, Mr. Chairman. Mr. Chairman,
635 even though the majority has refused to send this bill a
636 score to the CBO before we mark it up, Joe Antos from the
637 American Enterprise Institute has estimated that 10 to 15
638 million people will lose their insurance because of this
639 legislation, and a number of other think tanks have said the
640 same.

641 I want to ask you a question, Mr. Chairman. Who are
642 those 10 to 15 million people? Is it Laurie Dunkley, my high
643 school classmate who finally got insurance when she was age
644 56 of the Medicaid expansion? Is it the young woman who came
645 to my listening session and said that finally, after years of
646 mental illness, she was able to get treatment and now she is
647 in graduate school and she is going to have a great job?

648 Is it your next-door neighbor? Is it your healthcare
649 provider? Who are these 10 to 15 million people who are
650 going to lose health insurance? We should sit down together,
651 just like we did on 21st Century Cures. We should come up
652 with a bill that fixes Obamacare that we could pass
653 unanimously, and then we could uphold the proud tradition of
654 this committee.

655 I yield back.

656 The Chairman. The gentlelady's time has expired. The

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657 chair recognizes the gentleman from Ohio, Mr. Latta, for
658 purposes of a 1-minute opening statement.

659 Mr. Latta. Well, thank you very much, Mr. Chairman, and
660 thanks for holding this hearing today. And I think what the
661 American people want, and what we want to get done here
662 today, is to make sure that we have a patient-centered
663 healthcare system.

664 As the gentleman, my colleague from Louisiana mentioned,
665 we have seen that over time the Obamacare has not worked.
666 And just by the numbers, 25 percent increase in premiums on
667 most Americans this past year. One-third of the counties in
668 this country only offer 1 insurer; 4.7 million Americans were
669 kicked of their healthcare plans because of Obamacare; 18
670 failed Obamacare COOPs out of 23, costing the taxpayers about
671 almost \$2 billion.

672 This does not work, Mr. Chairman. And I appreciate you
673 holding this markup today, and I yield back.

674 The Chairman. The gentleman yields back the balance of
675 his time. The chair now recognizes the gentleman from
676 Pennsylvania, Mr. Doyle, for a 1-minute opening statement.

677 Mr. Doyle. Thank you, Mr. Chairman. For 7 years, you
678 promised the American people you are going to repeal and
679 replace Obamacare. And this is what you have come up with?
680 This is a bad joke. No wonder you have been hiding this dog

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681 in a cave with an armed guard until Monday night. No wonder
682 you are not holding hearings on this bill. No wonder you are
683 rushing through this markup. No wonder you are going to try
684 to vote it in 2 weeks.

685 Today Republicans give you survival of the fittest,
686 starring health care for the healthy and wealthy. For the
687 rest of Americans, you are going to pay more money, you are
688 going to get less coverage.

689 The American Enterprise Institute, 10 to 15 million
690 people are going to lose their health care. And how do they
691 pay for this dog? Over in the Ways and Means Committee, they
692 are playing reverse Robin Hood; \$600 billion in tax cuts for
693 companies and rich people. Boy, they really are looking
694 forward to getting that money. And you pay for this bill on
695 the backs of the Medicaid expansion and Medicare recipients.
696 It is disgraceful.

697 And when people find out about this bill, you are going
698 to wish you don't go anywhere near your hometown town hall
699 meetings.

700 The Chairman. The gentleman's time has expired.

701 Mr. Doyle. You have been ducking them. And wait until
702 you go home and get a handful of this.

703 The Chairman. Time has expired. The chair recognizes
704 the gentleman from New Jersey, Mr. Lance, for 1 minute for

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705 opening statement. He yields.

706 Mr. Guthrie. Mr. Olson. Yields. Mr. McKinley. Yield.

707 Mr. Griffith. Yield. Who is after that? Mr. Bilirakis.

708 Mr. Bilirakis. Yield.

709 The Chairman. Mr. Johnson.

710 Mr. Johnson. Yield.

711 The Chairman. All right. Mr. Long. Mr. Mullin. Oh,

712 no, wait. We have got to come over here. Mr. Bucshon,

713 right? No. Mr. Flores. Mrs. Brooks.

714 Mrs. Brooks. Thank you, Mr. Chairman.

715 The Chairman. I recognize you for 1 minute for opening
716 statement.

717 Mrs. Brooks. Today's markup is the beginning of an open
718 and transparent process that will repeal Obamacare and
719 rebuild our healthcare system, so that Americans' healthcare
720 coverage works better for them. Today 45 percent of people
721 paying the penalty for not buying insurance who have
722 requested an exemption under the Obamacare individual mandate
723 are under 35 years old.

724 The individual mandate is bad policy and doesn't work.
725 I have been hearing this from my constituents for years.
726 Young, healthy people simply aren't buying insurance
727 coverage, which is driving up costs and premiums for everyone
728 who does. Our plan encourages people of all ages to enroll

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729 in a plan that is right for them and incentivizes them to
730 stay covered, making that coverage more affordable for
731 everyone.

732 While making important reforms like this one, our plan
733 also preserves important healthcare provisions -- protecting
734 coverage for people with preexisting conditions, banning
735 lifetime caps, keeping Medicare Part 2 doughnut hole, and
736 allowing young adults under the age of 26 to remain on their
737 parents' insurance plans.

738 I look forward to our colleagues working to get this
739 passed, and I yield back.

740 The Chairman. I thank the gentlelady. Now recognize
741 the gentlelady from Illinois, Ms. Schakowsky, for 1 minute
742 for an opening statement.

743 Ms. Schakowsky. As President Trump often says, bad,
744 sad.

745 [Laughter.]

746 Ms. Schakowsky. Even if we could all agree that we need
747 to make health care more affordable and accessible, this bill
748 does the opposite. You pay more and you get less. The
749 Republican repeal bill even gives huge tax breaks to the
750 rich, while taking away health coverage from millions and
751 millions of Americans, drastically increasing the costs in
752 health insurance with the biggest increases for seniors and

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753 working families.

754 It would radically change the Medicaid program, slashing
755 funding and covering fewer people. The bill will force
756 governors and state legislators to ration care. And who will
757 they want to cut, or who will they cut? Children, the
758 elderly, people with disabilities. In fact, our Republican
759 Governor, Bruce Rauner, said that our state, Illinois, "Won't
760 do very well," if the Republican repeal bill becomes law.

761 I oppose this bill because I believe that all Americans
762 deserve access to Affordable Care Act.

763 The Chairman. The gentlelady's --

764 Ms. Schakowsky. If we want to work together, let us --

765 The Chairman. -- time has expired.

766 Ms. Schakowsky. -- fix Obamacare.

767 The Chairman. The gentlelady's time has expired. The
768 chair recognizes the gentleman from Oklahoma, Mr. Mullin, for
769 1 minute.

770 Mr. Mullin. I reserve my time.

771 The Chairman. The gentleman reserves his time. The
772 chair recognizes the gentleman, Mr. Butterfield, for 1 moment
773 -- 1 minute for an opening statement.

774 Mr. Butterfield. One of the proudest days in American
775 legislative history was the enactment of the Affordable Care
776 Act. It put in place a way for every American citizen to

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777 obtain affordable healthcare coverage. The law provides
778 subsidies for those low and middle income Americans to assist
779 with the purchase of insurance and took insurance companies
780 out of the equation. It prevents insurance companies from
781 denying coverage.

782 It provided for expanding Medicaid to allow those low
783 income, childless adults to obtain coverage through the
784 Medicaid program, and we agreed to pay 90 percent of the
785 cost. You have tried and failed on more than 50 occasions to
786 repeal this law.

787 Now you have a President who is willing to join you in
788 your repeal efforts. You want to eliminate subsidies, and
789 you want to replace them simply with a \$2,000 tax credit that
790 taxpayers will receive on their taxes. Millions of Americans
791 don't have the money to pay for insurance without assistance.
792 You must know that. You have the numbers here in this House
793 to pass this legislation, but you must -- as Mr. Doyle said a
794 minute ago, you must understand the political consequences
795 when you take 20 million people and take their insurance away
796 from them.

797 The Chairman. The gentleman's time has expired. The
798 chair recognizes I guess next the gentleman from New York,
799 Mr. Collins.

800 Mr. Collins. Mr. Chairman, I reserve.

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801 The Chairman. The chair would now recognize the
802 gentlelady from California, my friend Ms. Matsui, for 1
803 minute for an opening statement.

804 Ms. Matsui. Thank you, Mr. Chairman. Six years ago, we
805 carefully crafted a plan that has provided access to care for
806 over 20 million people. Today you are taking all of that
807 away. This so-called plan will do nothing but ration care
808 and drive up costs for hardworking families across this
809 country.

810 Hundreds of people in my district have filled my town
811 halls, called my office, and written me about how they rely
812 on the ACA's benefits, people like Kate Washington, who came
813 to my town hall in Sacramento and described her husband's
814 battle with cancer. She spoke about the importance of
815 removing lifetime caps on coverage included in the ACA.

816 This is personal for Kate. It is personal for all of my
817 constituents. It is personal for me. Democrats are not
818 going to stand for this plan to slash funding for long-term
819 care, substance abuse, and preventive services; will not
820 engage in this effort to raise out-of-pocket costs for
821 seniors; reverse the progress we have made on mental health
822 reform; and put Medicare at risk.

823 We are united in our determination to stop this attempt
824 to ration care for the most vulnerable in our communities.

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825 There is so much on the line today --

826 The Chairman. The gentlelady's --

827 Ms. Matsui. -- for so many --

828 The Chairman. -- time --

829 Ms. Matsui. -- and Republicans are ignoring what is at
830 stake.

831 The Chairman. The gentlelady's time has expired. The
832 chair recognizes the gentleman from North Dakota, Mr. Cramer.

833 Mr. Cramer. I reserve.

834 The Chairman. The gentleman reserves his time. Mr.
835 Sarbanes, you are recognized for 1 moment -- 1 minute for
836 purposes of an opening statement.

837 Mr. Sarbanes. Thank you, Mr. Chairman. Make no
838 mistake, this proposal will effectively destroy the health
839 insurance exchanges, which have made a difference for
840 millions of Americans across the country. It downgrades the
841 credits that are available in the exchanges and eliminates
842 other supports that offer relief from deductibles and co-
843 pays.

844 The bottom line is the cost of purchasing health care in
845 the exchanges will go up for many people, particularly for
846 older Americans, those who are approaching Medicare but are
847 not yet eligible who are trying to get coverage. This will
848 effectively destroy the Medicaid program. It takes money

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849 away from the Medicaid program, which serves millions of
850 hardworking Americans, people with disabilities, seniors in
851 nursing homes, while giving a huge tax break to wealthy
852 Americans, pharmaceutical companies, and the health insurance
853 industry.

854 This proposal, the GOP proposal, sends us back to the
855 days where millions of people are left out of the healthcare
856 system and turn to hospital emergency rooms to get their
857 care, driving the cost of premiums up for everyone else.

858 I yield back.

859 The Chairman. The gentleman yields back the balance of
860 his time. The chair recognizes the gentlelady from
861 California, Mrs. Walters.

862 Mrs. Walters. Thank you, Mr. Chairman. As we work to
863 improve the Medicaid program, it is necessary that we
864 maintain the existing state-federal partnership. A key piece
865 of the reforms we are considering today is providing states
866 with the flexibility to administer their individual programs.
867 That includes the ability for states to innovate and
868 implement initiatives within federal Medicaid guidelines.

869 Flexibility is critical because many states have
870 implemented programs, such as California's Hospital Financing
871 Program, to supplement state Medicaid funds. It is
872 encouraging that nothing in this legislation limits that

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873 state flexibility to administer such programs.

874 Reforming the existing Medicaid program is critical.

875 Without reform, we cannot ensure quality to our most

876 vulnerable populations while safeguarding the long-term

877 solvency of this essential program. An improved state-

878 federal partnership that expands state flexibility is just

879 one of the ways we can achieve that goal.

880 I yield back the balance of my time.

881 The Chairman. The gentlelady yields back the balance of

882 her time. The chair recognizes the gentleman from

883 California, Mr. McNerney, for a 1-minute opening statement.

884 Mr. McNerney. Thank you, Mr. Chairman. This Republican

885 plan is trying to do health care on the cheap. The bottom

886 line is that if you are family living paycheck to paycheck,

887 you have a lot to be afraid of. You will either pay more for

888 less coverage or you will lose coverage altogether.

889 In the 3 counties of my district, 263,000 gained

890 coverage with the Affordable Care Act. All of them are at

891 risk. In San Joaquin County, 4,000 people's jobs will be

892 lost if the ACA is repealed like this. The Republican plan

893 enhances health savings accounts, but how does that help

894 people that live paycheck to paycheck? States will get less

895 funding for Medicaid and will throw people off coverage or

896 provide less coverage.

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897 This plan is especially hurtful to seniors with a
898 double-whammy. They will have higher premiums or tax credit
899 reductions. So why are we doing this? This is a charge of
900 the Light Brigade. Your members will get hurt, and this bill
901 has no chance of passage.

902 Mr. Chairman, withdraw this message bill, and work with
903 us to improve the Affordable Care Act. I yield back.

904 The Chairman. The gentleman's time has expired. The
905 chair recognizes the gentleman from Pennsylvania, Mr.
906 Costello, for an opening statement.

907 Mr. Costello. Reserve.

908 The Chairman. The gentleman reserves. The chair
909 recognizes the gentleman from Vermont, Mr. Welch.

910 Mr. Welch. Thank you, Mr. Chairman. You know, there
911 has been a lot of discussion about the fact that this bill
912 has just appeared yesterday and that it was being hidden.
913 Was it really being hidden from Democrats in America, or was
914 it being hidden from your freedom caucus?

915 They say that this bill is a phony repeal of Obamacare.
916 And you want to know something? They are right. Because
917 there is a lot of plagiarism in this bill. The insurance
918 reforms that all of you voted against you are now bragging
919 you are keeping. The subsidies that you say are horrible you
920 have changed from a direct subsidy that actually provided

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921 meaningful access to health care to on-the-cheap tax credits
922 that don't do the job, but that is an entitlement that you
923 say you are against.

924 The mandate, you have decried the mandate. But what you
925 have done is imposed a 30 percent penalty, and the revenues
926 don't go to the healthcare program; the revenues go to the
927 insurance companies. What is going on here?

928 The Chairman. The gentleman's time has expired. The
929 chair recognizes the gentleman from Georgia, Mr. Buddy
930 Carter, for 1 minute.

931 Mr. Carter. Thank you, Mr. Chairman. Today we are
932 taking the first step to fixing our healthcare system that is
933 failing for millions of Americans. After watching promise
934 after promise broken, it is clear that a top-down, one-size-
935 fits-all model for health care has provided us with little
936 choice in a wealth of mandates.

937 Our plan recognizes that people deserve patient-centered
938 care, not more bureaucracy. You should have the freedom and
939 the flexibility to choose the care that is best for you.
940 Insurers should compete for your business and treat you
941 fairly, no matter what. And at every step, at every step,
942 patients should be in the driver's seat.

943 We are taking steps in our plan to strengthen the
944 healthcare market by loosening Obamacare's age rating ratio,

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945 which is used to adjust premium amounts according to an
946 individual's age. This unrealistic regulation has filled
947 insurance pools with older, less healthy individuals while
948 driving younger and healthy individuals from the insurance
949 market, driving the cost of health care up for everyone.

950 As members of Congress, we have a responsibility not to
951 sit idly by but to take --

952 The Chairman. The gentleman's --

953 Mr. Carter. -- the necessary steps --

954 The Chairman. -- time --

955 Mr. Carter. -- to repair our healthcare system, and I
956 yield back, Mr. Chairman.

957 The Chairman. The gentleman's time has expired. The
958 chair recognizes the Chairman of the DCC, my friend from New
959 Mexico, Mr. Lujan.

960 Mr. Lujan. Thank you, Mr. Chairman. Today's bill
961 should be about real people, real families living check to
962 check, real parents trying to care for their sick kids, but
963 that is not the bill before us today, not even close. This
964 legislation begs 2 questions for my friends across the aisle.
965 Have they forgotten these real hardworking people, or are
966 they intentionally ignoring them? Because this bill pits
967 sick children against aging grandparents, and it turns its
968 back on families living check to check.

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969 The bill literally charges the disabled, senior
970 citizens, women, and children more, then gives tax breaks to
971 the very wealthy and to insurance companies. As Mr. Spiro
972 wrote, "It is Republicans who are rushing to jam through
973 their legislation to repeal the law in a highly secretive
974 process." Speaker Ryan said, "We are not hatching some bill
975 in a back room and plopping it on the American people's front
976 door." I will say, just check Rand Paul's Twitter feeds.

977 This is what Mr. Spiro also wrote, "Republicans are
978 making their members walk the plank with blindfolds on
979 because they have no other choice." I hope my colleagues ask
980 the tough questions that their constituents are demanding,
981 because this is the time to ask those questions. We cannot
982 go home to our people --

983 The Chairman. The gentleman's time --

984 Mr. Lujan. -- that have entrusted us without --

985 The Chairman. -- has expired.

986 Mr. Lujan. -- any answers.

987 The Chairman. The chair recognizes the gentleman from
988 North Carolina, Mr. Hudson, for 1 minute.

989 Mr. Hudson. Thank you, Mr. Chairman. Today is a great
990 day for America. Today is about Sandra from Stanley County,
991 North Carolina, whose deductible increased from \$200 a month
992 before Obamacare to over \$3,000 a month. She told me that

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993 she actually some months has to decide between going to the
994 doctor and buying groceries.

995 It is about Kevin from Cabarras County, North Carolina,
996 whose insurance premiums rose from \$110 a month to \$730 a
997 month, a 700 percent increase, with a deductible of \$7,600.
998 That means he has got to pay \$16,000 out of pocket before he
999 even accesses health care.

1000 This is about Colleen, a small business owner who
1001 started a business in her garage, now has 30 employees.
1002 After the Affordable Care Act passed, she got a letter saying
1003 her insurance company was dropping their coverage. They were
1004 saying, "No, thanks."

1005 This is about real people out there who are being hurt,
1006 and today we begin the process of bringing them relief, of
1007 putting them in control, so that they can decide what kind of
1008 health care they want and they can get it at a price that
1009 they can afford.

1010 Mr. Chairman, I look forward to working with you on
1011 this.

1012 The Chairman. The gentleman's --

1013 Mr. Hudson. It is not a perfect bill, but it is the
1014 right direction. Thank you.

1015 The Chairman. The gentleman's time has expired. I
1016 appreciate the gentleman's comments. We will now go to Mr.

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1017 Tonko for 1 minute.

1018 Mr. Tonko. Thank you, Mr. Chair. I had prepared a
1019 longer, more detailed opening statement, but in yet another
1020 breach of this committee's tradition and protocols that are
1021 quickly becoming the norm, I was informed that members would
1022 only be allowed 1 minute to speak. This is clearly an
1023 attempt to silence us. Our voices, and the voices of the
1024 American people, however, will not be silenced.

1025 With the brief time that I do have, let me just say that
1026 the Republican repeal plan before us is a tax cut bill
1027 dressed up as a healthcare bill. Nothing in this bill will
1028 lower out-of-pocket healthcare costs for families or address
1029 outrageous prescription drug prices. Nothing in this bill
1030 will make Americans healthier or more financially secure.

1031 Most egregiously, this bill will rip health care away
1032 from millions of currently insured Americans in a cynical
1033 ploy to deliver tax cuts to the super rich.

1034 I oppose this bill, and I will fight it with every fiber
1035 of my being and with all of the energy I have because, unlike
1036 some of my colleagues on the other side of the aisle, I did
1037 not get elected to take health care away from my
1038 constituents.

1039 The Chairman. The gentleman's time has expired.

1040 Mr. Tonko. I yield back.

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1041 The Chairman. The chair recognizes the gentlelady, Ms.
1042 Clarke, for a minute for opening statement.

1043 Ms. Clarke. Mr. Chairman, I reserve.

1044 The Chairman. The gentlelady reserves. The chair
1045 recognizes the gentleman from Iowa for an opening statement.

1046 Mr. Loeb sack. Mr. Chair, I reserve.

1047 The Chairman. The Chairman recognizes the gentleman
1048 from Oregon, Mr. Schrader, for an opening statement.

1049 Mr. Schrader. Reserve also.

1050 The Chairman. The gentleman recognizes Mr. Kennedy.
1051 Reserves. Where do we go next? The gentleman from
1052 California I guess is next -- I am just trying to figure out
1053 the flow here -- is recognized for 1 minute.

1054 Mr. Cardenas. Mr. Chairman, I reserve.

1055 The Chairman. Reserves. I recognize the gentleman, the
1056 other gentleman, another gentleman from California, Mr. Ruiz.

1057 Mr. Ruiz. Thank you, Mr. Chairman. I became a doctor
1058 to help struggling families get the care they need when they
1059 need it most. Healthcare providers like me want nothing more
1060 than for patients to have adequate health coverage so they
1061 can have the access to care that they need -- preventative,
1062 primary, follow-up services, you name it.

1063 But just because coverage is offered, if people can't
1064 afford it, what good will it do? Affordability equals

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1065 access. In my years in medicine, I have never met a patient
1066 who didn't have coverage because they didn't want it. They
1067 didn't have coverage because they couldn't afford it, so I am
1068 deeply concerned that this bill make premiums and other
1069 healthcare costs unaffordable for working families and
1070 seniors, and they will lose their insurance and care.

1071 At a time when far too many Americans are living
1072 paycheck to paycheck, this bill will impose harsh penalties,
1073 call it a sick tax, for patients for an entire year if, for
1074 no fault of their own, lost their job and lost their
1075 insurance. It will drastically increase premiums for seniors
1076 because they will have to pay 5 times more coverage than
1077 young adults.

1078 This bill is unacceptable. This will make health care
1079 more costly for families, for seniors, and they will get --

1080 The Chairman. The gentleman's --

1081 Mr. Ruiz. -- less in return.

1082 The Chairman. -- time has expired. The chair would
1083 recognize the gentleman from Mississippi, Mr. Harper, for 1
1084 minute for an opening statement.

1085 Mr. Harper. Reserve.

1086 The Chairman. The gentleman reserves. Who is next on
1087 your side? Mr. Peters, for an opening statement.

1088 Mr. Peters. Thank you, Mr. Chairman. I wasn't here for

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1089 the fight over Obamacare, but I came to this committee this
1090 year antsy to be part of a constructive effort to continue to
1091 improve the healthcare system. And there are a lot of great
1092 things in the Affordable Care Act, which apparently the
1093 majority agrees, because they are trying to preserve or
1094 recreate many of them.

1095 In some places like my district where so many get
1096 insurance through their employer or through the Covered
1097 California exchange, it is working pretty well. And, in
1098 fact, in my district, the uninsured rate has dropped from 9.4
1099 percent to 5.4 percent since the ACA was passed.

1100 But we know that in other markets they are lacking
1101 competition and consumers are faced with fewer options. And
1102 I acknowledge that these are challenges that need to be
1103 addressed, but I also recognize that clearly there is no
1104 interest from the majority in a bipartisan solution to fix
1105 them.

1106 Instead, we have a proposal that would damage these
1107 markets even further and shift more costs onto working
1108 families. The majority gave up on getting any of our votes
1109 before they even began writing their bill, and that is a
1110 shame because we can do better. We have to do better. And I
1111 hope whether this bill dies on the floor of the House or the
1112 door to the Senate that we will do better than this.

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1113 The Chairman. The gentleman's time has expired. Are
1114 there any members on the majority side that would like to see
1115 recognition? Seeing none, the chair recognizes now the
1116 gentlelady from Michigan, Mrs. Dingell, for 1 minute for an
1117 opening statement.

1118 Mrs. Dingell. Thank you, Mr. Chairman. I have nothing
1119 but respect for my colleagues on the other side, but,
1120 respectfully, have huge differences today. Our job is to
1121 represent the working men and women and their families of our
1122 district, and to fight to protect them. As has been said
1123 several times, pure and simply, this bill is less coverage,
1124 fewer protections, and higher costs.

1125 I wasn't in Congress when we passed the Affordable Care
1126 Act, but I know someone who was intimately involved in the
1127 process. In fact, we are in a room that bears his name.
1128 This was his life's work, and I can tell you that on behalf
1129 of John Dingell, President Ted Kennedy -- or Ted Kennedy,
1130 should have been, President Franklin Delano Roosevelt, and
1131 the generations of other leaders who fought for the right of
1132 every American for quality, affordable health care, we cannot
1133 let you take health care away from people who need it most,
1134 and we will not go down without a fight.

1135 I yield back the rest of my time.

1136 The Chairman. The gentlelady yields back the balance of

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1137 her time. Are there any members on the majority side seeking
1138 recognition? Seeing none, any on the Democratic side seeking
1139 recognition for an opening statement? Seeing -- is that a
1140 yes now? Okay. The gentleman from Iowa, Mr. Loeb sack.

1141 Mr. Loeb sack. Thank you, Mr. Chair. Today we are
1142 considering a bill that will rip quality care from Iowans.
1143 This legislation works to repeal the Affordable Care Act,
1144 which has helped Iowans get back on their feet and has
1145 provided quality health care to thousands of Iowa families.

1146 Under the Affordable Care Act, 255,000 uninsured Iowans
1147 gained expanded health insurance options, both through
1148 Medicaid and private health plans within the marketplace.
1149 Additionally, hundreds of thousands of Iowans have gained
1150 coverage for affordable preventative healthcare services.

1151 Rather than improving our nation's health care, today's
1152 legislation would move us backwards, stripping Iowans of
1153 important healthcare services and covering fewer people at
1154 higher costs. Since the debate about how to improve our
1155 nation's healthcare system began, my number 1 priority has
1156 been to ensure all Iowans and Americans have access to
1157 quality, affordable care.

1158 This legislation undermines that goal. Make no mistake
1159 about it. Today the health care of my constituents, Iowans,
1160 and Americans is at risk, and that is something that I will

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1161 not stand for, and I yield back.

1162 The Chairman. The gentleman yields back. Okay. Let us
1163 go through the list here. Ms. Clarke for 1 minute for
1164 opening statement.

1165 Ms. Clarke. Thank you, Mr. Chairman. I am against the
1166 sham reverse Robin Hood, take from the poor, give to the
1167 rich, American Healthcare Act. The Republicans would like to
1168 paint a rosy utopian picture of life prior to the Affordable
1169 Care Act. That is fake news, as Donald Trump would say.

1170 Well, let me remind you of how it really was prior to
1171 the Affordable Care Act. Prior to the ACA, in the United
1172 States, one of the wealthiest nations in the world, we had
1173 nearly 47 million Americans who lacked health insurance.
1174 Additionally, a study by the Department of Health and Human
1175 Services found that 17.1 million Americans under the age of
1176 65 were underinsured, of which 9.3 million had employer-based
1177 insurance.

1178 Tragically, people in these situations often had to go
1179 without vital health care simply because they couldn't afford
1180 it. However, after the passage of ACA, only 8.6 percent of
1181 Americans, about 27.3 million people, are uninsured, the
1182 first time in history that the nation's uninsured rate fell
1183 below 9 percent.

1184 The American Healthcare Act puts all of these positive

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1185 gains at risk. We can't afford to go back to pre-ACA days.
1186 Health care is a fundamental human right and not a commodity,
1187 not an iPhone, as the Republicans are treating it, highly
1188 reckless and extremely irresponsible. We have a
1189 responsibility to our seniors --

1190 The Chairman. The gentlelady's time has expired.

1191 Ms. Clarke. And I yield back, Mr. Chairman.

1192 The Chairman. Other members seeking recognition? Mr.
1193 Schrader for 1 minute.

1194 Mr. Schrader. Thank you, Mr. Chairman. The Affordable
1195 Care Act is responsible for 20 million Americans getting
1196 health care and hundreds of thousands of Oregonians. It has
1197 begun to bend the cost curve in healthcare spending, putting
1198 us on a path to sustainability and reducing our deficit, and
1199 making sure the Medicare Trust Fund is solvent for many years
1200 to come.

1201 I am disappointed to be here today as the Republicans
1202 try and repeal this great act. We are marking the bill up
1203 without any input from the Congressional Budget Office, risk
1204 falling back on the progress we have made to reduce the
1205 deficit and ensure seniors, children, and disabled have
1206 access to health care.

1207 The bill we are considering also rolls back a lot of the
1208 progress we have made in my home state of Oregon, to bring

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1209 down costs and improve outcomes without cutting
1210 reimbursement. Perhaps worst of all, the bill in front of us
1211 today rolled back a lot of successes we have had while
1212 failing to fix the problems that need help. Rather than
1213 reduce premiums, it has the potential to increase them as
1214 much as 30 percent. We need to do better.

1215 The Chairman. The gentleman's time has expired. Any
1216 members on the Republican side seeking recognition? Seeing
1217 none, the chair recognizes the gentleman, Mr. Kennedy.

1218 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, I
1219 was struck last night by a comment that I heard made by
1220 Speaker Ryan where he called this repeal bill "an act of
1221 mercy." With all due respect our Speaker, he and I must have
1222 read different scripture. The one that I read calls on us to
1223 feed the hungry, to clothe the naked, to shelter the
1224 homeless, and to comfort the sick. It reminds us that we are
1225 judged not by how we treat the powerful but by how we care
1226 for the least among us.

1227 Mercy, defined in purely secular terms, compassionate
1228 treatment for those in distress. It is kindness, and it is
1229 grace. There is no mercy in a system that makes health care
1230 a luxury. There is no mercy in a country that turns their
1231 back on those most in need of protection -- the elderly, the
1232 poor, the sick, and the suffering.

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1233 There is no mercy in a cold shoulder to the mentally
1234 ill. There is no mercy in a policy that takes for granted
1235 the sweat, the tears, and the sacrifice of working Americans
1236 that they shed every day, so that they might care for their
1237 families' basic needs -- good, shelter, health, and hope for
1238 tomorrow. There is no mercy --

1239 The Chairman. The gentleman's time --

1240 Mr. Kennedy. -- for the 2.6 million --

1241 The Chairman. -- has expired.

1242 Mr. Kennedy. -- people who will lose their job if
1243 Obamacare is repealed. This is not an act of mercy.

1244 The Chairman. The chair now recognizes --

1245 Mr. Kennedy. It is an act of malice.

1246 The Chairman. -- the gentlelady from Washington State,
1247 the Conference Chairman for the Republicans, Mrs. Cathy
1248 McMorris Rodgers, for 1 minute for an opening statement.

1249 Mrs. McMorris Rodgers. Thank you, Mr. Chairman. We are
1250 on a rescue mission. Obamacare, though well-intentioned, has
1251 failed. It has failed in its goals, and it has failed in its
1252 promises.

1253 People in eastern Washington are paying more and more
1254 for health care. Millions of Americans have lost their
1255 health care plans. Millions of Americans can no longer
1256 access the doctor of their choice. Medicaid, a very

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1257 important safety net, is plagued with access problems, poor
1258 quality of health, unsustainable funding, and this has been
1259 going on for years.

1260 And yet Obamacare forced about 50 percent of the newly
1261 insured people into Medicaid nationwide. It was over 80
1262 percent in Washington State. This jeopardizes this important
1263 safety net for the people who need it more -- the most -- the
1264 poor, the elderly, children, people with disabilities.

1265 I recognize many individuals with disabilities rely on
1266 Medicaid for their health care, and I am committed to
1267 ensuring that they have access to care at home and in the
1268 community moving forward. Everyone should have access to
1269 quality, affordable healthcare coverage, and that is why we
1270 are moving forward with a plan that protects individuals with
1271 preexisting conditions, responsibly unwinds the Medicaid
1272 expansion, and helps Americans afford health insurance
1273 through --

1274 The Chairman. The gentlelady's --

1275 Mrs. McMorris Rodgers. -- advanceable tax credits.

1276 The Chairman. -- time has expired. Are there other
1277 members seeking recognition? The gentleman from California
1278 is recognized for 1 minute for purposes of an opening
1279 statement.

1280 Mr. Cardenas. Thank you very much, Mr. Chairman.

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1281 Ladies and gentlemen, the Republicans are cheating
1282 hardworking Americans. Their plan will force middle class
1283 families to pay more for less. It takes away healthcare
1284 protections to up to 129 million Americans with preexisting
1285 conditions, and it means seniors will pay up to \$2- to \$3,000
1286 more every year.

1287 What is more, this bill lines the pockets of insurance
1288 companies. If you have any lapse in coverage, insurance
1289 companies have to charge you up to 30 percent more for the
1290 care that you used to get. To add insult to injury, this
1291 bill gives a tax break to CEOs of those insurance companies.
1292 That is what I call the "keep quiet" clause.

1293 Middle class families get screwed under this bill. We
1294 know that this bill will raise our national deficit and hurt
1295 our economy, but we can't tell you exactly by how much
1296 because the Congressional Budget Office hasn't had the
1297 opportunity to give us that score.

1298 Myself and the rest of the members of the committee,
1299 your elected representatives, were not allowed to see the
1300 bill until 2 days ago. When the Affordable Care Act was
1301 passed in 2010, the House alone had 79 public hearings. The
1302 bottom line is this: the Republican plan is doing all that
1303 it can to kick you to the curb and take away your health
1304 care.

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1305 I yield back.

1306 The Chairman. With that, the gentleman's time has
1307 expired. Are there other members seeking recognition who
1308 have not been recognized? At that point, then --

1309 Mr. Pallone. Mr. Chairman?

1310 The Chairman. -- the chair calls up the committee
1311 print.

1312 Mr. Pallone. Mr. Chairman?

1313 The Chairman. I will get to you in just a second. The
1314 chair calls up the committee print and asks the clerk to
1315 report.

1316 Mr. Pallone. Mr. Chairman, I would like to --

1317 The Chairman. The chair calls up the committee print --
1318 just a moment; I will get to you -- and asks the committee
1319 print -- the clerk to report.

1320 The Clerk. Committee print, budget reconciliation --

1321 Mr. Pallone. Mr. Chairman?

1322 The Clerk. -- and legislative recommendations relating
1323 to repeal and replace of the Patient Protection and
1324 Affordable Care Act.

1325 [The committee print follows:]

1326

1327 *****COMMITTEE INSERT 1*****

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1328 The Chairman. Without objection, the first reading of
1329 the committee print is dispensed with, and the committee will
1330 print -- the print will be open for amendment at any point.
1331 So ordered.

1332 With that, I would recognize the gentleman from New
1333 Jersey.

1334 Mr. Pallone. Okay. Mr. Chairman, I would like to enter
1335 into some parliamentary inquiries about the process today. I
1336 think it will make it easier for us if we -- if you can
1337 answer certain questions pursuant to a colloquy with me.

1338 The Chairman. I am happy to have that discussion.

1339 Mr. Pallone. First of all, with regard to the schedule,
1340 should we be prepared to work late into evening each markup
1341 day, or do you plan to complete debate at a certain time and
1342 then move to the next --

1343 The Chairman. It appears, based on the fact there are
1344 no amendments available for consideration, that we should be
1345 done fairly soon.

1346 Mr. Pallone. And what does that mean? What are you
1347 referencing now, there are no --

1348 The Chairman. Well, I don't -- no amendments have been
1349 filed or shared with the --

1350 Mr. Pallone. We have many amendments, Mr. Chairman.

1351 The Chairman. None of them --

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1352 Ms. DeGette. Mr. Chairman?

1353 The Chairman. Just a moment, please. None of them --
1354 we are in a colloquy here. We have received no amendments.
1355 None have been filed. We look forward to seeing your
1356 amendments.

1357 Mr. Pallone. Mr. Chairman, I don't understand what you
1358 are talking about. There are numerous amendments on behalf
1359 of the Democrats and the minority.

1360 The Chairman. We have no amendments at the table. No
1361 amendments have been filed. It is hard for me to consider
1362 how long we are going to be here until we know what your
1363 amendments are.

1364 Mr. Pallone. Okay. If that is not --

1365 The Chairman. Can you tell me -- let me ask you a
1366 question. How many amendments do you plan to offer?

1367 Mr. Pallone. I think we have about 100 amendments.

1368 The Chairman. One hundred amendments. We have not seen
1369 any of them.

1370 Mr. Pallone. Well, we will certainly --

1371 The Chairman. When can we anticipate seeing these
1372 amendments?

1373 Mr. Pallone. -- provide you with those amendments.

1374 The Chairman. When will we see those?

1375 Mr. Pallone. My understanding is that they are

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1376 available.

1377 The Chairman. They are available now? We have not --

1378 Mr. Pallone. They will be provided within the customary
1379 2-hour limit.

1380 The Chairman. All right. Well, we are kind of there
1381 with the bill.

1382 Mr. Pallone. Well, I don't think so. But anyway,
1383 obviously, you are not going to answer --

1384 The Chairman. Actually, the bill is before --

1385 Mr. Pallone. -- you are not going to answer the
1386 questions about the schedule. I am trying to get some handle
1387 here. If you just want to be -- you know, try to jam this
1388 thing through and not talk about the schedule, that is fine.
1389 I can play that game, too. No questions, no answers about
1390 the schedule, correct?

1391 The Chairman. No, that is not what I --

1392 Mr. Pallone. Well, I simply asked a question.

1393 The Chairman. Gentleman, please suspend. I can't
1394 comment on how long we are going to be here until I know how
1395 many amendments we are going to consider.

1396 Mr. Pallone. All right. Then let us --

1397 The Chairman. You have told me now for the first time
1398 you may have 100 amendments. That tells us we are going to
1399 be here long -- I don't know how long people are going to

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1400 debate those amendments.

1401 Mr. Pallone. Let us go to the next --

1402 The Chairman. Let me finish. I am happy to give you
1403 guidance once I know what you are planning in.

1404 Mr. Barton. Parliamentary inquiry, Mr. Chairman.

1405 The Chairman. The gentleman from Texas is recognized
1406 for a parliamentary inquiry.

1407 Mr. Barton. Is it not the rule of the committee that
1408 amendments have to be made available 2 hours before the
1409 markup begins?

1410 Mr. Pallone. Two hours before the --

1411 The Chairman. It is the --

1412 Mr. Pallone. -- amendments are considered.

1413 The Chairman. If I could -- since I actually have the
1414 gavel -- it is the policy of the committee that they be
1415 considered 2 hours in advance. That has been the tradition
1416 of the committee. As you know as the Chairman -- I believe
1417 Mr. Upton knows -- generally, to be able to give more
1418 thoughtful consideration, the sooner they are filed the
1419 better, so our staffs can review them, members can review
1420 them. So --

1421 Mr. Barton. Okay. Further parliamentary inquiry.

1422 The Chairman. The gentleman is recognized for
1423 parliamentary inquiry.

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1424 Mr. Barton. It is the policy of the committee that
1425 amendments be made in order -- be made available 2 hours
1426 before the markup begins. And since this markup began at
1427 approximately 10:30, should not those amendments that the
1428 minority wishes to offer have been already made available in
1429 order to be considered?

1430 Mr. Pallone. My understanding is --

1431 The Chairman. If I could answer.

1432 Mr. Pallone. -- it is 2 hours before the amendment --

1433 The Chairman. If the gentleman --

1434 Mr. Pallone. -- is considered.

1435 The Chairman. If the gentleman would suspend, it is the
1436 normal policy that they would be provided ahead of time, 2
1437 hours in advance. That makes it all work better for all
1438 members on both sides to be able to look at amendments.

1439 We look forward to the minority placing their amendments
1440 in front of us and filing. But it is pretty hard for me to
1441 figure out how long we are going to be here until I know how
1442 many amendments we are going to have here.

1443 Mr. Pallone. All right. Let us move on.

1444 Ms. DeGette. Mr. Chairman, I have a parliamentary --

1445 The Chairman. Other --

1446 Ms. DeGette. -- inquiry.

1447 Mr. Barton. Another parliamentary inquiry.

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1448 The Chairman. The gentleman is recognized for a
1449 parliamentary inquiry.

1450 Mr. Barton. Now that we have established that the
1451 amendment should be made available 2 hours before the markup
1452 --

1453 Mr. Pallone. Two hours before the --

1454 Mr. Barton. -- and they have not --

1455 The Chairman. Would the gentleman suspend?

1456 Mr. Barton. -- they have not been made available, at
1457 what point does the Chairman intend --

1458 Mr. Pallone. Mr. Chairman?

1459 Mr. Barton. -- to begin regular order and consider --

1460 Mr. Pallone. There is no regular order here. Regular
1461 order ended when you didn't have a subcommittee hearing --

1462 The Chairman. All right.

1463 Mr. Pallone. -- before the markup.

1464 The Chairman. All right. We are going to move on.

1465 Mr. Pallone. There is no regular order.

1466 Mr. Barton. With respect --

1467 Mr. Rush. Mr. Chairman?

1468 Mr. Barton. -- if the minority has --

1469 The Chairman. The gentleman will suspend.

1470 Mr. Rush. Mr. Chairman?

1471 The Chairman. The gentleman will suspend. Please,

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1472 please, please. The gentleman will suspend. We look forward
1473 to getting your amendments and moving through on regular
1474 order.

1475 Now, I would recognize the gentleman from New Jersey.
1476 Do you have another question?

1477 Mr. Pallone. Yes, I do. My understanding, based on
1478 what you told us before the committee markup, was that
1479 amendments on any section were going to be in order at any
1480 time. Now I am told that there is -- now you want to move to
1481 a process where we go section by section. That is not what
1482 we were told beforehand, and I intend to proceed with having
1483 amendments open at any time on any section rather than moving
1484 section by section.

1485 So let me ask again: is that the case? My
1486 understanding was beforehand that you are not going to move
1487 section by section.

1488 The Chairman. Well, that is not -- what we shared with
1489 your staff yesterday was our preference to follow the same
1490 procedures that have been followed before, including by Mr.
1491 Waxman, former chairman of this committee, to go -- and
1492 during the ACA markup to go subtitle by subtitle. It is
1493 still open for amendment at any time.

1494 If you don't want to proceed that way, that -- we will
1495 recognize the amendments. It just makes it a more thoughtful

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1496 approach to go subtitle by subtitle. It is easier on both
1497 staffs to work through the amendments. If it is a Medicaid
1498 amendment, we are happy to go through the amendments. We
1499 will be here until we finish the amendments.

1500 This was simply a way to make it more organized for the
1501 committee members and for our staff to be able to work
1502 through them, especially since we still don't have your 100
1503 amendments.

1504 Mr. Pallone. Well, Mr. Chairman, I was told that your
1505 staff indicated to us that we were going to be open to
1506 amendment on any section at any time; we were not moving
1507 section by section. Regardless of that, we do not --
1508 regardless of that, we do not intend to move section by
1509 section. We are going to offer amendments on any topic as we
1510 proceed --

1511 The Chairman. All right.

1512 Mr. Pallone. -- not section by section.

1513 The Chairman. Then we will move on. The chair
1514 recognizes himself for purposes of offering an amendment.

1515 Mr. Pallone. I have some additional questions, which I
1516 think would make things go easier, again --

1517 The Chairman. Really.

1518 Mr. Pallone. -- if we could go through them. Yes.

1519 Now, you --

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1520 The Chairman. We look forward to that.

1521 Mr. Pallone. Okay. Mr. Chairman, about rolling of
1522 votes, you know that when we had our initial organizing
1523 meeting, I was very much opposed to the idea of rolling
1524 votes. You expressed the fact that you were not going to try
1525 to roll votes in most circumstances. Today, in particular,
1526 because we have such an important bill, because we are all
1527 here and we are going to debate amendments as we go along, I
1528 see no reason to roll votes.

1529 So I would ask that we not move to a process of rolling
1530 the votes, but, rather, proceed amendment by amendment with a
1531 discussion, and not roll votes because it is important that
1532 members be here for the entire debate. So I ask you that
1533 question. I would ask that we not roll votes.

1534 The Chairman. Well, it always resides with the chair to
1535 make that decision. But as I have said, I will consult with
1536 you on those matters for the convenience of members, but we
1537 intend to move forward amendment by amendment, vote by vote.

1538 Mr. Pallone. All right. I appreciate that. Now, my
1539 last question is about the actual vehicle before us. My
1540 question is, is what we are considering today a bill, a
1541 committee draft? What exactly is it that we are considering?

1542 The Chairman. It is a committee print.

1543 Mr. Pallone. Okay. So does that mean that, in terms of

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1544 the procedural pathway, that once this committee print has
1545 been amended and the markup proceeding has concluded, will
1546 that then be reintroduced in some form as a bill? Will it be
1547 introduced as a bill once we finish? Will it be reported out
1548 of our committee?

1549 The Chairman. As the gentleman probably knows, what we
1550 do here is forward it up to the Budget Committee. This is
1551 the reconciliation process. I know in the past, under the
1552 Democrats, this process was skipped at some point, and
1553 everything just was done up at Budget Committee.

1554 We are actually going through regular order to take
1555 amendments, to go through a committee print, and then we will
1556 submit our products to the Budget Committee.

1557 Mr. Pallone. All right.

1558 The Chairman. From there it goes to the Rules
1559 Committee, and the Rules Committee will report a bill to the
1560 floor.

1561 Mr. Pallone. All right. So let me go back to that
1562 again. What you are saying is because of a reconciliation
1563 process, and alleged regular order -- again, I would point
1564 out that we are not doing regular order because we didn't
1565 have a hearing and a subcommittee markup.

1566 But if you are saying that this is going -- that this is
1567 the reconciliation process, I don't understand how you can

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1568 make that statement because the fact of the matter is that
1569 much of what is in this committee print is not in the nature
1570 of reconciliation. I mean, it is -- a lot of this is what we
1571 call convertible, which means it would have to be
1572 significantly changed before the Senate could take it up as a
1573 --

1574 The Chairman. If the gentleman will yield --

1575 Mr. Pallone. -- reconciliation bill.

1576 The Chairman. -- questions of Senate are of the
1577 Senate's decision-making, not ours. We are not bound by the
1578 rules of the Senate. We are the United States House of
1579 Representatives. We are the Energy and Commerce Committee.
1580 We will do our job in regular order, as we have, under our
1581 rules with due consideration.

1582 Mr. Pallone. All right. So what you are saying, then,
1583 is that even though this is a committee print, and not a
1584 bill, and, therefore, is going to go through the
1585 reconciliation process, you have gone beyond the
1586 reconciliation process in terms of the subject matter, you
1587 know, going into things that are not -- could not be part of
1588 the reconciliation process --

1589 The Chairman. That is not the case.

1590 Mr. Pallone. -- in the Senate.

1591 The Chairman. That is not the case. I am not saying

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1592 that. I don't believe that to be the case.

1593 Mr. Pallone. No, I understand. But, Mr. Chairman --

1594 The Chairman. If you will let me finish.

1595 Mr. Pallone. Yes.

1596 The Chairman. I am not saying that. I don't believe
1597 that to be the case. This was in our procedures of
1598 reconciliation. As I say, the Senate has different
1599 procedures. We don't even have the option to have the Senate
1600 parliamentarians come tell us what we want. And, by the way,
1601 I don't want the Senate parliamentarians telling us what we
1602 can or cannot do.

1603 Now, if we can proceed.

1604 Mr. Pallone. Well, let me just ask one more question.

1605 The Chairman. This was your last question.

1606 Mr. Pallone. Well, except that you made the point that
1607 made me think about one other problem here. Why -- why, if
1608 you are going through the reconciliation process, or if you
1609 are going to go beyond it in terms of the Senate -- I know
1610 you are not worried about the Senate; I don't quite
1611 understand that -- why is it that we are going through this
1612 procedure as opposed to just doing a regular bill? It would
1613 seem to me that --

1614 The Chairman. Because this is the reconciliation
1615 process. This is open to us. We have instructions to the

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1616 Budget Committee.

1617 So I appreciate the gentleman. We are going to move
1618 forward. The chair recognizes --

1619 Mr. Pallone. Mr. Chairman, we have a question from the
1620 gentleman from New Mexico.

1621 The Chairman. Excuse me. If you would suspend, we are
1622 going to move forward with the regular order. The chair
1623 recognizes -- the chair has not recognized anyone.

1624 Mr. Pallone. Mr. Chairman, I have a motion. I have a
1625 motion before we go through the amendment process.

1626 The Chairman. No, that is not how this is going to
1627 work. The chair recognizes --

1628 Mr. Pallone. Well, Mr. Chairman, I have --

1629 The Chairman. -- himself for the purposes of --

1630 Mr. Pallone. -- a motion.

1631 The Chairman. -- offering an amendment in the nature
1632 of a substitute.

1633 Mr. Pallone. Mr. Chairman, I have a --

1634 The Chairman. The clerk will report the --

1635 Mr. Pallone. -- parliamentary inquiry.

1636 The Chairman. The clerk will report the amendment.

1637 Mr. Pallone. No. Mr. Chairman, a parliamentary
1638 inquiry.

1639 The Clerk. Amendment to the committee print offered --

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1640 The Chairman. The gentleman will suspend. The clerk
1641 will report the amendment.
1642 Mr. Pallone. Parliamentary inquiry, Mr. Chairman.
1643 The Clerk. Amendment to the committee print offered by
1644 --
1645 Mr. Pallone. So you are not going to recognize me for a
1646 parliamentary inquiry, Mr. Chairman.
1647 The Clerk. -- Title I, Energy and Commerce, Subtitle A
1648 --
1649 Mr. Pallone. I have a parliamentary inquiry --
1650 The Clerk. -- patient access to public --
1651 Mr. Pallone. -- Mr. Chairman.
1652 The Clerk. -- and health programs.
1653 [The amendment offered by Mr. Walden follows:]
1654
1655 *****COMMITTEE INSERT 2*****

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1656 Mr. Pallone. Mr. Chairman?

1657 The Chairman. I ask unanimous --

1658 The Clerk. Section 101 --

1659 The Chairman. -- consent to suspend the -- without
1660 objection, the reading of the amendment is suspended with.

1661 Mr. Pallone. Mr. Chairman, I am not -- I am simply
1662 asking for recognition with regard to a parliamentary
1663 inquiry. If you are not going to recognize that, I don't
1664 know how you are going to proceed.

1665 The Chairman. Mr. Pallone, I didn't say I wouldn't
1666 recognize you. I am trying to follow regular order. We were
1667 trying to dispense with that. Then I will recognize you now
1668 for your parliamentary inquiry.

1669 Mr. Lujan. Mr. Chairman, I objected to the suspension
1670 that you were just going through, and that was the subject of
1671 my parliamentary inquiry. So I object to proceeding forward
1672 --

1673 The Chairman. So you are asking -- which one of you
1674 wants to go first with your parliamentary inquiry?

1675 Mr. Pallone. All right. Mr. Chairman, let me ask a
1676 parliamentary inquiry. What is it that you just tried to do
1677 there with the clerk in terms of suspension?

1678 The Chairman. We are on the -- this is -- I am
1679 surprised you don't know this. This is an amendment in the

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1680 nature of a substitute.

1681 Mr. Pallone. All right. Before we get to the amendment
1682 in the nature of a substitute, I have a parliamentary --

1683 The Chairman. We are actually -- if I could correct
1684 you, we are actually on the amendment in the nature of a
1685 substitute.

1686 Mr. Lujan. I objected though, Mr. Chairman.

1687 The Chairman. All right. Well, then, let us -- go
1688 ahead.

1689 Mr. Barton. He was not recognized, Mr. Chairman.

1690 Mr. Lujan. We don't have to be recognized to object,
1691 Mr. Chairman.

1692 Mr. Barton. The Chairman --

1693 The Chairman. You do have to be --

1694 Mr. Barton. The Chairman has --

1695 The Chairman. The gentlemen --

1696 Mr. Barton. -- the power of recognition.

1697 The Chairman. The gentlemen will all -- we will get
1698 through this. Let us just all settle down here. So what is
1699 your parliamentary inquiry?

1700 Mr. Pallone. My parliamentary inquiry is as such. And,
1701 first of all, let me say this, Mr. Chairman.

1702 The Chairman. You must state your parliamentary
1703 inquiry.

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1704 Mr. Pallone. You have stated over and over again, from
1705 the very first day when we began the organization of this
1706 committee --

1707 The Chairman. Does the gentleman have a parliamentary
1708 inquiry?

1709 Mr. Pallone. Yes. I would like to propose a motion to
1710 postpone the markup for 30 days.

1711 The Chairman. That is not a -- you are --

1712 Mr. Pallone. Well, the point is --

1713 The Chairman. The gentleman will suspend. I recognized
1714 you for a parliamentary inquiry.

1715 Mr. Pallone. The problem that I --

1716 The Chairman. What is your inquiry?

1717 Mr. Pallone. My concern here, Mr. Chairman --

1718 The Chairman. What is your inquiry, please?

1719 Mr. Pallone. My inquiry is, why is it that after
1720 repeatedly saying for the last few months --

1721 The Chairman. Please state your inquiry.

1722 Mr. Pallone. My inquiry is, again, if I can state it,
1723 if you will let me state it, is that after the last 2 months
1724 of repeatedly saying we were going to use regular order, that
1725 we were not going to try to jam things down, the members --

1726 The Chairman. Does the gentleman have a parliamentary
1727 inquiry?

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1728 Mr. Pallone. Now you are proceeding to do exactly that.

1729 Okay?

1730 The Chairman. So what is your inquiry?

1731 Mr. Pallone. I said to you that I would like to make a

1732 motion to postpone the markup for 30 days. I don't

1733 understand why that is not in order at this time. It should

1734 be in order.

1735 The Chairman. Do you have a motion at the desk?

1736 Mr. Pallone. Yes. The motion is to postpone the markup

1737 for 30 days. It is motion number 1.

1738 Mr. Barton. I move to table the motion, if it really is

1739 a motion.

1740 The Chairman. Do we have it? Where is it? Can your

1741 staff provide it for us?

1742 Mr. Pallone. Yes.

1743 The Chairman. When did we receive it? You don't know.

1744 The Clerk. We received the motion 3 minutes ago.

1745 The Chairman. Okay.

1746 Mr. Barton. Don't we have to consider it for 2 hours

1747 before you --

1748 The Chairman. No, not on a motion.

1749 The Clerk. Motion to postpone markup for 30 days,

1750 offered by Rep. Pallone.

1751 [The motion follows:]

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1752

1753

*****COMMITTEE INSERT 3*****

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1754 Mr. Barton. I do move to table the motion, Mr.

1755 Chairman.

1756 The Chairman. All those in favor of --

1757 Mr. Pallone. No.

1758 The Chairman. -- tabling the motion?

1759 Mr. Pallone. Mr. Chairman, I think we should be able to

1760 have some debate on this motion. Again, what is the rush?

1761 You said --

1762 The Chairman. Mr. Pallone, I know you don't -- the

1763 question -- let me rule on this, please. A motion to table

1764 is not debatable under our rules. And I know you care deeply

1765 about following our rules.

1766 Mr. Pallone. Mr. Chairman, again, the same --

1767 The Chairman. So the question now occurs on the motion

1768 to table. All those in favor will say aye.

1769 Those opposed, no.

1770 Mr. Pallone. We ask for the yeas and nays, Mr.

1771 Chairman.

1772 The Chairman. The ayes appear to have it. The motion

1773 is tabled.

1774 Mr. Pallone. The --

1775 The Chairman. I am getting there. We will ask for a

1776 roll call vote on the motion to table. All those in favor of

1777 tabling, vote aye. Those opposed, no. The clerk will call

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1778 the roll.

1779 The Clerk. Mr. Barton.

1780 Mr. Barton. Aye.

1781 The Clerk. Mr. Barton votes aye.

1782 Mr. Upton.

1783 Mr. Upton. Aye.

1784 The Clerk. Mr. Upton votes aye.

1785 Mr. Shimkus.

1786 Mr. Shimkus. Aye.

1787 The Clerk. Mr. Shimkus votes aye.

1788 Mr. Murphy.

1789 Mr. Murphy. Aye.

1790 The Clerk. Mr. Murphy votes aye.

1791 Mr. Burgess.

1792 Mr. Burgess. Aye.

1793 The Clerk. Mr. Burgess votes aye.

1794 Mrs. Blackburn.

1795 Mrs. Blackburn. Aye.

1796 The Clerk. Mrs. Blackburn votes aye.

1797 Mr. Scalise.

1798 [No response.]

1799 Mr. Latta.

1800 Mr. Latta. Aye.

1801 The Clerk. Mr. Latta votes aye.

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1802 Mrs. McMorris Rodgers.

1803 [No response.]

1804 Mr. Harper.

1805 Mr. Harper. Aye.

1806 The Clerk. Mr. Harper votes aye.

1807 Mr. Lance.

1808 Mr. Lance. Aye.

1809 The Clerk. Mr. Lance votes aye.

1810 Mr. Guthrie.

1811 Mr. Guthrie. Aye.

1812 The Clerk. Mr. Guthrie votes aye.

1813 Mr. Olson.

1814 Mr. Olson. Aye.

1815 The Clerk. Mr. Olson votes aye.

1816 Mr. McKinley.

1817 Mr. McKinley. Aye.

1818 The Clerk. Mr. McKinley votes aye.

1819 Mr. Kinzinger.

1820 Mr. Kinzinger. Aye.

1821 The Clerk. Mr. Kinzinger votes aye.

1822 Mr. Griffith.

1823 Mr. Griffith. Aye.

1824 The Clerk. Mr. Griffith votes aye.

1825 Mr. Bilirakis.

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1826 Mr. Bilirakis. Aye.

1827 The Clerk. Mr. Bilirakis votes aye.

1828 Mr. Johnson

1829 Mr. Johnson. Aye.

1830 The Clerk. Mr. Johnson votes aye.

1831 Mr. Long.

1832 Mr. Long. Aye.

1833 The Clerk. Mr. Long votes aye.

1834 Mr. Bucshon

1835 Mr. Bucshon. Aye.

1836 The Clerk. Mr. Bucshon votes aye.

1837 Mr. Flores.

1838 Mr. Flores. Aye.

1839 The Clerk. Mr. Flores votes aye.

1840 Mrs. Brooks

1841 Mrs. Brooks. Aye.

1842 The Clerk. Mrs. Brooks votes aye.

1843 Mr. Mullin.

1844 Mr. Mullin. Aye.

1845 The Clerk. Mr. Mullin votes aye.

1846 Mr. Hudson.

1847 Mr. Hudson. Aye.

1848 The Clerk. Mr. Hudson votes aye.

1849 Mr. Collins

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1850 Mr. Collins. Aye.

1851 The Clerk. Mr. Collins votes aye.

1852 Mr. Cramer.

1853 Mr. Cramer. Aye.

1854 The Clerk. Mr. Cramer votes aye.

1855 Mr. Walberg.

1856 Mr. Walberg. Aye.

1857 The Clerk. Mr. Walberg votes aye.

1858 Mrs. Walters.

1859 Mrs. Walters. Aye.

1860 The Clerk. Mrs. Walters votes aye.

1861 Mr. Costello.

1862 Mr. Costello. Aye.

1863 The Clerk. Mr. Costello votes aye.

1864 Mr. Carter.

1865 [No response.]

1866 Mr. Pallone.

1867 Mr. Pallone. Mr. Chairman, you are trying to rush this

1868 bill. You are not allowing for debate. And if this process

1869 continues all day long, it is going to be a very unfortunate

1870 circumstance here. We are going to be here all night for

1871 several days. I vote no.

1872 The Clerk. Mr. Pallone votes no.

1873 Mr. Rush.

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1874 Mr. Rush. Mr. Chairman, I fully concur with our ranking
1875 member's position. I think that for you to keep talking
1876 about regular order when you are certainly out of order, I
1877 won't --

1878 The Chairman. Let me just say for members, the regular
1879 order during a roll call is not to have a debate on your
1880 vote.

1881 Mr. Rush. Mr. Chairman, here you go again --

1882 The Chairman. We will hold to regular order.

1883 Mr. Rush. -- talking about regular order when regular
1884 order is not what you are exercising this morning.

1885 The Chairman. The gentleman is out of order.

1886 Mr. Rush. You haven't exercised it yet.

1887 The Chairman. The clerk will continue to call the roll.

1888 The Clerk. Mr. Rush.

1889 Mr. Rush. Mr. Rush votes no.

1890 The Clerk. Mr. Rush votes no.

1891 Ms. Eshoo.

1892 Ms. Eshoo. No.

1893 The Clerk. Ms. Eshoo votes no.

1894 Mr. Engel.

1895 [No response.]

1896 Mr. Green.

1897 Mr. Green. No.

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1898 The Clerk. Mr. Green votes no.

1899 Ms. DeGette.

1900 Ms. DeGette. No.

1901 The Clerk. Ms. DeGette votes no.

1902 Mr. Doyle.

1903 Mr. Doyle. No.

1904 The Clerk. Mr. Doyle votes no.

1905 Ms. Schakowsky.

1906 Ms. Schakowsky. No.

1907 The Clerk. Ms. Schakowsky votes no.

1908 Mr. Butterfield.

1909 Mr. Butterfield. No.

1910 The Clerk. Mr. Butterfield votes no.

1911 Ms. Matsui.

1912 Ms. Matsui. No.

1913 The Clerk. Ms. Matsui votes no.

1914 Ms. Castor.

1915 Ms. Castor. No.

1916 The Clerk. Ms. Castor votes no.

1917 Mr. Sarbanes.

1918 Mr. Sarbanes. No.

1919 The Clerk. Mr. Sarbanes votes no.

1920 Mr. McNerney.

1921 Mr. McNerney. No.

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1922 The Clerk. Mr. McNerney votes no.
1923 Mr. Welch.
1924 Mr. Welch. No.
1925 The Clerk. Mr. Welch votes no.
1926 Mr. Lujan.
1927 Mr. Lujan. No.
1928 The Clerk. Mr. Lujan votes no.
1929 Mr. Tonko.
1930 Mr. Tonko. No.
1931 The Clerk. Mr. Tonko votes no.
1932 Ms. Clarke.
1933 [No response.]
1934 Mr. Loeb sack.
1935 Mr. Loeb sack. No.
1936 The Clerk. Mr. Loeb sack votes no.
1937 Mr. Schrader.
1938 Mr. Schrader. No.
1939 The Clerk. Mr. Schrader votes no.
1940 Mr. Kennedy.
1941 Mr. Kennedy. No.
1942 The Clerk. Mr. Kennedy votes no.
1943 Mr. Cardenas.
1944 Mr. Cardenas. No.
1945 The Clerk. Mr. Cardenas votes no.

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1946 Mr. Ruiz.

1947 Mr. Ruiz. No.

1948 The Clerk. Mr. Ruiz votes no.

1949 Mr. Peters.

1950 Mr. Peters. No.

1951 The Clerk. Mr. Peters votes no.

1952 Mrs. Dingell.

1953 Mrs. Dingell. No.

1954 The Clerk. Mrs. Dingell votes no.

1955 Chairman Upton.

1956 [No response.]

1957 Chairman Walden.

1958 [No response.]

1959 The Chairman. Swing and a miss.

1960 [Laughter.]

1961 The Chairman. Fred is back. Walden votes yes on table.

1962 Are there other members who wish to be recorded? The

1963 gentlelady from Washington.

1964 Mrs. McMorris Rodgers. Aye.

1965 The Clerk. Mrs. McMorris Rodgers votes aye.

1966 The Chairman. The gentleman from Louisiana.

1967 Mr. Scalise. Aye.

1968 The Clerk. Mr. Scalise votes aye.

1969 The Chairman. Are there members on the minority side

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1970 that have not been recorded? Are there other members who
1971 have not been recorded? The clerk will report the tally.

1972 The Clerk. Mr. Chairman, on that vote, there were 30
1973 ayes and 22 noes.

1974 The Chairman. Thirty ayes, 22 noes. The motion
1975 carries, and the tabling motion is approved.

1976 Mr. Lujan. Mr. Chairman?

1977 The Chairman. Yes. The gentleman from New Mexico is
1978 recognized. For what purpose does he seek recognition?

1979 Mr. Lujan. The first point, Mr. Chairman, is I had
1980 objected to the dispensing of the reading.

1981 The Chairman. I thought you were asking for a
1982 parliamentary inquiry.

1983 Mr. Lujan. In addition to objecting to the dispensing
1984 of the reading, I was also asking for a parliamentary inquiry
1985 because I was attempting to be recognized during your first
1986 request of dispensing of the reading. And I wasn't
1987 recognized, so I thought I would break decorum and just blurt
1988 it out the second time.

1989 My parliamentary inquiry is, what is the proper way to
1990 be recognized to object when the Chairman is asking for --
1991 whether there is an objection to a ruling?

1992 The Chairman. So you ask for what reason you are
1993 seeking recognition. It was -- if the gentleman will suspend

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1994 -- it was a little difficult to hear your objection over Mr.
1995 Pallone's discussion at the same time. That is why I am
1996 trying to keep regular order here, so that we can be in a
1997 regular process and recognize members in regular order. And
1998 that is why I was trying to have one at a time and manage
1999 this.

2000 So does the gentleman have a parliamentary inquiry?

2001 Mr. Lujan. Mr. Chairman, my question is, is there a
2002 ruling from the chair on my objection to the dispensing of
2003 the reading?

2004 The Chairman. It came late.

2005 Mr. Lujan. It did not. Mr. Chairman, roll the tapes.
2006 I mean, are we at the Oscars here? Can we put something up
2007 there for us?

2008 The Chairman. The gentleman will suspend. The ruling
2009 of the chair is the gentleman did object to the dispensing
2010 with the reading of the bill, but this is why it is important
2011 and why I will continue to try to get regular order, because
2012 it was difficult to hear the gentleman down there when I had
2013 my friend here also concerned about things.

2014 So that is why, for everybody's benefit and regular
2015 order, I will keep regular order, so nobody is discriminated
2016 against.

2017 So is the gentleman objecting to the dispensing with the

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2018 reading of the bill?

2019 Mr. Lujan. Yes, Mr. Chairman. That was my objection.

2020 The Chairman. All right. Then the clerk will read the
2021 bill. Members need to know this will take a couple of hours,
2022 which is fine. We are happy to do that. It would be helpful
2023 to the regular order process, if the gentlemen/gentleladies
2024 on either side of the aisle have amendments, we would ask
2025 that you would have the courtesy to file those amendments, so
2026 we can all get due consideration of the various amendments.
2027 I am told you have 100 amendments or so by the Democrat
2028 leader.

2029 Mr. Upton. Mr. Chairman?

2030 The Chairman. Yes.

2031 Mr. Upton. Parliamentary inquiry. Is it possible to
2032 have a vote to suspend reading of the bill? Is that --

2033 The Chairman. It is not.

2034 Mr. Upton. Okay.

2035 Mr. Lujan. Mr. Chairman, parliamentary inquiry?

2036 The Chairman. The gentleman is recognized.

2037 Mr. Lujan. Going forward, what is the proper way to be
2038 recognized, if the Chairman is asking if there is an
2039 objection, so that we can avoid having to yell and break
2040 decorum in --

2041 The Chairman. I wish I could help you with that. I was

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2042 trying to get order here, so that I could hear other members
2043 that are down dais. I was having trouble getting that.

2044 Mr. Lujan. Okay. Thank you, Mr. Chairman.

2045 The Chairman. And so we are on the amendment in the
2046 nature of a substitute. We are delighted to share it and
2047 read it. As you know, it has been online since 6:00 on
2048 Monday. The clerk --

2049 Mr. Schrader. Mr. Chairman?

2050 The Chairman. -- or 3:00 yesterday.

2051 Mr. Schrader. Mr. Chairman?

2052 The Chairman. 10:00 yesterday. We are on the -- just a
2053 second. I want to make sure I have got this right. We are
2054 on the reading of the amendment, the substitute. That is
2055 what we are on. That is what the gentleman objected to
2056 dispensing with the reading of, so we will proceed. The
2057 clerk shall read.

2058 Let me recognize my friend from Oregon. For what
2059 purpose do you see recognition?

2060 Mr. Schrader. I appreciate that, Mr. Chairman. I have
2061 a motion at the desk on this particular nature of a
2062 substitute.

2063 The Chairman. Yes. I don't think we can get to that
2064 now until we read the bill.

2065 Mr. Schrader. All right.

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

2066 The Chairman. We have to read it first. So the clerk
2067 will read the --

2068 Mr. Barton. Mr. Chairman, can I ask one more sincere
2069 parliamentary inquiry?

2070 The Chairman. Yes, sir.

2071 Mr. Barton. At what point does this 2-hour clock start
2072 on amendments needing to be presented, so they can be
2073 considered? In other words --

2074 The Chairman. In advance of consideration.

2075 Mr. Barton. In advance of consideration. So if --

2076 The Chairman. That is in the --

2077 Mr. Barton. -- a member wishes to offer an amendment,
2078 at some point today they need to have them at the desk 2
2079 hours before they are going to be offered. Is that correct?

2080 The Chairman. That is the Chairman's policy.

2081 Mr. Barton. Thank you, sir.

2082 The Chairman. The clerk will now read the bill -- the
2083 amendment in the nature of a substitute.

2084 Mr. Pallone. Mr. Chairman, inquiry --

2085 The Chairman. Yes.

2086 Mr. Pallone. -- with regard to what Mr. Barton said.
2087 My understanding is that the 2 hours is a courtesy, and we
2088 are going to abide by that. But that doesn't mean that we
2089 are going to give -- that if someone wants to offer an

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2090 amendment a little later in the process today that they
2091 can't.

2092 The Chairman. Well, I assume you are going to have
2093 rolling groups of amendments come our way. We have been told
2094 to expect to be here through the weekend.

2095 Mr. Pallone. Exactly.

2096 The Chairman. And that you have hundreds of amendments,
2097 not 100 or so. So --

2098 Mr. Pallone. Well, I just want to make sure that the
2099 answer to Mr. Barton's question wasn't that every amendment
2100 has to be given to you now. That is not the case. I want
2101 everyone to understand that.

2102 The Chairman. Yes. As Chairman, I do have some
2103 discretion in these matters in terms of giving priority to
2104 amendments. Again, to improve the thoughtfulness of our
2105 legislative process, it would be helpful that you all make
2106 your amendments available, unless there is some reason not
2107 to. It just helps the overall process, it helps the staff,
2108 and it makes it go better. People make more informed
2109 decisions. So I don't know why you would hide the ball. I
2110 am not accusing you of --

2111 Mr. Pallone. We are not trying to hide anything, even
2112 though you have hidden a lot. But the bottom line is --

2113 The Chairman. Okay. We are going to go back to --

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2114 Mr. Pallone. -- we are going to try to get those
2115 amendments now.

2116 The Chairman. Thank you.

2117 Mr. Pallone. But they are not all going to be available
2118 right now.

2119 The Chairman. Okay. We will see them when we see them
2120 then. And we will go now to the reading of the substitute.

2121 The Clerk. Amendment to the committee print offered by
2122 Mr. Walden. Page 1, strike line 1 and all that follows
2123 through the end and insert the following: Title I, Energy
2124 and Commerce, Subtitle A, Patient Access to Public Health
2125 Programs.

2126 Section 101, The Prevention and Public Health Fund. in
2127 general, subsection (b) of section 4002 of the Patient
2128 Protection and Affordable Care Act, 42 U.S. Code 300u-11, as
2129 amended by section 5009 of the 21st Century Cures Act, is
2130 amended.

2131 In paragraph 1, by adding "and" at the end. In
2132 paragraph 3, by striking "each of the fiscal years 2018 and
2133 2019" and inserting "fiscal year 2018," and by striking the
2134 semicolon at the end and inserting a period, and by striking
2135 paragraphs 4 through 8.

2136 Rescission of unobligated funds. Of the funds made
2137 available by section 4002, an unobligated balance at the end

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2138 of fiscal year 2018 is rescinded.

2139 Section 102, Community Health Center Program. Effective
2140 as if included in the enactment of the Medicaid Access and
2141 CHIP Reauthorization Act of 2015, Public Law 114-10, 129
2142 Statistic 89, paragraph 1 of section --

2143 Mr. Lujan. Mr. Chairman, there is no order in this
2144 committee room. Can we get order?

2145 The Clerk. -- of such Act is amended by inserting --

2146 Mr. Lujan. Mr. Chairman?

2147 The Clerk. -- an additional --

2148 Mr. Lujan. Mr. Chairman, there is no order. I can't
2149 hear her.

2150 The Clerk. -- for fiscal --

2151 The Chairman. The members on both sides of the aisle
2152 will please restrain themselves, so that the gentleman from
2153 New Mexico can hear the reading, and so can others. So if
2154 the majority members -- I am going to -- please, or, I am
2155 sorry, the minority members and the majority members, but
2156 especially this conclave right here, if we can hold it down.
2157 And to the audience as well. You are exactly right. We want
2158 people to hear the reading of the amendment.

2159 The Clerk. -- after 2017.

2160 Section 103, Federal Payments to States. In general,
2161 notwithstanding section 504(a), 1902(a)(23), 1903(a), 2002,

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2162 2005(a)(4), 1202(a)(7), or 1205(a)(1), of the Social Security
2163 Act, 42 U.S. Code 704(a), 1396a(a)(23), 1396b(a), 1396a,
2164 1397d(a)(4), 1397b(1)(7), 1399ee(a)(1), or the terms of any
2165 Medicaid waiver in effect on the date of enactment of this
2166 Act, and is approved under section 1115 or 1915 of the Social
2167 Security Act, 42 U.S. Code 1315, 1396n, for the 1-year period
2168 beginning on the date of the enactment of this Act, no
2169 federal funds provided from a program referred to in this
2170 subsection that is considered direct spending for any year
2171 may be made available to a State for payment to a prohibited
2172 entry, whether made directly to the prohibited entry or
2173 through a managed care organization under contract with the
2174 State.

2175 Definitions. In this section, prohibited entry, the
2176 term "prohibited entry" means an entry, including its
2177 affiliates, subsidiaries, successors, or clinics that as the
2178 date of enactment of this Act, is an organization described
2179 in section 501(c)(93) of the Internal Revenue Code of 1986 an
2180 exempt from tax under section 101 -- 501(a) of such Code; is
2181 an essential community provider described in section 156.235
2182 of title 45, Code of the Federal Regulations, as in effect on
2183 the date enacted of this bill, that is primarily engaged in
2184 family planning services, reproductive health, and related
2185 medical care; and provides for abortions or other than an

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2186 abortion, if the pregnancy is the result of an act or rape or
2187 incest, or in the case where a woman suffers from a physical
2188 disorder, physical injury, or physical illness that would, as
2189 certified by a physician, place the woman in danger of death
2190 unless an abortion is performed, including a life-endangering
2191 physical condition caused by or arising from the pregnancy
2192 itself.

2193 And for which the total amount of Federal and State
2194 expenditures under the Medicaid Program under Title 21 of the
2195 Social Security Act in fiscal year 2014 made directly to the
2196 entity and to any affiliates, subsidiaries, successors, or
2197 clinics of the entity, or made to the entity and any
2198 affiliates, subsidiaries, successors, or clinics of the entity
2199 as part of a nationwide healthcare provider network exceeding
2200 \$350 million.

2201 Direct spending. The term "direct spending" has the
2202 meaning given that the term under section 250(c) of the
2203 Balanced Budget and Emergency Deficit Control Act of 1985,
2204 2 U.S. Code 900(c).

2205 Subtitle B, Medicaid Program Enhancement.

2206 Section 111, Repeal of Medicaid Provisions. The Social
2207 Security Act is amended. In section 1902, 42 U.S. Code
2208 1396a, in subsection (a)(47)(B), by inserting "and provided
2209 that any such election shall cease to be effective on

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2210 January 1, 2020, and no such election shall be made after
2211 that date" before the semicolon at the end, and in subsection
2212 (1)(2)(C), by inserting "and ending December 31, 2019," after
2213 "January 1, 2014."

2214 In section 1951(k)(2), 42 U.S. Code 1396n(k)(2), by
2215 striking "during the period described in paragraph 1" and
2216 inserting "on or after the date referred to in paragraph 1
2217 and before January 1, 2020." And in section 1920(e), 42 U.S.
2218 Code 1396r-1(e), by striking "under clause (i)(8), clause
2219 (i)(4), or clause (2)(20) of subsection (a)(10)(9)" and
2220 inserting "under clause (i)(8) or clause (ii)(20) of
2221 subsection 1902(a)(1)(A) before January 1, 2020, section
2222 1902(a)(10)(A)(i)(4)."

2223 Subsection 12, Repeal of Medicaid Expansion. In
2224 general, section 1902(a)(10)(A) of Social Security Act,
2225 42 U.S. Code 1396a(a)(10)(A), is amended. in clause (i)(8),
2226 by inserting "at the option of a State" after "January 1,
2227 2014," and in clause (2)(20) by inserting "and ending
2228 December 31, 2019" after "2014."

2229 The termination of EFMAP for new ACA expansion
2230 enrollees. Section 1905 of the Social Security Act, 42 U.S.
2231 Code 1396d, is amended. In subsection (y)(1), in the matter
2232 preceding subparagraph (a), by striking "with respect to" and
2233 all that follows through "shall be" and inserting "with

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2234 respect to amounts expended before January 1, 2020, by such
2235 State for medical assistance for newly eligible individuals
2236 described in subclause 8 of section 1902(a)(10)(A)(i), who
2237 are enrolled under the State plan, or a waiver of the plan,
2238 before such date and with respect to the amounts expended
2239 after such date by such State for medical assistance and for
2240 individuals described in such subclause who were enrolled
2241 under such plan, or waiver of such plan, as of December 31,
2242 2019, and who do not have a break in eligibility for medical
2243 assistance under such State plan, or waiver, for more than 1
2244 month after such date, shall be."

2245 And in subsection (z)(2), in subparagraph (A), by
2246 striking "medical assistance for individuals" and all that
2247 follows through "shall be" and inserting "amounts expended
2248 before January 1, 2020, by such State for medical assistance
2249 for individuals described in section 1902(a)(10)(A)(i)(8),
2250 who are non-pregnant, childless adults with respect to whom
2251 the State may require enrollment in benchmark coverage under
2252 section 1937 and who are enrolled under the State plan, or a
2253 waiver of the plan, before such date and with respect to the
2254 amount expended after such date by such State for medical
2255 assistance for individuals described in such section, who are
2256 non-pregnant childless adults with respect to whom the State
2257 may require enrollment in benchmark coverage under section

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2258 1987, who were enrolled under such plan, or waiver of such
2259 plan, as of December 31, 2019, and who do not have a break in
2260 eligibility for medical assistance under such State plan, or
2261 waiver, for more than 1 month after such date, shall be."

2262 And in subparagraph (B) (2), in subclause (III), by
2263 adding "and" and the end and by striking subclauses (IV),
2264 (V), and (VI), and inserting the following new subclause,
2265 "2017 and each subsequent year is 80 percent."

2266 Sunset of essential health benefits requirement.
2267 Section 1937(b) (5) of Social Security Act, 42 U.S. Code
2268 1397u-7(b) (5), is amended by adding at the end the following,
2269 "This paragraph shall not apply after December 31, 2019."

2270 Section 113, Elimination of DSH Cuts. Section 1923(f)
2271 of the Social Security Act is amended in paragraph (7), in
2272 paragraph (A), in clause (i), (I) in the matter preceding
2273 subclause (I) by striking "2025" and inserting "2019," and
2274 (ii) in clause (ii), (I) in subclause (I) by adding "and" at
2275 the end; in subclause (II) by striking the semicolon at the
2276 end and inserting a period; and (III) by striking subclauses
2277 (III) through (VIII); and (B) by adding at the end the
2278 following new paragraph, "(C) Exemption from exemption for
2279 non-expansion states.

2280 "(i) In general, in the case of a State that is a non-
2281 expansion State for a fiscal year, subparagraph (A) (i) shall

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2282 not apply to the DSH allotment for such State and fiscal
2283 year. (ii) No change in reduction for expansion states. in
2284 the case of a State that is an expansion State for a fiscal
2285 year, the DSH allotment for such State and fiscal year shall
2286 be determined as if clause (i) did not apply.

2287 "(iii) Non-expansion and expansion state defined. The
2288 term 'expansion State' means with respect to a fiscal year, a
2289 State that, as of July 1 of the preceding fiscal year,
2290 provides for eligibility under the clause (i) (VIII) or
2291 (ii) (XX) of section 1902(a) (10) (A) for medical assistance
2292 under this title, or a waiver of the State plan approved
2293 under section 1115. (II) the Term 'non-expansion State'
2294 means, with respect to a fiscal year, a State that is not an
2295 expansion State"; and (2) in paragraph (8), by striking
2296 "fiscal year 2025" and inserting "fiscal year 2019."

2297 Section 114, Reducing State Medicaid Costs.

2298 Letting States disenroll high dollar lottery winners.
2299 In general, section 1902 of the Social Security Act is
2300 amended, (a) in section (a) (17), by striking "(e) (14),
2301 (e) (14)" and inserting "(e) (14), (e) (15)," and (B) in
2302 subsection (e), in paragraph 14 relating to modified adjusted
2303 gross income, by adding at the end the following new
2304 subparagraph, "(J) Treatment of certain lottery winnings and
2305 income received as a lump sum.

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2306 "(i) In general, in the case of an individual who is the
2307 recipient of qualified lottery winnings, pursuant to
2308 lotteries occurring on or after January 1, 2020, or qualified
2309 lump sum income received on or after such date, and whose
2310 eligibility for medical assistance is determined based on the
2311 application of modified adjusted gross income under
2312 subparagraph (A), a State shall, in determining such
2313 eligibility, include such winnings or income, as applicable,
2314 as income received.

2315 "(I) in the month in which such winnings or income, as
2316 applicable, is received, if the amount of such winnings or
2317 income is less than \$80,000; (II) over a period of 2 months,
2318 if the amount of such winnings or income, as applicable, is
2319 greater than or equal to \$80,000 but less than \$90,000;
2320 (III) over a period of 3 months, if the amount of such
2321 winnings or income, as applicable, is greater than or equal
2322 to \$90,000 but less than \$100,000; and (IV) over a period of
2323 3 months, plus 1 additional month for each increment of
2324 \$10,000 of such winnings or income, as applicable, received,
2325 not to exceed a period of 120 months for winnings or income
2326 of \$1,260,000 or more, if the amount of such winnings or
2327 income is greater than or equal to \$100,000.

2328 "(ii) Counting in equal installments. For the purposes
2329 of subclauses (II), (III), and (IV) of clause (i), winnings

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2330 or income to which such subclauses apply shall be counted in
2331 equal monthly installments over the period of months
2332 specified under such subclause.

2333 " (iii) Hardship exemption. An individual whose income,
2334 by application of clause (i), exceeds the applicable
2335 eligibility threshold established by the State, may continue
2336 to be eligible for medical assistance to the extent that a
2337 State determines, under procedures established by the State
2338 under the State plan, or in the case of a waiver of the plan
2339 under section 1115, incorporated in such waiver, or as
2340 otherwise established by such State in accordance with such
2341 standards as may be specified by the Secretary, that the
2342 denial of eligibility of the individual would cause an undue
2343 medical or financial hardship as determined on the basis of
2344 criteria established by the Secretary.

2345 " (iv) Notifications and assistance required in case of
2346 loss of eligibility. A State shall, with respect to an
2347 individual who loses eligibility for medical assistance under
2348 the State plan, or a waiver of such plan, by reason of
2349 clause (i), before the date on which the individual loses
2350 such eligibility, inform the individual of the date on which
2351 the individual would no longer be considered ineligible by
2352 reason of such clause to receive medical assistance under the
2353 State plan, or under any waiver of such plan, and the date on

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2354 which the individual would be eligible to reapply to receive
2355 such medical assistance.

2356 "(v) Qualified lottery winnings defined. In this
2357 subparagraph, the term 'qualified lottery winnings' means
2358 winnings from a sweepstakes, lottery, or pool described in
2359 paragraph (3) of section 4402 of the Internal Revenue Code of
2360 1986 or a lottery operated by a multistate or
2361 multijurisdictional lottery association, including amounts
2362 awarded as a lump sum payment.

2363 "(vi) Qualified lump sum income defined. In this
2364 subparagraph, the term 'qualified lump sum income' means
2365 income that is received as a lump sum from one of the
2366 following sources: (1) monetary winnings from gambling, as
2367 defined by the Secretary and including monetary winnings from
2368 gambling activities described in section 1955(b)(4) of
2369 Title 18, United States Code; (II) income received as liquid
2370 assets from the estate, as defined in section 1917(b)(4) of a
2371 deceased individual"; and (ii) by striking "(14) exclusion"
2372 and inserting "(15) exclusion."

2373 (2), Rules of construction. (A) Interception of lottery
2374 winnings allowed. Nothing in the amendment made by paragraph
2375 (1)(B)(i) shall be construed as preventing a State from
2376 intercepting the State lottery winnings awarded to an
2377 individual in the State to recover amounts paid by the State

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2378 under the State Medicaid plan under Title XIX of the Social
2379 Security Act for medical assistance furnished to the
2380 individual.

2381 (B) Applicability limited to eligibility of recipient of
2382 lottery winnings or lump sum income. Nothing in the
2383 amendment made by paragraph (1) (B) (i) shall be construed,
2384 with respect to a determination of household income for
2385 purposes of a determination of eligibility for medical
2386 assistance under the State plan under Title XIX of the Social
2387 Security Act, or a waiver of such plan, made by applying
2388 modified adjusted gross income under subparagraph (A) of
2389 section 1902(e) (14) of such Act, as limiting the eligibility
2390 for such medical assistance of any individual that is a
2391 member of the household other than the individual, or the
2392 individual's spouse, who received qualified lottery winnings
2393 or qualified lump sum income as defined in subparagraph (J)
2394 of such section 1902(e) (14), as added by paragraph (1) (B) (i)
2395 of this subsection.

2396 B, repeal of retroactive eligibility. In general, State
2397 plan requirements, section 1902(a) (34) of the Social Security
2398 Act is amended by striking "in or after the third month
2399 before the month in which he made application" and inserting
2400 "in or after the month in which the individual made
2401 application."

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2402 Definition of medical assistance. Section 1905(a) of
2403 the Social Security Act is amended by striking "in or after
2404 the third month before the month in which the recipient makes
2405 an application for assistance" and inserting "in or after the
2406 month in which the recipient makes application for
2407 assistance."

2408 Effective date. The amendments made by paragraph (1)
2409 shall apply to medical assistance with respect to individuals
2410 whose eligibility for such assistance is based on an
2411 application for such assistance made, or deemed to be made,
2412 on or after October 1, 2017.

2413 C, ensuring States are not forced to pay for individuals
2414 ineligible for the program. (1) In general, section 1137(f)
2415 of the Social Security Act is amended by striking
2416 "Subsections (a) (1) and (d)" and inserting "(1) Subsections
2417 (a) (1) and (d)"; and (B) by adding at the end the following
2418 new paragraph.

2419 "(2) (A) Subparagraphs (A) and (B) (ii) of subsection
2420 (d) (4) shall not apply in the case of an initial
2421 determination made on or after the date that is 6 months
2422 after the date of the enactment of this paragraph with
2423 respect to the eligibility of an alien described in
2424 subparagraph (B) for the benefits under the program listed in
2425 subsection (b) (2).

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2426 "(B) An alien described in this subparagraph is an
2427 individual declaring to be a citizen or national of the
2428 United States with respect to whom a State, in accordance
2429 with section 1902(a)(46)(B), requires, (i) pursuant to
2430 1902(ee), the submission of a social security number; or (ii)
2431 pursuant to 1903(x), the presentation of satisfactory
2432 documentary evidence of citizenship or nationality."

2433 Two, no payments for medical assistance provided before
2434 presentation of evidence. Section 1903(i)(22) of the Social
2435 Security Act is amended: (A) by striking "with respect to
2436 amounts expended" and inserting "(A) with respect to amounts
2437 expended"; (B) by inserting "and" at the end; and (C) by
2438 adding at the end the following new subparagraph. "In the
2439 case of a State that elects to provide a reasonable period to
2440 present satisfactory documentary evidence of such citizenship
2441 or nationality pursuant to paragraph (2)(C) of section
2442 1902(ee) or paragraph (4) of subsection (x) of this section,
2443 for amounts expended for medical assistance for such an
2444 individual, other than an individual described in paragraph
2445 (2) of such subsection (x), during such period."

2446 Three, conforming amendments. Section 1137(d)(4) of the
2447 Social Security Act is amended. (A) in subparagraph (A), in
2448 the matter preceding clause (i), by inserting "subject to
2449 subsection (f)(2)" before "the State"; and (B) in

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2450 subparagraph (B) (ii), by inserting "subject to subsection
2451 (f) (2)" before "pending such verification."

2452 D, updating allowable home equity limits in Medicaid.

2453 (1) In general, section 1917(f) (1) of the Social Security Act
2454 is amended. (A) in subparagraph (A), by striking
2455 "subparagraphs (B) and (C)" and inserting "subparagraph (B)";
2456 (B) by striking subparagraph (B); (C) by redesignating
2457 subparagraph (C) as subparagraph (B); and (D) in
2458 subparagraph (B), as so redesignated, by striking "dollar
2459 amounts specified in this paragraph" and inserting "dollar
2460 amount specified in subparagraph (A)."

2461 Two, effective date. (A) In general, the amendments
2462 made by paragraph (a) shall apply with respect to eligibility
2463 determinations made after the date that is 180 days after the
2464 date of the enactment of section. (B) Exception for State
2465 legislation. In the case of a State plan under Title XIX of
2466 the Social Security Act, that the Secretary of Health and
2467 Human Services determines requires State legislation in order
2468 for the respective plan to meet any requirement imposed by
2469 amendments made by this subsection, the respective plan shall
2470 not be regarded as failing to comply with the requirements of
2471 such title solely on the basis of its failure to meet such an
2472 additional requirement before the first day of the first
2473 calendar quarter beginning after the close of the first

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2474 regular session of the State legislature that begins after
2475 the date of the enactment of this Act.

2476 For the purposes of the previous sentence, in the case
2477 of a State that has a 2-year legislative session, each year
2478 of the session shall be considered to be a separate regular
2479 session of the State legislature.

2480 Section 115, Safety Net Funding for Non-Expansion
2481 States. Title XIX of the Social Security Act is amended by
2482 inserting after 1923 the following new section. "Adjustment
2483 in payment for services of safety net providers in non-
2484 expansion States.

2485 "Section 1923A. (a) In general, subject to the
2486 limitations of this section, for each year during the period
2487 beginning with 2018 and ending with 2021, each State that is
2488 1 of the 50 States or the District of Columbia and that, as
2489 of July 1 of the preceding year, did not provide for
2490 eligibility under clause (i) (VIII) or (ii) (XX) of section
2491 1902(a) (10) (A) for medical assistance under this title, or a
2492 waiver of the State plan approved under section 1115, each
2493 such State or District referred to in this section for the
2494 year as a 'non-expansion State' may adjust the payments
2495 amounts otherwise provided under the State plan under this
2496 title, or a waiver of such plan, to healthcare providers that
2497 provide healthcare services to individuals enrolled under

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2498 this title, in this section referred to as 'eligible
2499 providers.'

2500 "(b) Increase in applicable FMAP. Notwithstanding
2501 section 1905(b), the Federal medical assistance percentage
2502 applicable with respect to expenditures attributable to a
2503 payment adjustment under subsection (a) for which payment is
2504 permitted under subsection (c) shall be equal to: (1) 100
2505 percent for calendar quarters in calendar years 2018, 2019,
2506 2020, and 2021; and (2) 95 percent for calendar quarters in
2507 calendar year 2022.

2508 "(c) Limitations; disqualification of states.
2509 (1) Annual allotment limitation. Payment under subsection
2510 1903(a) shall not be made to a State with respect to any
2511 payment adjustment made under this section for all calendar
2512 quarters in a year in excess of the 2 billion multiplied by
2513 the ratio of (A) the population of the State with income
2514 below 138 percent of the poverty line in 2015, as determined
2515 based the table entitled Health Insurance Coverage Status and
2516 Type by Ratio of Income to Poverty Level in the Past 12
2517 Months by Age, for the universe of the civilian non-
2518 institutionalized population for whom poverty status is
2519 determined based on the 2015 American Community Survey 1-year
2520 estimates as published by the Bureau of the Census to (B) the
2521 sum of the populations under subparagraph (a) for all non-

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2522 expansion States.

2523 "(2) Limitation of payment adjustment amount for
2524 individual providers. The amount of a payment adjustment
2525 under subsection (a) for an eligible provider may not exceed
2526 the provider's costs incurred in furnishing healthcare
2527 services, as determined by the Secretary and net of payments
2528 under this title, other than under this section, and by
2529 uninsured patients, to individuals who either are eligible
2530 for medical assistance under the State plan, or under a
2531 waiver of such plan, or have no health insurance or health
2532 plan coverage for such services.

2533 "(d) Disqualification in case of State coverage
2534 expansion. If a State is a non-expansion for a year and
2535 provides eligibility for medical assistance described in
2536 subsection (a) during the year, the State shall no longer be
2537 treated as a non-expansion State under this section for any
2538 subsequent years."

2539 Section 116, Providing Incentives for Increased
2540 Frequency of Eligibility Redeterminations. A, In general,
2541 section 1902(e)(14) of the Social Security Act, 42 U.S.C.
2542 1396a(e)(14), relating to modified adjusted gross income, as
2543 amended by section 114(a)(1), is further amended by adding at
2544 the end the following.

2545 K, frequency of eligibility redeterminations. Beginning

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2546 on October 1, 2017, and notwithstanding subparagraph (H), in
2547 the case of an individual whose eligibility for medical
2548 assistance under the State plan under this title, or a waiver
2549 of such plan, is determined based on the application of
2550 modified adjusted gross income under subparagraph (A), and
2551 who is eligible on the basis of clause (i) (VIII) or clause
2552 (ii) (XX) of subsection (a) (10) (A), a State shall redetermine
2553 such individual's eligibility for such medical assistance no
2554 less frequently than once every 6 months.

2555 B, civil monetary penalty. Section 1128A(a) of the
2556 Social Security Act, 42 U.S.C. 1320a-7(a), is amended, in the
2557 matter following paragraph (10), by striking "or in cases
2558 under paragraph (3)" and inserting the following "or in cases
2559 under paragraph (1) in which an individual was knowingly
2560 enrolled on or after October 1, 2017, pursuant to section
2561 1902(a) (10) (A) (i) (VIII) for medical assistance under the
2562 State plan under Title XIX whose income does not meet the
2563 income threshold specified in such section or in which a
2564 claim was presented on or after October 1, 2017, as a claim
2565 for an item or service furnished to an individual described
2566 in such section but whose enrollment under State plan is not
2567 made on the basis of such individual's meeting the income
2568 threshold specified in such section, \$20,000 for each such
2569 individual or claim, in cases under paragraph (3)."

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2570 C, increased administrative matching percentage. For
2571 each calendar quarter during the period beginning on
2572 October 1, 2017, and ending on December 31, 2019, the Federal
2573 matching percentage otherwise applicable under section
2574 1903(a) of the Social Security Act, 42 U.S.C. 1396b(a), with
2575 respect to State expenditures during such quarter that are
2576 attributable to meeting the requirement of section
2577 1902(e)(14) relating to determinations of eligibility using
2578 modified adjusted gross income of such Act shall be increased
2579 by 5 percentage points with respect to State expenditures
2580 attributable to activities carried out by the State, and
2581 approved by the Secretary, to increase the frequency of
2582 eligibility redeterminations required by subparagraph (K) of
2583 such section relating to eligibility redeterminations made on
2584 a 6-month basis, as added by subsection (a).

2585 Subtitle C, Per Capita Allotment for Medical Assistance.
2586 Section 121, Per Capita Allotment for Medical Assistance.

2587 Title XIX of the Social Security Act is amended. (1) in
2588 section 1903, 42 U.S.C. 1396b, in subsection (a), in the
2589 matter before paragraph (1), by inserting "and section
2590 1903A(a)" after "except as otherwise provided in this
2591 section" and (B) in subsection (d)(1), by striking "to which"
2592 and inserting "to which, subject to section 1903A(a)."

2593 And (2) by inserting after such section 1903 the

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2594 following new section, Section 1903A, Per Capita-Based Cap on
2595 Payments for Medical Assistance. A, application of per
2596 capita cap on payments for medical assistance expenditures.

2597 (1) In general, if a State has excess aggregate medical
2598 assistance expenditures, as defined in paragraph (2) for a
2599 fiscal year beginning with fiscal year 2020, and the amount
2600 of payment to the State under section 1903(a)(1) for each
2601 quarter in the following fiscal year shall be reduced by one-
2602 fourth of the excess aggregate medical assistance payments,
2603 as defined by paragraph (3), for that previous fiscal year.
2604 In this section, the term "state" means only the 50 States
2605 and the District of Columbia.

2606 (2) Excess aggregate medical assistance expenditures.
2607 In this subsection, the term "excess aggregate medical
2608 assistance expenditures" means, for a State and for a fiscal
2609 year, the amount, if any, by which: (A) the amount of the
2610 adjusted total medical assistance expenditures, as defined in
2611 subsection (b)(1) for the State and fiscal year exceeds (B)
2612 the amount of the target total medical assistance
2613 expenditures, as defined in subsection (c) for the State and
2614 fiscal year.

2615 (3) Excess aggregate medical assistance payments. In
2616 this section, the term "excess aggregate medical assistance
2617 payments" means, for a State for a fiscal year, the product

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2618 of: (A) the excess aggregate medical assistance
2619 expenditures, as defined in paragraph (2) for the State for
2620 the fiscal year; and (B) the Federal average medical
2621 assistance matching percentage, as defined in paragraph (4)
2622 for the State for the fiscal year.

2623 (4) Federal average medical assistance matching
2624 percentage. In this subsection, the term "Federal average
2625 medical assistance matching percentage" means, for a State
2626 for a fiscal year, the ratio, expressed as a percentage of:
2627 (A) the amount of the Federal payments that would be made to
2628 the State under subsection 1903(a)(1) for medical assistance
2629 expenditures for calendar quarters in the fiscal year if
2630 paragraph (1) did not apply; to (B) the amount of the medical
2631 assistance expenditures for the State and fiscal year.

2632 (b) Adjusted total medical assistance expenditures.
2633 Subject to subsection (g), the following shall apply: (1) In
2634 general, in this section, the term "adjusted total medical
2635 assistance expenditures" means for a State: (A) for fiscal
2636 year 2016, the product of the amount of the medical
2637 assistance expenditures as defined in paragraph (2) for the
2638 State and fiscal year, reduced by the amount of any excluded
2639 expenditures, as defined in paragraph (3) for the State and
2640 fiscal year otherwise included in such medical assistance
2641 expenditures; and (ii) the 1903A FY16 population percentage,

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2642 as defined in paragraph (4) for the State.

2643 Or (B) the fiscal year 2019 or a subsequent fiscal year,
2644 the amount of medical assistance expenditures as defined in
2645 paragraph (2) for the State and fiscal year that is
2646 attributable to 1903A enrollees, reduced by the amount of any
2647 excluded expenditures, as defined in paragraph (3), for the
2648 State and fiscal year otherwise included in such medical
2649 assistance expenditures.

2650 (2) Medical assistance expenditures. In this section,
2651 the term "medical assistance expenditures" means, for a State
2652 and fiscal year, the medical assistance payments as reported
2653 by medical service category on the Form CMS-64 quarterly
2654 expense report, or successor to such a report form, and
2655 including enrollment data and subsequent adjustments to any
2656 such report, in this section referred to collectively as a
2657 CMS-64 report, that directly result from providing medical
2658 assistance under the State plan, including a waiver of the
2659 plan, for which payment is, or may otherwise be, made
2660 pursuant to section 1903(a)(1).

2661 Excluded expenditures. In this section, the term
2662 "excluded expenditures" means, for a State and fiscal year,
2663 expenditures under the State plan, or under a waiver of such
2664 plan, that are attributable to any of the following.

2665 (A) DSH, payment adjustments made for disproportionate share

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2666 hospitals under subsection 1923. (B) Medicare cost-sharing,
2667 payments made for Medicare cost-sharing as defined in section
2668 1903(p) (3). (C) Safety net provider payment adjustments in
2669 non-expansion States, payment adjustments under
2670 subsection (a) of section 1923A for which payment is
2671 permitted under subsection (c) of such section.

2672 (4) 1903A FY16 population percentage. In this
2673 subsection, the term "1903A FY16 population percentage"
2674 means, for a State, the Secretary's calculation of the
2675 percentage of the actual medical assistance expenditures, as
2676 reported by the State on the CMS-64 reports for calendar
2677 quarters in fiscal year 2016, that are attributable to 1903A
2678 enrollees, as defined in subsection (e) (1).

2679 C, target total medical assistance expenditures.

2680 (1) Calculation. In this section, the term "target total
2681 medical assistance expenditures" means, for a State for a
2682 fiscal year, the sum of the products for each of the 1903A
2683 enrollee categories, as defined in section (e) (2) of:

2684 (A) the target per capita medical assistance expenditures, as
2685 defined in paragraph (2) for the enrollee category, State,
2686 and fiscal year; and (B) the number of 1903A enrollees for
2687 such enrollee category, State, and fiscal year, as determined
2688 in subsection (e) (4).

2689 (2), target per capita medical assistance expenditures.

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2690 In this subsection, the term "target per capita medical
2691 assistance expenditures" means, for a 1903A enrollee
2692 category, State, and a fiscal year, an amount equal to:
2693 (A) the provisional FY19 target per capita amount for such
2694 enrollee category, as calculated under subsection (d)(5) for
2695 the State; increased by (B) the percentage increase in the
2696 medical care component of the consumer price index for all
2697 urban consumers, U.S. city average, for September of 2019 to
2698 September of the fiscal year involved.

2699 Mr. Lujan. Mr. Chairman, parliamentary inquiry.

2700 Mr. Burgess. The gentleman is not recognized. We are
2701 reading the bill at his request. The clerk will proceed.

2702 Mr. Lujan. Mr. Chairman, so we can be recognized at the
2703 end of this? Because I have to step out to the restroom, so
2704 I apologize to everyone but I have to go relieve myself.

2705 The Clerk. (d) Calculation of FY19 provisional target
2706 amount for each 1903A enrollee category. Subject to
2707 subsection (g), the following shall apply: (1) calculation
2708 of base amounts for fiscal year 2016. For each State, the
2709 Secretary shall calculate, and provide notice to the State
2710 not later than April 1, 2018, of the following:

2711 (A) The amount of the adjusted total medical assistance
2712 expenditures, as defined in subsection (b)(1) for the State
2713 for fiscal year 2016. (B) The number of 1903A enrollees for

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2714 the State in fiscal year 2016, as determined under subsection
2715 (e) (4). (C) The average per capital medical assistance
2716 expenditures for the State for fiscal year 2016 equal to,
2717 (i) the amount calculated under subparagraph (A); divided by
2718 (ii) the number calculated under subparagraph (B).

2719 (2) Fiscal year 2019 average per capita amount based on
2720 inflating the fiscal year 2016 amount to fiscal year 2019 by
2721 CPI-Medical. The Secretary shall calculate a fiscal year
2722 2019 average per capita amount for each State equal to:

2723 (A) the average per capita medical assistance expenditures
2724 for the State for fiscal year 2016, calculated under
2725 paragraph (1) (C); increased by (B) the percentage increase in
2726 the medical care component of the consumer price index for
2727 all urban consumers, U.S. city average, from September 2016
2728 to September 2019.

2729 (3) Aggregate and average expenditures per capita for
2730 fiscal year 2016. The Secretary shall calculate for each
2731 State the following: (A) The amount of the adjusted total
2732 medical assistance expenditures, as defined in
2733 subsection (b) (1) for the State for fiscal year 2019; (B) the
2734 number of 1903A enrollees for the State in fiscal year 2019,
2735 as determined under subsection (e) (4).

2736 (4) Per capita expenditures for fiscal year 2019 for
2737 each 1903A enrollee category. The Secretary shall calculate,

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2738 and provide notice to each State not later than January 1,
2739 2020, of the following: (A) (i) For each 1903A enrollee
2740 category, the amount of the adjusted total medical assistance
2741 expenditures, as defined in subsection (b)(1) for the State
2742 for fiscal year 2019 for individuals in the enrollee
2743 category, calculated by excluding from medical assistance
2744 expenditures those expenditures attributable to expenditures
2745 described in clause (iii) or non-DSH supplemental
2746 expenditures, as defined in clause (ii).

2747 (ii) In this paragraph, the term "non-DSH supplemental
2748 expenditure" means a payment to a provider under the State
2749 plan, or under a waiver of that plan, that: (I) is not made
2750 under section 1923; (II) is not made with respect to a
2751 specific item or service for an individual; (III) is in
2752 addition to any payments made to the provider under the plan,
2753 or waiver, for any such item or service; and (IV) complies
2754 with the limits for additional payments to providers under
2755 the plan, or waiver, imposed pursuant to section
2756 1902(a)(30)(A), including the regulations specifying upper
2757 payment limits under the State plan in part 447 of Title 42,
2758 Code of Federal Regulations, or any successor regulations.

2759 (iii) An expenditure described in this clause is an
2760 expenditure that meets the criteria specified in subclauses
2761 (I), (II), and (III) of clause (ii) and is authorized under

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2762 section 1115 for the purposes of funding a delivery system
2763 reform pool, uncompensated care pool, a designated state
2764 health program, or any other similar expenditure, as defined
2765 by the Secretary.

2766 (B) For each 1903A enrollee category, the number of
2767 1903A enrollees for the State in fiscal year 2019 in the
2768 enrollee category, as determined under subsection (e)(4);

2769 (C) For fiscal year 2016, the State's non-DSH supplemental
2770 payment percentage is equal to the ratio, expressed as a
2771 percentage, of: (i) the total amount of non-DSH supplemental
2772 expenditures, as defined in subparagraph (A)(ii) for the
2773 State for fiscal year 2016; to (ii) the amount described in
2774 subsection (b)(1)(A) for the State for fiscal year 2016.

2775 (D) For each 1903A enrollee category, an average medical
2776 assistance expenditures per capita for the State for fiscal
2777 year 2019 for the enrollee category equal to: (i) the amount
2778 calculated under subparagraph (A) for the State, increased by
2779 the non-DSH supplemental payment percentage for the State, as
2780 calculated under subparagraph (C), divided by (ii) the number
2781 calculated under subparagraph (B) for the State for the
2782 enrollee category.

2783 (5) Provisional FY19 per capita target amount for each
2784 1903A enrollee category. Subject to subsection (f)(2), the
2785 Secretary shall calculate for each State a provisional FY19

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2786 per capita target amount for each 1903A enrollee category
2787 equal to the average medical assistance expenditures per
2788 capita for the State for fiscal year 2019, as calculated
2789 under paragraph (4) (D) for such enrollee category multiplied
2790 by the ratio of: (A) the product of (i) the fiscal year 2019
2791 average per capita amount for the State, as calculated under
2792 paragraph (2); and (ii) the number of 1903A enrollees for the
2793 State in fiscal year 2019, as calculated under paragraph
2794 (3) (B); to (B) the amount of the adjusted total medical
2795 assistance expenditures for the State for fiscal year 2019,
2796 as calculated under paragraph (3) (A).

2797 1903A enrollee; 1903A enrollee category. Subject to
2798 subsection (g), for purposes of this section, the following
2799 shall apply: (1) 1903A enrollee, the term "1903A enrollee"
2800 means, with respect to a State and a month, any Medicaid
2801 enrollee, as defined in paragraph (3) for the month, other
2802 than such an enrollee who for such month is in any of the
2803 following categories of excluded individuals: (A) CHIP, an
2804 individual who is provided, under this title in the manner
2805 described in section 2101(a) (2), child health assistance
2806 under Title XXI.

2807 (B) IHS, an individual who receives any medical
2808 assistance under this title for services for which payment is
2809 made under the third sentence of section 1905(b).

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2810 (C) breast and cervical cancer services eligible
2811 individual, an individual who is entitled to medical
2812 assistance under this title only pursuant to section
2813 1902(a)(10)(A)(ii)(XVIII).

2814 (D) partial benefit enrollees, an individual who:
2815 (i) is an alien who is entitled to medical assistance under
2816 this title only pursuant to section 1903(v)(2); (ii) is
2817 entitled to medical assistance under this title only pursuant
2818 to subclause (XII) or (XXI) of section 1902(a)(10)(A)(ii), or
2819 pursuant to a waiver that provides only comparable benefits;
2820 (iii) is a dual eligible individual, as defined in Section
2821 1915(h)(2)(B) and is entitled to medical assistance under
2822 this title, or under a waiver, only for some or all of
2823 Medicare cost-sharing, as defined in section 1905(p)(3); or
2824 (iv) is entitled to medical assistance under this title and
2825 for whom the State is providing a payment or subsidy to an
2826 employer for coverage of the individual under a group health
2827 plan pursuant to section 1906 or Section 1906A, or pursuant
2828 to a waiver that provides only comparable benefits.

2829 (2) 1903A enrollee category. The term "1903A enrollee
2830 category" means each of the following: (A) elderly, a
2831 category of 1903A enrollees who are 65 years of age or older;
2832 (B) blind or disabled, a category of 1903A enrollees, not
2833 described in the previous subparagraph, who are eligible for

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2834 medical assistance under this title on the basis of being
2835 blind or disabled; (c) children, a category of 1903A
2836 enrollees, not described in a previous subparagraph, who are
2837 children under 19 years of age; (d) expansion enrollees, a
2838 category of 1903A enrollees, not described in a previous
2839 subparagraph, for whom the amounts expended for medical
2840 assistance are subject to an increase or change in the
2841 Federal medical assistance percentage under subsection (y) or
2842 (z) (2), respectively, of section 1905.

2843 Other non-elderly, non-disabled, non-expansion adults.
2844 A category of 1903A enrollees who are not described in any
2845 previous subparagraph.

2846 (3) Medicaid enrollee. The term "Medicaid enrollee"
2847 means, with respect to a State for a month, an individual who
2848 is eligible for medical assistance for items or services
2849 under this title and enrolled under the State plan, or a
2850 waiver of such plan, under this title for the month.

2851 (4) Determination of number of 1903A enrollees. The
2852 number of 1903A enrollees for a State and fiscal year, and,
2853 if applicable, for a 1903A enrollee category, is the average
2854 monthly number of Medicaid enrollees for such State and
2855 fiscal year, and, if applicable, in such category, that are
2856 reported through the CMS-64 report, and subject to audit
2857 under H.

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2858 (f) Special payment rules. (1) Application in case of
2859 research and demonstration projects and other waivers. In the
2860 case of a State with a waiver of the State plan approved
2861 under section 1115, section 1915, or another provision of
2862 this title, this section shall apply to medical assistance
2863 expenditures and medical assistance payments under the
2864 waiver, in the same manner as if such expenditures and
2865 payments had been made under a State plan under this title,
2866 and the limitations on expenditures under this section shall
2867 supersede any other payment limitations or provisions,
2868 including limitations based on a per capita limitation,
2869 otherwise applicable under such a waiver.

2870 (2) Treatment of States expanding coverage after fiscal
2871 year 2016. In the case of a State did not provide for
2872 medical assistance for the 1903A enrollee category described
2873 in subsection (e) (2) (D) during fiscal year 2016, but which
2874 provides for such assistance for such category in a
2875 subsequent year, the provisional FY19 per capita target
2876 amount for such enrollee category under subsection (d) (5)
2877 shall be equal to the provisional FY19 per capita target
2878 amount for the 1903A enrollee category described in
2879 subsection (e) (2) (E).

2880 (3) In case of a State failure to report necessary data.
2881 If a State for any quarter in a fiscal year, beginning with

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2882 fiscal year 2019, fails to satisfactorily submit data on
2883 expenditures and enrollees in accordance with subsection
2884 (h) (1), for such fiscal year and any succeeding fiscal year
2885 for which such data are not satisfactorily submitted:
2886 (A) the Secretary shall calculate and apply subsections (a)
2887 through (e) with respect to the State as if all 1903A
2888 enrollee categories for which such expenditure and enrollee
2889 data were not satisfactorily submitted were a single 1903A
2890 enrollee category; and (B) the growth factor otherwise
2891 applied under subsection (c) (2) (B) shall be decreased by
2892 1 percentage point.

2893 (g) Recalculation of certain amounts for data errors.
2894 The amounts and percentages calculated under paragraphs (1)
2895 and (4) (C) of subsection (d) for a State for fiscal year
2896 2016, and the amounts of adjusted total medical assistance
2897 expenditures calculated under subsection (b) and the number
2898 of Medicaid enrollees and 1903A enrollees determined under
2899 subsection (e) (4) for a State for fiscal year 2016, fiscal
2900 year 2019, and any subsequent fiscal year, may be adjusted by
2901 the Secretary based upon an appeal, filed by the State in
2902 such form, manner, and time, and containing such information
2903 relating to data errors that support such appeal, as the
2904 Secretary specifies, that the Secretary determines to be
2905 valid, except that any adjustment by the Secretary under this

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2906 subsection for a State may not result in an increase of the
2907 target total medical assistance expenditures exceeding 2
2908 percent.

2909 (h) Required reporting and auditing of CMS-64 data;
2910 transitional increase in Federal matching percentage for
2911 certain administrative expenses.

2912 (1) Reporting. In addition to the data required on form
2913 Group VIII on the CMS-64 report form, as of January 1, 2017,
2914 in each CMS-64 report required to be submitted, for each
2915 quarter beginning on or after October 1, 2018), the State
2916 shall include data on medical assistance expenditures within
2917 such categories of service and categories of enrollees,
2918 including each 1903A enrollee category and each category of
2919 excluded individuals under subsection (e)(1) and the numbers
2920 of enrollees within each of such enrollee categories, as the
2921 Secretary determines are necessary, including timely guidance
2922 published as soon as possible after the date of the enactment
2923 of this section, in order to implement this section and to
2924 enable States to comply with the requirement of this
2925 paragraph on a timely basis.

2926 (2) Auditing. The Secretary shall conduct for each
2927 State an audit of the number of individuals and expenditures
2928 reported through the CMS-64 report for fiscal year 2016,
2929 fiscal year 2019, and each subsequent fiscal year, which

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2930 audit may be conducted on a representative sample, as
2931 determined by the Secretary.

2932 (3) Temporary increase in Federal matching percentage to
2933 support improved data systems for fiscal years 2018 and 2019.
2934 For amounts expended during calendar quarters beginning on or
2935 after October 1, 2017, and before October 1, 2019, (A) the
2936 Federal matching percentage applied under section
2937 1903(a)(3)(A)(i) shall be increased by 10 percentage points
2938 to 100 percent; (B) the Federal matching percentage applied
2939 under section 1903(a)(3)(B) shall be increased by 25
2940 percentage points to 100 percent; and (C) the Federal
2941 matching percentage applied under section 1903(a)(7) shall be
2942 increased by 10 percentage points to 60 percent but only with
2943 respect to amounts expended that are attributable to a
2944 State's additional administrative expenditures to implement
2945 the data requirements of paragraph (1).

2946 Subtitle D, Patient Relief and Health Insurance Market
2947 Stability. Section 131, Repeal of Cost-Sharing Subsidy.

2948 (a) In general, section 1402 of the Patient Protection
2949 and Affordable Care Act is repealed. (b) Effective date.
2950 The repeal made by subsection (a) shall apply to cost-sharing
2951 reductions, and payments to issuers for such reductions, for
2952 plan years beginning after December 31, 2019.

2953 Section 132, Patient and State Stability Fund.

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2954 The Social Security Act, 42 U.S.C. 301, is amended by
2955 adding at the end the following new title, "Title XXII,
2956 Patient and State Stability Fund."

2957 Section 2201. Establishment of Program.

2958 There is hereby established the Patient and State
2959 Stability Fund to be administered by the Secretary of Health
2960 and Human Services, acting through the Administrator of the
2961 Centers for Medicare and Medicaid Services, in this section
2962 referred to as the "Administrator," to provide funding in
2963 accordance with this title to the 50 States and the District
2964 of Columbia, each referred to in this section as a "State,"
2965 during the period, subject to section 2204(c), beginning on
2966 January 1, 2018, and ending on December 31, 2026, for the
2967 purposes described in section 2202.

2968 Section 2202. Use of Funds.

2969 A State may use the funds allocated to the State under
2970 this title for any of the following purposes: (1) Helping,
2971 through the provision of financial assistance, high-risk
2972 individuals who do not have access to health insurance
2973 coverage offered through an employer enroll in health
2974 insurance coverage in the individual market in the State, as
2975 such market is defined by the State, whether through the
2976 establishment of a new mechanism or maintenance of an
2977 existing mechanism for such purpose.

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2978 (2) Providing incentives to appropriate entities to
2979 enter into arrangements with the State to help stabilize
2980 premiums for health insurance coverage in the individual
2981 market, as such markets are defined by the State.

2982 (3) Reducing the cost for providing health insurance
2983 coverage in the individual market and small group market, as
2984 such markets are defined by the State, to individuals who
2985 have, or are projected to have, a high rate of utilization of
2986 health services, as measured by cost.

2987 (4) Promoting participation in the individual market and
2988 small group market in the State and increasing health
2989 insurance options available through such market.

2990 (5) Promoting access to preventative services; dental
2991 care services, whether preventative or medically necessary;
2992 vision care services, whether preventative or medically
2993 necessary; prevention, treatment, or recovery support
2994 services for individuals with mental or substance use
2995 disorders; or any combination of such services.

2996 (6) Providing payments, directly or indirectly, to
2997 healthcare providers for the provision of such healthcare
2998 services as are specified by the Administrator.

2999 (7) Providing assistance to reduce out-of-pocket costs,
3000 such as co-payments, co-insurance, premiums, and deductibles,
3001 of individuals enrolled in health insurance coverage in the

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3002 State.

3003 Section 2203, State Eligibility and Approval; Default
3004 Safeguard.

3005 (a) Encouraging State options for allocations. (1) In
3006 general, to be eligible for an allocation of funds under this
3007 title for a year during the period described in section 2201
3008 for use for one or more purposes described in section 2202, a
3009 State shall submit to the Administrator an application at
3010 such time, but, in the case of allocations for 2018, not
3011 later than 45 days after the date of enactment of this title
3012 and, in the case of allocations for a subsequent year, not
3013 later than March 31 of the previous year, in such form and
3014 manner as specified by the Administrator and containing:

3015 (A) a description of how the funds will be used for such
3016 purposes; (B) a certification that the State will make, from
3017 non-Federal funds, expenditures for such purposes in an
3018 amount that is not less than the State percentage required
3019 for the year under section 2204(e)(1); and (C) such other
3020 information as the Administrator may require.

3021 (2) Automatic approval. An application so submitted is
3022 approved unless the Administrator notifies the State
3023 submitting the application, not later than 60 days after the
3024 date of submission of such application, that the application
3025 has been denied for not being in compliance with any

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3026 requirement of this title and of the reason for such denial.

3027 (3) One-time application. If an application of a State
3028 is approved for a year, with respect to a purpose described
3029 in section 2202, such application shall be treated as
3030 approved, with respect to such purpose, for each subsequent
3031 year through 2026.

3032 (4) Treatment as a State healthcare program. Any
3033 program receiving funds from an allocation for a State under
3034 this title, including pursuant to subsection (b), shall be
3035 considered to be a State healthcare program for purposes of
3036 sections 1128, 1128A, and 1128B.

3037 (b) Default Federal safeguard. (1) In General, (A)
3038 2018. For allocations made under this title for 2018, in the
3039 case of a State that does not submit an application under
3040 subsection (a) by the 45-day submission date applicable to
3041 such year under subsection (a)(1), and in the case of a State
3042 that does not submit such an application by such date that is
3043 not approved, subject to section 2204(e), the Administrator,
3044 in consultation with the State insurance commissioner, shall
3045 use the allocation that would otherwise be provided to the
3046 State under this title for such year, in accordance with
3047 paragraph (2) for such State.

3048 (B) 2019 through 2026. In the case of a State that does
3049 not have in effect an approved application under this section

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3050 for 2019, or a subsequent year beginning during the period
3051 described in section 2201, subject to section 2204(e), the
3052 Administrator, in consultation with the State insurance
3053 commissioner, shall use the allocation that would otherwise
3054 be provided to the State under this title for such year, in
3055 accordance with paragraph (2) for such State.

3056 (2) Required use for market stabilization payments to
3057 issuers. An allocation for a state made pursuant to
3058 paragraph (1) for a year shall be used to carry out the
3059 purpose described in section 2202(2) in such State by
3060 providing payments to appropriate entities described in such
3061 section with respect to claims that exceed \$50,000 or, with
3062 respect to allocations made under this title for 2020 or a
3063 subsequent year during the period specified in section 2201,
3064 such dollar amount specified by the Administrator, but do not
3065 exceed \$350,000, or with respect to allocations made under
3066 this title for 2020 or a subsequent year during such period,
3067 such dollar amount specified by the Administrator, in an
3068 amount equal to 75 percent, or with respect to allocations
3069 made under this title for 2020 or a subsequent year during
3070 such period, such percentage specified by the Administrator,
3071 of the amount of such claims.

3072 Section 2204, Allocations.

3073 (a) Appropriation. For the purpose of providing

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3074 allocations for States, including pursuant to section 2203(b)
3075 under this title, there is appropriated, out of any money in
3076 the Treasury not otherwise appropriated: (1) for 2018,
3077 \$15 billion; (2) for 2019, \$15 billion; (3) for 2020,
3078 \$10 billion; (4) for 2021, \$10 billion; (5) for 2022,
3079 \$10 billion; (6) for 2023, \$10 billion; (7) for 2024,
3080 \$10 billion; (8) for 2025, \$10 billion; and (9) for 2026, \$10
3081 billion.

3082 (b) Allocations. (1) Payment, (A) In general, for
3083 amounts appropriated under section (a) for a year, the
3084 Administrator shall, with respect to a State and not later
3085 than the date specified under subparagraph (B) for such year,
3086 allocate, subject to subsection (e) for such State, including
3087 pursuant to section 2203(b), the amount determined for such
3088 State and year under paragraph (2).

3089 (B) Specified date. For purposes of subparagraph (A),
3090 the date specified in this clause is: (i) for 2018, the date
3091 that is 45 days after the date of the enactment of this
3092 title; and (ii) for 2019 and subsequent years, January 1 of
3093 the respective year.

3094 (2) Allocation amount determinations. (A) For 2018 and
3095 2019, (i) In general, for purposes of paragraph (1), the
3096 amount determined under this paragraph for 2018 and 2019 for
3097 a State is an amount equal to the sum of: (I) the relative

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3098 incurred claims amount described in clause (ii) for such
3099 State and year; and (II) the relative uninsured and issuer
3100 participation amount described in clause (iv) for such State
3101 and year.

3102 (ii) Relative incurred claims amount. For purposes of
3103 clause (i), the relative incurred claims amount described in
3104 this clause for a State for 2018 and 2019 is the product of:
3105 (I) 85 percent of the amount appropriated under subsection
3106 (a) for the year; and (II) the relative State incurred claims
3107 proportion described in clause (iii) for such State and year.

3108 (iii) Relative State incurred claims portion. The
3109 relative State incurred claims proportion described in this
3110 clause for a State and year is the amount equal to the ratio
3111 of: (I) the adjusted incurred claims by the State, as
3112 reported through the medical loss ratio annual reporting
3113 under section 2718 of the Public Health Service Act for the
3114 third previous year; to (II) the sum of such adjusted
3115 incurred claims for all States, as so reported, for such
3116 third previous year.

3117 (iv) Relative uninsured and issuer participation a
3118 mount. For purposes of clause (i), the relative uninsured
3119 and issuer participation amount described in the clause for a
3120 State for 2018 and 2019 is the product of: (I) 15 percent of
3121 the amount appropriated under subsection (a) for the year;

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3122 and (II) the relative State uninsured and issuer
3123 participation proportion described in clause (v) for such
3124 State and year.

3125 (v) Relative State uninsured and issuer participation
3126 proportion. The relative State uninsured and issuer
3127 participation proportion described in this clause for a State
3128 and year is: (I) in the case of a State not described in
3129 clause (vi) for such year, 0; and (II) in the case of a State
3130 described in clause (vi) for such year, the amount equal to
3131 the ratio of: (aa) the number of individuals residing in
3132 such State who for the third preceding year were not enrolled
3133 in a health plan or otherwise did not have health insurance
3134 coverage, including through a Federal or State health
3135 program, and whose income is below 100 percent of the poverty
3136 line applicable to a family of the size involved; to (bb) the
3137 sum of the number of such individuals for all States
3138 described in clause (vi) for the third preceding year.

3139 (vi) States described. For purposes of clause (v), a
3140 State is described in this clause, with respect to 2018 and
3141 2019, if the State satisfies either of the following
3142 criterion: (I) The number of individuals residing in such
3143 State and described in clause (v) (II) (aa) was higher in 2015
3144 than 2013; (II) The State has fewer than 3 health insurance
3145 issuers offering qualified health plans through the Exchange

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3146 for 2017.

3147 (B) For 2020 through 2026. For purposes of
3148 paragraph (1), the amount determined under this paragraph for
3149 a year, beginning with 2020, during the period described in
3150 section 2201 for a State is an amount determined in
3151 accordance with an allocation methodology specified by the
3152 Administrator which:

3153 (i) takes into consideration the adjusted incurred
3154 claims of such State, the number of residents of such State
3155 who for the previous year were not enrolled in a health plan
3156 or otherwise did not have health insurance coverage,
3157 including through a Federal or State health program, and
3158 whose income is below 100 percent of the poverty line
3159 applicable to a family of the size involved, and the number
3160 of health insurance issuers participating in the insurance
3161 market in such State for such year; (ii) is established after
3162 consultation with healthcare consumers, health insurance
3163 issuers, State insurance commissioners, and other
3164 stakeholders, and after taking into consideration additional
3165 cost and risk factors that may inhibit healthcare consumer
3166 and health insurance issuer participation; and (iii) reflects
3167 the goals of improving the health insurance risk pool,
3168 promoting a more competitive health insurance market and
3169 increasing choice for healthcare consumers.

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3170 (c) Annual distribution of previous year's remaining
3171 funds. In carrying out subsection (b), the Administrator
3172 shall, with respect to a year, beginning in 2020 and ending
3173 with 2027, not later than March 31 of such year:
3174 (1) determine the amount of funds, if any, from the amounts
3175 appropriated under subsection (a) for the previous year but
3176 not allocated for such previous year; and (2) if the
3177 Administrator determines that any funds were not so allocated
3178 for such previous year, allocate such remaining funds, in
3179 accordance with the allocation methodology specified pursuant
3180 to subsection (b) (2) (B).

3181 (A) to States that have submitted an application
3182 approved under section 2203(a) for such previous year for any
3183 purpose for which the application was approved; and (B) for
3184 States for which allocations were made pursuant to section
3185 2203(h) for such previous year, to be used by the
3186 Administrator for such States, to carry out the purpose
3187 described in section 2202(2) in such States by providing
3188 payments to appropriate entities described in such section
3189 with respect to the claims that exceed \$1 million.

3190 With respect to a year before 2027, any remaining funds
3191 being made available for allocations to States for the
3192 subsequent year. (d) Availability. The amounts appropriated
3193 under subsection (a) for a year and allocated to States in

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3194 accordance with this section shall remain available for
3195 expenditure through December 31, 2027. (e) Conditions for
3196 and limitations on receipt of funds. The Secretary may not
3197 make an allocation under this title for a State, with respect
3198 to a purpose described in section 2202.

3199 (1) in the case of an allocation that would be made to a
3200 State pursuant to section 2203(a), if the State does not
3201 agree that the State will make available non-Federal
3202 contributions towards such purpose in an amount equal to:
3203 (A) for 2020, 7 percent of the amount allocated under this
3204 subsection to such State for such year and purpose; (B) for
3205 2021, 14 percent of the amount allocated under this
3206 subsection to such State for such year and purpose; (C) for
3207 2022, 21 percent of the amount allocated under this
3208 subsection to such State for such year and purpose; (D) for
3209 2023, 28 percent of the amount allocated under this
3210 subsection to such State and for such purpose; (E) for 2024,
3211 35 percent of the amount allocated under this subsection to
3212 such State for such year and purpose; (F) for 2025, 42
3213 percent of the amount allocated under this subsection to such
3214 State for such year and purpose; and (G) for 2026, 50 percent
3215 of the amount allocated under this subsection to such State
3216 for such year and purpose.

3217 (2) In the case of an allocation that would be made for

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3218 a State pursuant to section 2203(b), if the State does not
3219 agree that the State will make available non-Federal
3220 contributions towards such purpose in an amount equal to:
3221 (A) for 2020, 10 percent of the amount allocated under this
3222 subsection to such State for such year and purpose; (B) for
3223 2021, 20 percent of the amount allocated under this
3224 subsection to such State for such year and purpose; and
3225 (C) for 2022, 30 percent of the amount allocated under this
3226 subsection to such State for such year and purpose; (D) for
3227 2023, 40 percent of the amount allocated under this
3228 subsection to such State for such year and purpose; (E) for
3229 2024, 50 percent of the amount allocated under this
3230 subsection to such State for such year and purpose; (F) for
3231 2025, 50 percent of the amount allocated under this
3232 subsection to such State for such year and purpose; and
3233 (G) for 2026, 50 percent of the amount allocated under this
3234 subsection to such State for such year and purpose; or (3) if
3235 such an allocation for such purpose would not be permitted
3236 under subsection (c) (7) of section 2105 if such an allocation
3237 were payment made under such section.

3238 Section 133, Continuous Health Insurance Coverage
3239 Incentive.

3240 Subpart I of part A of Title XXVII of the Public Health
3241 Service Act is amended: (1) in section 2701(a) (1) (B), by

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3242 striking "such rate" and inserting "subject to section 2711,
3243 such rate"; (2) by redesignating the second section 2709 as
3244 section 2710; and (3) by adding at the end the following new
3245 section.

3246 Section 2711, Encouraging Continuous Health Insurance
3247 Coverage.

3248 (a) Penalty applied. (1) In general, notwithstanding
3249 section 2701, subject to the succeeding provisions of this
3250 section, a health insurance issuer offering health insurance
3251 coverage in the individual or small group market shall, in
3252 the case of an individual who is an applicable policyholder
3253 of such coverage with respect to an enforcement period
3254 applicable to enrollments for a plan year beginning with plan
3255 year 2019, or, in the case of enrollments during a special
3256 enrollment period, beginning with plan year 2018, increase
3257 the monthly premium rate otherwise applicable to such
3258 individual for such coverage during each month of such
3259 period, by an amount determined under paragraph (2).

3260 (2), Amount of penalty. The amount determined under
3261 this paragraph for an applicable policyholder enrolling in
3262 health insurance coverage described in paragraph (1) for a
3263 plan year, with respect to each month during the enforcement
3264 period applicable to enrollments for such plan year, is the
3265 amount that is equal to 30 percent of the monthly premium

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3266 rate otherwise applicable to such applicable policyholder for
3267 such coverage during such month.

3268 (b) Definitions. For purposes of this section:

3269 (1) Applicable policyholder. The term "applicable
3270 policyholder" means, with respect to months of an enforcement
3271 period and health insurance coverage, an individual who: (A)
3272 is a policyholder of such coverage for such months; (B)
3273 cannot demonstrate, through presentation of certificates
3274 described in section 2704(e) or in such other manner as may
3275 be specified in regulations, such as a return or statement
3276 made under section 6055(d) or 36C of the Internal Revenue
3277 Code of 1986, during the look-back period that is with
3278 respect to such enforcement period, there was not a period of
3279 at least 63 continuous days during which the individual did
3280 not have creditable coverage, as defined in paragraph (1) of
3281 section 2704(c) and credited in accordance with paragraphs
3282 (2) and (3) of such section; and (C) in the case of an
3283 individual who had been enrolled under dependent coverage
3284 under a group health plan or health insurance coverage by
3285 reason of section 2714, and such dependent coverage of such
3286 individual ceased because of the age of such individual, is
3287 not enrolling during the first open enrollment period
3288 following the date on which such coverage so ceased.

3289 (2) Look-back period. The term "look-back period"

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3290 means, with respect to an enforcement period applicable to an
3291 enrollment of an individual for a plan year beginning with
3292 plan year 2019, or, in the case of an enrollment of an
3293 individual during a special enrollment period, beginning with
3294 plan year 2018, in health insurance coverage described in
3295 subsection (a) (1), the 12-month period ending on the date the
3296 individual enrolls in such coverage for such plan year.

3297 (3) Enforcement period. The term "enforcement period"
3298 means: (A) with respect to enrollments during a special
3299 enrollment period for plan year 2018, the period beginning
3300 with the first month that is during such plan year and that
3301 begins subsequent to such date of enrollment, and ending with
3302 the last month of such plan year; and (B) with respect to
3303 enrollments for plan year 2019 or a subsequent plan year, the
3304 12-month period beginning on the first day of the respective
3305 plan year.

3306 Section 134, Increasing Coverage Options.

3307 Section 1302 of the Patient Protection and Affordable
3308 Care Act, 42 U.S.C. 18022, as amended: (1) in subsection
3309 (a) (3), by inserting "and with respect to a plan year before
3310 plan year 2020" after "subsection (e)"; and (2) in subsection
3311 (d), by adding at the end the following: "(5) Sunset. The
3312 provisions of this subsection shall not apply after December
3313 31, 2019, and after such date any reference to this

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3314 subsection or level of coverage or plan described in this
3315 subsection, and any requirement under law applying such a
3316 level of coverage or plan shall have no force or effect, and
3317 such requirement shall be applied as if this section had been
3318 repealed."

3319 Section 135, Change in Permissible Age Variation in
3320 Health Insurance Premium Rates.

3321 Section 2701(a)(1)(A)(iii) of the Public Health Service
3322 Act, as inserted by section 1201(4) of the Patient Protection
3323 and Affordable Care Act, is amended by inserting after
3324 "consistent with section 2707(c)" the following, "or, for
3325 plan years beginning on or after January 1, 2018, as the
3326 Secretary may implement through interim final regulation, 5
3327 to 1 for adults, consistent with Section 2707(c), or other
3328 such ratio for adults, consistent with section 2707(c) as the
3329 State involved may provide."

3330 [Applause.]

3331 The Chairman. Congratulations to our staff, and those
3332 who watched. We thought about having our resident auctioneer
3333 take over, and he could probably get it done in half the
3334 time, Billy Long.

3335 I know we have a motion. I know we are going to strike
3336 the last word. What I would like to do now is just ask, are
3337 there bipartisan amendments to Subtitle A of the amendment in

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3338 the nature of a substitute? So let me get that down.

3339 Now I am going to recognize the gentleman from Oregon,
3340 who I think was next when we broke, because I believe he --

3341 Mr. Lujan. Can I just have a parliamentary inquiry?

3342 The Chairman. I --

3343 Mr. Lujan. Mr. Burgess said I couldn't ask it because
3344 we were in the middle of the reading earlier.

3345 The Chairman. All right. Mr. Schrader, if you will
3346 wait, I will defer to the gentleman from New Mexico for his -
3347 -

3348 Mr. Lujan. Thank you, Mr. Chairman.

3349 The Chairman. Please state your parliamentary inquiry.

3350 Mr. Lujan. Mr. Chairman, now that we have read the
3351 bill, when can the members of the committee ask questions
3352 about the portion that was just read?

3353 The Chairman. So that is the next thing we will get
3354 into is you will be -- we will get onto the bill now, but --
3355 and then you can strike the last word. That is when you
3356 would be able to ask. So that is -- does that answer your
3357 question?

3358 Mr. Lujan. So there is a time for members --

3359 The Chairman. Of course. Oh, yes.

3360 Mr. Lujan. -- to ask questions about the bill that
3361 just was read? Thank you, Mr. Chairman.

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3362 The Chairman. Yes. So now I would recognize the
3363 gentleman from Oregon, Mr. Schrader. For what purpose do you
3364 seek recognition?

3365 Mr. Schrader. Motion to postpone the markup until the
3366 CBO score comes in.

3367 The Chairman. Is the motion at the desk?

3368 Mr. Schrader. Yes, it is.

3369 The Chairman. The clerk will report the motion.

3370 The Clerk. A motion to request that the consideration
3371 of the legislation be postponed until the score of the
3372 legislation by the Congressional Budget Office has been made
3373 available for 30 days. Offered by Mr. Schrader.

3374 Mr. Murphy. Mr. Chairman?

3375 The Chairman. For what purpose does the gentleman from
3376 Pennsylvania seek recognition?

3377 Mr. Murphy. Mr. Chairman, I ask that that motion be
3378 tabled, please.

3379 The Chairman. The gentleman moves that the motion be
3380 tabled. That is non-debatable.

3381 Mr. Schrader. Mr. Chairman, before -- since I was nice
3382 and backed off and made sure we could read the bill, and all
3383 that, I would like to at least make a couple of comments
3384 about the motion, if that is all right with the gentleman
3385 from Pennsylvania.

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3386 The Chairman. I don't think we can now because he moved
3387 to table. Table is a non-debatable motion, as I know the
3388 gentleman knows.

3389 Mr. Murphy. I think --

3390 The Chairman. You will have an opportunity to strike
3391 the last word, where you can make your arguments.

3392 Mr. Murphy. I think it is important to have the CBO
3393 report before we vote on this, Mr. Chairman. We have always
3394 done that historically. It seems very odd that we wouldn't
3395 have that, especially given the impact of this bill. It
3396 could increase our debt deficit dramatically. Millions of
3397 people are going to lose health insurance, and premiums are
3398 going to go up.

3399 The Chairman. So with all due respect, the gentleman is
3400 not recognized because we are on a motion to table. The
3401 motion to table is non-debatable. I know you are going to
3402 want a recorded vote. The clerk will call the roll.

3403 The Clerk. Mr. Barton.

3404 Mr. Barton. Aye.

3405 The Clerk. Mr. Barton votes aye.

3406 Mr. Upton.

3407 Mr. Upton. Aye.

3408 The Clerk. Mr. Upton votes aye.

3409 Mr. Shimkus.

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3410 [No response.]

3411 Mr. Murphy.

3412 Mr. Murphy. Aye.

3413 The Clerk. Mr. Murphy votes aye.

3414 Mr. Burgess.

3415 Mr. Burgess. Aye.

3416 The Clerk. Mr. Burgess votes aye.

3417 Mrs. Blackburn.

3418 Mrs. Blackburn. Aye.

3419 The Clerk. Mrs. Blackburn votes aye.

3420 Mr. Scalise.

3421 Mr. Scalise. Aye.

3422 The Clerk. Mr. Scalise votes aye.

3423 Mr. Latta.

3424 Mr. Latta. Aye.

3425 The Clerk. Mr. Latta votes aye.

3426 Mrs. McMorris Rodgers.

3427 Mrs. McMorris Rodgers. Aye.

3428 The Clerk. Mrs. McMorris Rodgers votes aye.

3429 Mr. Harper.

3430 Mr. Harper. Aye.

3431 The Clerk. Mr. Harper votes aye.

3432 Mr. Lance.

3433 Mr. Lance. Aye.

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3434 The Clerk. Mr. Lance votes aye.

3435 Mr. Guthrie.

3436 [No response.]

3437 Mr. Olson.

3438 Mr. Olson. Aye.

3439 The Clerk. Mr. Olson votes aye.

3440 Mr. McKinley.

3441 Mr. McKinley. Aye.

3442 The Clerk. Mr. McKinley votes aye.

3443 Mr. Kinzinger.

3444 Mr. Kinzinger. Aye.

3445 The Clerk. Mr. Kinzinger votes aye.

3446 Mr. Griffith.

3447 Mr. Griffith. Aye.

3448 The Clerk. Mr. Griffith votes aye.

3449 Mr. Bilirakis.

3450 Mr. Bilirakis. Aye.

3451 The Clerk. Mr. Bilirakis votes aye.

3452 Mr. Johnson.

3453 Mr. Johnson. Aye.

3454 The Clerk. Mr. Johnson votes aye.

3455 Mr. Long.

3456 Mr. Long. Aye.

3457 The Clerk. Mr. Long votes aye.

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3458 Mr. Bucshon.

3459 Mr. Bucshon. Aye.

3460 The Clerk. Mr. Bucshon votes aye.

3461 Mr. Flores.

3462 [No response.]

3463 Mrs. Brooks.

3464 [No response.]

3465 Mr. Mullin.

3466 Mr. Mullin. Aye.

3467 The Clerk. Mr. Mullin votes aye.

3468 Mr. Hudson.

3469 Mr. Hudson. Aye.

3470 The Clerk. Mr. Hudson votes aye.

3471 Mr. Collins.

3472 [No response.]

3473 Mr. Cramer.

3474 Mr. Cramer. Aye.

3475 The Clerk. Mr. Cramer votes aye.

3476 Mr. Walberg.

3477 Mr. Walberg. Aye.

3478 The Clerk. Mr. Walberg votes aye.

3479 Mrs. Walters.

3480 Mrs. Walters. Aye.

3481 The Clerk. Mrs. Walters votes aye.

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3482 Mr. Costello.

3483 Mr. Costello. Aye.

3484 The Clerk. Mr. Costello votes aye.

3485 Mr. Carter.

3486 [No response.]

3487 Mr. Pallone.

3488 Mr. Pallone. Votes no.

3489 The Clerk. Mr. Pallone votes no.

3490 Mr. Rush.

3491 [No response.]

3492 Ms. Eshoo.

3493 Ms. Eshoo. No.

3494 The Clerk. Ms. Eshoo votes no.

3495 Mr. Engel.

3496 [No response.]

3497 Mr. Green.

3498 Mr. Green. No.

3499 The Clerk. Mr. Green votes no.

3500 Ms. DeGette.

3501 Ms. DeGette. No.

3502 The Clerk. Ms. DeGette votes no.

3503 Mr. Doyle.

3504 [No response.]

3505 Ms. Schakowsky.

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3506 [No response.]

3507 Mr. Butterfield.

3508 Mr. Butterfield. No.

3509 The Clerk. Mr. Butterfield votes no.

3510 Ms. Matsui.

3511 [No response.]

3512 Ms. Castor.

3513 [No response.]

3514 Mr. Sarbanes.

3515 [No response.]

3516 Mr. McNerney.

3517 Mr. McNerney. No.

3518 The Clerk. Mr. McNerney votes no.

3519 Mr. Welch.

3520 Mr. Welch. No.

3521 The Clerk. Mr. Welch votes no.

3522 Mr. Lujan.

3523 Mr. Lujan. No.

3524 The Clerk. Mr. Lujan votes no.

3525 Mr. Tonko.

3526 Mr. Tonko. No.

3527 The Clerk. Mr. Tonko votes no.

3528 Ms. Clarke.

3529 Ms. Clarke. No.

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3530 The Clerk. Ms. Clarke votes no.
3531 Mr. Loeb sack.
3532 Mr. Loeb sack. No.
3533 The Clerk. Mr. Loeb sack votes no.
3534 Mr. Schrader.
3535 Mr. Schrader. No.
3536 The Clerk. Mr. Schrader votes no.
3537 Mr. Kennedy.
3538 Mr. Kennedy. No.
3539 The Clerk. Mr. Kennedy votes no.
3540 Mr. Cardenas.
3541 Mr. Cardenas. No.
3542 The Clerk. Mr. Cardenas votes no.
3543 Mr. Ruiz.
3544 Mr. Ruiz. No.
3545 The Clerk. Mr. Ruiz votes no.
3546 Mr. Peters.
3547 Mr. Peters. No.
3548 The Clerk. Mr. Peters votes no.
3549 Mrs. Dingell.
3550 [No response.]
3551 Chairman Walden.
3552 The Chairman. Walden votes yes.
3553 The Clerk. Chairman Walden votes aye.

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3554 The Chairman. Okay. Members wishing to be recorded?

3555 The gentleman from Illinois.

3556 Mr. Shimkus. I wish to be recorded as yes.

3557 The Clerk. Mr. Shimkus votes aye.

3558 The Chairman. The gentleman from Kentucky.

3559 Mr. Guthrie. Aye.

3560 The Clerk. Mr. Guthrie votes aye.

3561 The Chairman. Gentleman from Texas.

3562 Mr. Flores. Aye.

3563 The Clerk. Mr. Flores votes aye.

3564 The Chairman. Gentlelady from Indiana.

3565 Mrs. Brooks. Aye.

3566 The Clerk. Mrs. Brooks votes aye.

3567 The Chairman. Gentleman from New York.

3568 Mr. Collins. Aye.

3569 The Clerk. Mr. Collins votes aye.

3570 The Chairman. The gentleman from Georgia.

3571 Mr. Carter. Aye.

3572 The Clerk. Mr. Carter votes aye.

3573 The Chairman. Okay. Let us go -- yes, the gentleman
3574 from New York.

3575 Mr. Engel. Votes no.

3576 The Clerk. Mr. Engel votes no.

3577 The Chairman. Gentlelady from Illinois.

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3578 Ms. Schakowsky. No.

3579 The Clerk. Ms. Schakowsky votes no.

3580 The Chairman. Gentlelady from California.

3581 Ms. Matsui. No.

3582 The Clerk. Ms. Matsui votes no.

3583 The Chairman. Gentlelady from Florida.

3584 Ms. Castor. No.

3585 The Clerk. Ms. Castor votes no.

3586 The Chairman. All right. Are there other members who
3587 have not cast their vote that want to cast their vote?

3588 Seeing none, the clerk will report the tally.

3589 The Clerk. Mr. Chairman, on that vote, there were 31
3590 ayes and 20 noes.

3591 The Chairman. Motion to table is approved.

3592 Mr. Pallone. Mr. Chairman?

3593 The Chairman. For what purpose does the gentleman from
3594 New Jersey seek recognition?

3595 Mr. Pallone. Move to strike the last word on the
3596 substitute.

3597 The Chairman. The gentleman is recognized for 5 minutes
3598 to strike the last word.

3599 Mr. Pallone. Thank you, Mr. Chairman. A wise man named
3600 Sam Rayburn, the longest-serving Speaker of the House and a
3601 former chairman of this committee, once said, and I quote,

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3602 "That any jackass can kick down a barn, but it takes a good
3603 carpenter to build one."

3604 For 7 years, Republicans vilified the Affordable Care
3605 Act. For 7 years, they stopped at nothing to undermine its
3606 success. They misled the public. They have purposely
3607 sabotaged insurance markets through lawsuits, starving the
3608 stabilization programs of their funding and administrative
3609 obstruction. And the list goes on.

3610 And they kept promising they had a better way. Year
3611 after year, speech after speech, they claimed they were
3612 working on a bill that could replace the law. First, it was
3613 Speaker Boehner. Then Speaker Ryan took the helm. And here
3614 we are, the illustrious so-called "better way" was finally
3615 released 2 days ago.

3616 But, Mr. Chairman, I don't understand what the rush is
3617 to hold this markup today. Again, statements were made that
3618 this was going to be through regular order. That is not
3619 true. There has not been a hearing in the Health
3620 Subcommittee. There has not been a markup in the Health
3621 Subcommittee. We are having a full committee markup to
3622 consider a bill that repeals the Affordable Care Act,
3623 considering that the bill was made public less than 48 hours,
3624 and the substitute, my understanding, was released yesterday.

3625 So why are Republicans scheduling a markup when they

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3626 have not held one hearing on this bill? When our committee
3627 considered the Affordable Care Act during the 111th Congress,
3628 Democrats posted the bill for all to see for 30 days before
3629 markup. We also held 79 committee hearings and markups over
3630 a 2-year period in the committees of jurisdiction. This
3631 allowed us to hear from people who liked the bill as well as
3632 those who didn't, so that we could know what its impact would
3633 be.

3634 Now, at that time, I was Chairman of the Subcommittee on
3635 Health, and the week after we publicly posted the bill my
3636 subcommittee conducted 3 straight days of hearings on the
3637 bill. This is the proper way to proceed on a bill that is
3638 going to significantly impact every American and their health
3639 security.

3640 As members of Congress, we should have time to read and
3641 understand what this bill will do and won't do, what it will
3642 cost, who and how many people will be covered under the bill,
3643 and that is what hearings on this Republican repeal bill
3644 would have provided.

3645 But instead of hearings, the Republican majority wants
3646 to move right to a markup in the full committee. I think
3647 that is extremely unfortunate, to say the least. Scheduling
3648 this markup today, in my opinion, makes a mockery of an open
3649 and transparent process, not to mention the fact that, you

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3650 know, so far, until now, members were only given 1 minute to
3651 talk about them.

3652 So, Mr. Chairman, last week on March 2, all 24 committee
3653 Democrats sent you a letter, a copy of which I have here and
3654 would ask to be entered into the record without objection --

3655 The Chairman. Without objection.

3656 [The information follows:]

3657

3658 *****COMMITTEE INSERT 4*****

This is an unedited transcript. The statements within may be inaccurate, incomplete, or misattributed to the speaker.

3659 Mr. Pallone. That letter recounted public statements
3660 made by Speaker Ryan promising, and I quote, "A committee
3661 process with public engagement and transparency." And I am
3662 sorry to say these are not the characteristics I would use to
3663 describe the manner in which the majority is proceeding on
3664 this bill.

3665 This legislation is going to have real and concrete
3666 effects on all Americans. It could be devastating for tens
3667 of millions of Americans who could lose their health care.
3668 The inconveniences that would result from delaying this
3669 markup, and actually going through the regular committee
3670 process, pale in comparison to the damage that hasty action
3671 invites.

3672 And so, Mr. Chairman, again, I don't understand the
3673 rush. My fear is that the Republicans don't want an open and
3674 transparent process, because they don't want feedback from
3675 their constituents and the American people before marking it
3676 up.

3677 And the main reason that I say that people will lose
3678 their health insurance under this legislation is as follows.
3679 When we did the Affordable Care Act, we knew that a lot of
3680 people whose incomes were above the Medicaid level would not
3681 be able to afford to pay for a premium. We knew that people
3682 at a little higher income level, maybe up to 75-, 80,000 for

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3683 a family for 4, would only be able to afford it if they got a
3684 significant subsidy.

3685 What is happening here today with this bill is that that
3686 significant subsidy is going to disappear. For those people
3687 at a little higher income, and those people under the
3688 expanded Medicaid, will be dropped because the Federal
3689 Government is not going to give the states sufficient money
3690 to continue the expansion or even the traditional Medicaid
3691 because of the cap.

3692 And so the bottom line is, the majority of people who
3693 got their coverage under the Affordable Care Act, who didn't
3694 have it before, are going to lose their coverage. And
3695 because of the cutbacks in Medicaid, states will begin not
3696 only throwing people off but also rationing care and losing
3697 benefits because you have repealed the essential benefit
3698 package. And that is the devastation that comes from this
3699 bill in a nutshell.

3700 I yield back.

3701 The Chairman. The gentleman yields back. Members
3702 seeking recognition? I recognize the gentleman from
3703 Pennsylvania, Dr. Murphy.

3704 Mr. Murphy. Thank you, Mr. Chairman. As Chairman of
3705 Oversight and Investigations, I want to put a few things on
3706 the record of hearings we have had on this issue. First of

3707 all, make sure we have on the record that when the previous
3708 bill, the Affordable Care Act, was presented before us, it
3709 changed considerably. And the bills that we did actually
3710 have, our House floor bypassed much of this process.

3711 But on Monday, March 6, 2017, we released a compendium
3712 of all of our oversight conducted by our committee since the
3713 law passed. It has been over the last 6 years, we compiled
3714 in its entirety for the first time. It exposed a lot of
3715 serious deficiencies in Obamacare or the Affordable Care Act
3716 that have actually harmed the American people and wasted
3717 taxpayer dollars, and it has paved the way to this
3718 legislation today.

3719 We have had over 31 oversight hearings on the Affordable
3720 Care Act. The Subcommittee on Oversight and Investigations
3721 convened 18 hearings. The Subcommittee on Health convened 9
3722 hearings, in addition to legislative hearings. The '09
3723 Health Subcommittees convened 1 joint hearing. The full
3724 committee convened 3 hearings.

3725 There was 107 witnesses that testified before the
3726 committee, and 38 witnesses were administration officials.
3727 The committee released 5 investigative reports in the 114th
3728 Congress, including 59 findings and 9 recommendations.

3729 The committee's most notable oversight topics included,

3730 1, the administration's decision to fund the cost-sharing
3731 reduction programs in the basic health program without a
3732 lawful appropriation; 2, the failed launch of healthcare.gov
3733 and mismanagement of the information technology systems by
3734 HHS and its component agencies; 3, the failure of 4 out of 17
3735 state-based exchanges and the misuse of federal grant money
3736 in the creation and operations of the state-based exchanges;
3737 and, 4, the closure of 22 out of 28 COOPs -- that is, the
3738 consumer-operated and oriented plan -- created by the
3739 Affordable Care Act and the associated loss of 2 billion in
3740 taxpayer dollars.

3741 The committee's Democratic members have long criticized
3742 the committee for the number of oversight hearings and
3743 investigations conducted by the committee and asks that we
3744 not hold more. But these investigations serve the essential
3745 function of creating a public record that clearly documents
3746 the serious problems and inefficiencies that exist in
3747 Obamacare and its implementation.

3748 And, I might add, many times I heard our friends on the
3749 other side saying they recognized there were problems with
3750 the Affordable Care Act and asked to work with us to overcome
3751 some of these problems.

3752 Most recently, the Democratic members have criticized

3753 Republicans for a "lack of transparency" in plans to repeal
3754 and replace the Affordable Care Act. But the foundation for
3755 the committee's repeal and replace plans can be found in the
3756 thousands of pages of transcripts, and hundreds of hours of
3757 testimony of the methodical and systematic oversight
3758 conducted by our committee.

3759 And does the Health Chairman have any other comments on
3760 that? I will yield to Dr. Burgess, Chairman of the Health
3761 Subcommittee.

3762 Mr. Burgess. Thank you. I thank the gentleman for
3763 yielding. Mr. Chairman, just a couple of points on the fact
3764 that the Affordable Care Act has seen serious, serious
3765 problems. A third of all U.S. counties have only 1 insurer.
3766 By definition, that is the opposite of choice. In 2017, 7
3767 states saw premiums increase more than 50 percent. That is
3768 the opposite of affordable.

3769 From a Congressional Budget Office perspective, the
3770 Congressional Budget Office score -- Mr. Chairman, if I
3771 recall correctly, serving on the Health Subcommittee in 2009,
3772 we did not have a markup of H.R. 3200 in the Health
3773 Subcommittee. It was, in fact, a full committee markup.
3774 And, in fact, when the reconciliation bill came forward in
3775 2010, which allowed for the passage of the Affordable Care

3776 Act, I think that went directly to the Budget Committee and
3777 the floor.

3778 I don't recall having a markup of the reconciliation
3779 that allowed Obamacare -- the Affordable Care Act to proceed.
3780 I don't recall having it here in this committee. I don't
3781 recall having a Congressional Budget Office score prior to
3782 that full committee markup in July of 2009. But the
3783 Congressional --

3784 Mr. Schrader. Point of order.

3785 Mr. Burgess. -- Budget Office --

3786 Mr. Schrader. Point of order, Mr. Chairman.

3787 Mr. Burgess. -- Congressional Budget Office, on their
3788 own --

3789 Mr. Schrader. Point of order.

3790 Mr. Burgess. -- projections, said 21 million people
3791 would be covered under the Affordable Care Act. Today -- I
3792 am sorry, for calendar year 2016, that number in fact was 10
3793 million. So the Congressional Budget Office score, while
3794 useful in helping guide Congress, it is hardly --

3795 Mr. Burgess. Will the gentleman yield?

3796 Mr. Schrader. -- the final word on the issue. And
3797 then, finally, I would just -- again, I need to reiterate
3798 that H.R. 3200, which was the House version of what became

3799 the Affordable Care Act, was marked up in the full committee.
3800 It did not come to our Health Subcommittee, and the
3801 reconciliation process did not come through our subcommittee
3802 or full committee. It went directly to the Budget Committee
3803 and to the floor. In fact, there was talk about it being
3804 deemed passed. Fortunately, that did not happen.

3805 The Chairman. The gentleman's --

3806 Mr. Schrader. But we did not come back to the
3807 committee.

3808 The Chairman. -- time has expired.

3809 Mr. Schrader. I yield back.

3810 The Chairman. The gentleman's time has expired. Are
3811 there other members seeking recognition?

3812 Mr. Schrader. Point of order, Mr. Chairman? Just real
3813 quick, just to correct the record. There was --

3814 The Chairman. Please state your point of order.

3815 Mr. Schrader. Point of order is that there was,
3816 actually, a misstatement in that CBO did give us a score
3817 before it came out of the committee when the Affordable Care
3818 Act was passed back in 2009.

3819 The Chairman. Appreciate that. Yes. Other members
3820 seeking recognition? The gentlelady from California, Ms.
3821 Eshoo, for what purpose are you seeking recognition?

3822 Ms. Eshoo. I would like to strike the last word.

3823 The Chairman. The gentlelady is recognized for 5

3824 minutes to strike the last word.

3825 Ms. Eshoo. Thank you, Mr. Chairman. I am -- I think
3826 that there is a huge deficiency here today around a very
3827 important topic, and that is that we don't have a CBO score.
3828 This is not something small or insignificant or some picky
3829 point just to be made. Health care is part -- a very
3830 important sector of our national economy.

3831 We need to know what this is going to cost. We need to
3832 know what kind of health insurance is going to be possible,
3833 let alone is it really going to be feasible? How much is the
3834 bill going to cost? Who is going to pay for it? Is it going
3835 to act as a deficit? Is it going to bring the deficit down?
3836 These are major, major issues.

3837 And why it is left out, I mean, it is up to the majority
3838 to explain that. You either don't care about it or you are
3839 worried what it is going to bring out. I don't know, but --
3840 or I have a sense of it. But I want to reiterate for the
3841 record how essential it is to have the CBO score.

3842 You have been harping on this for almost 7 years. You
3843 can't wait a couple of weeks for the CBO to score your ideas?
3844 I mean, there are lots of promises in this, but I think that

3845 we are missing major facts. I mean, less than 48 hours ago,
3846 this plan was unveiled to dismantle what is our healthcare
3847 system in our country.

3848 This isn't any small issue. And the words in these
3849 proposals, if they are to become law, walk right into
3850 people's lives. And I want to reiterate, I don't know what
3851 members here dropped their health insurance plan. Any of the
3852 Republicans disengage from the plan that we are enrolled in?
3853 What has happened to your family? Mine has worked very well.
3854 I have no complaints about it. I have no complaints about
3855 it.

3856 So I will say once again, if it is good enough for
3857 members of Congress, it should be good enough for our
3858 constituents. Instead of providing members with the time to
3859 consider the details of the plan, and, as I said, to get a
3860 score, there is an all-out rush here. And I guess it is the
3861 -- it is more about the advertising than it is about
3862 substance.

3863 I believe that, from what I have read in this plan, that
3864 people are going to lose health care, and I think those that
3865 get to have it are going to pay more. What happens to
3866 seniors in this? With the age rating, there is a multiplier
3867 to it. The older you get, the more you are going to pay.

3868 That is why AARP has weighed in, and they have weighed in in
3869 a very heavy way. This is serious.

3870 For those you that still have parents and are young,
3871 guess what? You are going to have to help them.
3872 Millennials, step up. Step up, because you are a stakeholder
3873 in this.

3874 What is going to happen to long-term care when you
3875 squeeze the hell out of Medicaid? What happens to people
3876 that have dementia and their children that need to help them?
3877 What is going to happen to that money? You are squeezing of
3878 Medicaid. Your per capita cap has a direct effect on long-
3879 term care for seniors, because Medicaid, almost 60 percent of
3880 it, goes to long-term care.

3881 So, you know, there is up, down, sideways, and the
3882 gentlewoman and the gentleman, and the this and the that, and
3883 we are going to rush, and it was in room I don't know
3884 whatnot, and we are going to give Americans everything. The
3885 President wants more for people, not less.

3886 You know what? We are playing with people's lives here.
3887 Playing with people's lives. And unless these questions can
3888 be answered straight up, watch out, America, because it is
3889 misleading advertising. In plain English, it is misleading
3890 advertising.

3891 So I --

3892 The Chairman. The gentlelady's time --

3893 Ms. Eshoo. Mr. Chairman, I regret that you have
3894 scheduled --

3895 The Chairman. -- has expired.

3896 Ms. Eshoo. -- this to rush it. No CBO score of this.

3897 The Chairman. The gentlelady's time has expired.

3898 Ms. Eshoo. And the hurt that is awaiting the American
3899 people is of huge concern and should be everyone's.

3900 The Chairman. The chair recognizes the gentleman from
3901 Texas, the Chairman of the Subcommittee on Health, Dr.
3902 Burgess.

3903 Mr. Burgess. Thank you, Mr. Chairman.

3904 The Chairman. Five minutes.

3905 Mr. Burgess. And, first off, on the issue of our
3906 individual health insurance, because it was a requirement
3907 that you purchase insurance in the D.C. exchange, I did not
3908 do that. I purchased an unsubsidized bronze plan in the
3909 federal fallback exchange in the State of Texas, and I will
3910 tell you it is the most God-awful insurance I have ever had.
3911 It was expensive. The premiums were beyond belief. They
3912 were paid with after-tax dollars.

3913 The deductible was just at \$6,000, almost made the

3914 insurance unusable, but I thought it was important that I
3915 went through what everyone else in the individual market in
3916 my district was encountering. And it was that experience
3917 that led me to believe that there has to be a better way.

3918 Now, on the issue of the CBO score, looking at the
3919 committee report from H.R. 3200, Clause 3(d) of Rule 13 of
3920 the Rules of the House of Representatives requires an
3921 estimate and comparison of the costs that would be incurred
3922 in carrying H.R. 3200. The committee anticipates that a CBO
3923 cost estimate letter will address these issues when the bill
3924 proceeds to consideration on the House floor.

3925 Thank you, Mr. Chairman. I yield back.

3926 The Chairman. The gentleman yields back the balance of
3927 his time. The chair recognizes the gentleman from New York,
3928 Mr. Engel, for 5 minutes.

3929 Mr. Engel. Thank you, Mr. Chairman. I move to strike
3930 the last word. To me, the bottom line in this is the
3931 American people will be paying more and getting less. Now,
3932 nobody is saying that the Affordable Care Act was perfect.
3933 In fact, there were a lot of things, and some of the things
3934 that my friends on the other side of the aisle point out that
3935 were problems with the Affordable Care Act, needed to be
3936 fixed. We could have fixed them. We could have put our

3937 heads together, and we could have tried our best to fix them.

3938 What this does -- people don't care that much about the
3939 nuances of this. The bottom line for them is, how much am I
3940 going to have to pay, and what kind of care am I going to
3941 get? And I will bet that on both those occasions this bill
3942 comes up short. The majority of people who are going to be
3943 affected by this bill, which is the majority of the American
3944 people, will wind up paying more and getting less.

3945 And if you are a senior citizen, forget it. If you are
3946 in a group that is almost a senior citizen, the 55 to 65
3947 group, you get socked. And if you are people making very
3948 little money, \$25-, \$30,000 a year, you are going to get
3949 socked, and that is the bottom line.

3950 You know, we come here and we debate on both sides of
3951 the aisle, and we say things, and whatever. The bottom line
3952 is, people want to know, what kind of health care am I
3953 getting? And how much will I have to pay for it? And I will
3954 bet my bottom dollar that the vast majority of American
3955 people, based on what I have read in the bill and what we
3956 discussed on the bill, is that people will be paying more and
3957 getting less.

3958 So if Obamacare was flawed, this drives the flaw even
3959 bigger and better. And the way we could have perhaps done it

3960 is putting our heads together -- and I said this before --
3961 Medicare, Medicaid, any kind of big bill that you have always
3962 has to be adjusted when you see what works and what doesn't
3963 work. That is what we should have been doing here, as far as
3964 I am concerned.

3965 My friends on the other side of the aisle's decision to
3966 charge ahead on this bill, less than 2 days after its
3967 introduction, is an affront to their constituents who are
3968 wondering how the bill would affect them. But it is also an
3969 indication that they are quite content to break one of the
3970 White House's central promises, and the promise is I quote,
3971 "Come up with a new plan that is going to be better health
3972 care for more people at a lesser cost."

3973 This does the opposite. The mere fact that this markup
3974 is taking place shows that our Republican colleagues either
3975 aren't concerned with providing health care for more people
3976 at a lesser cost, or they know they can't do it with this
3977 bill. And why? Because the non-partisan Congressional Budget
3978 Office has yet to determine how much this bill would cost or
3979 how many Americans it would cover.

3980 Without that analysis, there is absolutely no reason to
3981 believe that this bill would achieve those goals, because if
3982 it did, the Republicans would have held this markup with a

3983 readout from CBO in their hand, ready and willing to show
3984 Americans how the repeal bill works for them, and they are
3985 not doing that. So, obviously, they have something to hide.

3986 I have heard suggestions that CBO's process is too
3987 lengthy, and we can't wait. You know, Republicans have been
3988 promising a better way for 7 years, and I have never heard of
3989 a CBO analysis taking that long.

3990 If my colleagues on the other side of the aisle wish to
3991 move forward without knowing what this bill costs, or how
3992 many Americans it would cover, or who it would affect
3993 negatively, that is their prerogative. But it is time to be
3994 up front about it. You aren't waiting for a CBO score,
3995 either because you are not concerned with giving better
3996 health care to more people, which I doubt, at a lesser cost,
3997 or because you know that this bill can't do it, which I think
3998 we are all going to find out pretty soon that that is going
3999 to be the case.

4000 I yield back the balance of my time.

4001 The Chairman. Are there other members seeking
4002 recognition? The gentleman from Indiana, Dr. Bucshon, seeks
4003 recognition. Five minutes.

4004 Mr. Bucshon. Thank you, Mr. Chairman. I just want to
4005 say that, you know, Republicans are committed to transparency

4006 and regular order, and this is simply the first step in the
4007 process. As with the development of any piece of
4008 legislation, Energy and Commerce Committee members and staff
4009 drafted and refined legislative language reflecting the
4010 concerns of our constituents, and the mandate from voters to
4011 repeal and replace Obamacare.

4012 Working collaboratively with other committees, our
4013 counterparts in the Senate and the White House, we just
4014 introduced a bill that is now public and available for every
4015 American to go and read. Unlike Obamacare's 2,000-plus
4016 pages, our bill is under 100. And unlike Obamacare, members
4017 have a chance to read and understand what they are voting on.

4018 It is typical that the CBO does not score a bill prior
4019 to committee markup. We expect CBO to produce a score prior
4020 to any final legislation's consideration on the House floor,
4021 as is common procedure. In fact, we would respectfully
4022 remind my friends on the other side of the aisle that major
4023 portions of the ACA were marked up in the committee without a
4024 score, and the remaining parts that were in the 2010
4025 reconciliation instructions were never marked up in this
4026 committee.

4027 Finally, the FY2017 budget passed by the House and the
4028 Senate require that reconciliation instructions, like this

4029 legislation, reduce the deficit by \$2 billion; thus, the
4030 policies in this bill will only advance to the extent that
4031 they have an effect on cutting the budget. The CBO score is
4032 a red herring.

4033 And it is important to note that, in the CBO score from
4034 the Affordable Care Act, it says here from the CBO, "It is
4035 important to note that the figures presented here do not
4036 represent a complete cost estimate for the coverage
4037 provisions of the legislation. They reflect specifications
4038 provided by the committee staff, rather than detailed
4039 analysis of legislative language. They do not include
4040 certain costs that the government would incur to administer
4041 the proposed changes and the impact of the bill's provisions
4042 on other federal programs." Nevertheless, the estimates
4043 reflect major budgetary effects of H.R. 3200.

4044 And, you know, it is -- the Clause 3(d), Rule 13 of the
4045 Rules of the House of Representatives requires that an
4046 estimate and comparison of the costs that would be incurred
4047 in carrying out H.R. 3200, the committee anticipates that a
4048 CBO cost estimate letter will address these issues when the
4049 bill proceeds to the House floor as Chairman Burgess just
4050 reported out. And this is from a committee report from, at
4051 the time, majority Democrats.

4052 So I think, Mr. Chairman, in my remaining time, I would
4053 just like to comment on, also, some supporters of our
4054 legislation -- and let me just read this. This is -- and I
4055 quote, "The President's per capita cap proposal responds to
4056 the pleas of those who want more cost discipline in Medicaid
4057 without terminating -- without terminating -- the guarantee
4058 of basic health and long-term care to 36 million Americans.
4059 Under the President's approach, states would have both
4060 incentives and tools to manage Medicaid more efficiently, and
4061 the Federal Government would maintain its commitment to
4062 sharing in the costs of providing care." This is from former
4063 Congressman Henry Waxman.

4064 I would also like to point out that President Clinton
4065 said a per capita cap would limit the amount of federal
4066 spending per eligible person while retaining -- I repeat,
4067 retaining -- current eligibility and benefit guidelines.

4068 So, Mr. Chairman, with that, I yield.

4069 Ms. DeGette. Will the gentleman yield?

4070 Mr. Bucshon. The gentleman will yield.

4071 Ms. DeGette. I just want to set the record straight.

4072 It is true that the rules didn't require the CBO score until
4073 later in the process. But before this committee marked up
4074 the Affordable Care Act -- I think it was H.R. 3200 -- we had

4075 a CBO score in hand. We had it in hand.

4076 Thank you for yielding.

4077 The Chairman. Would the gentleman yield?

4078 Mr. Bucshon. I will yield.

4079 The Chairman. So let me quote from the committee report
4080 from that time, and I quote, to the Budget Committee, "Clause
4081 3(d) of Rule 13 of the Rules of the House of Representatives
4082 requires an estimate and comparison of the costs that could
4083 be incurred in carrying out H.R. 3200. The committee
4084 anticipates that the CBO cost estimate letter will address
4085 these issues when the bill proceeds to consideration on the
4086 House floor."

4087 That is a quote --

4088 Ms. DeGette. But we had it.

4089 The Chairman. Well, you didn't --

4090 Ms. DeGette. We had it before --

4091 The Chairman. Apparently, you didn't share it because
4092 this is your report in the committee. So if you had it, it
4093 was locked up in a secret room --

4094 Ms. DeGette. I will get you the information.

4095 The Chairman. -- somewhere and never shared, because
4096 this is actually -- I know Speaker Pelosi told the National
4097 Association of Counties at the time you had to pass the bill,

4098 so people could find out what is in it. And, apparently, CBO
4099 score going to reconciliation was the same way.

4100 I yield back to the gentleman from Indiana.

4101 Mr. Bucshon. I yield back.

4102 The Chairman. The gentleman yields back. The chair
4103 recognizes the gentleman from Texas, Mr. Green.

4104 Mr. Green. Thank you, Mr. Chairman. I move to strike
4105 the last word. By the way, Speaker Pelosi was not part of
4106 the Energy and Commerce Committee. So maybe if she was,
4107 because we had -- I read the bill, and it had 30 amendments
4108 to it in 2009.

4109 So, but the concern I have, after 7 years of
4110 demoralizing and politicizing and undermining the Affordable
4111 Care Act, we are here to mark up a sorry attempt to live up
4112 to false promises and advance a bill that is crafted in
4113 secrecy. While the specifics of the damaging efforts are not
4114 even fully known, make no mistake, it will lead to millions
4115 losing coverage, people paying more for less, and rationing
4116 of care.

4117 This plan makes every single meaningful metric worse for
4118 millions of Americans. It will lead to more people without
4119 insurance. It will lead to premiums going up, to co-pays
4120 going up, and deductibles going up. It will lead to

4121 destabilizing markets and rationing of care.

4122 Under this plan, many Americans will be pushed into bad
4123 coverage that they can't afford to use, and millions more
4124 will become uninsured altogether. It is simple. The bill
4125 cuts taxes for the rich, raises premiums on older Americans,
4126 cuts financial assistance for low and middle income working
4127 families, leads to the rationing of care for more than 70
4128 million Americans, including seniors in nursing homes,
4129 pregnant women, children, and people living with
4130 disabilities.

4131 The bill recycles failed ideas and has a lot worse
4132 problems. It in no way lives up to the rhetoric of President
4133 Trump and said that the prescription for getting more people
4134 less while having coverage in all -- for all coverage are
4135 paying more. More will become clear as experts and
4136 stakeholders study its effects, and the independent, non-
4137 partisan Congressional Budget Office releases its estimates,
4138 but the true -- basic truth is undeniable.

4139 Unlike this plan, the ACA had a clear policy goal. We
4140 wanted more people to have insurance, more insurance, more
4141 affordable, robust, stop abusive practices of the insurance
4142 industry, and reduce long-term costs. Instead of working
4143 with us to build upon the ACA, to the reality we have this

4144 bill. Repeal and replace is a slogan, not a policy, and
4145 health care is a right for all, not a privilege for a few.

4146 The repeal bill will not protect patients and will not
4147 save money and will not help working families. Instead, it
4148 is a drastic and devastating step backward, and the only
4149 people who stand to benefit from it are the healthy and the
4150 wealthy.

4151 Health care is highly sensitive and deeply personal.
4152 And as President Trump apparently just realized, incredibly
4153 complicated. That is why we spent days and days on markup
4154 for the Affordable Care Act. The stakes could not be higher
4155 for the American people.

4156 But let me implore my colleagues to listen, not just
4157 from us members of Congress but to critics from patients to
4158 economists to stakeholders, like the American Medical
4159 Association, the American Hospital Association, and stop
4160 ramming this ill-conceived bill through.

4161 Let me read something, and I would like to ask unanimous
4162 consent to place into the record, Mr. Chairman, the American
4163 Hospital Association letter in opposing this bill.

4164 The Chairman. Without objection.

4165 [The information follows:]

4166

4167

4168

*****COMMITTEE INSERT 5*****

4169 Mr. Green. Let me just read some of it in my last few
4170 minutes. "On behalf of the 5,000 member hospitals, health
4171 systems, and health coverage organizations, including 270,000
4172 affiliated physicians, 2 million nurses, and other
4173 caregivers, the 43,000 healthcare leaders who belong to our
4174 professional groups, the American Hospital Association
4175 expressing our views on the American Healthcare Act
4176 legislation to repeal and replace the Affordable Care Act."

4177 We believe that legislation needs to be reviewed and
4178 carefully evaluated regarding the impact on both individuals
4179 and the ability of hospitals and health system, which are the
4180 backbone of our nation's healthcare safety net in terms of
4181 our ability to care for all those people. Any ability to
4182 evaluate the American Healthcare Act, however, is severely
4183 hampered by the lack of coverage estimates by the
4184 Congressional Budget Office.

4185 In addition to the lack of CBO score, we have some
4186 additional policy concerns. For example, it appears that the
4187 effort to restructure Medicaid program would have the effect
4188 of making significant reductions in the program that provide
4189 services to our most vulnerable populations and pays
4190 providers significantly less than it is providing now.

4191 Let me just close by saying health care is vitally

4192 important to working American families, and they rely on
4193 hospital systems. We recognize the measure represents a
4194 first step, but it is critical this process is thoughtful and
4195 focused.

4196 We ask Congress to protect our patients and find ways to
4197 maintain coverage for all Americans possible, which this bill
4198 does not. We look forward to continuing your work. We
4199 cannot support the American Healthcare Act in its current
4200 form. That is why we need some amendments.

4201 And I yield back my time.

4202 The Chairman. The gentleman yields back the balance of
4203 his time. The chair recognizes the gentleman from Louisiana,
4204 the Whip of the House, Mr. Scalise, for 5 minutes.

4205 Mr. Scalise. Thank you, Mr. Chairman. And I guess we
4206 really need a little dose of reality as we are having this
4207 conversation. As my friends on the other side I think want
4208 to spend all day and all night and next morning trying to
4209 defend this failed law, I think we need to go and put that
4210 reality in place on what this law is really doing to
4211 families.

4212 CBO, by the way, this is the same CBO that, when
4213 Obamacare did come to the floor, they made all those great
4214 promises about how it was going to lower premiums. We all

4215 remember those claims, even the President said, "You are
4216 going to pay \$2,500 less." And Americans who have gotten
4217 double-digit increases every single year wonder when that
4218 promise is going to be fulfilled. And, of course, it can't
4219 be because of all of the unworkable mandates and taxes in
4220 this law that we are going to repeal.

4221 CBO and the President talked about how it was going to
4222 reduce the deficit. You remember that promise that was
4223 broken. I haven't heard anybody apologize, by the way, for
4224 misleading the American people when they made that false
4225 claim, but that is, in fact, what happened.

4226 And so over the course of the last few years, and
4227 especially in the context of the Presidential election that
4228 just occurred a few months ago, there was a debate in the
4229 public, and it was very clear. We, as House Republicans and
4230 Senate Republicans, have been running for years saying, if we
4231 get the opportunity, we are going to repeal Obamacare. We
4232 made that very clear, and we held the majorities in the House
4233 and Senate with that promise.

4234 And then, in the Presidential election, Donald Trump, as
4235 a candidate for President, was very clear he wants to repeal
4236 Obamacare and replace it. And Hillary Clinton was very clear
4237 she wanted to keep it. And so the public actually got to

4238 have a say in this, and they elected Donald Trump with that
4239 mandate of repealing Obamacare.

4240 So for anybody to think that we are going to just wait
4241 around and wait around, we have asked CBO, by the way, for a
4242 score. Anybody who thinks we are going to just wait and let
4243 some unelected bureaucrats in Washington stop us from
4244 following through on our promise to the American people that
4245 we are going to repeal this failed law and finally rescue
4246 them from the double-digit increases in premiums, and from
4247 the \$10,000 and more in deductibles, and all of the other
4248 things that have destroyed good health care for them, we are
4249 going to keep moving forward and fulfill that promise,
4250 because the American people expect us to do it.

4251 They want us to do it, and CBO is eventually going to
4252 come up with a score before it goes to Budget Committee,
4253 before it goes to the House floor. But in the meantime, if
4254 they can't get the score out there, we are still going to
4255 move forward and follow through on that promise.

4256 And, by the way, who are making this promise to? I
4257 asked my constituents just a few weeks ago, share your
4258 stories with me. I want to know what Obamacare means to my
4259 constituents. I hear from them all the time, for years, all
4260 the complaints. And look what I got. All of these

4261 constituents who have talked about how Obamacare is
4262 devastating health care for them.

4263 Look at the stories of the 4,500 deductible per family
4264 member. That is destroying health care and jacking up their
4265 premiums. People want to be rescued from this law, and they
4266 had a say in the election. If the American people wanted
4267 Obamacare to stay in place, they knew they had a choice,
4268 electing Donald Trump means you are going to help expedite
4269 the repeal of Obamacare, and he won the race.

4270 But why don't we listen to some other people that talked
4271 about Obamacare. I rarely quote Bill Clinton on healthcare
4272 policy, but Bill Clinton just a few months ago said, and I
4273 quote, "The people who are getting killed on this deal are
4274 small businesses, people and individuals who make just a
4275 little too much to get any of these subsidies because they
4276 are not organized. They don't have any bargaining power with
4277 the insurance companies, so they are getting whacked." This
4278 is Obamacare that Bill Clinton is talking about.

4279 I will continue, and I quote, "So you have got this
4280 crazy system where all of a sudden 25 million more people
4281 have health care, and then the people who are out there
4282 busting it, sometimes 60 hours a week, wind up with their
4283 premiums doubled and their coverage cut in half. It is the

4284 craziest thing in the world."

4285 I completely agree with Bill Clinton on this, because it
4286 is destroying lives. It is jacking up costs for families.
4287 And when CBO comes up with the score, that is going to be
4288 great. But in the meantime, we are not going to wait on some
4289 unelected bureaucrats to provide relief from Obamacare to the
4290 American people. The country had their say, and I am glad
4291 that they spoke loudly.

4292 I am glad this was an issue in the campaign, because
4293 that means now there is a mandate, because we talked about
4294 repealing Obamacare and it was front and center in the
4295 debate. The American people spoke. We are not going to deny
4296 them this opportunity to get this much-needed relief from
4297 this disastrous law.

4298 I yield back.

4299 The Chairman. The gentleman yields back the balance of
4300 his time, I believe. I recognize the gentlelady from
4301 Colorado.

4302 Ms. DeGette. Move to strike the last word.

4303 The Chairman. The gentlelady is recognized for 5
4304 minutes to strike the last word.

4305 Ms. DeGette. Thank you, Mr. Chairman. Mr. Chairman,
4306 the reason why we need the CBO score is not because of some

4307 arcane procedure in the rules. It is because we need to know
4308 how this bill is going to affect every single one of our
4309 constituents.

4310 Now, when we passed the original Affordable Care Act in
4311 2015 -- I am sorry, in 2009, we did have a CBO score before
4312 this committee marked it up. There was a verbal briefing on
4313 July 15 at 2:00 by the CBO, a bipartisan briefing, and then
4314 on July 17, before this committee took the vote, the written
4315 CBO report came in. So everybody knew how much this was
4316 going to cost.

4317 The Chairman. Would the gentlelady yield just for --

4318 Ms. DeGette. I will --

4319 The Chairman. -- clarification? Is that -- can you
4320 give me the date on that letter, please?

4321 Ms. DeGette. I will, respectfully, ask to submit these
4322 documents for the record, and I will let you look at them
4323 right now.

4324 The Chairman. Can you just tell me the date on that
4325 while you have it?

4326 Ms. DeGette. July 17.

4327 The Chairman. Okay. Thank you.

4328 Ms. DeGette. And I hope you will give me a few extra
4329 seconds, Mr. Chairman. So then we found out, after the

4330 majority repealed part of the Affordable Care Act a couple of
4331 years ago, exactly how it was going to impact Americans when
4332 the CBO issued a report then that said if you did this repeal
4333 and replace thing that the House passed and the Senate passed
4334 and Obama vetoed, 18 million people would lose their
4335 insurance.

4336 And then we find out today, from a number of groups, and
4337 independent groups, including the American Enterprise
4338 Institute, that if we pass this bill today -- this bill
4339 today, for which we don't have a CBO score, then 10 to 15
4340 million Americans could lose their insurance.

4341 Now, I would think that people would want to know if
4342 their constituents were going to lose their insurance before
4343 they would want to vote on this bill today. And if the CBO
4344 is going to have their score on Monday, I would think it
4345 would be an easy task to wait until Monday.

4346 Certainly, Paul Ryan, Joe Barton, Dave Camp, and John
4347 Kline thought it was important, because on June 23, 2009,
4348 they sent a letter to Doug Elmendorf, the head of the CBO,
4349 demanding that we have a score from the CBO before we mark
4350 the bill up.

4351 And, Mr. Chairman, I would ask unanimous consent to put
4352 that letter, and also the January 2017 CBO estimate, into the

4353 record as well.

4354 The Chairman. Just for clarification, July or January

4355 2017, or --

4356 Ms. DeGette. January --

4357 The Chairman. January --

4358 Ms. DeGette. -- 2017.

4359 The Chairman. -- 2017. Okay.

4360 Ms. DeGette. Now, I would ask unanimous consent to put

4361 those in the record, Mr. Chairman. I would ask unanimous

4362 consent to put those in the record.

4363 The Chairman. Yes, without objection. I am sorry.

4364 Ms. DeGette. Thank you.

4365 [The information follows:]

4366

4367 *****COMMITTEE INSERT 6*****

4368 Ms. DeGette. So Mr. Burgess doesn't think, apparently,
4369 that the members should care if their constituents are going
4370 to lose their insurance because he doesn't think the CBO is
4371 important. But it is important if our constituents lose
4372 their insurance.

4373 I just want to say a couple more things. My c
4374 Chairman, Tim Murphy, says that we had numerous hearings in
4375 the Oversight and Investigations Subcommittee. We did have
4376 numerous hearings about the Affordable Care Act, but we have
4377 had zero hearings about this bill. And I think it is
4378 extremely interesting that my Republican colleagues today
4379 have had zero to say about the substance of their bill.

4380 They keep talking about this is important, and our
4381 constituents don't like the ACA, and so on and so forth.
4382 They are not talking about what is in here. And the reason
4383 why they are not is because this ill-conceived bill is going
4384 to be bad for their constituents.

4385 Coverage -- after the election, President Trump said,
4386 and I quote, "We are going to have insurance for everybody."
4387 But at least according to the American Enterprise Institute,
4388 a lot of people are going to lose their coverage.

4389 Number 2, affordability. President Trump also said we
4390 are going to have, "Much better health care at a much lower

4391 cost." But if you raise Americans' deductibles, as this bill
4392 will do, if you gut the programs that help keep costs down,
4393 if you take away the premium support and put the tax credits
4394 in, Americans are going to pay a lot more money for their
4395 health care.

4396 Number 3, protections for patients. Republicans also
4397 have promised to protect patients who have preexisting
4398 conditions. Now, even though this repeal bill maintains the
4399 protections that are in the ACA, it is not going to stop
4400 insurance companies from raising everybody's rates. And
4401 also, older, sicker people are going to have insurance rates
4402 raised.

4403 I could go on and on. I have a lot more things to say.
4404 But the fact is, we could do this. Fred Upton and I and the
4405 whole committee, this whole committee together, we did 21st
4406 Century Cures. If we all took a step back and went back
4407 there, and we can go in the Republican lounge. I have spent
4408 a lot of hours there negotiating. We could go in there. We
4409 could improve and update the Affordable Care Act. I wish
4410 that is what we would do on behalf of our constituents.

4411 The Chairman. The gentlelady's time has expired.

4412 Mr. Barton. Mr. Chairman?

4413 The Chairman. The chair recognizes the gentleman from

4414 Texas, the vice chair of the committee, and the former
4415 chairman and ranking member of the committee, Mr. Barton, for
4416 5 minutes.

4417 Mr. Barton. I love vice, Mr. Chairman, so I am glad to
4418 be the vice chairman. That is so fun.

4419 I want to comment, since the gentlelady from Colorado
4420 mentioned my name, about what she said. And the gentlelady
4421 is a good friend of mine, and at some point this year she and
4422 I are going to work together. I don't think that point is
4423 going to be today, but we are going to work together.

4424 We did think that there should be a CBO score way back
4425 then. We never got it, not an official score, but I will
4426 accept that we wanted one, just like you want one. We want
4427 one, too. We are all God's children. We all want a CBO
4428 score. It is not our fault that the CBO is sitting in their
4429 bottom and not helping us.

4430 But there was a letter sent to the Chairman of the Ways
4431 and Means Committee, Mr. Rangel of New York at that time,
4432 dated July 17, 2009, and in that letter -- and it wasn't sent
4433 to Mr. Dingell, the chairman of our committee, it was sent to
4434 Mr. Rangel, the chairman of the Ways and Means Committee.
4435 They did say that they had completed a preliminary analysis
4436 of H.R. 3200, a preliminary analysis.

4437 Now, this verbal briefing that the gentlelady from
4438 Colorado referred to, the Republicans were excluded from, Mr.
4439 Chairman. We weren't allowed to come. I tried to come, and
4440 I wasn't allowed to. But I want to read from this letter
4441 that Mr. Rangel got.

4442 It says, "It is important to note here that the figures
4443 presented do not represent a complete cost estimate for the
4444 coverage provisions. They reflect specifications provided by
4445 the committee staff, rather than a detailed analysis of the
4446 legislative language. They do not include certain costs that
4447 the government would incur to administer the proposed
4448 changes. They do not include the impact of the bill's
4449 provisions on other federal programs. Nevertheless, the
4450 estimates reflect the major net budgetary effects of
4451 H.R. 3200."

4452 Do you know what that "net budgetary effect" was, Mr.
4453 Chairman? It says, "It results in a net increase in the
4454 deficit of an estimated \$65 billion by fiscal year 2019." It
4455 wasn't an official estimate, but to the extent they could do
4456 some preliminary numbers, they said it is going to cost
4457 \$65 billion.

4458 Now, let us go fast-forward to later in the year when
4459 the Budget Committee took up what had been H.R. 3200,

4460 although it wasn't called that at the time. This is a report
4461 to the House dated October 14, 2009, and several other
4462 members have referred to this. But where it talks about the
4463 committee cost estimate, it is pretty straightforward.

4464 Clause 3(d) of Rule 13 of the Rules of the House of
4465 Representatives require an estimate and comparison of the
4466 costs that would be incurred in carrying out H.R. 3200. The
4467 committee anticipates that a CBO cost estimate letter will
4468 address these issues when the bill proceeds to consideration
4469 on the House floor. But it was not presented when it was
4470 sent to the -- when the Budget Committee took it up.

4471 So, again, we want a score; they want a score. We don't
4472 have the score the score; we will get a score. But that is
4473 not a reason not to mark this bill up.

4474 And with that, I will be happy to yield my time or yield
4475 back.

4476 The Chairman. The gentleman yields back the balance of
4477 his time. The chair recognizes the gentleman from
4478 Pennsylvania, I believe is next, Mr. Doyle, for 5 minutes.

4479 Mr. Doyle. Thank you, Mr. Chairman. I move to strike
4480 the last word.

4481 The Chairman. The gentleman is recognized.

4482 Mr. Doyle. I want to share a letter that I received

4483 from Governor Tom Wolf, who is governor of the great State of
4484 Pennsylvania. I have become very concerned of the effects of
4485 this bill on our Medicaid expansion program. Governor Wolf
4486 wrote me to express his concern regarding the American Care
4487 Act. He has urged us to vote no on this bill. I know he has
4488 sent copies of this letter to other Pennsylvania members. He
4489 said, in short, it will have a devastating consequence on our
4490 economy and our constituents.

4491 The legislation, as it stands today, would disrupt
4492 healthcare access and coverage for millions of
4493 Pennsylvanians. Currently, there are more than 2.8 million
4494 Pennsylvanians enrolled in Medicaid, more than 700,000 of
4495 whom have only recently been able to access Medicaid through
4496 the expansion that he put in place when he became governor in
4497 2015.

4498 Of the people in the expansion population, 42,738 of
4499 them live in my congressional district. More than 1.2
4500 million of the 2.8 million Medicaid enrollees are children;
4501 387,000 of them are between the ages of 0 and 5 years old.
4502 There are more than 248,000 seniors receiving health care
4503 through Medicaid in Pennsylvania, and the program supports
4504 over 30,000 individuals with intellectual disabilities and
4505 autism, so that they can live in their own communities as

4506 well.

4507 In his 2017-'18 proposed budget, 18.5 billion of the
4508 total Medicaid budget -- that is 62 percent of the budget --
4509 is going to be spent on older Pennsylvanians and people with
4510 disabilities. The proposal that we are considering here in
4511 Congress would freeze Medicaid enrollment for low income
4512 adults without dependent children beyond 2020, and convert
4513 Medicaid to a per capita allotment using fiscal year 2016 as
4514 a base year, with sanctions for states spending higher than
4515 their targeted aggregate amount.

4516 If the amount of federal funding for the expansion
4517 population is reduced, Pennsylvania's Department of Human
4518 Services estimates the cost of covering the more than 700,000
4519 individuals in the expansion population would be \$2 billion
4520 annually, not considering any adjustments for cost increases
4521 or inflation between now and 2020.

4522 In our current economic climate in Pennsylvania, this is
4523 simply not a cost the state can absorb. We will be forced to
4524 ration care for our most vulnerable residents, pitting
4525 seniors against individuals with disabilities, against sick
4526 children in a race for who is sicker and who needs care more
4527 immediately.

4528 Separate and apart from Medicaid, more than 413,000

4529 Pennsylvanians have signed up for coverage through the health
4530 insurance marketplace as of January 2017. Seventy-five
4531 percent of those marketplace customers are estimated to be
4532 able to find a plan in 2017 for less than \$100 a month as a
4533 result of financial assistance.

4534 Subsidies available through the Affordable Care Act
4535 currently offer protections for individuals living in rural
4536 and other areas where premiums tend to be higher, but the
4537 proposal that is being considered in Congress removes those
4538 subsidies for individuals based on income and geographic
4539 location and, instead, allocates tax credits based on age.

4540 This will have the disproportionate and unintended
4541 effect of increasing costs for some of our most vulnerable
4542 residents, most notably seniors, while decreasing costs and
4543 creating incentives for wealthy individuals and insurance
4544 companies.

4545 Seniors represent one of the fastest-growing populations
4546 in Pennsylvania, and shifting the burden of expensive
4547 healthcare costs on them to offset costs for the rest of us
4548 is unfair and disingenuous. These are individuals who have
4549 lived and worked in our communities, sometimes their entire
4550 lives, and they will suddenly be at the mercy of health
4551 insurance companies who will no longer be restricted from

4552 charging them higher premiums than the rest of us.

4553 More than 2.9 million Pennsylvanians are age 60 and
4554 over, and research shows that nearly 70 percent of them
4555 reaching age 60 are expected to have long-term care service
4556 needs at some point in their lifetime. The American
4557 Healthcare Act would cripple our state's ability to cover
4558 optional services currently offered by Medicaid, like
4559 prescription drug coverage and inpatient psychiatric care for
4560 individuals under age of 21.

4561 The Chairman. The gentleman's time has expired.

4562 Mr. Doyle. And it goes on and on and on, and I am sure
4563 later in the day we will be able to finish the rest of that
4564 letter.

4565 The Chairman. All right. I thank the gentleman from
4566 Pennsylvania. The chair recognizes the gentleman from Texas,
4567 Mr. Olson, for 5 minutes to strike the last word.

4568 Mr. Olson. I thank the chair. In 2010, Obamacare
4569 promised a better quality of care at a lower cost with the
4570 doctor of your choice. All those promises have been broken.
4571 And while part of this bill tries to salvage/rescue some of
4572 those promises, it tries to make local care available with
4573 the doctor of your choice and lower cost.

4574 This bill imposes a 1-year freeze on mandatory funding

4575 for community providers who are engaged in family planning
4576 services and reproductive health. It puts a ban, 1-year ban,
4577 on those providers that provide abortions.

4578 In my home state of Texas, there are 36 such centers
4579 from 1 organization that are in Texas; Arlington, Texas; 3 in
4580 Austin, Texas; Bedford, Texas; Brownsville; Cedar Hill;
4581 Dallas, 2; Denton; Dickinson; Fort Worth has 2; Harlingen;
4582 Houston has 6; Lewisville; Mesquite; Paris; Plano; 5 in San
4583 Antonio; Spring; Stafford in my district; Tyler; and Waco.
4584 Thirty-six centers.

4585 There are 37 federally qualified health centers in my
4586 state, and 300 more sites that give people access to the care
4587 they deserve. There are these sites in Alpine, Texas;
4588 Lamesa, Texas; Big Wells, Texas; and Fort Hancock, Texas.
4589 Fort Hancock is right there by El Paso, on the border.

4590 If you go to one of the clinics that we put the
4591 moratorium on with this bill, they have to drive 497.9 miles,
4592 500 miles, to get the care that they deserve. That will take
4593 6 hours and 48 minutes. This bill simply says there is a
4594 better way -- local, federally qualified health centers.

4595 This provision is very modest. It simply removes the
4596 benefit of certain taxpayer dollars from large abortion
4597 providers if they continue to do abortions outside of the

4598 current law called the Hyde Amendment.

4599 Unlike some of the other clinics that perform these
4600 services, federally qualified health centers provide
4601 comprehensive medical, dental, and mental health, and other
4602 primary services. This bill does not change the availability
4603 of funds for women's health. It simply establishes a
4604 safeguard, so the nation's large abortion clinics can't be
4605 providing such services through Medicaid, and this is access
4606 to care for local people who need it at their homes.

4607 A January 2007 Marist poll, about 74 percent of
4608 Americans, including 54 of those who identify as pro-choice,
4609 are in favor of "stiffer restrictions on abortion." A
4610 November 2016, a Susan B. Anthony List poll found that 56
4611 percent of Americans oppose giving taxpayer dollars to some
4612 of these clinics. Reallocating these funds away from the
4613 largest abortion providers supports comprehensive health
4614 services and a better way to invest in women's health on a
4615 local level.

4616 And one thing back home about this bill, why it is so
4617 important we pass this bill. This came from a man back home.
4618 He is a 60-year-old self-employed geologist. In 2009, he had
4619 his own Blue Cross PPO, and it cost him \$178 per month with a
4620 \$500 deductible. That was great. Had his own personal

4621 doctors. "I could do whatever I wanted and was covered.

4622 "Obamacare came along, and the PPO increased to \$1,000 a
4623 month. It is not affordable. My bronze plan went up to \$270
4624 a month, and then went to \$370, and then \$470 per month. The
4625 HMO plan only had doctors who were in a small group. I was
4626 forced to change positions. Last year Blue Cross changed my
4627 new rate change, \$817 per month, a gut-punching \$6,500
4628 deductible. That is \$16,304 I have to spend before coverage
4629 occurs."

4630 And that is why this bill is so important we pass it,
4631 because to keep the promise made to the American people --
4632 better care, lower cost, doctor of choice.

4633 The Chairman. The gentleman's time has expired. Other
4634 members seeking recognition? The gentlelady from Illinois is
4635 recognized for 5 minutes to strike the last word.

4636 Ms. Schakowsky. Thank you, Mr. Chairman. The
4637 Republican repeal bill is nothing more than an attempt to rip
4638 coverage away from millions of people and ration care. And
4639 even if we can all agree -- no, no, no, I am sorry. I am
4640 starting over.

4641 Here we go. I strike the last word.

4642 [Laughter.]

4643 The Chairman. I am not resetting the clock.

4644 [Laughter.]

4645 Ms. Schakowsky. I already said that. Bad, sad thing.
4646 Okay. I move to strike the last word. I strongly oppose
4647 this legislation because it would rip insurance companies,
4648 insurance coverage for millions of people, and ration care.
4649 I would like to share the story of Tracy, a constituent of
4650 mine from Chicago, whose family has greatly benefitted from
4651 the ACA.

4652 In 2013, Tracy's family got a phone call that changed
4653 their lives forever. Her husband Carlo had an aggressive
4654 form of leukemia. He was only 42 at the time. The situation
4655 was so dire that he was given 2 hours to arrive at
4656 Northwestern Hospital, so that he could begin treatment. At
4657 that moment in anyone's life, the last thing they want to
4658 think about is how to afford the care they need to survive.

4659 But Tracy started looking into her insurance policy and
4660 noticed a \$1 million cap on lifetime benefits and started to
4661 panic. It was entirely possible that her husband's care
4662 could exceed \$1 million, and then what would they do?
4663 Luckily, she called her insurance company who told her that
4664 because of Obamacare her family's health insurance plan no
4665 longer has an annual or a lifetime limit. Her husband could
4666 get the care that he needed, and they would not have to worry

4667 about how that care would be covered.

4668 Tracy's husband is alive today because he had affordable
4669 insurance that provided him with the treatment he needed
4670 without fear of reaching his annual or lifetime cap, and he
4671 is now in remission, but has a 20 percent chance of his
4672 cancer returning. Not only can Tracy's family rest assured
4673 that because of Obamacare her insurance plan cannot impose a
4674 limit, but also knows that her husband cannot be denied
4675 insurance or charged more for that insurance if he has to
4676 leave his job in order to get cancer treatment.

4677 And, similarly, Tracy won't be penalized if she has to
4678 leave the workforce to care for her husband, or another
4679 family member, and lose her insurance coverage.

4680 So when Republicans talk about repealing the ACA, this
4681 is who they are talking about. They are talking about taking
4682 quality care away from my constituents, from their
4683 constituents, from cancer patients, and from families that
4684 would be bankrupt if they were forced to pay out of pocket
4685 for cancer treatment.

4686 And I am here today, and many of us are here today, to
4687 stand up for Tracy, her family, and millions like them across
4688 the country. And I am here to ask my Republican colleagues
4689 if they are listening to people around the country and

4690 hearing their demands. I am here to ask Republicans to
4691 understand why their constituents are so afraid of what they
4692 are doing to Obamacare. And I am here to ask Republicans, if
4693 they really came to Congress, to take health care away from
4694 people who are desperate to have it, and how you will explain
4695 to seniors and people with disabilities and children that
4696 they don't deserve to be able to afford the health care that
4697 they need.

4698 I want to just -- I want to put in the record a letter
4699 from the AARP that I think all members got on behalf of the
4700 38 million members of AARP in all 50 states and District of
4701 Columbia and Puerto Rico and the U.S. Virgin Islands. And
4702 this is what they say, "We write today to express our
4703 opposition to the American Healthcare Act. This bill would
4704 weaken Medicare's fiscal sustainability, dramatically
4705 increase healthcare costs for Americans aged 50 to 64, and
4706 put at risk the health care of millions of children and
4707 adults with disabilities, and poor seniors, who depend on the
4708 Medicare program for long-term services and supplies and
4709 other benefits."

4710 Mr. Chairman, I ask unanimous consent --

4711 The Chairman. Of course. Without objection.

4712 Ms. Schakowsky. -- to put this in the record.

4713 [The information follows:]

4714

4715 *****COMMITTEE INSERT 7*****

4716 Ms. Schakowsky. And I want to know how you will explain
4717 to someone that their insurance charge them 30 percent more
4718 for their insurance just because they left the workforce to
4719 care for a sick family member or perhaps to take care of
4720 newborn children, and this includes people with preexisting
4721 conditions.

4722 And so I yield back. Thank you.

4723 The Chairman. The gentlelady yields back the balance of
4724 her time. Are there other members seeking recognition to
4725 speak on this? I don't see anybody on the Republican side.
4726 The chair recognizes the gentleman from North Carolina,
4727 right?

4728 Mr. Butterfield. That is right.

4729 The Chairman. Mr. Butterfield.

4730 Mr. Butterfield. Thank you very much, Mr. Chairman.
4731 Mr. Chairman, I am, like my Democratic colleagues, absolutely
4732 offended at the Republican effort to reduce people's access
4733 to care and make health care more expensive for low income
4734 individuals, children, families, and older Americans. This
4735 is absolutely terrible. This is a nightmare, what we are
4736 seeing unfold today.

4737 Millions of Americans and tens of thousands of people in
4738 my district do not want to lose their health coverage, and

4739 this bill would deprive them of that right. And so I am
4740 outraged, Mr. Chairman, many Americans are outraged, that
4741 this secretive healthcare plan was finally made public after
4742 being sequestered in the bowels of the Capitol less than 2
4743 days before this markup.

4744 The legislative text -- and we have heard that from
4745 other members -- was literally under lock and key and
4746 protected by armed Capitol police officers.

4747 The Chairman. Would the gentleman yield?

4748 Mr. Butterfield. Yes, I will yield.

4749 The Chairman. It was never in the Capitol. It was
4750 never under armed lock and key. It was a discussion draft in
4751 the Health Subcommittee office. So just to set the record
4752 right, because I think I --

4753 Mr. Butterfield. Well, the news -- so the news reports
4754 that this --

4755 The Chairman. That was totally wrong.

4756 Mr. Butterfield. So you deny that it was under lock and
4757 key.

4758 The Chairman. I fully -- well, if they locked the
4759 subcommittee room when they left for the night.

4760 [Laughter.]

4761 The Chairman. But it was never in the Capitol. It was

4762 a discussion draft, had a lot of opportunity for improvement.
4763 It is like you do -- I mean, we are waiting to see your
4764 amendments anytime. But just so you know, it was never -- it
4765 was never over where they said it was. It was pretty
4766 laughable, actually. But I did want anybody --

4767 Mr. Butterfield. Reclaiming --

4768 The Chairman. -- to use up their --

4769 Mr. Butterfield. Reclaiming my time --

4770 The Chairman. -- copier or toner or paper.

4771 Mr. Butterfield. Well, we have been led to believe, Mr.
4772 Chairman, that the legislative text was literally under lock
4773 and key, and I hope the news coverage today will continue to
4774 investigate whether that is true or not.

4775 In this time of Republicans tripping over themselves to
4776 save taxpayer money, the political theater that you allowed
4777 to be created is a terrible use of taxpayer money, and I
4778 think the American people, both Republican and Democrat,
4779 deserve an explanation and an apology if it happened.

4780 Many Republicans are, rightly, upset, as a select few
4781 members of this committee and the Republican conference
4782 drafted this bill in the cover of night with input from the
4783 White House. And I would like to at a later time, probably
4784 10:00 or 11:00 tonight, ask staff what input, if any, the

4785 White House had in the drafting.

4786 It is clear that the Republican conference and the
4787 committee Republicans are not on the same page about how to
4788 help Americans access affordable health care. To what extent
4789 was the President involved in the drafting of this bill? To
4790 what extent was the White House staff involved?

4791 Mr. Trump, President Trump, has said repeatedly, both
4792 during the campaign for president and after he was sworn into
4793 office, that everybody -- and he said it many times -- that
4794 everybody has to be taken care of, and that the government is
4795 going to pay for it. This draft bill, Mr. Chairman, misses
4796 that mark entirely.

4797 Also, the CBO has not had a chance to look at this bill
4798 in order to provide a cost estimate. How can members vote on
4799 a bill -- how can we vote on a bill when we do not have
4800 estimates of who it might impact and how much it might cost?
4801 You are asking us, Mr. Chairman, to commit legislative
4802 malpractice. We need to be informed.

4803 Don't you think, Mr. Chairman, that the American people
4804 and committee members deserve to know how much this is going
4805 to cost the taxpayers and how many people will be affected?
4806 Democrats have known for years that health care is
4807 complicated. That is no secret. President Trump has

4808 apparently just come to that realization.

4809 The ACA went through extensive debate and changes before
4810 the law was passed. I remember it so well; I was here. Our
4811 constituents and patient groups and the healthcare industry
4812 all were able to consider the bill and provide input before
4813 President Obama signed it into law. This markup has cut
4814 everyone, all of our constituents, out of the process.

4815 They deserve better, and you, Mr. Chairman, and my
4816 Republican colleagues, should rethink your decision to go
4817 forward, at least delay the final vote in this committee
4818 until after we receive the CBO score.

4819 After 7 years of complaining about the ACA and actively
4820 trying to disrupt it and cause it to fail, it is
4821 disheartening now to see a plan to supplant it that would
4822 eliminate coverage for millions. This proposal contradicts
4823 Republicans' promises to ensure people can keep their
4824 coverage, and I would hope that we can expect more.

4825 Since the beginning of this Congress only a few months
4826 ago, I have been in this room many times where Republicans
4827 have discussed ways to make it harder for people to access
4828 their care. I represent one of the poorer districts in the
4829 country, and I hear from my constituents every day about
4830 their desire to see an increase -- increase -- in access to

4831 health care.

4832 I have more, Mr. Chairman, that I will share with the
4833 committee later this evening. I yield back.

4834 The Chairman. I thank the gentleman for his comments.
4835 Are there members on this side -- I would recognize -- just
4836 as a matter of procedure and process, they have called votes
4837 on the House floor. So what I thought I would do is take one
4838 more motion to strike the last word, and then we will break,
4839 so people have time to go over to the votes. We will resume
4840 immediately after the votes, but we will, you know,
4841 obviously, wait until members get back.

4842 So I now recognize the gentlelady from Tennessee, Mrs.
4843 Blackburn.

4844 Mrs. Blackburn. Thank you, Mr. Chairman. I am so
4845 pleased to hear one of my colleagues across the aisle finally
4846 admit that legislative malpractice was there when Speaker
4847 Pelosi said we were going to have to pass something in order
4848 to read it and find out what was in it. And I will also say
4849 I think it is legislative malpractice to pass something that
4850 is false hopes. And according to many of my constituents,
4851 that is exactly what has happened with the Affordable Care
4852 Act.

4853 Just to read you through some of the letters from my

4854 constituents, from a substitute teacher, "Is there any
4855 possible relief that I might avail myself of to help offset
4856 this \$1,500 penalty I am having to pay? Is there anything I
4857 can do in order to not have to pay the penalty?"

4858 Here is another one. "I purchased my own insurance and
4859 watched it go from 480 with co-pays for the doctor and
4860 scripts to 942, with \$2,500 deductible before any co-pays or
4861 prescriptions, and then an 80/20 amount up to 6,700. All
4862 this in only 3 years, all of those changes."

4863 "When the ACA was passed, our insurance went up 17
4864 percent, and our deductible from \$2,500 to \$6,400 apiece.
4865 That is a total of 12,800 for our family, and now we have a
4866 64 percent increase."

4867 Another one, "Now here we are in 2016, still left in
4868 peril with fewer options to meet our needs." So there you
4869 go.

4870 Another one, "In 2016, I paid full premium, 909 a month,
4871 for my ACA plan, and got no coverage because of the high
4872 \$6,500 individual deductible my wife and I were assigned. In
4873 2017, the cost for the plan jumped to \$1,950 a month. We
4874 received a 1,470 subsidy, lowering the premium to 480 a
4875 month, because we were living off taxable savings and our
4876 income will be under \$30,000. Our deductibles came down to

4877 1,200, but the only qualifier is taxable income to determine
4878 the subsidies. This program is a mess."

4879 Okay. And then the list goes on and on. We have got
4880 just so many of them. "Here we go again," is another
4881 constituent. "Last year my rates went through the roof.
4882 This year, my provider has dropped me, along with thousands
4883 of others in Nashville, Knoxville, and Memphis. The very
4884 problems Obamacare was supposed to address have only
4885 escalated."

4886 So there you go. The letters continue to come. The
4887 point: this is something that is a false hope. This is why
4888 we are hard at work on this.

4889 And, Mr. Chairman, I have the letter from Secretary
4890 Price endorsing the reconciliation recommendations that are
4891 before us, and I would like to submit that letter for the
4892 record. To my colleagues --

4893 The Chairman. Without objection, so ordered.

4894 [The information follows:]

4895

4896 *****COMMITTEE INSERT 8*****

4897 Mrs. Blackburn. This is something that needs our
4898 attention. It is time for us to clean this law up.

4899 I yield back.

4900 The Chairman. The gentlelady yields back the balance of
4901 her time.

4902 At this time, I think we will take the committee into
4903 recess for members to go vote on the House floor. We will
4904 resume our deliberations upon completion of the votes and
4905 members' opportunity to get back here.

4906 So the committee stands in recess.

4907 [Recess.]

4908 The Chairman. Okay, we will back to order the Committee
4909 on Energy and Commerce. Are there any amendments, does
4910 anyone have any amendments they want to proffer?

4911 Mr. Lujan. Mr. Chairman?

4912 The Chairman. Yes.

4913 Mr. Lujan. Aren't we still on strike the last word?

4914 The Chairman. We can be, yes, but I was going to check
4915 and see if anybody had any amendments.

4916 Mr. Lujan. If there is no one else seeking to be
4917 sought, Mr. Chairman, I would like to be recognized to strike
4918 the last word.

4919 The Chairman. That would be fine. I would be delighted

4920 to recognize my friend from New Mexico for the last word,
4921 right?

4922 Mr. Lujan. The very previous word, Mr. Chairman. Thank
4923 you, Mr. Chairman. I have a question of counsel. On page 62
4924 of the bill, where it is titled penalty. Can counsel answer
4925 when people with preexisting conditions would get hit with a
4926 30 percent increase penalty?

4927 Counsel. The penalty doesn't pertain to individuals
4928 with preexisting conditions specifically.

4929 Mr. Lujan. So people with preexisting conditions will
4930 not ever get hit with a 30 percent penalty?

4931 Counsel. The penalty applies to anyone who does not
4932 maintain continuous coverage.

4933 Mr. Lujan. Does that include people with preexisting
4934 conditions?

4935 Counsel. With or without preexisting conditions.

4936 Mr. Lujan. So does that include people with preexisting
4937 conditions?

4938 Counsel. Yes, that is right, with or without
4939 preexisting conditions.

4940 Mr. Lujan. Can counsel tell us how much this bill
4941 costs?

4942 Counsel. We don't have a score yet from the

4943 Congressional Budget Office.

4944 Mr. Lujan. Can counsel tell us when a CBO score will
4945 come?

4946 Counsel. Not at this time.

4947 Mr. Lujan. Can counsel tell me if the bill that was
4948 read earlier is the entire Republican bill?

4949 Counsel. So the aims before us the E&C instructions.

4950 Mr. Lujan. When you say the E&C instructions, does that
4951 mean there is another part of this bill somewhere?

4952 Counsel. There is another committee marking it up, the
4953 Ways and Means Committee.

4954 Mr. Lujan. So right now what has been described as
4955 Phase 1 of the Republican Repeal Plan, there is two pieces of
4956 legislation currently being marked up?

4957 Counsel. That is correct.

4958 Mr. Lujan. So it is the House E&C and Ways and Means
4959 Committees, both?

4960 Counsel. That is correct.

4961 Mr. Lujan. When we get a CBO score, will it include the
4962 entirety of both versions of the bill cumulatively?

4963 Counsel. That is our expectation.

4964 Mr. Lujan. When we get a CBO score, will it include
4965 Phases 1, 2, and 3 as have been described by President Trump

4966 and Speaker Paul Ryan that there, in fact, are three phases
4967 that the repeal effort is going through?

4968 Counsel. The Congressional Budget Office will score the
4969 legislation before them.

4970 Mr. Lujan. So have the Republicans submitted Phases 1,
4971 2, and 3 before the CBO?

4972 Counsel. The committee has talked with the
4973 Congressional Budget Office about a variety of pieces of
4974 legislation.

4975 Mr. Lujan. Can general counsel not answer that
4976 question? Do you know if Phases 1, 2, and 3 have been
4977 submitted to the CBO?

4978 The Chairman. If the gentleman would yield, I might be
4979 able to help.

4980 Mr. Lujan. Quickly, Mr. Chairman, because we have only
4981 got five minutes.

4982 The Chairman. Oh, okay, I will try to make it quick.
4983 First of all, Bucket 3 is all kinds of legislative activities
4984 that we hope to have bipartisan support on, so there is some
4985 that we have talked about in terms of other bills we have
4986 even had hearings on. So it is not really fair to counsel
4987 because he doesn't know all the things we are working on.

4988 Mr. Lujan. Reclaiming my time. Does counsel know who

4989 among the Energy and Commerce Committee staff submits
4990 legislation to the CBO for score?

4991 Counsel. Any committee or person or office may submit
4992 legislation to the Congressional Budget Office's for review.

4993 Mr. Lujan. Mr. Chairman, the point I am trying to get
4994 here is it does not appear very clear that our Republican
4995 colleagues in the majority, now any of us in the minority,
4996 are going to get a true score. It appears that the score
4997 that we are going to get that is supposed to come next
4998 Monday, per Speaker Ryan, is only going to be on the parts
4999 that are currently before Energy and Commerce and Ways and
5000 Means. Somebody earlier said, one of my colleagues on the
5001 other side of aisle, that bureaucrats were not going to be
5002 allowed -- unelected bureaucrats make decisions. Everything
5003 that was described by President Trump and Speaker Ryan today
5004 at a press conference said that it is going to an unelected
5005 bureaucrat at HHS, Dr. Price, Secretary Price, to figure out
5006 whatever Phase 2 is. And then we are going to get Phase 3
5007 back over here.

5008 So when our Republican colleagues are saying that this
5009 is going to save the American people money, counsel doesn't
5010 have a score to show whether it is going to cost more or cost
5011 less.

5012 Counsel. We don't have a score on the E&C print, the
5013 bill before us.

5014 Mr. Lujan. Is there a baseline that counsel can maybe
5015 point me to in the bill that is before us today of at least
5016 the minimum cost that is currently in this bill?

5017 Counsel. Mr. Lujan, what do you mean by baseline?

5018 Mr. Lujan. Anything. I mean is there something here
5019 that costs a dollar.

5020 Counsel. Baseline of what?

5021 Mr. Lujan. Is there something in the bill that shows
5022 that there is any cost to counsel's understanding?

5023 Counsel. Well, so for example, the Patient and State
5024 Stability Program, that program is funded at \$100 billion
5025 over 10 years.

5026 Mr. Lujan. So can I direct you to page 51 of the bill,
5027 what is listed on page 51 on the bill?

5028 The Chairman. Just for clarification if I might, are
5029 you talking about amendment H --

5030 Mr. Lujan. I am just trying to get a cost, Mr.
5031 Chairman.

5032 The Chairman. No, no, the amendment in the nature of
5033 the substitute when you say bill.

5034 Mr. Lujan. Whatever is front of counsel.

5035 The Chairman. I just want to make sure if page 51 that
5036 you are looking at is the same as counsel's.

5037 Mr. Lujan. Page 51 of what the staff read. What is on
5038 page 51 of what the staff read?

5039 Counsel. It is the allocation for appropriation.

5040 Mr. Lujan. Are there a lot of numbers there?

5041 Counsel. Yes, there are.

5042 Mr. Lujan. Are each of those lines listed in billions?

5043 Counsel. That is correct.

5044 Mr. Lujan. Would it surprise you if that added up to \$1
5045 trillion, 30 plus 30 plus 10 seven times gets to \$1 trillion?

5046 All I am saying, Mr. Chairman, is I hope we get a score
5047 in the bill that is before us. That quickly gets you to \$1
5048 trillion and that doesn't include what is ever is happening
5049 at the Ways and Means Committee. There are a lot of
5050 questions pending in front of us and I certainly hope that we
5051 get answers to all of these because as our colleagues have
5052 said when they have asked for 14 days and 72 hours of things
5053 to be posted --

5054 The Chairman. The gentleman's time has expired.

5055 Mr. Lujan. I yield back, Mr. Chairman.

5056 The Chairman. And just for all the committee members.
5057 Minority/majority staff are notified of the CBO score, I

5058 believe at the same time. I am being advised by counsel. So
5059 you will be notified when we are notified. We all want that.

5060 You might check the math, too. I don't believe that is
5061 \$1 trillion there. It is probably \$100 billion which is what
5062 he referenced. There is actually a big difference between
5063 \$100 billion and \$1 trillion.

5064 Are there other members seeking recognition? Has Ms.
5065 Matsui already spoken? She has not. Ms. Matsui for five
5066 minutes.

5067 Ms. Matsui. Thank you, Mr. Chairman. I move to strike
5068 the last word.

5069 Mr. Chairman, Republicans need to understand how this
5070 bill is going to hurt people's lives. I have received, as
5071 many of my colleagues have, hundreds and hundreds of stories
5072 of people in their districts and certainly in my district in
5073 Sacramento, many calls and in town halls and on social media.
5074 We are scared about what an ACA repeal would mean for their
5075 families.

5076 I would like to share the story of one of my
5077 constituents, Karise Hill. Karise is an amazing advocate who
5078 shared her story with me and was at my healthcare town hall a
5079 few weeks ago.

5080 Several years ago, Karise found out she had a severe

5081 disease that causes painful inflammation in the spine and
5082 other joints in the body. To insurers, Karise's illness was
5083 a preexisting condition. Worried that she would be denied
5084 coverage, Karise had to refrain from seeking treatment until
5085 receiving the official word that she was able to get health
5086 insurance. And even with insurance, Karise's out-of-pocket
5087 costs were more than her limited budget could handle.

5088 But with the passage of the Affordable Care Act, Karise
5089 was able to sign up for a plan that was in her price range.
5090 She was able to do so thanks to the assistance provided and
5091 the ACA to help millions of Americans afford healthcare.

5092 As Karise said, "The Affordable Care Act made me feel
5093 invested in a system where I felt I had options, control, and
5094 more transparency."

5095 Now with Republicans' attempt to repeal the ACA, Karise
5096 lives with uncertainty and fear once again. She is worried
5097 that recipients of Medicaid, like herself, will suffer. I
5098 wish I could tell Karise not to worry. But now I am going to
5099 have to tell her that my Republican colleagues on this
5100 committee want to end the Medicaid expansion, ripping the
5101 healthcare safety net away from millions in California alone.
5102 Karise is worried that if her health insurance is taken away
5103 because of her preexisting condition, her next medical

5104 emergency will result in financial ruin.

5105 Now I am going to have to tell her that Republicans on
5106 this committee are failing to fully protect people like her
5107 with preexisting conditions by severely penalizing those who
5108 may experience a lapse in coverage for any reason. Let's
5109 call this what it is, a sick tax. Karise can't wait for the
5110 treatments that she requires and we can't go back to a time
5111 when getting the medical care people needed was not possible
5112 because of unfair barriers in the system that were of no
5113 fault of their own.

5114 For people like Karise, this is too important for
5115 Republicans to be playing political games. Now I am going to
5116 do everything I can, and I am sure of my colleagues on this
5117 side of the aisle also, to fight for people like Karise and
5118 the millions of others who depend on ACA to live healthy and
5119 productive lives with their families.

5120 Thank you, Mr. Chairman. I yield back.

5121 The Chairman. The gentlelady yields back the balance of
5122 her time. I recognize myself for five minutes to ask
5123 questions of counsel.

5124 Counsel, there are accusations that this reconciliation
5125 set of instructions before us today would do some things that
5126 I believe are not included in the text and that we are not

5127 doing. I would like to ask you a series of technical
5128 questions.

5129 First, does the language in the ban on lifetime or
5130 annual health insurance limits, yes or no?

5131 Counsel. No.

5132 The Chairman. So the language here does not -- we are
5133 doing nothing to eliminate the limits or go back to where
5134 there are limits on health insurance, right? And where can
5135 this be found in the underlying law?

5136 Counsel. The lifetime and annual limits are within the
5137 Section 2611 of the Affordable Care Act.

5138 The Chairman. And we do not repeal Section 2711 of the
5139 Affordable Care Act?

5140 Counsel. Correct, and excuse me, Public Health Service
5141 Act.

5142 The Chairman. Public Health Service Act.

5143 Counsel. 2711 of the Public Health Service Act.

5144 The Chairman. Does this language end the prohibition on
5145 rescissions?

5146 Counsel. No.

5147 The Chairman. And where can this be found in the law?
5148 It should be nearby 2711 if memory serves me right.

5149 Counsel. It is within Title 27 of the Public Health

5150 Service Act. We are trying to find the exact section.

5151 The Chairman. You might look at 2712.

5152 Counsel. 2712 is right.

5153 The Chairman. There you go. My lucky day. So there is
5154 a prohibition of rescissions. We do not repeal that. Does
5155 the language end coverage of preventive health services, yes
5156 or no?

5157 Counsel. No.

5158 The Chairman. So our language does not end the
5159 provision of coverage of preventive health services. And
5160 where can this be found in the law? Is that under 2711?

5161 Counsel. That is correct.

5162 The Chairman. Now does this language end the
5163 prohibition of preexisting condition exclusions or other
5164 discrimination based on health status?

5165 Counsel. No.

5166 The Chairman. Where can this be found in the law?

5167 Counsel. Section 2704.

5168 The Chairman. So prohibition of preexisting condition
5169 exclusions or other discrimination based on health status, we
5170 do not repeal that protection.

5171 Counsel. That is correct.

5172 The Chairman. Does this language end guaranteed

5173 availability of coverage?

5174 Counsel. No.

5175 The Chairman. And where can this be found in the law?

5176 Counsel. It is 2702 of the Public Health Service Act.

5177 The Chairman. And that is the guaranteed availability

5178 of coverage, so nothing we are doing here removes lifetime

5179 caps, you don't go back to the days of preexisting conditions

5180 being excluded, and we make sure there is coverage available.

5181 So five for five.

5182 Does this language end guaranteed renewability of

5183 coverage?

5184 Counsel. No.

5185 The Chairman. And where can this be found in the law?

5186 Counsel. That is within Section 2703 of the Public

5187 Health Service Act.

5188 The Chairman. Okay. Does this language end the

5189 practice of dependents staying on their parents' plans until

5190 they are 26?

5191 Counsel. No.

5192 The Chairman. Okay. And where can this be found in the

5193 law?

5194 Counsel. Section 2714 of the Public Health Service Act.

5195 The Chairman. Does this language end the ban on gender

5196 rating, meaning that we would go back to a situation where
5197 insurance companies charge women more than men?

5198 Counsel. No.

5199 The Chairman. No. And where can this be found in the
5200 law?

5201 Counsel. Section 2701 of the Public Health Service Act.

5202 The Chairman. Okay. I have got one more. Does this
5203 language reopen Medicare Part D, so-called donut hole?

5204 Counsel. No.

5205 The Chairman. And where can this be found in the law?

5206 Counsel. Section 1860D.

5207 The Chairman. Dash 14(a), I believe.

5208 Counsel. That is right.

5209 The Chairman. Medicare Coverage Gap Discount Program.

5210 So the point I am trying to make here is I know when I went
5211 over to vote I am getting all these questions about what we
5212 are doing and what may be happening. We have members be told
5213 by a major news network that we are eliminating coverage for
5214 black lung disease.

5215 Let's get to the truth. And the truth is right before
5216 us in what we are or we are not doing on reconciliation. And
5217 we are protecting American citizens who have preexisting
5218 conditions. We are not going back to the days of lifetime

5219 caps on your health insurance. We are not kicking your kids
5220 off health insurance, at least until they turn 26 which is
5221 the current law. We may help you kick them out of the
5222 basement at some point, but we are not kicking them off -- we
5223 are maintaining the existing protections and the existing law
5224 in all of these sections. So I think it is really important
5225 for our members who are deliberating on these matters to
5226 understand the point of law, the point of the reconciliation,
5227 what we are doing and what we are actually not doing. So
5228 with that, I yield back the balance of my time.

5229 Are there other members seeking recognition? Ms.
5230 Castor, for five minutes for purposes of striking the last
5231 word.

5232 Ms. Castor. Move to strike the last word. Well, Mr.
5233 Chairman, the point is when you rip away coverage, affordable
5234 coverage from millions of Americans, then what good is a
5235 consumer protection against discrimination -- discrimination
5236 for preexisting condition? And keeping your child on your
5237 policy until they are 26, if you can't afford coverage
5238 anymore because you remove the tax credits, you remove the
5239 pieces that make this affordable. You eliminate what we have
5240 been able to do in creating this broad insurance pool for
5241 individuals, entrepreneurs, and some small business owners to

5242 be able to go in and pool their purchasing power.

5243 So you say, yeah, we are not eliminating those
5244 protections, but if you can't afford an insurance policy, how
5245 are you going to be able to have that protection? So I just
5246 had to make that counterpoint.

5247 And I know we continue to talk about why it is important
5248 to understand what this bill costs and how many people are
5249 going to be uninsured because of it and I think everyone has
5250 to acknowledge it is not fair to ask the American people to
5251 wait, wait until Monday. Is that responsible? It is not
5252 responsible for a legislative body to say we are just going
5253 to go ahead and enact before we really know the cost to the
5254 deficit and how many people are going to be uninsured because
5255 of this.

5256 And one of the reasons this is so serious is that the
5257 Republicans are engaging in a little bit of trickery. I
5258 grant you that you ran and you have said for the past seven
5259 years we want to repeal the Affordable Care Act. I
5260 understand that. I have heard it a number of times. But the
5261 bulk of this bill actually is a fundamental annihilation of
5262 what care we provide across America for seniors in nursing
5263 homes, Alzheimer's patients, kids and the disabled under
5264 Medicaid.

5265 How many of you heard that larger discussion as part of
5266 a campaign? You go back, did you hear, was that really at
5267 issue when they talked about repealing the ACA? Did you
5268 understand what that meant for working families across
5269 America? The bulk of this bill when you count up all the
5270 pages, really the monetary impact in a lot of ways, is
5271 targeted to folks that really don't have a voice. They don't
5272 have the high-paid lobbyists here.

5273 And the reason this is so serious and particularly
5274 insidious is because the GOP bills cut Medicaid while
5275 providing immediate windfall to millionaires. It operates
5276 like a tax increase on middle class and working families.
5277 The top 400 earners in America would see a tax break of about
5278 \$7 million per year.

5279 Meanwhile, if you have a loved one that has to go in
5280 skilled nursing the support is not going to be there for you
5281 in future years. They estimate -- there is one estimate out
5282 there, we don't really know because we don't have the CBO
5283 score, but the Center for Budget Policy, CBPP, has said this
5284 could mean about \$380 billion lost to states. So
5285 millionaires will get a big tax cut averaging about \$57,000
5286 apiece.

5287 Meanwhile, you are going to take billions from children,

5288 our loved ones with Alzheimer's or a condition that requires
5289 nursing home care or home and community-based care and that
5290 is why you hear a lot of governors in states saying whoa,
5291 because they know that is morally repugnant. And what they
5292 will have to do is make a very difficult decision. And they
5293 will hear directly from their neighbors, won't they, that
5294 they may have to raise taxes to do this, raise taxes to
5295 provide care for kids. And meanwhile it is largely hidden.
5296 This has been sprung on us.

5297 I know there has been talk in past years that they want
5298 to reform Medicaid and turn it into block grants, but now
5299 this is what this vote means without understanding the real
5300 impact and how many families are going to be affected.

5301 I do have a couple of questions for counsel though. Is
5302 there any portion of this bill that tackles the high cost of
5303 pharmaceuticals?

5304 Counsel. There is no provision related to
5305 pharmaceuticals.

5306 Ms. Castor. See, that is one of the things where we
5307 could work on improving the Affordable Care Act and driving
5308 down costs rather than impacting kids and our older
5309 neighbors. We could tackle the high cost of pharmaceuticals
5310 or bring greater competition to some areas.

5311 Here is my next question. It is apparent the Republican
5312 bill irresponsibly harms Medicare. We learned that there are
5313 some estimates out there that the Medicare Trust Fund now is
5314 two years more insolvent, meanwhile the --

5315 The Chairman. The gentlelady's time has expired.

5316 Ms. Castor. -- ACA has proved the solvency. Is there
5317 anything in this bill --

5318 The Chairman. The gentlelady's time has expired. The
5319 chair recognizes the gentleman from West Virginia, Mr.
5320 McKinley, for five minutes.

5321 Mr. McKinley. Thank you, Mr. Chairman, and striking the
5322 last word, I have got a series of questions perhaps back to
5323 counsel, if I might.

5324 During the break, I had an opportunity to speak to one
5325 of the networks and they were suggesting to us, Mr. Chairman,
5326 that this bill is going to strike the black lung benefits of
5327 the coal miners in this country.

5328 I spent seven years working to try to help our coal
5329 miners. This past eight years' administration killed 83,000
5330 coal miner jobs across this country. And the last thing that
5331 I would be doing would be doing would be supporting something
5332 that would help them -- or reduce their healthcare benefits,
5333 particularly as it relates to black lung.

5334 So my question to you, counsel, is there anything in
5335 this bill that does away with the black lung benefits to our
5336 coal miners?

5337 Counsel. There is nothing in this bill that would
5338 affect coal miner benefits.

5339 Mr. McKinley. And could it be, could it be, do we have
5340 the 100 plus amendments, yet? Have they been delivered? Do
5341 we have it? So could it be in one of these mysterious
5342 amendments that are still to be addressed that perhaps
5343 something could be done? Is that possible?

5344 If it is not in the bill, I don't know where someone is
5345 getting this story unless it is one of those -- someone is
5346 making up stories to try to drive a wedge between us and the
5347 26 states that mine coal.

5348 Is there anything there that you know? You haven't seen
5349 the amendments yet either?

5350 Counsel. We have not seen an amendment related to black
5351 lung benefits.

5352 Mr. McKinley. So all these amendments remain
5353 mysterious, behind closed doors, locked or whatever and we
5354 haven't seen any of them yet.

5355 Counsel. I believe some amendments have been filed.

5356 Mr. McKinley. But importantly right now is I just want

5357 to make sure that -- the coal fields, numbers of us represent
5358 those coal fields across the 26 states. None of our coal
5359 miners are going to lose their black lung benefits. I want
5360 to make sure that is clear on the record.

5361 Counsel. There is no provision within this bill that
5362 affects black lung benefits.

5363 The Chairman. So would the gentleman yield?

5364 Mr. McKinley. Yes.

5365 The Chairman. Mr. McKinley, so your concern, based on a
5366 network news request that there is something out there that
5367 is going to hurt our coal miners, the black lung?

5368 Mr. McKinley. Someone is apparently --

5369 The Chairman. So you think maybe the Democrats have an
5370 amendment that does that?

5371 Mr. McKinley. That is the only thing I can think of
5372 because it is certainly not in the bill. So I can only think
5373 that there must be something coming in one of these
5374 mysterious 100 amendments.

5375 The Chairman. This could easily -- if the gentleman
5376 yield, this could be easily resolved if the Democrats would
5377 just make their amendments available for the public to see.

5378 Mr. McKinley. Wouldn't that be novel?

5379 Ms. DeGette. Would the gentleman yield? Would the

5380 gentleman yield, Mr. McKinley?

5381 Mr. McKinley. Yes.

5382 Ms. DeGette. Well, I think I can speak for all my
5383 colleagues on this side of the aisle. We don't have any
5384 amendments that we plan to offer that will stop benefits for
5385 black lung disease.

5386 Mr. McKinley. Thank you. Thank you.

5387 Ms. DeGette. But I would say --

5388 Mr. McKinley. My question is why do you think that is
5389 out there?

5390 Ms. DeGette. Well, I think it might be out there. I
5391 will tell you. I think it might be out there because of some
5392 of the provisions of your bill. For example, let's say
5393 somebody, one of your miners gets sick and they lose their
5394 job and then their insurance lapses, then they try to re-
5395 enroll in their insurance. Then they would have to pay a 30
5396 percent higher premium and they might not be able to afford
5397 that premium. That is the only thing I could think of and
5398 there are some other provisions in the bill that might be
5399 similar to that in your bill that people would be concerned.

5400 Or, for example, if somebody is between 50 and 65 years
5401 old and their insurance premium goes up because of the
5402 rating, then they might have to pay higher -- that is what

5403 those news reports might be about.

5404 Mr. McKinley. If I could reclaim my time. With all due
5405 respect, that is not how the policy works for our coal miners
5406 in the industry. They are not going to be subject to this
5407 because they have provisions under their bargaining rights or
5408 what they have done with it.

5409 I just wanted to make sure that nothing happens to them
5410 because it started yesterday. I had a group come in my
5411 office to ask the question and now the media is talking about
5412 it. Somebody is trying to drive a wedge on this bill when
5413 they are using something that is absolutely just incorrect.
5414 Thank you. I yield back my time.

5415 The Chairman. The gentleman yields back the balance of
5416 his time. Are there other members seeking recognition? I
5417 think I need to go to Mr. Rush next is my understanding.

5418 Mr. Rush, you are recognized for five minutes to strike
5419 the last word.

5420 Mr. Rush. Thank you, Mr. Chairman. Mr. Chairman, there
5421 is an adage, a familiar adage that says you can fool some of
5422 the people some of the people some of the time, but you can't
5423 fool all of the people all of the time.

5424 And Mr. Chairman, the Republicans seem to ignore the
5425 fact that being the popular vote taken this past November was

5426 almost overwhelmingly against the election of Donald Trump as
5427 the President of the United States. The difference was over
5428 three million votes. Notwithstanding the fact, Mr. Chairman,
5429 that the majority of the voters in the last election voted
5430 against the Republicans' so-called mandates to repeal the
5431 ACA. We are here trying to do away with something that the
5432 American people have demonstrably with their votes
5433 aggressively defended.

5434 Where is this notion coming from that you have a mandate
5435 from the American people to change this dastardly path that
5436 you are so determined to take this afternoon with this bill?

5437 My district, Mr. Chairman, there are over 2,012 Medicaid
5438 enrollees. These are not just numbers. These are people,
5439 families, individuals. They are mothers. They are fathers,
5440 daughters and sons who rely on the Government to ensure that
5441 they can afford healthcare.

5442 Mr. Chairman, I was really appalled late yesterday
5443 watching in the news when I saw a leading member of the
5444 Republican caucus being interviewed on one of the networks.
5445 And he had the arrogant audacity to say that people should
5446 stop buying the latest cell phone and start paying their
5447 premiums, their health premiums.

5448 Have we, members of this Congress, reached this new

5449 level of callousness and disregard for our fellow citizens
5450 and the right, the basic right of human healthcare for
5451 everybody? There are young children who rely on this
5452 program, this Medicaid program, to afford life-saving
5453 medication to treat their asthma and other kinds of diseases.

5454 Mr. Chairman, probably in the last six months, have paid
5455 more attention, been in the company of more recipients of
5456 Medicaid than I would say any other member on this committee.
5457 My wife is at this very moment fighting for her life. And
5458 invariably I am at the University of Chicago Medical Center
5459 interacting with other patients. And I know these patients
5460 are relying on Medicaid. My wife, thank God, is not relying
5461 on Medicaid. Your wife, if she was in the same condition,
5462 she would not be relying on Medicaid. But don't ignore the
5463 fact, eliminate the fact that you have constituents. I have
5464 constituents, all relying on Medicaid. There are senior
5465 citizens in our districts who rely on long-term care that
5466 this program provides to ensure that their health is stable.

5467 Abolishing the Medicaid expansion will prevent 55,000 of
5468 my constituents from accessing affordable healthcare and will
5469 have a detrimental effect for them and for our society as a
5470 whole. Cancer patients, asthma patients, all kinds of
5471 patients relying on Medicare --

5472 The Chairman. The gentleman's time has --

5473 Mr. Rush. It is shameful. It is shameful. It is a
5474 downright shame that we are here dealing with this issue.
5475 The American people are suffering.

5476 The Chairman. The gentleman's time has expired. Are
5477 there other members seeking recognition on the Republican
5478 side? Anybody on the Republican side? If not, we go to Mr.
5479 Sarbanes, I believe is next. Ms. Eshoo, just for the record,
5480 you already struck the last word on this.

5481 Ms. Eshoo. I ask for unanimous consent to ask counsel.

5482 The Chairman. Well, we will try and get through our
5483 members that haven't had a chance.

5484 So Mr. Sarbanes, you are recognized for five minutes.
5485 And just before we start the clock, there is another call for
5486 a motion to adjourn on the House floor, so we will break to
5487 vote for that or against that, depending upon your
5488 persuasion. But right now we go to Mr. Sarbanes for five
5489 minutes to strike the last word.

5490 Mr. Sarbanes. Thank you, Mr. Chairman. I move to
5491 strike the last word.

5492 I wanted to take the opportunity to speak directly to
5493 some of the people out there that I think are going to be
5494 harmed by this proposal. And let me start with people in

5495 their early to mid-50s who were hit hard over the last few
5496 years, particularly in the economic downturn of 2009. Many
5497 of them lost their jobs. And then when the economy picked
5498 back up a little bit, they discovered that those jobs had
5499 become automated. They had been replaced. We are talking
5500 about hundreds of thousands of people across the country.
5501 They are now scraping a living together, working a lot of
5502 part-time jobs. They don't have employer-sponsored health
5503 coverage. They are exactly the kind of person who has been
5504 benefitting by being able to go and purchase an individual
5505 plan in the health exchanges that were set up under the
5506 Affordable Care Act.

5507 But here is what is going to happen to you. First of
5508 all, the premiums are going to become more expensive because
5509 the age rating guidelines that were put in place by the
5510 Affordable Care Act, those are gone under this bill.

5511 Secondly, the costs of deductibles and other out-of-
5512 pocket expenses, co-payments, there won't be the relief there
5513 that the Affordable Care Act now provides to lessen that
5514 burden and make it easier to afford those things.

5515 Thirdly, the tax credits, the affordability tax credits
5516 that were there to help you afford that premium that were
5517 very robust and were based on a number of factors, age and

5518 income and geography, those are now going to be replaced by
5519 downgraded credits, flat credits, that will not make up for
5520 the loss and the purchasing power of the credits that
5521 currently exist.

5522 The bottom line is that for people in their situation,
5523 the repeal of the Affordable Care Act is going to make things
5524 much, much more difficult and it is important for people to
5525 understand how this is going to impact their specific
5526 situation. So I want to try to make that clear and I think
5527 it is the reason that Americans need to pay very close
5528 attention to what is being proposed here.

5529 Let me talk to another group of people out there that I
5530 think will be severely impacted. There are thousands of
5531 families across this country, we know, are experiencing the
5532 pain and anguish of a loved one who is suffering from an
5533 opioid or a heroin addiction. And they need treatment
5534 services. They need support.

5535 Many of those families, many of you who are looking for
5536 treatment opportunities for someone in your family are
5537 benefitting now because of the Medicaid expansion because the
5538 essential health benefit plans that are provided through
5539 Medicaid now cover these kinds of treatment services to bring
5540 some relief to the anguish of your families.

5541 Under this proposal, Medicaid expansion will be
5542 undermined. Ultimately, the essential health benefits plans
5543 and the kinds of benefits that will be covered, including
5544 these sorts of treatment services, will fall away. And that
5545 kind of support, that treatment for your families, for those
5546 who are experiencing this pain of addiction across the
5547 country will no longer be available. There isn't a community
5548 in this country, there isn't a congressional district in this
5549 country, that hasn't experienced this crisis.

5550 So we need to think carefully before we move forward
5551 with this repeal. We can't have a repeal that is going to
5552 put people in that dire situation. And we are going to do
5553 our best on this side of the aisle to provide good
5554 information to all of the various groups out there that are
5555 being impacted by this proposal. If you put it in the
5556 context, particularly if you put in the context of these
5557 families that will be hard hit when the Medicaid expansion is
5558 pulled back and when we really upend the traditional Medicaid
5559 program in the ways that are being proposed, it leaves no
5560 conclusion but to view this bill as wrongheaded, immoral, and
5561 fundamentally inhumane and for those reasons we should reject
5562 it. I yield back.

5563 The Chairman. The gentleman yields back the balance of

5564 his time. The committee will be in recess. We will
5565 reconvene immediately after this vote on the House floor.

5566 [Recess.]

5567 The Chairman. We will call the committee back to order.
5568 We are in the amendment in the nature of a substitute. Are
5569 there members seeking to strike the last word? The chair
5570 recognizes the gentleman from California, Mr. McNerney for 5
5571 minutes to strike the last word.

5572 Mr. McNerney. Striking the last word. Because of the
5573 Affordable Care Act, 20 million Americans gained access to
5574 health care who did not have it before, but now we want to
5575 talk about access to mental health care. The Affordable Care
5576 Act also expanded access to mental health care by requiring
5577 all health care plans to cover mental health and substance
5578 abuse treatment.

5579 The ACA recognized that mental health issues and
5580 substance abuse disorders as important health conditions that
5581 made a treatment affordable. It closed the gaps in insurance
5582 coverage. Mental health is an issue that affects every
5583 district in every state. Making sure that all Americans have
5584 access to mental health care should be a priority.

5585 The Republican replacement bill removes protections in
5586 the ACA that ensures all Americans have access to mental

5587 health care. Quality health coverage should include
5588 preventive care and lifesaving medical treatments. Under the
5589 Republican replacement bill, maternity care, emergency
5590 services, preventive care and mental health and substance
5591 abuse disorders treatments will no longer be guaranteed for
5592 the millions of our families, friends, and neighbors on
5593 Medicaid. All Americans deserve health coverage that
5594 includes behavioral health treatments, access to mental and
5595 behavioral and patient services and access to substance use
5596 disorder treatment.

5597 The Republican bill also hurts older Americans, which is
5598 why the AARP opposes this legislation. Just yesterday, I
5599 received a call from a teacher in my district. She is 58
5600 years old, she is a diabetic, and she needs two insulin shots
5601 a day. She works full time and lives paycheck to paycheck.
5602 After rent, car insurance, and other needs, she cannot afford
5603 health coverage without the Affordable Care Act. This bill
5604 would be devastating to her and millions of other individuals
5605 and families in similar situations. Those who like high
5606 deductible policies will love this Republican plan.

5607 Mr. Chairman, we have heard for years including today
5608 that the ACA has failed, but this is demonstrably false and
5609 now the Republicans have found themselves painted into a

5610 corner. Because of these false claims you are forced to try,
5611 to try to repeal the Affordable Care Act, but your
5612 prescription really will be a failure. Either it won't pass,
5613 which is my bet, or if it does pass will put our healthcare
5614 system back into the hands of the insurance companies. The
5615 result will be higher costs and less coverage, and Americans
5616 will revolt.

5617 Mr. Chairman, withdraw this message bill and work with
5618 us to improve the Affordable Care Act. Mr. Chairman, I yield
5619 to the gentlewoman from Florida.

5620 Ms. Castor. I thank my colleague for yielding. I
5621 wanted to just take a minute to ask another question of
5622 counsel relating to Section 2711. This is kind of what the
5623 GOP bill does in place of the individual mandate that say
5624 that encourage continuous coverage.

5625 And I am asking this because I was talking with Jonah
5626 Moore from Tampa, yesterday. I was with him. He has
5627 multiple sclerosis, a wife and two kids. He has private
5628 insurance. He didn't buy it through the exchange he went out
5629 and bought it himself. He needs it desperately. He is very
5630 concerned about preexisting conditions.

5631 But what he also as we were talking about the terms of
5632 the bill, he said that he got into a dispute with his

5633 insurance company and they said, oh, he hadn't paid. I don't
5634 know the particulars. But he said, gosh, he would be very
5635 afraid if there was an argument over lapse in coverage with
5636 the insurance company over a glitch. And it is not clear in
5637 the bill how a dispute like that would be determined.

5638 Whose word is final? How is that determined? Is this
5639 particularly important for folks who have those preexisting
5640 conditions if the insurance company says one thing and the
5641 facts are the other?

5642 The. Counsel. State insurance commissioners usually
5643 have an audit process. That was the way it worked before the
5644 Affordable Care Act, so audits regarding who has continuous
5645 coverage.

5646 Ms. Castor. So you are going back to -- I have heard a
5647 lot from the other side. They don't like the faceless
5648 bureaucrats out there making healthcare decisions, so that is
5649 the answer they go back to, to dispute with an insurance
5650 company and you have to work it out at the state level over a
5651 dispute?

5652 The. Counsel. State audit process. There is also the
5653 third-party --

5654 Ms. Castor. State audit process.

5655 The. Counsel. Yes, there is also third-party external

5656 review in states as well to help with that.

5657 Ms. Castor. I yield back my time.

5658 Mr. McNerney. I yield back.

5659 The Chairman. The gentleman yields back. The other
5660 members seeking recognition, representative from Oklahoma,
5661 Mr. Mullin, is recognized for 5 minutes.

5662 Mr. Mullin. Mr. Chairman, I move to strike the last
5663 word.

5664 The Chairman. Recognized.

5665 Mr. Mullin. I yield time to Mr. Murphy.

5666 Mr. Murphy. I thank the gentleman. I wanted to
5667 respond, Mr. Chairman, if I could, to some comments made from
5668 my friend from California, who I know cares a great deal
5669 about those with disabilities, those with mental illness, and
5670 those with substance abuse. But this is more of a message
5671 for the people of America that I want them to understand.

5672 This committee worked very hard and I was never more
5673 proud than what this committee did in passing unanimously the
5674 Helping Families with Mental Health Crisis Act which then
5675 went to the floor and passed 422 to 2. That powerful bill
5676 provided a lot of service in the mental health arena,
5677 strengthened parity laws, authorized a number of programs,
5678 and I want to make it very clear that this bill does not

5679 change any of that law. This is some of this committee's
5680 greatest work, probably its greatest bill in the last session
5681 as it was combined into the 21st Century Cures Act.

5682 Mr. Kennedy. Will the gentleman yield?

5683 Mr. Murphy. Not yet. And I want people to know that.
5684 The second thing is that the essential health benefit remains
5685 in the Affordable Care Act. It is not struck at all in this
5686 bill. Further, there is other language in this bill which
5687 allows grants to go to the states out of the \$15 billion
5688 grant bill in the first year and the second year, and then
5689 \$10 billion out of that to maintain and to strengthen the
5690 mental health and substance abuse services.

5691 So I want everybody to know that those are going to
5692 continue to be part of this as we move forward. I also know
5693 in the future we are going to continue to work on reforming
5694 some of the mental health systems in America that under
5695 Medicaid many states do not collect data on what happens to
5696 their folks in Medicaid. This bill actually requires them to
5697 collect data, because what they can't -- they don't even know
5698 what they don't know, and what you don't measure you cannot
5699 manage.

5700 So this will help that as we know persons with mental
5701 illness oftentimes have chronic illness, primarily heart

5702 disease, diabetes, lung disease, infectious disease, but as
5703 you track those and as you better wrap services around them
5704 you actually lower healthcare costs, something we will get in
5705 the future. But by the essential health benefit maintenance
5706 in this by further grants, by parity, and by other elements
5707 of this bill it does not undermine past issues with this.

5708 Mr. Kennedy, you wanted me to yield to you for a moment?

5709 Mr. Kennedy. Yes, and maybe this is a question for
5710 counsel, but I will leave it for you, Mr. Murphy, page 8 line
5711 3 of the bill at C., sunset of essential health benefits
5712 requirement.

5713 So when we say it does not touch the essential health
5714 benefits for Medicaid expansion, I believe page 8 line 3
5715 actually does do that and it does put at risk the guarantees
5716 that are currently put in place under the Affordable Care
5717 Act. It goes directly to that which actually, I believe,
5718 gets to the gentleman's point from West Virginia earlier.
5719 Yes, you are right about not being denied based on
5720 preexisting condition. However, the provision, the removal
5721 of the essential health benefits means that yes, you might be
5722 able to get covered for black lung, but there is no guarantee
5723 you can then afford the coverage to actually avail yourself
5724 of the treatment. This gets to the very heart of what the

5725 bill actually does.

5726 Mr. Murphy. I appreciate my friend from Massachusetts.

5727 Can I yield to Counsel Josh and ask him to respond directly

5728 to that question about the essential health benefit?

5729 The. Counsel. Yes, sir. So the provision that Mr.

5730 Kennedy asked about does repeal the application of essential

5731 health benefits to alternative benefit plans in Medicaid, but

5732 the regulation that CMS promulgated in March of 2016 applying

5733 the 2008 Public Health Service Act Wellstone and Pete

5734 Domenici Mental Health Parity law to Medicaid alternative

5735 benefit plans and CHIP still applies.

5736 Mr. Kennedy. To the expansion population?

5737 The. Counsel. It still applies to those who receive

5738 Medicaid through alternative benefit plans.

5739 Mr. Kennedy. Counsel, if I can clarify --

5740 The Chairman. I would just say for regular order

5741 purposes the time belongs to my friend from Oklahoma, Mr.

5742 Mullin.

5743 Mr. Mullin. I will yield to my friend from

5744 Massachusetts.

5745 Mr. Kennedy. You are a good man, Mr. Mullin. I have 40

5746 seconds to try to keep it that way. Point of clarification

5747 then understood that this law does not do anything to remove

5748 or kill parity, but it doesn't then say if you are killing
5749 the essential health benefits it doesn't say that you
5750 actually have to offer mental health coverage to begin with.

5751 The. Counsel. If individuals receive their coverage
5752 through alternative benefit plans in Medicaid, the both
5753 traditional Medicaid and alternative benefit plans, then the
5754 2008 Mental Health Parity law still applies.

5755 Mr. Kennedy. But if you are not guaranteed the
5756 benefits, you are saying you are guaranteed the coverage but
5757 we are not guaranteeing the benefit if I can clarify the
5758 question.

5759 The Chairman. The gentleman's time has expired.

5760 Mr. Mullin. Mr. Chairman, I will yield back.

5761 The Chairman. The gentleman from Oklahoma's time has
5762 expired. He has yielded back. Now we can go to others
5763 seeking recognition to strike the last word who have not
5764 already spoken. The chair recognizes the gentleman from
5765 Vermont, Mr. Welch, for 5 minutes to strike the last word on
5766 the amendment in that nature of a substitute, the only
5767 amendment we have taken up so far.

5768 Mr. Welch. Thank you, Mr. Chairman. I move to strike
5769 the last word.

5770 The Chairman. You are recognized, yes.

5771 Mr. Welch. Thank you very much. Congressman Scalise, I
5772 think, is not here, but he said something that I have paid a
5773 lot of attention to. He said that in the healthcare bill --

5774 The Chairman. Ladies and gentlemen, if we can have
5775 regular order so that Mr. Welch may proceed.

5776 Mr. Welch. Congressman Scalise said something that I
5777 have paid a lot of attention to. He said that for a lot of
5778 people just above the line where subsidies expire they are
5779 working harder but health care is out of reach for them and
5780 they are not getting help from the government and some of
5781 those folks have been in areas where premiums have shot up.
5782 That is a problem. I acknowledge that is a problem. I think
5783 all of us on our side acknowledge that it is a problem. It
5784 is the market aspect of it for the individual market is not
5785 working.

5786 Now there is a debate about how that happened, because
5787 when we were passing this bill it was anticipated there would
5788 be disruption and we tried to have risk corridors and provide
5789 additional income revenue for the insurance companies as they
5790 were trying to make the adjustments and that was taken out by
5791 Marco Rubio in the Senate. So let's just put aside who is,
5792 quote, responsible for this. Who is ever responsible for it,
5793 what Steve Scalise said was a problem is a problem. And I am

5794 here as one Democrat and I think all of us, we want to fix
5795 that. We want to fix that. But in the process of fixing it
5796 we don't want to wreck the good stuff that has really helped
5797 a lot of folks in this country.

5798 You know, what we did with the insurance reforms, you
5799 opposed those but now you embrace them and that is a good
5800 thing, but it really made a difference. Half the people in
5801 Vermont have a preexisting condition and they got hassled.
5802 If they wanted to get coverage they could be denied or they
5803 could be hammered on what that premium would be and that is
5804 true in your states as well. We have changed that. That is
5805 a good thing.

5806 But the other aspects of this bill are going to make
5807 things worse for the folks that Steve Scalise was speaking
5808 for. It is not going to make it better. What we are going
5809 to do by, first of all, going to this mandate where if you
5810 don't buy insurance you get a 30 percent premium penalty that
5811 goes to the insurance company, I just don't get that.
5812 Because, first of all, you are not going to have people
5813 deciding to sign up because why not take the risk especially
5814 if you are a young person and then when you get sick pay the
5815 30 percent for 1 year? And by the way, I think there is a
5816 basic proposition, if all of us are going to be covered and

5817 we all want to be covered all of us have to pay. That is the
5818 way it works. There is no free lunch here.

5819 But now the next thing is you have changed in this bill
5820 and I think you have to think about what the implications are
5821 from direct subsidies to tax credits, but the whole question
5822 here is a side-by-side assessment as to whether or not the
5823 amount of money that is going to go to folks who need help to
5824 get insurance is sufficient to allow them to buy it.

5825 And whether it is a subsidy or a tax credit is less the
5826 question than whether the amount that is there is going to do
5827 the job, and it is not. The side-by-side shows that folks
5828 who are deserving health care, folks who are working, folks
5829 that we all think deserve respect because they pay their way
5830 but need help with insurance, those folks are going to be
5831 left out. A lot of folks are going to lose health care under
5832 this design. The other thing, capping Medicare, there is a
5833 concern on your side somewhat that we acknowledge the cost of
5834 things matters, it really does. But you don't solve the
5835 problem by just putting a cap on what the Medicare payments
5836 to states and individuals will be. We have got a problem
5837 with the explosion and the cost of health care. We have done
5838 nothing in here about the prescription drug prices. We have
5839 nothing here about the payment system fee-for-service that

5840 just means that you run wild with how much services get
5841 provided oftentimes with no particular benefit.

5842 So at the end of the day we are going to pass this
5843 burden onto the state and tell them good luck. In 2020,
5844 these subsidies go out and we are going to be asking our
5845 states to make the terrible, the selfish choice decision
5846 about who they are going to dump on the healthcare rolls or
5847 what benefits they are going to cut, but we won't address
5848 what the cost drivers are.

5849 And there are some folks here, Larry Bucshon has a lot
5850 of good ideas about how to address the cost and that is where
5851 we ought to be going, not addressing the cost by throwing
5852 people off of the healthcare rolls. Address the cost where
5853 the excess spending is occurring and where the waste is
5854 occurring. We are not even talking about that in this bill.

5855 The Chairman. The gentleman's time has expired.

5856 Mr. Welch. I thank you. I yield back.

5857 The Chairman. The gentleman's time has expired. Are
5858 there other members seeking recognition to strike the last
5859 word? The chair recognizes Mr. Tonko.

5860 Mr. Tonko. Thank you, Mr. Chair. I move to strike the
5861 last word. It often gets lost in the back and forth of this
5862 place, but at its heart our business here is to try to do

5863 right for the American people. Every single one of us is
5864 here because somewhere along the line I believe a special
5865 person touched our life and inspired us to fight for change.
5866 For me, one of those people was a Little Leaguer named
5867 Timothy Auclair. I met Timothy when he was a 12-year-old boy
5868 on the baseball field where he exhibited his charm and spunk
5869 that made anyone who knew him love him.

5870 Timothy struggled with mental illness and mental health
5871 disorders and his family struggled along with him, fighting
5872 with insurance companies to get him the care that he needed.
5873 The insurance companies didn't know the Timothy that I knew
5874 where we saw an extraordinary little guy in a fight for his
5875 own life, the insurance companies saw expenses in a ledger
5876 book. They put caps on his care and denied coverage for
5877 needed mental health treatment.

5878 When Timothy received the care he needed he thrived, but
5879 his family always knew that those caps and denials of
5880 coverage were right around the corner. Things got worse for
5881 Timothy. In order to get him the Medicaid coverage he
5882 needed, Timothy's parents were forced to legally disown him.
5883 Can you imagine being forced to make that decision in your
5884 own family? Unfortunately for Timothy even that wasn't
5885 enough. At 12 years of age Timothy committed suicide.

5886 For Timothy, the gains we made towards mental health
5887 parity in passing the Affordable Care Act but they came too
5888 late. Timothy lived at a time when our nation credo was that
5889 if you get sick you are on your own. In the richest country
5890 on earth, a country founded on the idea that we are all born
5891 with the unalienable rights to life, liberty, and the pursuit
5892 of happiness that is not good enough.

5893 The plan we have before us today takes us right back to
5894 those dark times. It will allow big insurance companies to
5895 discriminate against people like Timothy who need mental
5896 health care. It will provide less help to low- and middle-
5897 income families to purchase health care in order to pay for a
5898 \$195,000 average tax break for the wealthiest one-tenth of
5899 one percent. Even by the rosiest estimates, this repeal plan
5900 will rip healthcare coverage away from millions of people.

5901 This is not a plan to take care of kids like Timothy or
5902 their parents or grandparents or anyone else who needs care.
5903 This is a plan for my Republican colleagues to take care of
5904 their big-pocketed donors. If he is out there looking down
5905 from heaven, Timothy isn't listening for the ins and outs of
5906 enhanced FMAPs, balanced budgets, or actuarial values. He is
5907 watching us to make sure the next Little Leaguer who needs
5908 our help is taken care of and that we do right by our friends

5909 and neighbors who are counting on us. Timothy is watching, I
5910 am watching, and the American people are watching for
5911 certain. Let's not let them down.

5912 And to clarify the point that our colleague Mr. Kennedy
5913 offered, if this bill is passed and Timothy as an adult was
5914 on Medicaid he would not have guaranteed coverage to mental
5915 health benefits because we take away those options, we don't
5916 mandate them. So it doesn't matter if there is parity if you
5917 don't have the mental health coverage provided in your
5918 insurance plan.

5919 With that I see I have a minute and a half remaining.
5920 Mr. Kennedy, I will yield to Mr. Kennedy here.

5921 Mr. Kennedy. Thank you, Mr. Tonko. And I have a
5922 question for the legislative counsel then just to try to make
5923 sure I fully understand it. Based off of what you were
5924 saying, sir, I understand the fact that this law does not
5925 impact mental health parity, but it was a combination of
5926 mental health parity and the ACA that included mental health
5927 benefits as part of the essential health benefits package.

5928 Parity just says if you offer mental health benefits
5929 they have to be offered at the same way that physical health
5930 benefits are. It does not mandate the offering of mental
5931 health benefits. With the combination of the repeal language

5932 that we see on page 8, it means that mental health benefits
5933 are not required now by federal law that it would be up to
5934 the states to actually impose.

5935 So when we look at those essential health benefits
5936 whether it is mental health care or potentially for other
5937 health conditions that is no longer essentially covered or
5938 required to be covered by this version of this text; is that
5939 not correct?

5940 The. Counsel. The text before us does remove the
5941 application of the essential health benefits for the
5942 alternative benefit plans in Medicaid.

5943 Mr. Kennedy. Sorry, it does what? I apologize, I just
5944 didn't catch it. I am sorry, sir. I genuinely didn't hear
5945 what you, it does what?

5946 The. Counsel. It does remove the application of the
5947 central health benefits on the alternative benefit plans in
5948 the --

5949 Mr. Kennedy. It does remove them, yes.

5950 The. Counsel. Correct.

5951 Mr. Kennedy. Including mental health, yes. Thank you.

5952 Mr. Tonko. I appreciate that answer, it clarifies a
5953 lot. We yield back.

5954 The Chairman. The gentleman's time has expired. Are

5955 there other members seeking to strike the last word? The
5956 gentlelady from New York, right, Ms. Clarke, is recognized to
5957 strike the last word for 5 minutes.

5958 Ms. Clarke. Thank you, Mr. Chairman. I just wanted to
5959 sort of pick up where I left off earlier really just to drill
5960 down a bit about New Yorkers and what the impact would be
5961 here. So prior to the ACA in the United States, one of the
5962 wealthiest nations as we know in the world, nearly 47 million
5963 Americans lacked health insurance of which 13.5 percent were
5964 New Yorkers. New York City hospitals were losing well over
5965 \$1.2 billion in charity costs per year. Additionally, a
5966 study by the Department of Health and Human Services found
5967 that 17.1 million Americans under the age of 65 were
5968 underinsured of which 9.3 million had employer-based
5969 insurance.

5970 Tragically, people in these situations had to go without
5971 vital health care simply because they could not afford it.
5972 However, after the passage of the ACA, only 8.6 percent of
5973 Americans or 27.3 million people are uninsured for the first
5974 time in history that the nation's uninsured rate fell below
5975 nine percent and New York's uninsured rate has been cut to
5976 five percent, the lowest level in decades.

5977 Charity costs at New York's hospitals have declined, and

5978 due to the essential health benefits requirement no American
5979 is underinsured. The American Health Care Act, on the other
5980 hand, puts all of these positive gains at risk. Here is what
5981 is at risk for New Yorkers: 1,620,000 New Yorkers stand to
5982 lose their coverage, and of the eight million New Yorkers who
5983 have employer-sponsored insurance risk losing their
5984 preventive services which are covered with no copays.

5985 We can't afford to go back to the days before the
5986 Affordable Care Act. Health care we know is a fundamental
5987 right and not a commodity as, you know, Republicans would
5988 have us believe as it is being treated in this bill, and I
5989 believe that the government has a responsibility to its
5990 citizens in securing affordable, quality health care.

5991 So there are many reasons that I am opposed to this
5992 bill. The spirit under which it has been written has been
5993 divisive, it has been unfair, it has been deceptive, and we
5994 won't abide with it. So I urge my colleagues to defy these
5995 efforts to turn back the clock on health care. I say that we
5996 all must resist, push back, resist. And I yield to my
5997 colleague, Mr. Lujan, at this time.

5998 Mr. Lujan. Thank you very much, Ms. Clarke. I have a
5999 question of general counsel. Will the committee be taking
6000 votes on either the bill or the language in the alternative

6001 to that has been filed, before Thursday at 6:00 p.m.?

6002 The Chairman. That would not be a question appropriate
6003 for counsel.

6004 Mr. Lujan. Mr. Chairman, are we as a committee going to
6005 be voting before 6:00 p.m. Thursday night in this committee
6006 on anything?

6007 The Chairman. Well, you know, in the discussion I had
6008 with the ranking member given that we have not seen how many
6009 amendments but we are told you have hundreds of them, it is
6010 hard for me to predict the timeline here in consideration, so
6011 it is hard for me to answer.

6012 Mr. Lujan. Are you claiming my time, Mr. Chairman? I
6013 apologize, are you claiming my time? I am curious why the
6014 committee is ignoring the Walden 72-hour rule.

6015 Back in 2010 --

6016 The Chairman. There is no such thing.

6017 Mr. Lujan. -- there was a rule in 2010 where Chairman
6018 Walden led an effort that no bill would be voted on for 72
6019 hours before --

6020 The Chairman. No, I -- since it --

6021 Mr. Lujan. If I may, Mr. Chairman, and I will finish
6022 quickly, sir.

6023 The Chairman. Well, I just want to make sure it is

6024 accurate. It is a 3-day rule, not a 72-hour rule. That is
6025 the rule of the House and in the committee.

6026 Mr. Lujan. So on your website there is a press release
6027 that says at least 72 hours before a vote to give the press,
6028 public, and Members of Congress enough time to review it.
6029 Now I grew up on a small farm, but a day is sunrise to
6030 sunrise, typically, and 72 hours is 72 hours. Now if that is
6031 not enough --

6032 The Chairman. So what was the date of that on my
6033 website? That was probably --

6034 Mr. Lujan. January 13th, 2010. So the other question I
6035 have is, why is this committee --

6036 The Chairman. So there is a lot after that.

6037 Mr. Lujan. If I may, Mr. Chairman, why is this
6038 committee ignoring the 14-day rule which was supported by
6039 many members of our colleague including our chairman that
6040 required that the bill would be posted for 14 days prior to
6041 its voting? Mr. Chairman, I know that process matters.
6042 There is language that was included in the hearing --

6043 The Chairman. The gentleman's time has expired.

6044 Mr. Lujan. Thank you, Mr. Chairman.

6045 The Chairman. Are there other members seeking to strike
6046 the last word? The gentleman from Iowa is recognized. Oh,

6047 wait a minute, I apologize. We have someone on our side.

6048 The gentleman from Mississippi is recognized.

6049 Mr. Harper. Thank you, Mr. Chairman, move to strike the
6050 last word and I yield my time to the chairman, Mr. Walden.

6051 The Chairman. I thank the gentleman. So I would like
6052 to go back to the issue of policy here and that relates to
6053 the essential benefits, because I think there is some
6054 confusion about the complexity of this and that there are
6055 different ways this applies. And so I would like to take the
6056 time to make sure all of our members fully understand what is
6057 in the amendment in the nature of a substitute as it relates
6058 to the essential benefits because it is more than just one
6059 area, correct?

6060 The Counsel. That is correct, Chairman. So there are
6061 --

6062 The Chairman. Can you walk us through how essential
6063 benefits would be treated here especially as it relates to
6064 mental health and substance abuse?

6065 The Counsel. That is right, so essential health
6066 benefits applies in essentially two settings, one, the
6067 commercial insurance market; second, Medicaid. And so I will
6068 walk through the commercial insurance market.

6069 So Section 1302 of the Affordable Care Act included

6070 essential health benefit requirements. Those included ten
6071 categories of services under 1302(b). One of those services
6072 includes mental health and substance use disorder services
6073 including behavioral health treatment. The bill before the
6074 committee today does not alter the application of the
6075 categories of essential health benefit services for private
6076 health insurance coverage at all. It does not alter those
6077 categories.

6078 The Chairman. So those essential benefits remain for
6079 private health insurance?

6080 The Counsel. Correct. So the categories would remain.

6081 The Chairman. Okay, now we will get there. Now can you
6082 explain what happens when it comes to Medicaid? Your mike is
6083 not on, Josh.

6084 The Counsel. Section 112(c) would modify the Social
6085 Security Act 1937(b)(5) and repeal the ACA's amendment to the
6086 alternative benefit plans that had been created in the
6087 Deficit Reduction Act of 2005 which apply the essential
6088 health benefits. So it would remove the application of
6089 essential health benefits for this narrow population that
6090 receive their coverage in alternative benefit plans in
6091 Medicaid. It is not for all of Medicaid, but for this
6092 smaller subset of individuals that are covered through the

6093 alternative benefit plans.

6094 The Chairman. Okay, so for Medicaid itself what happens
6095 with essential benefits?

6096 The. Counsel. So we don't make changes to the Medicaid
6097 benefits related to other mental health requirements. It is
6098 this narrow population that receives their Medicaid coverage
6099 through an alternative benefit plan.

6100 Ms. DeGette. Would the gentleman yield? Would the
6101 gentleman yield?

6102 The Chairman. No, actually I heard you, but I have
6103 another question. So under the Patient and State Stability
6104 Fund, could states use those funds to also help provide
6105 mental health and substance abuse assistance to people that
6106 are Medicaid eligible?

6107 The. Counsel. So Chairman, under the Patient and State
6108 Stability Fund, one of the uses of funds is to promote access
6109 to preventive services, dental care services, or any
6110 combination of such services as well as mental health and
6111 substance use disorders. So that is one use of funds for the
6112 Patient and State Stability Fund.

6113 The Chairman. And could you, counsel, could you turn to
6114 page 47, and I want to draw your attention to line 8 of
6115 Section 5. Could you read that for me and for our members

6116 and describe what that section means?

6117 The. Counsel. So page 47 line 8, this is one of the
6118 uses for the Patient and State Stability Fund. \$100 billion
6119 is provided over 10 years in state grants. One potential use
6120 of funds under paragraph 5 is for prevention, treatment, or
6121 recovery support services for individuals with mental or
6122 substance use disorders, or any combination of such services.

6123 The Chairman. So there is \$100 billion the federal
6124 government would put out to states that they could use for
6125 exactly these very important services to our citizens.

6126 The. Counsel. Yes, so those services would be one use
6127 of funds.

6128 The Chairman. That is a possibility for that use. They
6129 could also buy down premiums, they could buy down deductibles
6130 whatever their market needs, whatever their states need,
6131 whatever their patients really need most. Local, state
6132 decision makers, our governors, our state legislators could
6133 make those decisions on how these funds could be spent within
6134 the context of the allowable expenditures, yes?

6135 The. Counsel. That is correct.

6136 The Chairman. My time has expired. Are there others
6137 seeking recognition?

6138 Mr. Loeb sack. Mr. Chair, will you give for a question?

6139 The Chairman. I am out of time, my time expired. I
6140 would now yield to the gentleman from Iowa --

6141 Mr. Loeb sack. I will move to strike the last word.

6142 The Chairman. -- 5 minutes to strike the last word.

6143 Mr. Loeb sack. Thank you, Mr. Chair. Since the debate
6144 about how to improve our nation's healthcare system began, as
6145 I said earlier my number one priority has been to ensure all
6146 Iowans, in fact all Americans have the ability to access
6147 quality, affordable care and the ability to provide for the
6148 families' ability to access, not just access.

6149 That is very important in this debate, folks. This
6150 Republican repeal legislation simply undermines that goal.
6151 Instead of moving our nation forward, covering more Americans
6152 with quality healthcare for less, this legislation is a step
6153 backwards. It puts the health care of Iowans and I believe
6154 all Americans at risk. It would make deep cuts to Medicaid
6155 covering fewer vulnerable individuals. It would strip
6156 benefits covered under Medicaid expansion including some of
6157 the most basic and often lifesaving services including
6158 emergency services, newborn and maternal care, mental health
6159 services, and critical pediatric services.

6160 How can we go back to our districts and meet with
6161 constituents who have gained healthcare coverage because of

6162 the ACA and tell them they will be losing that care? We are
6163 told this legislation would cover more people for less when
6164 in reality it will do the opposite. Over 40,000 individuals
6165 in Iowa alone who are covered through the ACA's Medicaid
6166 expansion would now stand to lose their coverage.

6167 We should be working for these folks, for the
6168 hardworking families working to make ends meet and provide
6169 healthcare coverage for their families. Instead, this
6170 legislation would drive up the cost of healthcare coverage
6171 making it inaccessible to many Americans.

6172 I think we need to start focusing on what matters. We
6173 need to focus on jobs. We need to focus on expanding rural
6174 broadband which has a healthcare component to it. We need to
6175 increase rural healthcare access or any of the other issues
6176 that really matter to Iowa families and to all Americans. I
6177 do remain committed to making improvements to the ACA. I
6178 voted for some of those improvements in the past. But this
6179 bill is not going to go in that direction, it will go in the
6180 opposite direction.

6181 And one last point on rural areas. I represent a rural
6182 part of America and I am proud to represent that part of
6183 America, but I am concerned that this legislation does little
6184 to nothing to help those in rural areas. We must ensure that

6185 our nation's healthcare policy works for all Americans. Too
6186 often we see folks in rural areas, including much of the
6187 state of Iowa, denied access to quality medical services.
6188 With nearly one in five uninsured Americans living in rural
6189 America, it is imperative that any policy put forth
6190 positively affects rural America.

6191 A few weeks ago when I was home over the weekend I
6192 visited a number of rural hospitals and I asked them how they
6193 anticipate the ACA is going to affect them. The fact of the
6194 matter it is going to affect them very negatively because
6195 over the years since the ACA they have been able to reduce
6196 the amount of charity care that they have to accept. And
6197 this is going to be a problem because it will affect their
6198 bottom lines and ultimately it is going to affect the
6199 availability of health care in these hospitals for those
6200 folks in my part of the world in that part of Iowa and those
6201 rural parts of Iowa.

6202 What I have got, if I may, Mr. Chairman, with unanimous
6203 consent I will request that I put into the record a statement
6204 from the Iowa Hospital Association.

6205 The Chairman. Without objection.

6206 [The information follows:]

6207

6208

*****COMMITTEE INSERT 9*****

6209 Mr. Loeb sack. Thank you. And I am just going to read a
6210 couple parts of that very quickly. The title is ACA
6211 Replacement Would Be Harmful to Iowans, and basically what
6212 they are saying here is Americans are getting their first
6213 close look at a congressional proposal to replace the federal
6214 Affordable Care Act, also known as Obamacare.

6215 There is a lot to pore over, but the first and most
6216 overriding concern from the hospital perspective is that
6217 access to health care through safety net providers does not
6218 equal coverage and coverage is essential to good health, a
6219 strong healthcare delivery system, and reduced health care
6220 costs. This proposal threatens to both reduce coverage and
6221 access for poor, elderly, and disabled Iowans making it a
6222 significant step backward from the current law.

6223 There is more in here. Thank you for letting me submit
6224 it to the record. I am going to yield now to my friend Mr.
6225 Doyle from Pennsylvania.

6226 Mr. Doyle. Thank you very much. Mr. Chairman, when you
6227 talk about optional services currently offered by Medicaid --
6228 I am quoting from a letter from our governor of Pennsylvania
6229 -- the American Health Care Act would cripple Pennsylvania's
6230 ability to cover optional services currently offered by
6231 Medicaid like prescription drug coverage and inpatient

6232 psychiatric care for individuals under the age of 21. It
6233 would force us to try and regulate out-of-state health
6234 insurance companies, removing all consumer protections we
6235 have worked so hard to put in place as health insurance
6236 companies have become bigger and more focused on their bottom
6237 line. It would reverse years of progress made on health
6238 innovation, improved health outcomes, and quality of care.

6239 I want to submit this letter in its entirety that
6240 Governor Wolf has written to the Pennsylvania delegation for
6241 the record.

6242 The Chairman. Of course. I actually thought we had
6243 but, without objection.

6244 [The information follows:]

6245

6246 *****COMMITTEE INSERT 10*****

6247 Mr. Doyle. Thank you very much. I yield back.

6248 The Chairman. The gentleman yields back, the gentleman
6249 yields back. Are there other members seeking recognition to
6250 strike the last --

6251 Mr. Kennedy. Mr. Chairman, I have an inquiry for
6252 counsel.

6253 The Chairman. Let me see. The gentleman --

6254 Mr. Kennedy. Inquiry for counsel.

6255 The Chairman. No, I know, but did Mr. Schrader want to
6256 strike the last word? I am trying to go in seniority order.

6257 Mr. Kennedy. Understood, sir.

6258 The Chairman. So I would recognize my colleague from
6259 Oregon, Mr. Schrader, to strike the last word for 5 minutes.

6260 Mr. Schrader. Thank you, Mr. Chairman. I appreciate it
6261 very much. I want to set the record straight a little bit.
6262 I think that is important as we go through a long hearing
6263 like this that first and foremost the election was no mandate
6264 on the ACA. The ACA is more popular now than it has been for
6265 many years.

6266 I also want to correct the record. Someone keeps
6267 holding this as the ACA. This is the ACA, man, two volumes.
6268 Maybe a guy only read half of it, I get that and that may be
6269 a problem, but as you notice, we have 123 pages we are

6270 looking at right now. Is the ACA that is so horrible it is
6271 undoing America as we know it? They are keeping a heck of a
6272 lot of it, folks, because it is good legislation, it was a
6273 good piece of work.

6274 So let's get honest about what is going here, and
6275 frankly it did reduce the deficit. I get tired of hearing
6276 this mythology about it adding to the deficit. It was fully
6277 paid for. Unlike this bill it was fully paid for. Reduce
6278 the deficit by \$350 billion over the 10-year time frame,
6279 maybe a trillion dollars going forward. That is good
6280 legislation. Better health care, better quality health care,
6281 reduce the deficit. That is why we need to have this darn
6282 CBO score. How can you push this bill without understanding
6283 what is going on?

6284 The other thing I would like to bring out is most of the
6285 comments that I am hearing, almost all, from the other side
6286 is problems with the individual market. I get that. You
6287 know, some people are facing higher premiums, higher
6288 deductibles, but for the first time ever, a lot of people are
6289 getting health care, getting health care in that market.

6290 And that individual market we are all getting excited
6291 about, that is five percent of the health care delivery in
6292 this country, folks. Small group market is robust; the big

6293 group market is robust; employer-based health care is robust.
6294 I mean, let's be aware of what we are actually talking about,
6295 how big of a volume it actually is.

6296 What does it do? What does this bill actually do? It
6297 gradually shifts costs of Medicaid to the states and to the
6298 individuals. That is undeniable. And the states, how many
6299 of your guys' states can afford that? Not too many, they are
6300 struggling now even with the 90 percent return. My state is
6301 hopefully going to make it at the end of the day. They have
6302 done it before.

6303 But these individuals can't afford, the term Medicaid by
6304 definition, they can't afford to even with a subsidy to
6305 afford health insurance, for goodness' sakes. It defunds the
6306 preventive services fund. It is great to say you can get
6307 preventive services, not if there is not any money to provide
6308 them. It is optional now.

6309 The high risk pools, the high risk pool is going to take
6310 care of all these high cost patients, the money in that is de
6311 minimis. And it goes what, over 9 years, who picks up the
6312 tab? Oh, 50 percent goes to the states. And how affordable
6313 are high risk pools? The deductibles can be \$25,000. People
6314 aren't going to be able to get health care.

6315 So you can say all you want about it allows this or it

6316 allows that; if it unaffordable Americans don't get health
6317 care. And who pays for that? We do through our premiums,
6318 uncompensated care, or we go back to the same horrible health
6319 care system we had before that is inefficient and costs us
6320 more going forward. Where is the money to do these things in
6321 this bill? Where is the money? Where is the beef? There is
6322 nothing here. They repeal all the revenues. Where are you
6323 going to get that 100 billion-plus for your stability fund?
6324 How are you going to afford these refundable tax credits? I
6325 don't see it. I just don't see it.

6326 The end result is that a fully funded Affordable Care
6327 Act is being replaced by an unsustainable federal program
6328 that CBO cannot score that will cause insurers to leave the
6329 market because of the guaranteed issue-ish deal with no money
6330 to sustain the refundable tax credits or the high risk pools.
6331 So states and individuals are going to have to drop out, drop
6332 coverage and as I said we are all going to pay for that.

6333 The very things everyone likes to cheer about that is a
6334 waste of money we don't want in our health care, like
6335 essential benefits and prevention and the middle tiers, those
6336 are the very things that give us better health. That should
6337 be our focus. Over the long term, yeah, maybe short term my
6338 premium goes up because of those things, but I know my kid

6339 and my grandkids are going to get better health care early on
6340 so they cost us less going forward.

6341 That is what drives down healthcare costs. All those
6342 social interventions are a huge plus and we are throwing them
6343 out right now. I think this is not a good way to go forward,
6344 Mr. Chairman. I would like to fix it --

6345 Ms. DeGette. Will the gentleman yield?

6346 Mr. Schrader. -- not just replace. Thank you, Mr.
6347 Chairman.

6348 Ms. DeGette. Will the gentleman yield?

6349 Mr. Schrader. I yield, yes, to Ms. DeGette.

6350 Ms. DeGette. I just want to point out with these
6351 alternative benefit plans that counsel said were very narrow
6352 there is 11 million people on the Medicaid expansion, folks,
6353 and it is in 31 states including in most of our states. And
6354 those states will not have to offer mental health coverage to
6355 the people, to the 11 million people who are on the Medicaid
6356 expansion. Let's not sugarcoat this, folks. Eleven million
6357 people who now get mental health coverage may not get it.

6358 Thank you for yielding, and I yield back.

6359 The Chairman. The gentleman's time has expired. Are
6360 there other members seeking to strike the last word? The
6361 gentleman from Massachusetts recognized to strike the last

6362 word.

6363 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman,
6364 just building off of what Ms. DeGette just said and that 11
6365 million -- I have got a chart here. I know we are trying to
6366 put it up on the screen. But in case it is not available to
6367 or able to, in Ohio that comes down to 151,000 people with
6368 mental illness and substance use disorder that are in the
6369 Medicaid expansion, 151,000.

6370 In Pennsylvania nearly 81,000, in West Virginia over
6371 200,000 people. So we can say that is a small number --
6372 200,000 in West Virginia, 81,000 in Pennsylvania, and you
6373 will see other numbers up there on the screen.

6374 [Chart.]

6375 Mr. Kennedy. That is what is at stake, and I would
6376 imagine that for those 200,000 people in West Virginia that
6377 is not a small issue for them.

6378 And so here is the takeaway that we need to make crystal
6379 clear as we move forward that if we continue with this markup
6380 out-of-pocket healthcare costs will rise for most American
6381 families and leave many others with no coverage at all. More
6382 money out of your paycheck every month to meet medical bills,
6383 more dollars siphoned away from the mortgage or tuition or
6384 retirement account to meet a rising price tag of premiums and

6385 copays and deductibles.

6386 The last thing our system needs are those reforms
6387 because despite the tremendous gains made by the ACA, not
6388 just in extending coverage but reducing costs, the reality is
6389 that health care in this country is still too expensive for
6390 many Americans and I concede that. Democrats hear and
6391 understand this. We believe no one should have to mortgage
6392 away their future or their kids' future just to get the basic
6393 care that they need and we are committed deeply to strengthen
6394 the ACA to make good on the promise of affordable health care
6395 for all.

6396 But rather than work with us to find a way to bring
6397 costs down, our Republican colleagues have moved forward with
6398 a bill that eviscerates what financial assistance and
6399 protection was there for working and middle class families
6400 and repurposes as tax cuts for the wealthy. And they swing
6401 hardest at the people who can least afford it, the elderly,
6402 the sick, the families in rural communities in need in public
6403 assistance, the folks that don't have endless savings
6404 accounts or reliable support systems in place when they are
6405 hit with a bad illness, a bad accident, or bad luck. For
6406 these people access to affordable health care isn't some
6407 political talking point, it can be the difference, literally,

6408 between life and death. The Republican appeal plan leaves
6409 those families and communities in the dust.

6410 According to the Cato Institute, for anyone earning less
6411 than \$29,700 a year, costs would rise by over \$4,000, \$4,000
6412 out of less than 30. Medicaid beneficiaries will be pushed
6413 out of coverage. Seniors will watch their premiums skyrocket
6414 from one year to the next. Americans of all incomes, ages,
6415 backgrounds, and congressional districts will learn the
6416 painful lesson of what it means to be underinsured.

6417 It means that even if you keep up with your premiums,
6418 even if you are setting aside money with each paycheck, even
6419 if you live a healthy life, one car crash, one broken bone,
6420 one unexpected battle with addiction could put you on a path
6421 towards bankruptcy.

6422 In the 7 years before the ACA was implemented, our
6423 nation's underinsured rate nearly doubled. In the 7 years
6424 since, it has stabilized. We should be debating bills that
6425 continue this trend. Instead, conservative and liberal
6426 healthcare experts have said that this bill will only make it
6427 worse. President Trump, Speaker Ryan, and countless other
6428 leaders in the Republican Party have looked at the American
6429 public in the eye and said we will promise to, quote, cover
6430 anyone with something that is, quote, less expensive and,

6431 quote, that is much better.

6432 So let's put a human face on those promises and think
6433 about the people and the families that those costs will hit
6434 hardest: patients who face chronic illnesses that never truly
6435 retreat as well as seniors and individuals with disabilities
6436 that require long-term care.

6437 People like Jen Fox, a member of my team who is sitting
6438 in the gallery right now who was diagnosed with Hodgkin's
6439 lymphoma at the age of 19 received treatment thanks to the
6440 ACA only to be diagnosed again the day after her 21st
6441 birthday. Although she has now beat cancer twice, she will
6442 need costly follow-up tests and treatment for the rest of her
6443 life.

6444 People like Pamela, a constituent of mine from Newton,
6445 Massachusetts, who suffers from mental illness and receives
6446 care thanks to Medicaid. Once again, even though she has
6447 made impressive strides toward a healthy future, being able
6448 to afford stays in treatment centers is critical to her
6449 continued recovery.

6450 People like the sons and daughter and mothers and
6451 fathers and neighbors and friends at every corner of our
6452 country that are battling substance use disorders in the
6453 midst of a devastating opioid epidemic that has left no

6454 community across this country unharmed, or any of the 508,000
6455 million seniors living in states represented by this
6456 committee whose long-term care is at risk because of Medicare
6457 reforms proposed in this bill, 5.8 million people that we on
6458 this committee represent who are at risk.

6459 For all of those Americans and the families that love
6460 them, the guaranteed coverage for a preexisting condition is
6461 an empty promise if unaffordable deductibles and copays move
6462 continued treatment out of care and out of reach. Instead of
6463 opening tax loopholes for insurance companies and their CEOs,
6464 we should be holding these companies and CEOs accountable to
6465 the parity laws that ensure substance use disorder and mental
6466 illness are covered just as seriously and thoroughly as
6467 physical care are.

6468 And when my Republican colleagues are so serious about
6469 building consensus around a healthcare replacement bill that
6470 actually increases care at lower cost and higher quality we
6471 will sit down and negotiate. I yield back.

6472 The Chairman. The gentleman's time has expired. The
6473 chair recognizes the gentleman from New Jersey, Mr. Lance.
6474 Your mike needs to be on there, Mr. Lance.

6475 Mr. Lance. Thank you. And, Mr. Chairman, I yield to
6476 Mr. Scalise.

6477 The Chairman. The gentleman is recognized for 5
6478 minutes. He yields to Mr. Scalise for 5 minutes to strike
6479 the last word.

6480 Mr. Scalise. Thank you, Mr. Chairman. And I appreciate
6481 this conversation, but I guess some people have forgotten the
6482 reality of what has happened in the last 7 years. Insurance
6483 premiums have skyrocketed. People that look at this bill,
6484 most of them recognize when you free people up to make their
6485 own choices in health care of course costs are going to go
6486 down.

6487 Because unlike the bureaucrats in Washington, elitists,
6488 when we saw some of these hearings with Secretary Sebelius
6489 years ago, when I presented her case after case of
6490 constituents of mine who liked what they had and wanted to
6491 keep it and yet were losing their plans and I asked Secretary
6492 Sebelius there, under oath, and I said, what would you tell
6493 that family that just lost their plan, and she said oh, well,
6494 they must have had a lousy insurance policy.

6495 Well, first of all, they didn't think it was a lousy
6496 insurance policy. They liked their insurance and they were
6497 promised by her they were going to be able to keep it. And
6498 when I told her that she said, oh, don't worry, you can go to
6499 the Obamacare website and find a better plan. And during the

6500 hearing I went to the Obamacare website and the site was down
6501 because it didn't even work after over \$500 million of
6502 taxpayer money. Let's not forget those facts. That is what
6503 is happening in healthcare. People are paying more.

6504 Let me read you from some of my many constituents who
6505 have shared their story with me, real stories about not what
6506 is going to happen tomorrow, not what is going to happen next
6507 year, what is happening now. I will start with Pamela from
6508 Mandeville. My premium went up from 986 per month --

6509 Mr. Tonko. Mr. Chairman.

6510 Mr. Scalise. -- with a \$4,500 deductible to \$,346 per
6511 month. This plan is required to have maternity and pediatric
6512 vision. She is 57 years old. I am so frustrated. I just
6513 can't afford this anymore. This is as much as my mortgage
6514 payment. Ida said, I am on my fourth carrier. My copays
6515 have gone up and so have my premiums. I lost my doctor the
6516 first year. Where was that promise that was made to her by
6517 the way? And I have to drive to a different city to do blood
6518 tests. Here is another.

6519 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6520 Mr. Scalise. Our health insurance premiums have gone up
6521 more than a thousand dollars per month --

6522 Mr. Tonko. Mr. Chairman.

6523 Mr. Scalise. -- while out-of-pocket deductibles have
6524 skyrocketed. Our premium of our family of four is more than
6525 our mortgage. We were not financially able to keep our
6526 health care, so for the first time in my life I am without
6527 health insurance. We are now forced to pay a fine because we
6528 cannot afford this astronomical premium. That is Christy
6529 from Slidell. These are real people.

6530 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6531 Mr. Scalise. And you are not going to interrupt the
6532 reading of these real people because they are fed up with
6533 this law.

6534 So when you talk about higher costs, these are the
6535 higher costs people are paying today. When President Trump
6536 said I am going to rescue you from the failures, these are
6537 the failures. Let me read you Richard from Abita Springs. I
6538 am a veteran and Medicare. My wife, at age, and he says I
6539 will probably be in trouble for telling you, is 63 years old,
6540 had good insurance with a \$50 deductible, full coverage for
6541 \$375 a month.

6542 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6543 Mr. Scalise. The next year, Obamacare made the new
6544 policy jump to \$789 a month with maternity and child care,
6545 and a \$6,500 deductible. This is a 63 year old veteran. The

6546 next year, the insurance company pulled that policy and
6547 wanted to raise everything again with a different policy with
6548 a larger doctor visit copay.

6549 Let's look at the math. Here is a reality check. Do
6550 you want to talk about higher premiums? I sure do, because
6551 these are the higher premiums people are paying today because
6552 of Obamacare. Look at Arizona, over a hundred percent
6553 increase, the state of Alabama, 58 percent increase,
6554 Tennessee, 63 percent. This is what families are paying
6555 today in increased costs of health care because of the
6556 unworkable mandates and taxes in Obamacare. So yes, we are
6557 bringing a bill to provide relief so that we can actually
6558 lower costs.

6559 [Slides.]

6560 Mr. Scalise. Now let's talk about choices. We can go
6561 to the next slide. On the next slide we are going to see
6562 just what is happening to families in terms of their choices
6563 for health care. We are hearing all across the country of
6564 fewer and fewer choices in many places, most parishes and
6565 counties across the country where we are seeing a growing
6566 trend of only one provider in those states.

6567 One provider means a monopoly and you wonder why costs
6568 are going up, because there are fewer and fewer choices for

6569 families out there. Costs are skyrocketing, deductibles are
6570 going through the roof, and families are losing care that
6571 they had that they liked. This law doesn't work for
6572 families. Our bill actually puts patients back in charge of
6573 their choices. If you don't trust families to make those
6574 decisions I can see why you would oppose our bill, but for
6575 everybody else that wants to actually be in charge of their
6576 healthcare decisions again, who is smarter than unelected
6577 bureaucrats in Washington and who are ready to have that
6578 freedom that we are going to give them, give them a shot
6579 because look at what is happening --

6580 The Chairman. The gentleman's time --

6581 Mr. Scalise. -- right now to the marketplace because
6582 of the failures of Obamacare, let's provide that relief and
6583 get on with it.

6584 The Chairman. The gentleman's time has expired.

6585 Mr. Scalise. I yield back the balance of my time.

6586 The Chairman. The gentleman's time has expired.

6587 Mr. Tonko. Mr. Chairman.

6588 The Chairman. Are there other members seeking
6589 recognition to strike the last word?

6590 Mr. Tonko. Parliamentary inquiry.

6591 The Chairman. The gentleman will state his inquiry.

6592 Mr. Tonko. Are we currently debating the amendment in
6593 nature of a substitute to the Republican repeal plan or are
6594 we addressing the Affordable Care Act?

6595 The Chairman. We are addressing the amendment in the
6596 nature of a substitute. Yes, sir.

6597 Mr. Tonko. Well, thank you for that clarification. It
6598 was difficult to tell as members seek to clarify or --

6599 The Chairman. Do you have another --

6600 Mr. Tonko. -- to discuss --

6601 The Chairman. The gentleman will suspend.

6602 Mr. Tonko. -- significant portions of your bill.

6603 The Chairman. Do you have a parliamentary inquiry?

6604 Mr. Tonko. I wanted to know what we are debating here
6605 today of this bill.

6606 The Chairman. Yes, sir. I answered that.

6607 Mr. Tonko. And it seems as though we are not addressing
6608 the bill before us, the amendment before us, and people seem
6609 to deny the opportunity to discuss various specific portions
6610 of your bill.

6611 The Chairman. The gentleman's inquiry has been
6612 responded to. Are there other members seeking recognition?
6613 The chair recognizes the gentleman from California for
6614 purposes of a 5-minute opening, or to strike the last word.

6615 Mr. Cardenas. Thank you very much, Mr. Chairman.
6616 During my 5 minutes I would also like to submit for the
6617 record Jen's story that was explained by Congressman Kennedy.
6618 The Chairman. Without objection.
6619 [The information follows:]
6620
6621 *****COMMITTEE INSERT 11*****

6622 Mr. Cardenas. Thank you so much. My first question is
6623 to the legal team up front that has been answering some
6624 questions for us. Can you please go to page 46 and please
6625 read line 8 and 9?

6626 The. Counsel. The state may use the funds allocated to
6627 the state under this title for any of the following purposes.

6628 Mr. Cardenas. Okay. The word may jumps out at me. The
6629 third word in that sentence says a state may. Can you please
6630 explain in lawmaking terms the difference between may and
6631 shall? So in other words if that sentence had the word shall
6632 to replace the word may, what is the difference?

6633 The. Counsel. Requirement versus an option.

6634 Mr. Cardenas. Exactly. Thank you very much.

6635 The reason why I wanted to point that out is because
6636 when you look at the page that was covered a little earlier,
6637 page 47, it was explained that on line 8 and 9 it says,
6638 promoting access to preventive services, dental care
6639 services, et cetera, and it goes through a list. And then I
6640 think it was the chairman that pointed out that there would
6641 be \$100 billion that would be made available to the states so
6642 they could go ahead and they may choose to provide services
6643 that under the Affordable Care Act are required to be
6644 provided.

6645 And I think it was Ms. DeGette or one of my colleagues
6646 that pointed out that there are about 11 million people in
6647 Medicaid expansion. Was that you, Ms. DeGette? I would like
6648 to yield time to Ms. DeGette to tell me if there is any
6649 relevancy or irrelevancy to that \$100 billion pot given to
6650 the states and having 11 million people who have been
6651 afforded the opportunity to have health care through Medicaid
6652 expansion.

6653 Ms. DeGette, I thank the gentleman for yielding. And
6654 the issue is if you have a small pot of money that you are
6655 giving to the 31 states who have accepted the Medicaid
6656 expansion and if you have 11 million people who are in that
6657 as Mr. Doyle accurately pointed out, governors are simply not
6658 going to be able to give all of the benefits to those 11
6659 million people that they are now required to get under the
6660 Affordable Care Act.

6661 And I should note the Medicaid expansion that expansion
6662 is being given to people who are just above the poverty level
6663 so it is not like they have lots of money in their pockets to
6664 go out and buy insurance policies on the individual market.
6665 And it is not like those people have employers who are
6666 willing to give them insurance through their employer. Those
6667 people are just basically stuck with what they get, but they

6668 are the ones who need robust benefits.

6669 I thank the gentleman for asking that question because I
6670 am deeply concerned about it as I know he is, and I yield
6671 back.

6672 Mr. Cardenas. Thank you very much, Ms. DeGette. It is
6673 woefully obvious even to people who are not lawmakers who are
6674 the general public who are being hoodwinked by this bill,
6675 \$100 billion to address the needs of people, there might be
6676 as many as 11 million people across 31 states, is just a
6677 paltry amount of money.

6678 And again I say very respectfully that is hoodwinking
6679 the public into thinking that \$100 billion will actually
6680 provide the kind of health care and access that Americans
6681 deserve and that have today and they deserve to continue that
6682 kind of coverage.

6683 At this time I don't even know where to start, but I am
6684 going to give Ms. Castor the balance of my time.

6685 Ms. Castor. Well, thank you, Mr. Cardenas. There are
6686 so many questions and this is why it is important to have
6687 hearings before you head right into a markup after you have a
6688 bill that comes out less than 48 hours ago.

6689 And one of the questions is based on the analysis that I
6690 have seen, the Republican bill shortens the life of the

6691 Medicare trust fund. Remember that under the ACA and
6692 according to the Medicare trustees' report of 2016, we
6693 extended the life of Medicare by 11 years. Now this bill
6694 appears to hasten the insolvency of Medicare by 4 years.

6695 I want to know, counsel, what information is in the
6696 record? Is that in the ballpark, Medicare now insolvent 4
6697 years earlier? Is there information in the record on this?

6698 The Counsel. What analysis are you referencing?

6699 Ms. Castor. There are a number of budget expert
6700 analyses now. Many people have had an opportunity now to --

6701 The Chairman. The gentlelady's time has expired. Are
6702 there other members seeking recognition?

6703 Ms. Castor. Can he answer the question though?

6704 The Chairman. The chair recognizes the gentleman from
6705 Illinois.

6706 Mr. Shimkus. Thank you, Mr. Chairman. And I sat
6707 through here all day and I appreciate the comments. I really
6708 do have great respect for my colleagues on both sides and
6709 this is very similar to what we went through when the
6710 Affordable Care Act was passed. I would say that the proof
6711 will be in the product.

6712 Our side is saying based upon the letters we received or
6713 that Obamacare is in a death spiral and it has failed. That

6714 is our position and we do that because there is 25 percent
6715 average increase in premiums this year. Nearly one-third of
6716 all U.S. counties have only one insurer offering a plan; 4.7
6717 million Americans were kicked off their healthcare plan that
6718 they liked; \$1 trillion in new taxes mostly falling on
6719 families and job creators was part of that law.

6720 There have been 18 failed Obamacare CO-OPs out of 23 and
6721 the CO-OPs were established as an alternative to the
6722 insurance markets to keep prices down, but they couldn't even
6723 -- a CO-OP is a not-for-profit -- they couldn't sustain
6724 themselves, \$53 billion in new regulations requiring more
6725 than 176,800,000 hours of paperwork, and then as my good
6726 friend and other colleagues have read, you know, we have the
6727 letters too.

6728 Dated from Highland, I am now paying 990 for the Bronze
6729 plan that covers my entire family which is more than I pay
6730 for my mortgage. Before the ACA I was paying \$500 a month
6731 with a \$1,500 deductible. Now I have a \$6,300 deductible
6732 with a 12,600 deductible for my family. I cannot even use my
6733 plan because of the high deductibles.

6734 So I love the comments and the words, people saying, you
6735 are going to claim that when we pass this law our
6736 constituents are going to pay more and get less. Well, that

6737 is what I have been saying the last 7 years under Obamacare.
6738 My constituents right now are paying more and getting less
6739 coverage.

6740 So as when we went over to vote and walked back again
6741 with my friends, I think we believe this product will work.
6742 We believe that once passed you are going to empower the
6743 individual market, you are going to be able to have choice.
6744 Consumers are going to have to access it. They are not going
6745 to be constrained by four basic plans and policies.

6746 Now we are going to stake our votes and our majority
6747 that it will work. You all did your staking on Obamacare
6748 which failed. Politically, you lost the majority of the
6749 House, you lost the majority of the Senate, you lost the
6750 presidency, and I think that part of that was the failure of
6751 Obamacare.

6752 So as we move this forward, we all know that we are on
6753 the hook. And we believe in markets, we believe in
6754 competition, we believe in transparency, and we believe that
6755 this will drive lower costs and prices and all of our
6756 citizens on either side of the Hill, on the aisle, we will
6757 all benefit from this.

6758 The Chairman. And I need to just let the gentleman know
6759 we failed to start the clock at the right time so you have

6760 about 20 seconds left.

6761 Mr. Shimkus. I yield back the balance of my time.

6762 The Chairman. Thank you. Yes, we are trying to keep
6763 everything fair here between the two and we forgot on that
6764 one. So are there other members seeking recognition? The
6765 gentleman from California is recognized for 5 minutes to
6766 strike the last word.

6767 Mr. Ruiz. Thank you. I am disheartened that this bill
6768 will cause millions of people to lose their health insurance
6769 and therefore lose their care and medicines. Let's focus on
6770 Medicaid for now. Medicaid is critical for senior nursing
6771 home care, for children with disabilities, and families who
6772 work hard yet struggle to live paycheck to paycheck. This
6773 bill caps Medicaid payments to ration care per enrollees.

6774 Let me break this down. States will get a certain
6775 amount of money regardless of the actual cost it takes to
6776 care for patients. Healthcare costs and medical inflation
6777 will continue to rise out of control and the Medicaid federal
6778 block grant payments will not be enough and less so over
6779 time. We know that costs will get passed on to states,
6780 providers, and patients who already are overburdened.

6781 States will have the so-called flexibility and
6782 empowerment to cut eligibility requirements, cut what type of

6783 care they will pay for, yes, like mental health or even
6784 cancer treatments, and cut payments that hospitals, doctors,
6785 and clinics need to care for their patients. That is why the
6786 American Medical Association, the National Physician Alliance
6787 oppose the bill. That is why the American Hospital
6788 Association and Federation of American Hospitals cannot
6789 support the bill.

6790 Simply put, there will be millions more uninsured,
6791 millions more in uncompensated care, Medicaid will cover less
6792 needed care, and the burden of those costs will be on working
6793 families and everyone else. And I mean everyone else who
6794 will pay for the costs of care for the uninsured patients.

6795 You know, when I see a patient in the emergency room,
6796 what they ask about most are am I going to be okay? Can you
6797 help me feel better? And how much is this going to cost?
6798 Will I be able to afford this visit, the medicine you
6799 prescribe, and the follow-up care? The ACA helped over 20
6800 million people have health insurance for the first time. It
6801 helped sick people get the care they need to feel okay. It
6802 helped hospitals and emergency departments care for more
6803 people because uncompensated care decreased and it helped
6804 people afford their medicine more.

6805 The ACA is not perfect. Nobody ever said it was, and we

6806 should and could improve it. This bill on the other hand
6807 will hurt hospitals, hurt providers, and hurt patients.
6808 Hospitals and doctors will be less able to take care of
6809 Medicaid patients and the new millions of uninsured patients
6810 that they will see. This bill does nothing to reduce
6811 healthcare costs, and as a result healthcare costs will
6812 continue to rise out of control and so will premiums and
6813 deductibles for everyone.

6814 This bill does nothing to reduce the cost of medicine.
6815 Instead it gives tax breaks to corporations. And adding
6816 insult to injuries creates a sick tax penalty for working
6817 families who get sick, lose their jobs and their insurance
6818 through maybe no fault of their own, and use that penalty as
6819 payment to insurance companies. This bill will make working
6820 families, middle class, and vulnerable populations pay more
6821 and it will help millionaires pay less.

6822 This is grossly unfair. This is a violation of our
6823 American value of fairness. Let's not misdiagnose the
6824 problem. Let's not make seniors pay more. Let's not make
6825 families who live check by check pay more. There are ways to
6826 help reduce premiums and deductibles and still protect
6827 coverage for care for everyone. Yes, even people with
6828 preexisting illnesses. Yes, even the sick who visit the

6829 emergency departments.

6830 Here are some solutions. To reduce healthcare costs for
6831 everyone we need to help insure more people, not uninsured
6832 millions. To reduce healthcare costs and premiums for
6833 everyone we need to help reduce the cost of pharmaceutical
6834 drugs and allow Medicare to negotiate drug prices with
6835 pharmaceutical drug companies. To reduce healthcare costs
6836 and premiums for everyone let's work on getting more people
6837 in the exchanges so the risk pool improves, not sabotage the
6838 exchanges to hurt patients for political gain like
6839 Republicans have done relentlessly even before the exchanges
6840 were even set up.

6841 This bill doesn't help people. This bill does the
6842 opposite. This bill will harm millions of people. This bill
6843 will make millions lose their health insurance and make
6844 millions who have insurance pay more and get less coverage
6845 and less care while giving tax breaks to corporations.

6846 At this point I will yield my time to Mr. Tonko from New
6847 York.

6848 Mr. Tonko. Thank you. Mr. Chair, earlier you stated
6849 that this bill does nothing to eliminate the essential health
6850 benefits in the marketplace. That sounds good. It seems to
6851 go against the Republican rhetoric about government mandated

6852 benefits. So my question for you is will you pledge to the
6853 American people to not eliminate or reduce the essential
6854 health benefits in the marketplace as we move forward with
6855 this legislation?

6856 Mr. Barton. [Presiding.] I would tell my friend I am
6857 not the chairman. If I were I would say -- well, I won't say
6858 what I will say. I would just say I am not the chairman. I
6859 cannot answer that question for him.

6860 Mr. Tonko. Can you get an answer to our question?

6861 Mr. Barton. I will attempt it. But the gentleman's
6862 time has expired. Does anybody on the majority side seek
6863 recognition? For what reason does the gentleman from Florida
6864 seek recognition?

6865 Mr. Bilirakis. Strike the last word, Mr. Chairman.

6866 Mr. Barton. The gentleman is recognized for 5 minutes.

6867 Mr. Bilirakis. Thank you, Mr. Chairman. And I want to
6868 thank Chairman Walden for his fairness and his patience. He
6869 has given everybody an opportunity to speak and I appreciate
6870 that so very much, and I know you will be fair as well, Mr.
6871 Vice Chair.

6872 I would like to take an opportunity to bring up a few
6873 examples of exactly how the Affordable Care Act has
6874 negatively impacted my constituents. A small business owner

6875 in Dade City, Florida, told me about the problems the
6876 Affordable Care Act has caused for her family-owned pest
6877 control company. The company has been in her family for 35
6878 years and now they are struggling, Mr. Chairman.

6879 Running her business day to day, making her bottom line
6880 became extremely difficult under the ACA. Providing her
6881 hardworking employees with insurance not only became more
6882 expensive, but it became more and more time consuming. And
6883 she wants to provide the insurance, but the employer mandate
6884 is not working. It is putting people out of business and she
6885 has to lay off employees and it is a real shame.

6886 We should be making it easier for small businesses to
6887 grow and exceed not harder, Mr. Chairman. And again, small
6888 businesses, let's face it, they create the majority of the
6889 jobs in this country; I think we can all agree on that point.
6890 Another constituent from New Port Richey, Florida, told me
6891 her premiums skyrocketed from \$250 a month to \$1,000 a month
6892 under the ACA and her \$1,000 deductible more than doubled.
6893 This follows a pattern that many of my constituents are
6894 seeing.

6895 A husband and wife from Land O' Lakes, Florida, told me
6896 that under the ACA their deductible has spiked, their
6897 premiums have doubled, and they are getting less coverage.

6898 They are getting less coverage. That is not the way we want
6899 to go. In fact their plan forces his wife to pay the full
6900 price for medication without the benefit of a copay because
6901 she can't meet her plan's high deductible. Before the ACA
6902 she was able to use a copay and medication and doctors'
6903 visits were affordable. I am not saying to go back to that
6904 but we have a better way, a better plan.

6905 Across Florida premiums have increased by, substantially
6906 they have increased. Seventy three percent of the counties
6907 in Florida only have one provider under the ACA, and in Pasco
6908 County, my congressional district, folks will only have two
6909 options for health care by 2018. Not acceptable. The
6910 American Health Care Act is the answer to lower costs, expand
6911 choices, and give patients more control.

6912 This bill reflects the feedback I have heard from my
6913 constituents over the past 8 years. With our bill we will
6914 put in place a healthcare system that works for Florida and
6915 the nation. Thank you, Mr. Chairman. And I don't know if
6916 anyone wants my time. I yield back.

6917 Mr. Barton. Does the gentleman want to yield to --

6918 Mr. Bilirakis. I will yield, absolutely.

6919 Mr. Barton. Does any member wish to take Mr. Bilirakis'
6920 last 2 minutes? Seeing none, the chair would ask if anybody

6921 on the minority side seeks recognition.

6922 Mr. Peters. Mr. Chairman, I move to strike the last
6923 word.

6924 Mr. Barton. The gentleman from California is recognized
6925 for 5 minutes to strike the requisite number of words.

6926 Mr. Peters. This is an undeniably terrible process and
6927 I did get a chuckle out of what I saw on Fox News, which is
6928 not often a source that I quote.

6929 [Slides.]

6930 Mr. Peters. I don't know if you can see this, but it
6931 says unknown in new healthcare plan: cost and how many lose
6932 or gain insurance. That is all we don't know is the cost and
6933 how many gain or lose insurance. That is a pretty
6934 significant hole in our understanding, and the justification
6935 for this process is often that this is what happened in 2009.
6936 That doesn't really impress me, because it turns out about 57
6937 percent of the 115th Congress wasn't here in 2009, so we
6938 weren't all around to have wrought that problem.

6939 And also a lot of people who on the majority side
6940 complained about that process and said they were aggrieved by
6941 it and they would never do it and here we are doing the same
6942 thing. There is just no justification for this. There have
6943 been hearings, yes, but the hearings have been about the

6944 Affordable Care Act not about the bill before us. We have
6945 had no hearings about this bill.

6946 And the ranting and raving about the failures of
6947 Obamacare don't logically support the notion that this
6948 particular bill will do anything about the failings of
6949 Obamacare whatever they may be. In fact, we would remember
6950 that before the Affordable Care Act, or since the Affordable
6951 Care Act was passed, the rate of increase in healthcare cost
6952 has been slower than beforehand. And the fact is we just
6953 have had no discussion, no hearings, no analysis of whether
6954 this bill before us would actually address any of the
6955 remaining issues that are left by the Affordable Care Act in
6956 some of the markets, which we would acknowledge we want to
6957 work on. In fact that is one of the things I had hoped that
6958 we could do in a bipartisan manner.

6959 Now in the short time since the bill was declassified we
6960 have learned that there are a number of opponents. These
6961 opponents are significant players in our healthcare system.
6962 They include the American Hospital Association, AARP, the
6963 American Medical Association, and that is just some of the
6964 groups that begin with the letter A. You know, there is a
6965 whole bunch of people who want to weigh in on this and
6966 haven't had the chance.

6967 And I will just talk about I was given the email from
6968 the analysis of the Blue Shield of California with a couple
6969 of things that really ought to concern us all and I think
6970 those of us who are concerned about fiscal responsibility in
6971 particular. I will read a couple.

6972 The tax credit as designed creates a cliff that creates
6973 a steep penalty for work. Republicans have criticized
6974 entitlements for creating a disincentive for work, but the
6975 tax credit as proposed creates a severe penalty for low-
6976 income people trying to move off of Medicaid. Enrollees who
6977 make just enough to move out of low-cost Medicaid would
6978 receive a tax credit that would be insufficient to purchase
6979 comparable coverage. And this is coming from Blue Shield so
6980 they ought to know.

6981 For many of these enrollees, the higher premium and out-
6982 of-pocket costs would consume any additional income and
6983 create a negative incentive to work. Is that really what we
6984 want to do? Is that really what the majority wants to do is
6985 in an effort to get out of entitlements trap people in this
6986 entitlement? I don't think so. And we haven't had a chance
6987 to talk about it.

6988 There is also analysis that the tax credit that is only
6989 age-adjusted leads to inefficient federal spending and that

6990 it is subsidizing people who can afford to buy health care
6991 and are buying health care without subsidy. That is
6992 something we ought to talk about and we ought to understand.

6993 This proposal has been called Obamacare Lite because it
6994 holds onto a number of the advantages of Obamacare: on your
6995 parents' until age 26, lifetime caps, preexisting conditions.
6996 I guess all those things would be accredited to Obamacare
6997 despite the complaints about it. But if it is Obamacare Lite
6998 I would agree it is light on a few things. It is light on
6999 public deliberation, it is light on public fund, it is light
7000 on funding, it is light on fiscal responsibility, it is light
7001 on preventive care, it is light on mental health coverage,
7002 and it is just lightweight and I think we can do better.

7003 I stand here willing and ready to work in a bipartisan
7004 way to really address today's market conditions in a way that
7005 would really provide more access to affordable care to all
7006 Americans. This doesn't do the job. I would yield the rest
7007 of my time to Mr. Cardenas.

7008 Mr. Cardenas. Thank you very much. I would like to
7009 share quickly a story. I had a town hall meeting a couple of
7010 weeks ago in my district and a man stood up and he said, I am
7011 paying 25 percent more for my insurance than I was before the
7012 Affordable Care Act. And I am like, well, that is not good.

7013 And then all of a sudden he started to explain that he had
7014 three surgeries and four hospitalizations.

7015 And then I asked him a follow-up question. I said, sir,
7016 before the Affordable Care Act had you gotten the three
7017 surgeries for your cancer and four hospitalizations how much
7018 would you have paid in deductibles? And he said, oh, they
7019 would have taken away my house. And I said, well, how much
7020 did you pay for those surgeries? And he said I paid 60-some
7021 hundred dollars; that is it. And he said, I am caught up on
7022 my bills. Otherwise, before the Affordable Care Act they
7023 would have taken my house. I yield back.

7024 Mr. Barton. The gentleman's time has expired. Does
7025 anybody on the majority side seek recognition? The gentleman
7026 from North Dakota, for what purpose?

7027 Mr. Cramer. Move to strike the last word.

7028 Mr. Barton. The gentleman is recognized for 5 minutes.

7029 Mr. Cramer. Thank you, Mr. Chairman. Mr. Chairman, I
7030 wasn't going to say anything in this round, but I think Mr.
7031 Shimkus got a very important point. When the Affordable Care
7032 Act or Obamacare was pitched, we were told that premiums were
7033 going to come down for every family by \$2,500 a year, and of
7034 course we know that that has been completely false. You
7035 could keep your plan. That is false. Keep your doctor, all

7036 those things that we have litigated many times. And so we
7037 are trying a different path.

7038 And I think Mr. Cardenas asked a pointed question when
7039 he asked, what is the difference between may and shall in our
7040 bill? It is an important question and counsel answered it
7041 perfectly. One is a requirement; one is what you are allowed
7042 to do. So then it comes down to that most fundamental point,
7043 who do you trust? Do you trust your state, your governor,
7044 the governor's appointees that oversee healthcare in your
7045 state, the legislature, or do you trust the unelected
7046 bureaucrat in Washington, D.C.? We tried the unelected
7047 bureaucrat in Washington, D.C., and we saw every promise of
7048 Obamacare, nearly every promise, broken. Now we have an
7049 opportunity to provide flexibility. The difference between
7050 may and shall, I believe, is flexibility.

7051 And if we want to get to the cost point, which I think
7052 my friend from Vermont spoke to very eloquently we need to
7053 bend the cost curve of healthcare down. Markets do that. We
7054 tried the mandate. That didn't do it. And why would it,
7055 when you think about it? If you mandate people have to have
7056 something and then provide a blind check to pay for it, you
7057 are not going to drive the cost curve down.

7058 But if you trust the consumer in the form of a patient

7059 with a tax credit to shop in a competitive marketplace, costs
7060 have to come down to be competitive. So let's trust people.
7061 Let's trust markets. Let's trust states as opposed to, you
7062 know, bureaucrats in Washington, D.C., with mandates and a
7063 blank check.

7064 I want to get to another issue and that was a statement
7065 about that we have heard several statements about how this is
7066 Republican plan is going to perhaps reduce Medicare and
7067 expedite its demise. Have we forgotten that Obamacare took
7068 \$800 billion out of Medicare as just a down payment on
7069 Medicare, have we forgotten that? It is a fact. Listen, if
7070 we are going to -- yes, obviously you didn't forget. So what
7071 is going to drive the costs down is innovation, that
7072 flexibility that we give to governors and to states.

7073 And by the way I have heard all the exaggeration of
7074 people losing their healthcare. I have pages of people who
7075 lost their healthcare. I have pages of testimonials from
7076 North Dakota of people who have coverage but don't have care
7077 because they can't afford the care that comes with their
7078 coverage. They can't pay the deductibles, the copays, the
7079 premiums, but technically they have care.

7080 And I will spare all the testimonials until maybe a
7081 later time if this keeps going, but I would prefer to get to

7082 the substance of the amendment and the bill and start voting
7083 with that. I would yield to anybody that wants to take the
7084 last minute and a half or yield back, Mr. Chairman.

7085 Mr. Barton. Does the gentleman yield back?

7086 Mr. Cramer. I do.

7087 Mr. Barton. Is there any member on the minority? The
7088 gentlelady from Michigan, for what reason does she seek
7089 recognition?

7090 Mrs. Dingell. Mr. Chairman, I move to strike the last
7091 word.

7092 Mr. Barton. The gentlelady is recognized for 5 minutes.

7093 Mrs. Dingell. Thank you, Mr. Chairman. I think a lot
7094 of people in this room have amnesia and are remembering a
7095 utopia that I don't remember. I worked for the auto industry
7096 back in the time that we were passing this bill and the
7097 reality was that the cost of healthcare was more than the
7098 cost of steel in an automobile and people couldn't get access
7099 to insurance. More than 60, 62 percent of the personal
7100 bankruptcies that were happening in this country were due to
7101 the medical costs that people had and people simply couldn't
7102 afford insurance.

7103 And here is another reality. The average family
7104 premiums for employer coverage grew just five percent between

7105 2010 and 2016 compared with an average of eight to ten
7106 percent annually for the previous decade. And I did a quick
7107 Google and I can find as many stories as you all have about
7108 what was happening to people's personal insurance benefits
7109 that were going up that cost 20 percent, 24 percent.

7110 And here is a reality. Since this bill passed, more
7111 than 20 million Americans have gained access and coverage
7112 because they could now afford insurance. There is so many
7113 issues with this bill I am finding it hard to start, where to
7114 begin. I strongly believe that the best test of our nation's
7115 values is how we treat the most vulnerable among us, people
7116 who during difficult times have nowhere to turn.

7117 This is one of the most fundamental roles of government,
7118 helping our fellow neighbor who is down on their luck. That
7119 is part of who we are as Americans. And when judged by this
7120 test, the ACA repeal bill we see before us fails miserably.
7121 This bill would be an absolute catastrophe for senior
7122 citizens, mothers, children, and those with complex medical
7123 conditions.

7124 Let's start with senior citizens. They are facing a war
7125 on two fronts with this repeal bill, a new age tax that will
7126 drastically increase costs seniors pay for their healthcare,
7127 and they will have to deal with rationed care under the

7128 Medicaid program. The number one thing I hear from seniors
7129 back home is how scared they are. Most of them are living on
7130 a fixed income and they are looking for support and how to
7131 lower the costs they face not increase them. And for any
7132 senior watching this today, this repeal bill will mean more
7133 costs and fewer benefits for you.

7134 This bill also ends the Medicaid expansion which has
7135 been so successful in my home state of Michigan. The program
7136 was championed and it is still championed by a Republican
7137 governor and has covered almost 7,000 people. But the story
7138 doesn't end there. The Healthy Michigan Plan is widely
7139 supported by our business community and by healthcare
7140 providers because of the economic impact it brings to our
7141 state.

7142 A report by the University of Michigan, which I would
7143 ask unanimous consent to put in the record, found that
7144 Medicaid expansion is responsible for adding 39,000 jobs in
7145 our state in just 2016. Two-thirds of these jobs are outside
7146 the healthcare sector. Medicaid expansion is also
7147 responsible for increasing personal income in the state by \$2
7148 billion each year through 2021. Why would we turn our backs
7149 on this?

7150 This bill not only ends the successful Medicaid

7151 expansion program, but it rations care under Medicaid. I
7152 find it unconscionable that we are using a program that
7153 provides critical healthcare services to over 70 million of
7154 the most vulnerable Americans as a piggy bank to pay for the
7155 cost of repealing taxes on the wealthy.

7156 And finally, let's not forget the progress the ACA has
7157 made in extending that coverage to the 20 million Americans.
7158 Before it, the uninsured rate was 18 percent nationally.
7159 Almost 47 million Americans did not have health insurance.
7160 Today, the rate is down to 10.5 percent. So the question to
7161 this committee is will this bill improve upon those gains or
7162 will it turn the clock back?

7163 So while we are all waiting eagerly for the CBO score,
7164 you don't need to be an economist to figure out that slashing
7165 Medicaid, making seniors pay more, and cutting critical
7166 financial support to help making sure it is more affordable
7167 will result in American people, and many of them, losing
7168 their health care.

7169 Mr. Barton. The gentlelady's time has expired. Are
7170 there any members on either side that haven't struck the
7171 requisite number of words it would wish to do so at this
7172 point in time? If not, the chair will ask the rhetorical
7173 question, are there any bipartisan amendments? Seeing no

7174 hands raised, are there amendments? The gentleman from New
7175 Jersey seeks recognition to offer an amendment?

7176 Mr. Pallone. Thank you, Mr. Chairman. I have an
7177 amendment at the desk. It is Amendment Pallone Number 4.

7178 [The amendment of Mr. Pallone follows:]

7179

7180 *****COMMITTEE INSERT 12*****

7181 Mr. Barton. The clerk will report the amendment.

7182 The Clerk. Amendment to the Amendment in the Nature of
7183 a Substitute offered by Mr. Pallone.

7184 Mr. Barton. The gentleman is recognized for 5 minutes
7185 to explain his amendment.

7186 Mr. Pallone. Thank you, Mr. Chairman. My amendment
7187 would change the title to the Republican Pay More for Less
7188 Act, and I really want to explain why I believe that that is
7189 exactly what this bill does before us. But let me explain
7190 one thing. You know, I heard from a lot of our colleagues
7191 and my biggest concern here today in terms of our Republican
7192 colleagues is that they keep talking about the ACA, why they
7193 don't like the ACA, give stories about the ACA and how bad it
7194 is. But no one has really explained how the bill before us
7195 is actually going to improve on any of the things that they
7196 criticize the ACA for.

7197 And I think that, you know, Mr. Shimkus started out by
7198 saying that, you know, the Republicans are putting their jobs
7199 on the line today with this bill in the way that we may have
7200 9 years ago with the ACA. But again, you only put your job
7201 on the line if this bill becomes law. It is not going to
7202 become law. It is just a message amendment.

7203 As my colleagues have already pointed out, the AARP, the

7204 AMA, so many groups have already come out and said they are
7205 against it, and the Freedom Caucus on the Republican right
7206 has come out against this. So I believe this is nothing more
7207 than a message vehicle, and I just want to explain why I
7208 don't think that any of the concerns that have been expressed
7209 by the ACA will in any way be cured or helped by this
7210 legislation.

7211 Mr. Scalise talked about premiums going up. Well,
7212 premiums are going to go up even more when you break the
7213 insurance pool and you don't have the younger and healthier
7214 people in the pool because there is no longer a mandate.
7215 Premiums are going to go up for everyone a lot more. He
7216 talked about deductibles. The deductibles are too high.
7217 Well, you have in this legislation a provision that allows
7218 deductibles and copays to even go higher, through the roof.

7219 He talked about, you know, seniors. We know that you
7220 have this rating system which allows you to, not seniors but
7221 the people that are from maybe 50 to 65, well, right now they
7222 could be charged three times as much, under this legislation
7223 they could be charged five times as much. The Medicaid
7224 expansion is significantly reduced over the next few years.
7225 People are going to be kicked off Medicaid. There is not
7226 essential benefits package which means a lot of people are

7227 going to get less benefits.

7228 And where are all these people, the people that are
7229 going to lose their coverage because the subsidy is gone and
7230 the \$2,000 tax credit doesn't make up for the subsidy for
7231 many of these people who you know are getting subsidized 70
7232 percent, some of them are getting 7, 8,000, \$9,000 subsidy
7233 and now they are going to get a 2,000 tax credit, they are
7234 not going to be able to buy insurance. They are going to be
7235 kicked off their insurance.

7236 The Medicaid people are going to be kicked off their
7237 insurance because there is no money to the states to pay for
7238 it. And where do they go? You say you aren't going to fund
7239 Planned Parenthood or other clinics. You are not making up
7240 for the fact that community health centers essentially are
7241 going to get, or hospitals are not going to get reimbursement
7242 for Medicaid or private insurance.

7243 Are they going to be able to go to the clinics? No, the
7244 clinics are going to be overflowing. Are they going to be
7245 able to go to Planned Parenthood if they are women? No,
7246 those places are going to be closed. Are they going to be
7247 able to go to the hospital emergency room? Well, where are
7248 the hospitals going to get the extra money to expand their
7249 emergency rooms? Anybody who has been to one knows how

7250 expensive that is.

7251 So there is no place to go because there is no money.
7252 They are repealing the pay-fors in the ACA. Mrs. McMorris
7253 Rodgers said that well, we can't continue with the ACA
7254 because it is unsustainable funding. The only reason it is
7255 unsustainable is because you going to repeal all the pay-fors
7256 and you aren't going to have any money left to pay for the
7257 things to pay for the care for the people who need it.

7258 So I just want to use an example. I mean, I think it is
7259 important to use examples, but I want to end with this. I
7260 have a constituent, Michelle, from New Brunswick. She is a
7261 survivor of childhood cancer. Sadly, Michelle lost her job
7262 due to a health condition in 2014-15, but as a result of the
7263 health insurance exchange and the Affordable Care Act, she
7264 was able to maintain affordable coverage and receive the care
7265 she needed to recover from the long-term effects from cancer.
7266 Now Michelle is back in the workplace contributing to our
7267 economy.

7268 But how do I tell Michelle and the more than 335,000
7269 cancer survivors in New Jersey that they will have the
7270 coverage they need to keep their cancer in remission? The
7271 answer is I can't tell them that with this bill because this
7272 bill doesn't help. This bill doesn't correct any of the

7273 things that my colleagues on the other side have talked
7274 about. They don't explain to us how it is helping, how it is
7275 going to make a difference because it is not, and because
7276 they also know it is not going anywhere.

7277 CBO is going to come out next week with a score and it
7278 is going to show that it doesn't even save any money. It
7279 won't even meet the reconciliation requirements. So it just
7280 upsets me a great deal, because we have people that are
7281 suffering and that need help. They got the help with the
7282 ACA. They are not going to get the help with this bill. I
7283 yield back.

7284 The Chairman. The gentleman's time has expired, any
7285 members wishing to seek recognition on the gentleman's
7286 amendment on the Republican side?

7287 Mr. Bucshon. Mr. Chairman.

7288 The Chairman. Oh, yes. Mr. Bucshon is recognized to
7289 speak on the amendment. We will reset the clock and you may
7290 proceed.

7291 Mr. Bucshon. Well, Mr. Chairman, I just want to remind
7292 everyone why we are here. Obamacare has failed the American
7293 people and it is only getting worse. It would be
7294 irresponsible to do nothing; it is a rescue mission.
7295 Obamacare has broken promise after promise. President Obama

7296 said the costs would go down, but instead the American people
7297 are paying more and more for health care. Premiums are up,
7298 deductibles are up, and that is not only in the exchanges.
7299 That is in the other marketplaces.

7300 He said if you like your doctor you can keep it. I can
7301 tell you factually as a physician that is not true. Millions
7302 of plans were canceled, 4.7 million people lost their plans
7303 that they liked. Patients and families deserve better and
7304 that is what we are going to give them. Our plan will lower
7305 costs and empower patients to make the right healthcare
7306 decisions for themselves and their family, put the power back
7307 in the states where it belongs not in some bureaucracy in
7308 Washington.

7309 Our plan does protect people with preexisting
7310 conditions, I have patients with those, and allows young
7311 adults to stay on their parents' insurance until age 26 so
7312 they can get their lives off the ground. Our plan creates a
7313 Patient and State Stability Fund to help lower income
7314 patients afford healthcare and repair state markets damaged
7315 by Obamacare. States can use these funds to cut out-of-
7316 pocket costs or promote access to preventive services like
7317 annual checkups.

7318 And our plan strengthens Medicaid. This program is a

7319 critical lifeline for millions of Americans, but it has its
7320 flaws including fewer choices and less access to quality
7321 care; more and more physicians won't take it. Obamacare's
7322 expansion made those problems worse. To responsibly unwind
7323 the expansion our plan would freeze new enrollment and
7324 Obamacare's expansion and grandfather existing enrollees.
7325 Anyone currently on the expansion is not going to lose their
7326 coverage, but over time, the CBO says these individuals as
7327 they see their income change will naturally cycle off of this
7328 program.

7329 Our plan also refocuses Medicaid's limited resources to
7330 the patients in most need. We propose a per capita allotment
7331 to determine a fair level of funding for states based on the
7332 number of enrollees in each unique Medicaid population. This
7333 idea has been around for a long time. It is not just a
7334 Republican idea. It has been supported by key Democrats in
7335 the past, as I mentioned former Chairman Waxman, President
7336 Bill Clinton, former Vice President Joe Biden, former
7337 Secretary of State John Kerry, former Majority Leader Harry
7338 Reid, and the list goes on.

7339 So Mr. Chairman, we are here today because Obamacare is
7340 failing the American people and I hear it every day in my
7341 district. So we need to continue to do what we can to get

7342 costs down for the American people and this is the first step
7343 in the process to make that happen. I would like to yield to
7344 any Republican member who would like my 2 minutes. Then I
7345 yield back my time, Mr. Chairman.

7346 The Chairman. The gentleman yields back the balance of
7347 his time. Are there other members seeking recognition? The
7348 gentlelady from California, I will try and go in seniority
7349 order, is recognized on the amendment.

7350 Ms. Eshoo. Thank you, Mr. Chairman. I support this
7351 amendment and I want to tell a brief story about a
7352 constituent of mine, Claudia Decker, whose daughter relied on
7353 Medicaid after a debilitating stress injury took her out of
7354 the work force. Her daughter was forced to quit her job
7355 after sustaining a repetitive stress injury and Claudia was
7356 initially able to cover her daughter under her employer-
7357 sponsored insurance, but then once her daughter turned 26,
7358 she would have been without coverage.

7359 But thanks to the Affordable Care Act Claudia's daughter
7360 had another option, Medicaid. Under Medicaid the daughter
7361 was able to find suitable doctors who she continued with
7362 after she was healed enough to return to her job and get
7363 employer-sponsored health insurance coverage. Instead of
7364 fighting through debilitating pain to remain in the job for

7365 the purpose of maintaining health insurance, Claudia's
7366 daughter had the freedom and the choice to not only leave her
7367 job, but she also got the treatment that she needed.

7368 After innumerable tests and 9 months of rest, Claudia's
7369 daughter was able to return to the work force and regain
7370 employer health insurance. Medicaid covered the doctors'
7371 visits, the tests, and provided her with the comfort of
7372 knowing that her stress injury would not mean financial ruin
7373 both for herself and her family. So Medicaid functions this
7374 way for millions of average and lower income and disabled
7375 Americans who really not that many years ago had the deck
7376 stacked against them before the ACA.

7377 I would also like to comment on something that many
7378 members have referred to and I have had constituents tell me
7379 the same things that many of the Republicans have stated
7380 today. My premium has gone up 25 percent. I don't have
7381 this, I don't have that. There is a lot of conflating that
7382 has gone on.

7383 When I start peeling back the onion, I mean most
7384 frankly, I have constituents brilliant in their own
7385 professions but bought catastrophic coverage for themselves
7386 and then complained that nothing was covered when they needed
7387 to go to the doctor and something happened to them. And I

7388 said, well, who the heck sold you this policy? Why did you
7389 buy this policy? Whatever made you think that this was good
7390 coverage? Well, the fellow that I have dealt with for years
7391 sold me the policy.

7392 So I think while we on our side acknowledge that
7393 certainly changes and reforms to ACA are in order and we will
7394 work with you on that, that we also should acknowledge
7395 together that our constituents have conflated a lot of things
7396 and blamed everything on the ACA and that simply is not the
7397 case either. So I think by gutting the federal funding which
7398 is in obviously the Medicaid program that the story that I
7399 just told about this constituent's daughter that there are
7400 others across the country not only in my congressional
7401 district but in yours as well that are going to be affected
7402 by that and I think that we all need to have an appreciation
7403 of that.

7404 And so I support the amendment. I think that it is one
7405 that is worthy of our support and I yield back. Can I ask a
7406 question since I have this time now?

7407 The Chairman. Yes, ma'am.

7408 Ms. Eshoo. Okay. I have some quick questions of the
7409 counsel, okay. Now the latest figures which 2014 that there
7410 are 23-1/2 million people in our country that have filed

7411 their short form for their tax return, how do they receive a
7412 refundable tax credit? That is my first question.

7413 The Chairman. The only thing I would say is that is
7414 probably a Ways and Means question not an Energy and
7415 Commerce.

7416 Ms. Eshoo. All right, then we will ask Ways and Means.
7417 Where in the bill are the prevention measures? Because in
7418 the ACA, adults, women, children, cholesterol screening,
7419 hepatitis C, cancer, breast and cervical cancer, STD, STI
7420 screenings have no copayment and no coinsurance, is this the
7421 case with the proposal that we are debating?

7422 And the last question that I would like to ask is does
7423 the legislation prohibit insurers from offering family
7424 planning coverage?

7425 The Chairman. If you are quick, the time has expired.

7426 Ms. Eshoo. Yes, my time has expired, so can I get the
7427 answer?

7428 The Chairman. I will let you, I should have probably
7429 done that earlier. But yes, go ahead and answer.

7430 The. Counsel. So I believe the first question was in
7431 reference to where in the bill is their funding for
7432 preventive services?

7433 Ms. Eshoo. No, where in the bill are these prevention

7434 measures retained?

7435 The. Counsel. Related to insurance or funding?

7436 Ms. Eshoo. The copayments, no copayment, no coinsurance
7437 for these prevention measures.

7438 The. Counsel. Ms. Eshoo, if you are referencing Section
7439 2713 of the Public Health Service Act, coverage of public
7440 health services, that provision is not affected by the bill
7441 before us.

7442 Ms. Eshoo. So that means that they are retained?

7443 The. Counsel. Correct.

7444 Ms. Eshoo. In all insurance policies?

7445 The. Counsel. Correct.

7446 Ms. Eshoo. And what about the prohibition, is there any
7447 prohibition relative to the offering of family planning
7448 coverage?

7449 The. Counsel. No.

7450 The Chairman. Okay, the gentlelady's time has expired.

7451 Ms. Eshoo. Thank you.

7452 The Chairman. This is why it is good to get these
7453 answers. Members on the Republican side seeking recognition,
7454 I think it is our side. The gentleman from Illinois,
7455 chairman of the Environment Subcommittee, Mr. Shimkus.

7456 Mr. Shimkus. Thank you, Mr. Chairman. Just to speak

7457 against the amendment, as I stated earlier when we did the
7458 strike the last word, I spent the last 7 years discussing
7459 Obamacare and the health care and the common phrase which you
7460 could Google and find in most of the written stories is that
7461 my constituents pay more and get less. So I think that
7462 changing the title to what my colleague and friend Mr.
7463 Pallone wants would be totally in opposition to what my
7464 constituents have experienced over the past 7 years as we pay
7465 more and get less.

7466 And another case from my district was Jan from Neoga. I
7467 am a healthy, 61 year old female with a grandfathered if-you-
7468 like-it, your policy, you-can-keep-it plan. That policy
7469 started at \$254 a month and now a few years later will be
7470 \$858 a month for the same policy, a 47 percent 1-year
7471 increase from \$590 a month in 2016 to \$858 a month in 2017.

7472 And the other portion of this is the failure of the
7473 healthcare law forced people to purchase insurance and it
7474 wasn't, they didn't have the option of buying catastrophic
7475 packages because that was eliminated. You only got the
7476 Bronze or the Silver or the Gold or the Platinum. You were
7477 mandated to buy one of these plans and then you could not use
7478 it because you could not pay the deductible.

7479 And my hospitals who agreed with supporting the

7480 Affordable Care Act thought they would get compensated when
7481 people went into the emergency room. The real result is they
7482 didn't because with their Obamacare insurance plans they
7483 still could not afford the deductible. So the compassionate
7484 care payment by the hospital actually went up, actually went
7485 up. So I yield back my time.

7486 Mr. Pallone. Can I ask the gentleman to yield just on
7487 that point?

7488 Mr. Shimkus. My time is -- it is up to the chairman.

7489 The Chairman. Well, it is your time.

7490 Mr. Shimkus. I yield back, but I --

7491 The Chairman. The gentleman yield back so --

7492 Mr. Shimkus. I would be honored to --

7493 The Chairman. If you want to yield.

7494 Mr. Shimkus. I would love to.

7495 The Chairman. Okay.

7496 Mr. Pallone. I am trying not to be too critical,
7497 because you know I consider you a friend. The problem that I
7498 see though is that you and the others continue to talk about
7499 how bad the ACA is, and my point earlier when I mentioned you
7500 by name was because I would like to see how you feel that
7501 your bill is going to improve any of these things.

7502 Now you mentioned deductibles. The way I read this

7503 bill, I am not going to ask counsel because I read it and I
7504 think it is clear, the restrictions that we put on, or that
7505 have made it more difficult to increase deductibles with the
7506 private insurance market, a lot of those are relaxed now. So
7507 I would venture to argue that if you have someone who is
7508 complaining about deductibles, those deductibles are going to
7509 go up even more.

7510 Mr. Shimkus. Yes, but I reclaim my time because as you
7511 know we have two bills moving through the right with the same
7512 process. The benefit of what is going on now is you talk to
7513 our friends in Ways and Means is the strong development of
7514 Health Savings Accounts which fills that gap, right. You buy
7515 insurance for a higher cost. If you live healthy lifestyles
7516 you will be able to roll that over. The catastrophic number
7517 gets better, your payments get less if you believe in markets
7518 and competition.

7519 Mr. Pallone. Well, look, let me say this. Thank you,
7520 Mr. Shimkus, for now saying how you think the situation is
7521 going to improve. I don't agree because I think deductibles
7522 will go more because you are eliminating a lot of the
7523 limitations that we had in the ACA, but I will acknowledge
7524 that you did now explain to me why you think things would get
7525 better.

7526 Mr. Shimkus. And if I could reclaim my time just on the
7527 same thought is people will buy insurance that they want to
7528 buy. They are not going to be mandated to buy a package of
7529 things that they will never use also.

7530 Mr. Pallone. But they are not going to be able to
7531 afford it. That is the problem, don't you see?

7532 The Chairman. Will the gentleman yield?

7533 Mr. Shimkus. I would yield to the chairman.

7534 The Chairman. And this is actually the fact, because if
7535 you look at the number of people that decided to pay the IRS
7536 penalty and the number of people that got a waiver, I think
7537 it is 19.2 million versus the 10 million that actually bought
7538 the product on the market. And that is because the way ACA
7539 drives up costs for young people because of the artificial
7540 bands that we are releasing in this bill, they are sticking
7541 it to young people who we actually need in the pools to make
7542 this work. The gentleman's time has expired.

7543 Mr. Pallone. It will raise them on older people.

7544 The Chairman. The gentleman's time, Mr. Shimkus' time
7545 has expired. Going down the dais here, the gentleman from
7546 New York Mr. Eliot Engel recognized on the amendment.

7547 Mr. Engel. Thank you very much, Mr. Chairman. My
7548 friend Mr. Shimkus used the words, and I used those exact

7549 words before, pay more and get less. Well, if you think
7550 people paid more under Obamacare and got less, wait until
7551 this bill is implemented. People, the bottom line is that
7552 they will pay more and get less, and the average person, and
7553 I want to say it again because I think it is very important,
7554 just cares about two things. We can argue all the nuances
7555 and you did this and we did that and we didn't have this, the
7556 bottom line is people want to know what is my coverage and
7557 how much am I going to pay for it? That is the bottom line.

7558 And it seems to me there is enough brains on both sides
7559 of the aisle where we could have put our heads together and
7560 tried to come up with a fix. Because I am not going to tell
7561 you that there wasn't any problems with Obamacare, there was,
7562 but I do know that every single congressional district's
7563 uninsured rate has dropped since the Affordable Care Act went
7564 into effect, every single district. And so there are good
7565 things in there.

7566 Perhaps this bill tried to keep the good things, but as
7567 my colleagues have pointed out where is the money? You have
7568 to pay for it. And so what is going to happen here is maybe
7569 people are going to have access to care but they are not
7570 going to be able to afford it so they are not going to have
7571 the care. And that is the problem here, because if it really

7572 helped and really did that we would be able to get a cost of
7573 this, it wouldn't have been rushed through, and things would
7574 have been all laid out to show where things or how things
7575 will get better. That is not the case here.

7576 Now I support Mr. Pallone's amendment because one of my
7577 constituents, I would like to tell the story, Deborah from
7578 Larchmont, New York, she reached out to my office with the
7579 moving story about the impact of the Affordable Care Act,
7580 what impact it has had on her. So she said, quote, my
7581 husband lost his job in 2009 and I a freelancer are left with
7582 providing health insurance for my family. The ACA saved us
7583 from completely unaffordable options we had before. I want
7584 the Republicans to understand that I am the face of Obamacare
7585 and this uncertainty causes me to lose sleep every night,
7586 unquote.

7587 I was touched by this story and I am heartbroken to know
7588 that one of my constituents is forced to live with this kind
7589 of fear and I am sure it is replicated all over the country.
7590 Deborah's eloquent words are an important reminder of what is
7591 at stake here. My friends on the other side of the aisle are
7592 so consumed by their desire to make good on 7 years of
7593 ripping into Obamacare, not giving it a chance, not putting
7594 our heads together to try to fix it, misguided promises, I

7595 hope that stories like Deborah's would make them consider for
7596 a moment their own constituents who might be losing sleep
7597 frightened at the coverage of a treatment or the financial
7598 peace of mind they have gained through the ACA will be ripped
7599 away from them.

7600 Again we could tweak, I have said this before and I want
7601 to repeat it again. When there are major bills like the
7602 Affordable Care Act, you pass these bills and you see what
7603 works and what doesn't work and what doesn't work you try to
7604 fix because nothing is going to work a hundred percent. We
7605 weren't able to do that. We lost the majority and our
7606 friends on the other side of the aisle didn't want to fix
7607 anything. So we voted whether or not to repeal Obamacare in
7608 its total 64 times or something like that, but what we should
7609 have been doing is putting our heads together and finding a
7610 bill, finding a way to help --

7611 The Chairman. Would the gentleman yield?

7612 Mr. Engel. Yes.

7613 The Chairman. I would just point out for the record
7614 that they weren't all strict repeal votes, and in fact 20 of
7615 those bills became laws signed by President Obama and
7616 Democrats cast 4,775 of those votes on those bills because we
7617 recognized as you did some things had to be changed, just for

7618 the record.

7619 Mr. Engel. But there were never votes, Mr. Chairman, on
7620 fixing what was the matter and what was the problem. It
7621 really wasn't. It was more of a poke in the eye, we are
7622 going to fix you, we hate Obamacare and that is it. There
7623 was -- and we hate Obama too. I don't hate Obama, but --

7624 The Chairman. Actually, we --

7625 Mr. Engel. -- feeling on the other side of the aisle.
7626 So there really wasn't an attempt and anybody here who is
7627 honest knows that there really wasn't an attempt for us to
7628 get together and try to fix it. I think what you are doing
7629 is worse. I think what you are doing is going to make it
7630 harder. And if it is true that we lost the majority because
7631 of Obamacare, I think you guys are putting yourselves in
7632 jeopardy of losing the majority because of this monstrosity.
7633 I yield back.

7634 The Chairman. The gentleman yields back. Are there
7635 other members -- the good doctor from Texas, the chairman of
7636 our Health Subcommittee, Dr. Burgess is recognized to speak
7637 on the amendment.

7638 Mr. Burgess. Thank you, Mr. Chairman. And this
7639 amendment brings back a lot of memories for me because the
7640 March evening of 2010 that what eventually became the

7641 Affordable Care Act, the night that that went to the Rules
7642 Committee I presented myself to the Rules Committee with 18
7643 amendments that I had individually drafted. And one of them
7644 was to strike the word affordable from the title of the
7645 Affordable Care Act because it didn't look to be in any way
7646 affordable to me. It looked like someday we were going to
7647 run out of other people's money and then we would be in great
7648 difficulty. So I have a lot of sympathy from the gentleman
7649 from New Jersey who is offering this as an amendment.

7650 Let me just say that as, the days I was in practice when
7651 I was driving to work in the morning there wasn't a single
7652 morning that I drove to work that I thought I hope I am
7653 average today. I hope I am just good enough today. I always
7654 showed up to do my best work. And I believe our friends on
7655 the other side of the dais also feel that same way. And, you
7656 know, one of the things that has troubled me through the
7657 discussion tonight, this afternoon and tonight, is the sort
7658 of the concept that the states would not act in the best
7659 interest of their people.

7660 I mean, I never served in a state legislature. I never
7661 had that privilege. I never offered myself to run for an
7662 office in the state legislature. I have a lot of respect for
7663 people who do serve in state legislatures, state assemblies.

7664 I know we have a good number of folks on this committee who
7665 have served in that capacity. I know there are a number of
7666 people on the other side of the dais who have served in their
7667 state legislatures or state assemblies in New Jersey, New
7668 York, Texas, Colorado, Vermont, New York, Oregon, California.
7669 I stipulate that every day that those individuals went to
7670 work in those states they went to do their best work.

7671 So I will just tell you one of the things that I am
7672 really excited about in the bill that we have before us is
7673 what is called the Patient and State Stability Fund. I think
7674 one of the things we have heard from governors in a
7675 bipartisan fashion when we have had discussions during the
7676 evaluation of what would be in this bill, you know, you
7677 normally don't use the words exciting and health policy
7678 together in a sentence, but some of those roundtables with
7679 governors, it really was exciting to hear the health policy
7680 that they discussed.

7681 They are anxious. They want to be involved. I don't
7682 want to name names, but the governor of Utah in fact even
7683 talked about when the Affordable Care Act was being done and
7684 you are going to reform health care in this country from soup
7685 to nuts, why would you not involve the governors? A former
7686 governor from Arkansas used to have a television show when I

7687 was on his, being interviewed one evening. It was almost a
7688 plaintive assertion that the governors really wanted to be
7689 involved in this process but were not allowed.

7690 Mr. Chairman, I am grateful that you have opened the
7691 doors to the governors. I am grateful that you have opened
7692 the doors to our counterparts in state assemblies and state
7693 legislatures. I think that is extremely important.

7694 I don't want to spend a lot of time revisiting history.
7695 We have certainly worked on things to try to fix some of the
7696 more egregious problems in the Affordable Care Act. There is
7697 one we worked on this committee shortly after the Republicans
7698 took over the majority. In fact, the night that this passed
7699 in the committee in July of 2009, right at the end of what
7700 was a very long markup and a very contentious markup kind of
7701 reminiscent of this, an entirely new provision was offered
7702 up. It was only placeholder language.

7703 We had never had a single hearing on it. We have never
7704 had any ability to discuss it or debate it. It is what was
7705 known as the Community Living Assistance and Services Support
7706 Act, or the CLASS Act, to establish a voluntary, long-term
7707 insurance program for community-based services and supports.
7708 But it didn't focus on reducing the cost of long-term care
7709 insurance for Americans. It exploited taxpayer confidence by

7710 creating a poorly structured program that was doomed to fail.

7711 The Congressional Budget Office estimated the CLASS Act
7712 would reduce the budget deficits by \$81 billion over the next
7713 decade. The CLASS Act however showed only the tax
7714 collections in the first decade. Its explosive spending
7715 growth was hidden beyond the budget window. Complaints about
7716 the insolvency of the program came from both sides of the
7717 dais as well as from the administration's own chief actuary
7718 during the 2009 debate over the Affordable Care Act, Kent
7719 Conrad, senator from North Dakota.

7720 Chairman of the Senate Budget Committee said the CLASS
7721 Act was a Ponzi scheme of the first order. So we helped you
7722 by getting rid of the CLASS Act and that was one of those
7723 bipartisan efforts to improve the Affordable Care Act after
7724 its passage in 2010. I yield back.

7725 The Chairman. The gentleman's time has expired. The
7726 chair recognizes the gentleman from Texas, Mr. Green, to
7727 speak on the amendment.

7728 Mr. Green. Thank you, Mr. Chairman. And with tongue in
7729 cheek about the, I support Mr. Pallone's amendment even
7730 though the title like my colleague from Texas and our chair
7731 of the Health Subcommittee tried to do the same thing in
7732 2010. But let me just, I have a couple good examples I want

7733 to say about the Affordable Care Act, but my frustration is
7734 that I served in the state legislature 20 years. I have been
7735 here since 1993, and I don't think I can think of whether
7736 serving in the Texas legislature that there was a law passed
7737 the next session didn't go back and revisit that law and fix
7738 it no matter what party you were and that is what has
7739 happened with the Affordable Care Act.

7740 There were minor changes that were done in the last 6
7741 years, but there were things we could have done in our
7742 committee and Ways and Means Committee should have done if it
7743 was so bad you wouldn't have to wait to have a unified
7744 government like you do now.

7745 But let me talk about the Affordable Care Act and the
7746 benefits it has done. Health care is deeply personal and
7747 sensitive. I think all of our physicians will say that to
7748 their patients it is important. It is difficult to imagine
7749 the stress that families are under when faced with a loved
7750 one's healthcare needs or an inability to afford that care.
7751 And I represent a district that that happens every day for
7752 people who couldn't afford health care, or the life-altering
7753 impact of an accident that leads to crushing medical debt,
7754 having to worry about being able to go to a doctor when you
7755 are sick, or putting off care because you don't have an

7756 insurance or cannot afford it is a grim reality that too many
7757 of our Americans face.

7758 Thankfully far fewer do than ever before because of the
7759 Affordable Care Act, and that is why we are opposing your
7760 bill because we think it is going to make it worse. The
7761 Affordable Care Act took major steps to expand coverage and
7762 make insurance more affordable and meaningful, protect
7763 consumers from abuses of the insurance industry and make
7764 health care more affordable. Unfortunately my colleagues
7765 insist on taking us backwards. One of these metrics to the
7766 legislation before us today would produce worse outcomes than
7767 the Affordable Care Act.

7768 I would like to tell the story of a couple of my
7769 constituents who would directly impact by this repeal effort.
7770 Just yesterday I met a young woman from our district who
7771 actually worked as a page at the capital during high school
7772 when we had pages. She was diagnosed with arthritis as a
7773 teenager and was unable to obtain insurance when she aged off
7774 Medicaid when she turned 18. It wasn't until the Affordable
7775 Care Act that she could get coverage that was affordable for
7776 her family and actually covered her condition so she could
7777 get the care she desperately needed.

7778 Another one of my constituents wrote in about her son

7779 who was diagnosed with uveitis when he was only 7. Uveitis
7780 is an inflammation of the membrane of the eye and is in the
7781 family of autoimmune disorders that includes psoriasis,
7782 spondylitis, and inflammatory bowel disease to name a few.
7783 Autoimmune disorders usually travel in packs, and later that
7784 year he was diagnosed with another inflammatory disease, AS,
7785 a form of arthritis that primarily impacts the hips and the
7786 spine. His condition got even more complex when he
7787 eventually developed IBS. The diagnosis took months as his
7788 case does not display signs and the symptoms consistent with
7789 any clear protocol.

7790 His mother wrote our office to share her son's story and
7791 the impact of the ACA has on her family. She writes, he is a
7792 driven and strong child. He is in the fifth grade but he
7793 also attends math class in the middle school with his sister.
7794 On his own initiative he tested out the fifth grade math to
7795 accelerate, he is a straight A student. He plays soccer.
7796 After historically having two bad experiences as a goalie for
7797 his team, he decided to attend goalie training and is now the
7798 top goalie, and I represent Northside, but from here to
7799 Kingwood which is north of our district. The kid has grit
7800 and he has heart.

7801 On behalf of this young soccer star and millions of the

7802 kids like him, please be assured I will fight to repeal the
7803 Affordable Care Act. But over the last 6 years we could have
7804 worked together and fixed some of the things before they got
7805 aggravated because as I have heard from my other colleagues,
7806 there is never a law that is passed or a bill that is
7807 considered that is perfect, in Congress or a state
7808 legislature, and that is why I think after 6 years of trying
7809 to repeal it we should have done some real working together
7810 before that. And I yield back the balance of my time.

7811 The Chairman. The gentleman yields back the balance of
7812 his time. Are there members on the Republican side seeking
7813 recognition, members on this side? Okay, who is next up on
7814 yours? We will go to the gentleman from Pennsylvania, Mr.
7815 Doyle, is recognized to speak on the amendment on the title
7816 of the bill.

7817 Mr. Doyle. Thank you, Mr. Chairman. I support the
7818 amendment. You know, there is a lot of amnesia on this
7819 committee. Let me just remind my friends where we were
7820 before the Affordable Care Act and what your constituents got
7821 for their money. Before the ACA, insurance companies could
7822 discriminate against sick people. We put a waiver on the
7823 preexisting condition clause that they couldn't do that
7824 anymore. That didn't exist before ACA.

7825 In America, one of the leading causes of bankruptcy were
7826 people that were losing their homes because they had
7827 insurance, but they had a child or someone in the family with
7828 a chronic condition and they would come up against their cap
7829 and they couldn't get any more payment from the insurance
7830 company and they would hold fish fries to try to raise money
7831 to buy medicine for their kids and eventually they went
7832 bankrupt and lost their homes. We put an end to that.

7833 We said insurance companies can't cap your benefits
7834 annually or lifetime. That didn't exist before the
7835 Affordable Care Act. Women were being charged twice as much
7836 as men. We put an end to that. Children can stay on their
7837 parents' policy now until they are 26. That didn't exist
7838 before the Affordable Care Act. We expanded the Medicaid
7839 program. Fourteen million Americans got covered on that, 11
7840 million of which never had insurance before for the first
7841 time got insurance under the Affordable Care Act. That
7842 didn't exist before we implemented that.

7843 So don't call this a failure because it is not a
7844 failure. If it was such a failure, why isn't that you
7845 haven't just abolished all those things we did? No, you
7846 haven't. You are keeping preexisting conditions. You are
7847 keeping caps on the benefits. You know, you are letting kids

7848 stay on their policy until they are 26, because these were
7849 good things that we did on the Affordable Care Act that the
7850 American people support.

7851 Now all you have done in this bill is basically give
7852 away \$600 billion over the next 10 years to corporations and
7853 rich people. You have taken that money out the bill, and now
7854 the way you are going to pay for this is to eviscerate the
7855 Medicaid expansion program, to just eviscerate the Medicaid
7856 expansion program and to take money out of the Medicare trust
7857 fund. This is an improvement? You haven't done a thing to
7858 lower costs in this bill.

7859 You are going to see the elderly pay more for their
7860 insurance because these subsidies aren't based on one's
7861 income anymore they are based on their age. And now the
7862 bands are going to be five. You are going to be able charge
7863 insurance companies five times as much as the youngest band
7864 in the program where right now it is three. All these things
7865 that you are making such a big deal that you are keeping,
7866 because if you didn't keep them you guys would be tarred and
7867 feathered out of your districts. But you are keeping them
7868 because these were things that we did that every one of you
7869 voted against when we did this with the Affordable Care Act.

7870 So let's stand here, those of us that did this bill, and

7871 watch 50 of our colleagues lose their positions because they
7872 knew it was the right thing to do and cast the vote anyway
7873 and try to take credit that you have somehow done something
7874 great for the American people. The only thing that is any
7875 good about what you are proposing are the things that we did
7876 8 years ago in the Affordable Care Act. I yield back.

7877 The Chairman. The gentleman yields back. The chair
7878 recognizes the vice chair of the full committee, Mr. Barton.

7879 Mr. Barton. Well, thank you, Mr. Chairman. I rise in
7880 opposition to my friend from New Jersey's amendment. I don't
7881 think we need to debate that a lot. Before I comment on my
7882 friend from Pennsylvania's comments, I have been on this --
7883 this is my 31st year on this committee, 31 years. I will
7884 never match John Dingell who was on the committee probably 50
7885 years -- yes, I hope I don't either.

7886 But I am not going to commend the minority, but I do
7887 want to acknowledge that I think you all set a record for the
7888 longest time period between the opening of a full committee
7889 markup and the actual calling up of an amendment. I believe
7890 that would be a record. Now whether, yes, I don't know that
7891 is necessarily a good thing, but in terms of the minority
7892 doing what minorities do, I have to say you all did a good
7893 job. So I want to commend you on that. Yeah, I understand.

7894 I understand.

7895 So now, let me comment on what Mr. Doyle was talking
7896 about. First of all, before what we now call the Affordable
7897 Care Act actually was initiated or was unveiled and debated I
7898 was the ranking minority member and I am trying to mightily
7899 to engage Mr. Waxman who was the chairman in a bipartisan
7900 effort on health care with the approval of the minority
7901 leader and the minority whip.

7902 And Mr. Waxman was amenable to doing that but he just
7903 never quite got around to it until the day that we were
7904 finally supposed to meet he called me up and said we are
7905 going to have to postpone our meeting, Joe. And I said why,
7906 and he said, well, we are going to unveil our bill at 11:00
7907 in a press conference.

7908 So some of the things that we were willing to work on
7909 and were in what became the Affordable Care Act we supported
7910 at the time. We supported coverage for preexisting
7911 conditions. We supported keeping young adults on their
7912 parents' plans and things like that, so that is why we are
7913 keeping them now. We didn't oppose that part of the bill.

7914 But I do want to substantively comment on this, we are
7915 eviscerating the Medicaid expansion. Now I personally think
7916 we are too generous and I have an amendment at the

7917 appropriate time to tweak it a little bit. But having said
7918 that, the people that are in states that accepted the
7919 Medicaid expansion funding at 100 percent federally funded,
7920 we are not kicking one of them off. They stay. The bill as
7921 it is currently drafted even allows states to add additional
7922 Medicaid expansion enrollees until December the 31st, 2019.
7923 It lets them be added.

7924 And then, once we do put a freeze on adding additional
7925 Medicaid enrollees, it allows on attrition to take that
7926 population over time back down to the traditional Medicaid
7927 match rate. That is not evisceration. Whatever it is, you
7928 know, if you are in a state that expanded Medicaid you are
7929 allowed and you get 95 percent federal funding -- well, right
7930 now it is 95. Well, finally it comes down to 90 percent for
7931 perpetuity, which I think is another minor problem with the
7932 bill, but that is a fight I have to fight over on this side
7933 of the aisle -- that that is not draconian and, you know,
7934 let's have a debate, but let's have a debate on the facts,
7935 Mr. Chairman.

7936 The Chairman. Will the gentleman yield?

7937 Mr. Barton. I would be happy to yield.

7938 The Chairman. The other point to make is if you have
7939 any faith and confidence in your state and your state

7940 legislature, I would argue nearly all of the stories we have
7941 heard today are people who are on Medicaid who could continue
7942 on Medicaid. The argument is over whether the federal
7943 taxpayer, whether we have to borrow the money from somebody
7944 else to give to the states, many of whom have surpluses by
7945 the way, at a different match rate. Rather than 90 percent,
7946 the match rate is somewhere between 50 and 73 percent.

7947 The question isn't whether they get coverage. The
7948 question is what share of the federal government should pay
7949 versus the state and local governments should pay. That is
7950 what the argument we are having here is and -- oh, your time
7951 has expired.

7952 Mr. Barton. Anyway my time has expired. I oppose the
7953 Pallone amendment.

7954 The Chairman. And yields back. The chair recognizes,
7955 for what purpose does the gentlelady from Illinois seek
7956 recognition?

7957 Ms. Schakowsky. I move to strike the last word.

7958 The Chairman. And speak on the amendment, the
7959 gentlelady is recognized.

7960 Ms. Schakowsky. Thank you. I do support the amendment
7961 but I would like to address what we have just been talking
7962 about, about the states and about trusting them and about the

7963 governors. Because what we know is 32 of the states that you
7964 can figure out is the majority of states actually did expand
7965 Medicaid and Republican governors now are very concerned that
7966 the law would force millions of their low-income earners off
7967 the insurance rolls.

7968 And here is what the Nevada governor, a Republican,
7969 Brian Sandoval, had to say today. He said, we have said all
7970 along work with the governors, that it should be a governor-
7971 led effort and for the Congress to rely on the governors. He
7972 said, well, they came out with their own bill which doesn't
7973 include anything the governors have talked about. And so the
7974 Republican governors who represent the majority of Republican
7975 governors come from states that did expand Medicaid.

7976 The Chairman. Would the gentlelady yield?

7977 Ms. Schakowsky. Sure.

7978 The Chairman. Is that what Governor Sandoval wrote?

7979 Ms. Schakowsky. I am reading a quote from him, yes.

7980 The Chairman. That we didn't include anything?

7981 Ms. Schakowsky. That is what it says.

7982 The Chairman. I would like to see the letter.

7983 Ms. Schakowsky. Now they came out with their own bill
7984 which doesn't include anything that the governors have talked
7985 about, and I am certain that he is referring to the Medicaid

7986 issue.

7987 And so, you know, this was a plan that in my state of
7988 Illinois three million more people will be able to get health
7989 care and my Republican governor made it very clear that this
7990 provision, that this part of the repeal and replace simply
7991 does not work for the state of Illinois and for people. And
7992 so, you know, let's trust the states. Let's trust the
7993 governors. They are telling us that this is a very bad bill
7994 for them.

7995 And now I would like to share the story of a couple
7996 women in my district who have benefited from the ACA. My
7997 constituent Brenda has lupus and before the ACA no insurance
7998 company would cover her in the individual market. She works
7999 part-time so she relied on the insurance her husband received
8000 through his job, but then in August 2016 her husband
8001 unfortunately lost his job. Because of the ACA, Brenda and
8002 her husband were able to get insurance through the
8003 marketplace and could not be denied coverage or charged more
8004 for it. But under the Republican repeal bill Brenda and her
8005 husband could be charged massive penalties by their insurance
8006 company if they did not obtain insurance after Brenda's
8007 husband lost his job. So we talk about how great this is and
8008 how you are keeping protection for people with preexisting

8009 conditions, but if you have someone who has lost their
8010 coverage because they lost their job for 63 days for just
8011 about 2 months, then yes, they can get coverage for at least
8012 a 30 percent increase in the premium.

8013 So to add insult to injury, the Republican repeal will
8014 cause premiums to rise and will allow insurance companies to
8015 charge older Americans more for their coverage. So Brenda
8016 and her husband could be charged considerably more for their
8017 insurance, not to mention they would face as they said the 30
8018 percent penalty imposed by their insurance company if they
8019 were unable to maintain continuous coverage after Brenda's
8020 husband lost his job.

8021 I have a bunch more of the examples. We are all talking
8022 about anecdotes, but ultimately we are talking about millions
8023 and millions and millions of people who will either have to
8024 pay more and get less or lose their care all together. And
8025 so I would suggest that let's go back to the Affordable Care
8026 Act which you have affirmed that many pieces of it you like,
8027 you want to keep them, and let's start with that as the base
8028 and then figure out together how we can craft a plan, not a
8029 repeal and replace which it really isn't anyway, to come up
8030 with the improvements that any big bill like that would need.

8031 And, you know, I would say to my colleague Mr. Barton,

8032 you know, you voted, you say you liked a lot of the
8033 legislation but you voted against the Affordable Care Act.
8034 Why can't we start now? We tried for 6 years, but we can
8035 start now, take the bill and try and make it more workable
8036 for everyone. And I yield back.

8037 The Chairman. The gentlelady's time has expired. Are
8038 there other members seeking recognition on the Pallone
8039 amendment? Okay, we will go to Mr. Butterfield, is
8040 recognized to speak on the amendment.

8041 Mr. Butterfield. Thank you very much, Mr. Chairman.
8042 Mr. Chairman, let me rise in support of the Pallone
8043 amendment. Mr. Pallone's amendment accurately describes what
8044 will happen if this legislation in fact passes. If you don't
8045 believe it, just wait for the CBO score that is going to be
8046 published next week.

8047 Let me draw your attention to the incredible impact that
8048 the Affordable Care Act has had on individuals and the
8049 lifesaving benefits it has created for people in my district
8050 in eastern North Carolina. Since the ACA was signed into
8051 law, millions of Americans have gained access to quality
8052 healthcare services and hundreds of thousands more have seen
8053 their health insurance improved.

8054 The ACA has played a significant role in reducing worry

8055 among Americans who previously struggled to pay unaffordable
8056 medical bills when they got sick. We cannot afford, Mr.
8057 Chairman, to go back to the days when Americans were forced
8058 to pay more money for less coverage and when insurance
8059 companies rationed the care people received. My constituents
8060 do not want to go back to the days when healthcare
8061 emergencies could bankrupt families. This harmful bill rolls
8062 back the clock and will rip health care away from my
8063 constituents, and whether you believe it or not from your
8064 constituents.

8065 And Chairman Walden, my constituents have made it clear
8066 the ACA saves lives. Today I want to share the story of
8067 Julie Chamberlain who lives and works in my district in
8068 Greenville, North Carolina. Julie, Mr. Chairman, is 55 years
8069 old and for the first time in her adult life she is able to
8070 afford health insurance because of the ACA even though she
8071 has a preexisting condition. Before the ACA's enactment
8072 Julie tried to get coverage but could not afford the
8073 expensive policies she was being offered due to her
8074 preexisting condition.

8075 Mr. Chairman, repealing the ACA will endanger health
8076 care for millions of Americans. Julie is just one of them.
8077 And because she is over 50 years of age, Julie is at risk of

8078 no longer being able to afford health insurance under the
8079 replacement plan because this bill will allow insurance
8080 companies to charge much higher premiums for older Americans
8081 than they were allowed to charge under the Affordable Care
8082 Act. In fact, the bill is estimated to raise premiums for
8083 older Americans by \$3,200. That is a lot of money for people
8084 trying to put food on the table and trying to pay for their
8085 children's education and to keep up with their bills. People
8086 simply cannot afford that amount of money and would lose
8087 coverage all together.

8088 At the thought of losing her coverage, Julie said, and I
8089 quote, I know if the ACA is repealed I will not have health
8090 insurance any longer and I worry tremendously about losing my
8091 coverage, end of quote. Please listen to Julie and the
8092 millions of Americans like her who are living in a state of
8093 worry that this bill will make their health care
8094 unaffordable.

8095 Julie's story is just one of more than 35,000 people in
8096 my district alone who now have insurance as a result of the
8097 ACA. I heard from many of them on Saturday, February 25th,
8098 when I had a town hall meeting in Durham. Like many of my
8099 Democratic colleagues I heard from more than 600 constituents
8100 who support the ACA.

8101 Even though my Republican colleagues fear public
8102 interaction and are missing in action, the voices of my
8103 constituents deserve to be heard. Like Julie, many of these
8104 individuals would no longer be able to afford health
8105 insurance, healthcare insurance, if this is repealed. This
8106 bill is also alarming because it would prevent states like
8107 North Carolina -- and I do not trust my state legislature --
8108 like North Carolina that did not expand Medicaid from
8109 choosing to expand it in the future. This bill stands to
8110 block more than 650,000 North Carolinians from gaining
8111 coverage under Medicaid if the state expands the program in
8112 the future.

8113 The fact that my colleagues across the state, across the
8114 aisle, continuously propose ways to reduce health coverage
8115 for Americans, many of whom reside in my district, is
8116 unacceptable. I will do everything within my power to
8117 protect the many North Carolinians and Americans who rely on
8118 the coverage and protections provided under the ACA. I urge
8119 my colleagues to oppose this harmful bill and I support the
8120 amendment offered by Mr. Pallone. I yield back.

8121 The Chairman. The gentleman yields back the balance of
8122 his time. The chair recognizes the gentleman from Kentucky,
8123 Mr. Guthrie, for 5 minutes to speak on the amendment.

8124 Mr. Guthrie. Thank you, Mr. Chairman. I know earlier
8125 you talked about that we did vote different bills and all the
8126 votes that people are saying was just to repeal Obamacare
8127 there were bills that we all voted for that were to improve
8128 and try to help people that were being affected by Obamacare.

8129 And in 2015, a bill I authored, and it was a bipartisan
8130 bill, Congressman Cardenas and I authored a bill, it was
8131 voice voted on the House floor, voice voted on the Senate and
8132 October 7th it was signed by President Obama. And this is
8133 what the bill did. Obamacare was set to force states to
8134 change the definition of a small group market from 1 to 50
8135 employees to 1 to 100 employees. This meant that the
8136 employees across the country were about to be forced into
8137 plans loaded with mandates and regulations like essential
8138 health benefits, or EHBs.

8139 By giving states this option Republicans and Democrats
8140 alike acknowledged two very important things. Now this is
8141 important. We gave states choice and we protected employees
8142 from the mandates in benefits and regulations like essential
8143 health benefits. Not a single member on either side of the
8144 aisle stopped the process and it cleared both houses of
8145 Congress by a voice vote and signed by the President.

8146 So the question is why should individuals be treated any

8147 differently? Why would members on the other side of the
8148 aisle discriminate on individuals who are out of work, why
8149 wouldn't we allow the individuals to have the same
8150 protections against the regulations and mandates that would
8151 raise prices for their health insurance that we gave to
8152 people in the small business market?

8153 We also learned that states respond well given choice.
8154 There is a map that has been posted, 46 states when we gave
8155 them the option to not change the definition of a small group
8156 market from 1 to 50 to 1 to 100 responded to that. We should
8157 give patients relief from mandates and regulations and give
8158 states the choice to allow that for individuals like we did
8159 for people in the small business market. And I yield back.

8160 The Chairman. Will the gentleman yield?

8161 Mr. Guthrie. Yes, I will yield.

8162 The Chairman. I appreciate the gentleman because I
8163 think it is important along this context. I know during that
8164 2010 year, if memory serves right, I think led by Mr. Shimkus
8165 and others there was a request of the then majority to do
8166 oversight of Obamacare, some 13 different requests that we
8167 sort of quickly documented, and of course they were denied.

8168 But I want to share a story too because it is more,
8169 there are stories out there where Obamacare has been a

8170 negative. Mrs. Dana O., a Klamath County rancher, she wrote
8171 to me just a few days ago and said, quote, please repeal
8172 Obamacare and give us some relief. Our health insurance for
8173 two, the standard Silver, is \$1,850 a month. We cannot
8174 afford that so changed to standard Bronze, half the coverage
8175 and still costs more than the standard Silver did last year.
8176 It is \$1,501 a month. On top of that we paid \$11,000 in
8177 medical bills. This is totally outrageous. We are cattle
8178 ranchers. Our product has lost 30 percent of its value in
8179 the last 2 years, government is forcing us out of business,
8180 please continue to support repeal of Obamacare.

8181 Ms. April J. from Deschutes County, a small business
8182 owner, wrote me in October and said, I received a letter
8183 today from my insurance company, Providence. They won't be
8184 offering my plan next year. In order to get a plan similar
8185 to what I have currently, \$939 a month, my new premiums will
8186 be \$1,503 a month, an increase of \$564 per month.

8187 By the way this plan is for a family of three who is
8188 self-insured as we own our own small business. That means I
8189 must somehow work an extra 65 hours a month more in order to
8190 pay for health care for my family or I drastically raise my
8191 prices to cover the cost which then in turn makes it more
8192 difficult on my customers. Does anybody understand this

8193 major domino effect that is happening? In the last 3 years
8194 my premiums have gone from \$685 a month up to 1,500 a month,
8195 18,000 a year.

8196 So this law is actually hurting people in my district.
8197 We have expanded Medicaid in my district. We kick no one off
8198 who is on it today. They are grandfathered in at the higher
8199 reimbursement rate, so they are there. And so we are trying
8200 to strike this balance where we repair this individual market
8201 that inescapably, factually, is collapsing. It is
8202 collapsing. Last year there were 225 counties where you only
8203 had one choice. This year it is 1,022. I believe there are
8204 five states where there is one choice. That was before
8205 Humana came out of the market and before Aetna's CEO said it
8206 is in a death spiral.

8207 We are trying to save this market. We are trying to get
8208 to where people like Dana and April can afford insurance for
8209 their families. The gentleman's time has expired. Are there
8210 others on this? I recognize Ms. Matsui for 5 minutes to
8211 speak on the amendment.

8212 Ms. Matsui. Thank you, Mr. Chairman. I move to strike
8213 the last word and I support the Pallone amendment. I support
8214 this amendment in honor of my constituent Elizabeth.
8215 Elizabeth is the mother of a young daughter with type 1

8216 diabetes and she wrote to me, quote, no parent wants her
8217 child to get sick and especially not get a chronic, life-
8218 threatening disease, but that is a life we are now living.
8219 She wrote to me about her daughter's future and her concerns
8220 for her for her entire family. As she so eloquently said,
8221 quote, my family's very existence is dependent on my child's
8222 access to health care, end quote.

8223 Elizabeth and her husband are teachers. She has, quote,
8224 done the math. If we had to pay out-of-pocket for our
8225 daughter's health care it would cost more than an entire
8226 year's salary for a teacher, but what could we do? The only
8227 choice is to keep her alive and this is going to be a
8228 constant concern for the rest of her life, unquote.

8229 Mr. Chairman, Elizabeth asked me to fight to keep health
8230 care for the most vulnerable. That is why I am sharing her
8231 story today. We should be working together. All of us know
8232 Elizabeths in our lives. We should be working together to
8233 improve the Affordable Care Act and build on the progress we
8234 have made, not rushing to tear it down. We should be trying
8235 to make access to health care easier for Elizabeth and her
8236 daughter and the millions of parents and children like them.
8237 Instead, this Republican bill would rip health care away from
8238 millions of Americans for all but the healthiest and

8239 wealthiest in our nation. We are offering them less
8240 coverage, fewer protections, and higher costs.

8241 My Republican colleagues seem to be telling the American
8242 people to cross their fingers and hope they never get sick.
8243 But as Elizabeth and so many families in every community in
8244 our country know, sometimes that is not how it goes. Mr.
8245 Chairman, these families deserve better than being asked to
8246 pay more for less care. Thank you, and I yield the remainder
8247 of my time to Mr. Lujan.

8248 Mr. Lujan. Thank you, Ms. Matsui. And since we are
8249 quoting governors and talking about governors, there is a few
8250 articles that I wanted to reference so that our colleagues
8251 are aware of them. There was a political article dated
8252 February 20th of 2017, entitled, How Mike Pence used
8253 Obamacare to Halt Indiana's HIV Outbreak.

8254 When then-Governor Mike Pence faced the worst public
8255 health crisis to hit Indiana in decades he turned to
8256 Obamacare, a program he vilified and voted against. In 2015,
8257 as a rash of HIV infection spread through rural southern
8258 Indiana, state health officials parachuted into Scott County
8259 and enrolled scores of people into Obamacare's expanded
8260 Medicaid program so they could get medical care and substance
8261 abuse treatment. Many were addicted to opioids and had

8262 contracted HIV by sharing dirty needles.

8263 On March 7th, Oregon Governor Kate Brown said Tuesday
8264 that Republicans' healthcare replacement proposal for the
8265 Affordable Care Act moves health care backward. In a
8266 statement, the Democratic governor said Tuesday that since
8267 the Affordable Care Act, also known as Obamacare, took
8268 effect, Oregon's uninsured rate has dropped from 17 percent
8269 to 5 percent with 95 percent of Oregonians now insured. She
8270 predicted the Republican plan would reduce Oregonians' access
8271 to care and increase costs for women and seniors.

8272 Other quotes that I think are important to note for my
8273 colleagues, Club for Growth opposes RyanCare. That is the
8274 first time I have seen that -- RyanCare. Americans for
8275 Prosperity, take it back to the drawing board they said on
8276 3/5/2017. Americans for Prosperity, Koch Brothers, and
8277 Freedom Partners oppose the House bill. Heritage Action,
8278 Republicans should begin a genuine effort to deliver on
8279 longstanding campaign promises that create a free market
8280 healthcare system and empowers patients and doctors.

8281 FreedomWorks, it allows insurance companies to assess a
8282 30 percent penalty on those who don't keep continuous
8283 coverage for 63 days. They oppose it for a different reason,
8284 but they go on to say: which is an individual mandate by any

8285 other name. Many other quotes, Mr. Chairman, that I plan to
8286 share with our colleagues tonight, and with that I yield
8287 back.

8288 The Chairman. The gentleman yields back the balance of
8289 his time. The chair recognizes the gentleman from Ohio, Mr.
8290 Latta.

8291 Mr. Latta. Well, thanks, Mr. Chairman, and I would like
8292 to rise in opposition. I know we have been talking about a
8293 lot of our constituents, but I would like to also contribute
8294 what I have heard from my constituents from Perrysburg. I
8295 wish to address the Affordable Care Act that was put through
8296 by President Obama. I do not have insurance. However, I
8297 self-pay my doctor bills and do not ask the government for
8298 any assistance.

8299 The thing I am upset about is that I will be penalized
8300 for not having insurance, probably around a thousand dollars
8301 this year. I think that my money would be better spent being
8302 saved by me in case I need to go to the doctor. My husband
8303 left me after 38 years and my insurance left also. I work
8304 hard and save my money. I was also working 30 hours per week
8305 before the law was passed and now I am only allowed to work
8306 24. I was hurt by Obamacare. Why does the government need
8307 my money?

8308 From Delphos, I am on the exchange and there is only one
8309 provider available. However, they do not offer any services
8310 in Delphos. To sign up with them I would have to give up my
8311 family doctor, my wife's ophthalmologist, my orthopedic, and
8312 my hospital of choice. I was out with a company this past
8313 week, they have about 50 employees. They received their
8314 insurance quote for this coming year of a 44 percent
8315 increase. Instead of giving their employees raises or buying
8316 more machinery, they can hire more people; they will be
8317 paying more for insurance.

8318 Another small company of 15 received theirs, 65 percent.
8319 Another constituent told me that he has insurance but he
8320 really doesn't have insurance because he can't afford to use
8321 it because of the high premiums and the high deductibles. A
8322 constituent from Monclova, I would like to see some changes
8323 in the healthcare law with regard to insurance premiums. We
8324 are a family of four. My husband has had numerous surgeries
8325 in the past 15 years.

8326 Before Obamacare we could afford insurance and not have
8327 a very high deductible and be able to pay for the lifesaving
8328 medical services that were provided. Since Obamacare our
8329 insurance premiums have gone up every year along with a very
8330 high deductible. This is about the same amount that we pay

8331 for our mortgage. Our deductible is \$5,000. We are in debt
8332 approximately \$17,000 in just medical bills. We can barely
8333 make payments on all the bills plus pay our premium each
8334 month. Something has to be done. We did not struggle with
8335 this before Obamacare, please help.

8336 From Leipsic, I do not believe Obamacare is the answer
8337 because of the rising costs and the refusal of some doctors
8338 to take on certain insurance companies. My husband is 63 and
8339 I am 62. Together we have a check for \$2,300 each month
8340 going to health insurance. This expensive policy has a 3,000
8341 deductible each or \$6,000 for both of us. Since we are both
8342 on expensive meds, we end up paying an additional \$6,000.

8343 My husband is self-employed, we are responsible for
8344 paying our own. Because of the rising cost of health
8345 insurance we are making our employees pay a higher cost each
8346 year. However, we have been losing money so we had to close
8347 the business and four men lost their jobs. As for husband
8348 and myself, there is light at the end of the tunnel when we
8349 finally hit 65-1/2. But in the meantime that leaves little
8350 funds left to put away for our retirement as we draw closer
8351 to that time.

8352 Our son and his wife who were on Medicaid last year
8353 found that they were very limited to doctors and hospitals

8354 that they could use. They could not keep their current
8355 doctors. I know that you have a huge task ahead trying to
8356 come up with a new plan, but I wanted to give input in what
8357 was happening to us in northwest Ohio and in Middle America.

8358 Mr. Chairman, I yield back the balance of my time.

8359 The Chairman. The gentleman yields back the balance of
8360 his time. Are there other members wishing to speak or can we
8361 go to a vote? Oh, I am sorry. Yes, if the people will
8362 suspend. The gentlelady from California has a UC to put some
8363 things in the record.

8364 Ms. Eshoo. Mr. Chairman, I ask for unanimous consent to
8365 place two documents in the record, one from a Dr. Muller in
8366 my district, the other a U.S. News and World Report piece by
8367 David Entwistle who is the CEO of Stanford Medical Center.

8368 The Chairman. Without objection, those documents will
8369 be entered into the record.

8370 [The information follows:]

8371

8372 *****COMMITTEE INSERT 13*****

8373 Ms. Eshoo. Thank you very much.

8374 The Chairman. The chair now recognizes the gentlelady
8375 from Florida, Ms. Castor, for 5 minutes to speak on the
8376 amendment.

8377 Ms. Castor. Well, thank you, Mr. Chairman, for
8378 recognizing me. I think that Mr. Pallone's amendment
8379 renaming the bill the Pay More For Less bill is very apt. It
8380 is a much better description of what will happen if this is
8381 enacted into law. And you don't have to take it from me, the
8382 opposition has been pouring in all day and I thought I would
8383 reference just a few of them.

8384 The American Medical Association has come out in
8385 opposition to the bill and they say, in part, more than 20
8386 million Americans currently have healthcare coverage due to
8387 the Affordable Care Act, and among the AMA's highest
8388 priorities for ongoing health system reform efforts is to
8389 ensure that these individuals maintain that coverage. While
8390 we agree that there are problems with the ACA that must be
8391 addressed, we cannot support the GOP bill as drafted because
8392 of the expected decline in health insurance coverage and the
8393 potential harm it would cause to vulnerable patient
8394 populations. They sign off as, and critically we urge you to
8395 do all that is possible to ensure that those who are

8396 currently covered do not become uninsured.

8397 Easter Seals has also weighed in, in opposition. They
8398 say Easter Seals -- and remember, they are the leading the
8399 nonprofit organization that helps individuals with
8400 disabilities access their community and especially under
8401 Medicaid. Easter Seals is greatly concerned that the GOP
8402 bill removes the federal funding guaranteed that currently
8403 exists in Medicaid.

8404 People with disabilities rely on Medicaid-funded
8405 services such as attendant care, adult day, and home health
8406 services to remain in their homes and communities.
8407 Restricting Medicaid resources by capping the federal amount
8408 available to states and including further reductions based on
8409 aggregate Medicaid expenditures will further limit access to
8410 services.

8411 The National Nurses United also opposes the GOP bill.
8412 On behalf of the 150,000 registered nurse members of National
8413 Nurses United we urge you to oppose the GOP bill. The
8414 American Health Care Act poses a mortal threat to the health
8415 and well-being of our patients and to the health security of
8416 our country. In fact, there is not a single aspect of this
8417 legislation that will benefit our patients who lack the
8418 healthcare services they need.

8419 The Leukemia & Lymphoma Society also say that on behalf
8420 of their society and the 1,200,000 Americans living with a
8421 blood cancer diagnosis they are writing to urge leaders and
8422 members of the Energy and Commerce and Ways and Means
8423 Committee to vote no on the GOP bill. The Trust for
8424 America's Health, they are a nonprofit, nonpartisan
8425 organization, they say under the proposed bill millions could
8426 lose health insurance and we are particularly concerned about
8427 access to health coverage for those with limited incomes.

8428 Without affordable insurance coverage for these
8429 individuals we will see increased levels of preventable
8430 illness, injuries, and death. In addition, we believe that
8431 it is important to guarantee that all insurance both public
8432 and private offers evidence-based, preventive services
8433 without cost to the patient.

8434 There are many more and they are going to keep pouring
8435 in, I am afraid, because what they want us to do is what the
8436 Democrats have been offering to do. Let's slow this down,
8437 let's begin to work together. I have listened very closely
8438 to my colleagues' stories from their districts. Remember, it
8439 is not collapsing everywhere. In Florida we have 1.7 million
8440 Floridians who went into healthcare.gov and found affordable
8441 health insurance. In my neck of the woods we have a

8442 competitive market.

8443 So why don't we sit down and work together on how we
8444 broaden competition in areas of the country that don't have
8445 it? We know there is nothing in the bill to tackle the high
8446 cost of pharmaceuticals. That is an area that I would hope
8447 we could sit down to, but turning this into a more
8448 inefficient, costly system where people don't have insurance
8449 and then the folks with insurance have to pick up the tab
8450 because our other neighbors will have access but they won't
8451 have coverage that provides financial stability in their
8452 lives, that is not the way to solve this problem. It is
8453 costly, it is inefficient, and we owe the American people
8454 much more. I yield back the balance of my time.

8455 The Chairman. The gentlelady yields back the balance of
8456 her time. The chair is going to recognize the gentleman from
8457 Oklahoma, Mr. Mullin, for 5 minutes to speak on the
8458 amendment.

8459 Mr. Mullin. Thank you, Mr. Chairman, and I will say I
8460 rise to oppose the amendment. There has been a lot of talk
8461 about this not being affordable or we are stripping it away
8462 from the American people, and I know my colleague from
8463 Florida who just got done speaking was talking about it is
8464 working in Florida. Well, it is not working in other places.

8465 In Oklahoma alone, through the exchange we saw 76
8466 percent increase. In Arizona last year alone, we had 116
8467 percent increase. Why are the premiums skyrocketing? It is
8468 because of the mandates from Obamacare. It is not affordable
8469 and our colleagues on the other side know this. So why are
8470 they arguing? Why are they having this conversation? We are
8471 talking about being honest with the American people. They
8472 know it was failing regardless of who got elected in
8473 November. If it was Hillary Clinton or current President
8474 Trump, we were going to be in this hearing room and we were
8475 going to have a discussion about health care of the American
8476 people.

8477 Why is it that all of a sudden this is such a surprise
8478 to the other side? Many of my colleagues from the other side
8479 came to us and said, hey, we are going to have to work
8480 together on this, are you willing to help us? My question to
8481 them was why? It is yours. It is your baby, you fix it.
8482 And I was surprised by the answer that I received. Well, if
8483 we don't we are going to go to a single-payer system, really?
8484 If we are going to be honest with the American people then
8485 let's be honest with our intentions.

8486 What are the options here? We know we can't keep it the
8487 way it is going, it is not sustainable. Insurers are pulling

8488 out of the market, there are fewer choices for the American
8489 people, but yet our colleagues on the other side continue to
8490 want to argue for a failed policy even to the point of saying
8491 it cost our colleagues 50 seats but we stood with it. The
8492 American people spoke up and said it is failing.

8493 That is why you lost 50 seats, not because it is the
8494 right policy, it is because it was a failed policy. Yet we
8495 are still here and we have been in markup since 10:30 a.m.
8496 and we haven't had one single vote. Because of a delay
8497 tactic, maybe it is just because you guys have nothing better
8498 to do? I am not trying to be insulting, but if we are going
8499 to get started on fixing something that you know is broke at
8500 what point do we start having an open conversation? I have
8501 many friends on the other side of the aisle. I am open and
8502 willing to talk to people when we can have a reasonable
8503 conversation.

8504 But you can't honestly look at the camera and say that
8505 this bill is perfect and that it wasn't failing. You can't
8506 honestly say that there is more access and it is more
8507 affordable today than it was in 2010. That conversation
8508 cannot happen. So what is the option, do nothing and let it
8509 fail? Go to what plan B was for you guys to a single-payer
8510 system, or put it back in control of the American people? I

8511 think the American people made it very clear they want
8512 control of their health care, not a bunch of bureaucrats in
8513 Washington, D.C. With that I yield back.

8514 The Chairman. The gentleman yields back the balance of
8515 his time. Are there others seeking recognition? The
8516 gentleman from Vermont, I believe, is next. Oh, did the
8517 gentleman from California, Mr. McNerney, want -- you too,
8518 okay. We are trying to stay in seniority. I don't want you
8519 two to get cranky with each other, so we will -- are you,
8520 yes. So we will go with the gentleman from California since
8521 he is so much more senior than the gentleman from Vermont.
8522 Mr. McNerney, you are recognized for 5 minutes.

8523 Mr. McNerney. Thank you, Mr. Chairman. I strike the
8524 last word. I am in support of Congressman Pallone's
8525 amendment to change the short title of the bill to Pay More
8526 for Less. I do so in honor of a constituent, Denise
8527 Jefferson. Denise Jefferson credits the ACA with saving her
8528 life. She was diagnosed with colon cancer at age 41. Her
8529 second cancer diagnosis came at age 59, this time ovarian
8530 cancer. At the time, Denise had a good private insurance
8531 policy even though it was very expensive due to her
8532 preexisting condition.

8533 A few weeks after being diagnosed with ovarian cancer

8534 Denise received a letter from her insurance company. Well,
8535 guess what it said. They informed her that they were
8536 canceling her policy. She was told that she would only be
8537 covered for the surgery, her policy would end after that. It
8538 would not cover the required 5 months of chemotherapy to
8539 treat her cancer.

8540 But luckily, the Affordable Care Act had just become
8541 law. Because of the Affordable Care Act she was able to
8542 secure a policy to cover her cancer treatment and scans.
8543 Denise says that had it not been for the ACA she would not be
8544 alive today. Unfortunately Denise's story is not unique.
8545 She is among the millions of people who have received
8546 important health care because of the Affordable Care Act,
8547 care they would not have access to before the Affordable Care
8548 Act was enacted.

8549 Today we are marking up the Republican repeal bill, a
8550 bill that will probably take away care for people like
8551 Denise. It will penalize people who do not have continuous
8552 coverage and punish those with preexisting conditions. The
8553 provisions of the ACA saved lives. It has expanded health
8554 care to more people than ever before, uninsured rates are at
8555 a record low, people are able to get access to primary care
8556 physicians, and this catches life-threatening conditions like

8557 cancer early enough to be effective for treatment.

8558 Mr. Chairman, can we have order?

8559 The Chairman. The gentleman may proceed.

8560 Mr. McNerney. People who have had cancer in the past no
8561 longer have to worry about coverage. Because of the ACA,
8562 insurance companies cannot deny coverage because of an
8563 individual has preexisting conditions. We have made great
8564 progress in regards to healthcare coverage and healthcare
8565 access. That is why I support Congressman Pallone's
8566 amendment.

8567 Now before close I would like to talk about my friend,
8568 the gentleman from Illinois', remarks earlier today. Let's
8569 face it, health care is tough. It is going to be expensive.
8570 It is clear that the Democratic Party believes that the
8571 Affordable Care Act has been successful but needs
8572 improvement. It is also clear that the Republicans believe
8573 that the ACA is in a death spiral as we often hear and that
8574 this bill would improve things. Naturally, the Democrats
8575 don't agree with that idea and here is why. The Republican
8576 bill eliminates the fees needed to keep premiums and
8577 deductibles down. I don't see how that will do anything but
8578 cause premiums and deductibles to increase.

8579 But the gentleman is right, the Democrats paid a big

8580 price for enacting the Affordable Care Act and now the
8581 Republicans are setting themselves up to pay a very big
8582 price. Now in the House of Representatives the majority does
8583 its will if it has a will, which is in doubt in this case,
8584 but I caution you, be careful what you wish for.

8585 On the other side you saw the turmoil we faced in 2009
8586 and 2010 with our town halls and we got hammered in the
8587 election. Now you all are getting hammered in town halls,
8588 and I caution you, if you live in a competitive district you
8589 are going to face a tough election.

8590 Mr. Chairman, I yield back.

8591 Mr. Doyle. Will the gentleman yield?

8592 The Chairman. The gentleman yields back.

8593 Mr. Doyle. Will the gentleman yield?

8594 Mr. McNerney. Who is asking?

8595 Mr. Doyle. Will you yield?

8596 Mr. McNerney. Yes. I yield.

8597 The Chairman. Very good.

8598 Mr. Doyle. I would just like to say to our friend from
8599 Oklahoma, none of us think this bill is perfect. I have
8600 never heard a single Democrat say that this bill was perfect.
8601 We knew that it needed work and we wanted for the last 7
8602 years to work with Republicans to try to improve this bill.

8603 You guys weren't very interested in that.

8604 I am not sure what the gentleman is talking about when
8605 he talks about mandates. What mandate in the Obamacare bill
8606 does he take issue with? Certainly not with preexisting
8607 conditions or caps on benefits or letting your child stay on
8608 the policy to 26. So I am curious, what is it we are
8609 mandating?

8610 Mr. Shimkus. Will the gentleman yield?

8611 Mr. Doyle. Yes, sure.

8612 Mr. Shimkus. What about men having to purchase prenatal
8613 care? I am just -- is that not correct?

8614 Mr. Doyle. Reclaiming my time.

8615 Mr. Shimkus. I am sure they --

8616 Mr. Doyle. Reclaiming my time.

8617 The Chairman. Whoa, whoa, whoa.

8618 Mr. Doyle. There is no such thing as ala carte --

8619 The Chairman. Regular order.

8620 Mr. Doyle. There is no such thing as ala carte
8621 insurance, John. You know, you don't get to --

8622 Mr. Shimkus. That is the point. That is the point. We
8623 want the consumer to be able to go to the insurance market
8624 and be able to negotiate on a plan --

8625 Mr. Doyle. Reclaiming my time.

8626 The Chairman. Whoa, whoa.

8627 Mr. Doyle. You tell me what insurance company will do
8628 that. There isn't a single insurance company in the world
8629 that does that, John.

8630 The Chairman. The gentleman's time --

8631 Mr. Doyle. You are talking about something that doesn't
8632 exist.

8633 The Chairman. The gentleman's time has expired. Are
8634 there members on this side of the aisle that are -- yes, the
8635 gentleman from Michigan, Mr. -- if we could have order. The
8636 gentleman from Michigan, Mr. Walberg, is recognized for 5
8637 minutes to speak on the amendment.

8638 Mr. Walberg. I thank the chairman, and as a freshman on
8639 this committee I hesitated to speak up. But as I listened to
8640 this amendment initially I thought it would be like in most
8641 other committees, it would be put up for a few comments and
8642 then withdrawn because it doesn't seem serious. It doesn't
8643 seem serious at all.

8644 Bottom line is what has happened as a result of the
8645 Affordable Care Act is what is not affordable. It has hurt
8646 people. I was here in 2008, was sent home for 2 years of
8647 R&R. The Democrat who defeated me voted for this thing, I
8648 came back in 2010, and since that time I have continued to

8649 come back and the Affordable Care Act has continued to be a
8650 problem in my district. I mean, let's get serious about
8651 this. If anything is a pay-more-for-less act, we are talking
8652 about the Affordable Care Act. Obamacare is a disaster.
8653 Insurance markets are collapsing. We can't deny that.
8654 Healthcare costs are soaring, patients are dwindling, their
8655 choices are gone.

8656 We believe, and my colleague from North Dakota so
8657 eloquently talked about the impact of markets and
8658 competition, we live in a country we ought to expound upon
8659 that. We have set and charted the course for the rest of the
8660 world in competition. I come from the Great Lakes state. I
8661 come from the motor capital of the world. We found for a
8662 while we didn't compete and then we found out we needed to
8663 compete and we came back, and products, quality, everything
8664 has been brought about for the consumer.

8665 Premiums increased by an average of 25 percent this year
8666 for the millions of Americans trapped in a failed Obamacare
8667 exchange plan. Obamacare is unsustainable and it is hurting
8668 far more than it is helping. Pay more for less, absolutely.
8669 That is why we are doing this exercise. That is why we are
8670 rescuing the people. My district in Michigan needs rescuing
8671 from Obamacare.

8672 Let me just read some actual experiences, and like the
8673 rest of you we could have a book here. Marty from Jackson,
8674 Michigan, is retired and her husband is self-employed. In
8675 2015, they purchased the Bronze policy with a premium of \$250
8676 a month and a deductible of \$6,000 per person. In 2016,
8677 their premiums nearly quadrupled to 989 a month. In November
8678 of 2016, they canceled their health insurance because, why,
8679 they could not afford the premiums increase in 2017. Now
8680 they are both uninsured. That is the Affordable Care Act and
8681 we are debating an amendment that says we are putting up
8682 something that will cost people more? You have got to be
8683 kidding.

8684 Gary from Grand Ledge, Gary was promised he could keep
8685 his healthcare plan, but when Obamacare went into effect his
8686 plan was canceled. Gary's health insurance monthly premium
8687 has gone from \$450 a month prior to the Affordable Care Act
8688 to \$1,100 a month. He can't afford to pay 13,000 a year for
8689 health insurance. For the first time in his adult life he
8690 and his family will be completely uninsured.

8691 Mary from Reading, her healthcare costs have gone from
8692 about \$400 a month to more than \$1,700 a month under
8693 Obamacare along with a huge out-of-pocket payment. She has
8694 had to go with a plan she didn't want in order to be able to

8695 get cancer treatment across the state line in Indiana. Her
8696 costs have gone up exponentially and she says she will go
8697 bankrupt this year because of it. I could go on and on with
8698 that.

8699 Again I thought that this would be an amendment,
8700 Republican Pay More for less Care act would be something just
8701 to postulate on, but I guess it is legitimate and yet is a
8702 farce. That is why we are fighting this tonight because in
8703 fact the Affordable Care Act was unaffordable and you paid
8704 for more for less and you didn't have a choice. Let's give
8705 the people a choice. I yield back.

8706 The Chairman. The gentleman yields back the balance of
8707 his time. The chair now recognizes the gentleman from
8708 Vermont, Mr. Welch, for 5 minutes to speak on this amendment.

8709 Mr. Welch. Thank you very much. Mr. Chairman, I think
8710 this actually is an important amendment to allow all of us to
8711 tell stories about individuals we represent, and as I have
8712 been sitting here listening to the stories they are pretty
8713 powerful. And some of the stories are about people who as a
8714 result of the failure of the individual market suddenly find
8715 themselves without insurance, high and dry. Some of the
8716 stories are about people who never thought they would have
8717 insurance within reach and they have it as a result of the

8718 Affordable Care Act and just in time. They have cancer.
8719 They have kids with serious conditions.

8720 So then we tell our stories, but then we don't analyze
8721 what the problem is. Mr. Shimkus, you talked about, you
8722 know, the insurance that you want and it reminded me, I had a
8723 neighbor. His name was Shorty Sawyer and he was somebody you
8724 would know in your district. Incredibly hardworking, not
8725 educated very well, used to do maple syrup. He used to cut
8726 cord wood for sale, plow driveways, worked in the woods a
8727 lot, and he managed through dangerous work to go without
8728 injury for like 60 years. And one day in the woods he
8729 dropped a tree on his shoulder and it was badly fractured,
8730 and my neighbor was around and drove him down to the
8731 hospital.

8732 And Shorty was very proud because he thought he had
8733 insurance and it was company called Golden Rule and Shorty
8734 had been paying into this insurance company for years, and he
8735 didn't have much money so he thought he was doing the
8736 responsible thing. He got to the hospital and found out that
8737 his policy did not cover any kind of hospitalization.

8738 So he had been paying money forever, thought he had
8739 coverage, he had a legitimate, I mean an incredible injury
8740 out there in the woods and managed to get himself back to his

8741 car, found a neighbor who took him down, and the coverage he
8742 had was nonexistent. And that is the problem about the
8743 rhetoric about selling stuff across state lines. That is
8744 fine. Under this bill you can do it. You can sell insurance
8745 across state lines, but it has got to meet some standards.

8746 The Chairman. Actually that is not in the bill, just so
8747 you know.

8748 Mr. Welch. Well, in the Affordable Care Act. My point
8749 here is that the stories that we are telling that move each
8750 of us as we tell them because it is real people with real
8751 lives that need real insurance, they are both true. They are
8752 both true. And if we are going to be like responsible to
8753 solve the problems that you are talking about with people you
8754 represent -- and by the way I have some people in Vermont who
8755 are by and large in support of the Affordable Care Act in my
8756 stories that are telling me to repeal it because they can't
8757 afford it.

8758 Now I write back to them and I say you have got a
8759 problem and we have a responsibility to fix it, but I have to
8760 tell you repealing the healthcare bill won't solve your
8761 problem. My view is it will make it worse, but we can have a
8762 discussion and debate about that. But these stories are in
8763 fact quite important because they are really true. They are

8764 both true. But if we disregard the reality of the experience
8765 of your people and you disregard the reality of the
8766 experience of the people whose stories we are telling, we are
8767 ending up in the same place with a mixed up system and the
8768 hardworking people in this country being insecure about
8769 whether they have health care.

8770 You know, the folks who have plenty of money do not need
8771 us to pass any bill at all. But the vast majority of
8772 Americans, look, most of those folks they have like 20 or 30
8773 or \$40,000 in for retirement. They are like a paycheck away
8774 from losing a home. They don't even think of how it is going
8775 to be possible for them to put their kids through school.
8776 And health care has been outrageous. In one respect it just
8777 marches, marches, marches up in its cost. No control over
8778 the cost, and we are doing nothing about addressing the
8779 structural cost in health care.

8780 You know, this fee-for-service system we all know is
8781 broken, that is like time and materials. It is like telling
8782 someone to build you a house. You don't want to know how
8783 much it is going to cost. Just tell me how much time you
8784 spend, how much materials you spend and we will pay the bill.
8785 That is a disaster, to quote a certain American. So these
8786 stories are not, in a way they are very compelling because

8787 they are real, but the reality of the story you tell does not
8788 deny the reality of the story we tell. And doesn't that
8789 suggest that there is some mutual obligation here to have a
8790 final story that helps the folks you are talking about and
8791 preserves the protections of the people we are talking about?
8792 I yield back.

8793 The Chairman. The gentleman's time has expired. I
8794 appreciate the gentleman's comments and I can assure the
8795 gentleman that while in reconciliation we are constricted in
8796 what we can do, but it is my intent as chairman of the
8797 committee to pursue the cost drivers of health care and
8798 hopefully in a bipartisan way. And as I say, we can't do
8799 much of that here necessarily, but believe me I have had
8800 people come to me and talk about the 340B program, I have had
8801 them talk to me about a lot of things and I concur. So
8802 hopefully when we get past this piece we can come together
8803 and we can look at these in a very thoughtful way.

8804 You know, I heard the other day about a naloxone
8805 injector. It is the same deal as EpiPen, at OHSU a ninefold
8806 increase. They told me \$5,600. This is outrageous. So we
8807 are going to look at these things, I assure the gentleman.
8808 And I appreciate his tone, tenor, and his commitment to work
8809 with us on that.

8810 I now recognize, let's see, who was next? I think Mr.
8811 Johnson was next on our side of the aisle. Mr. Johnson.

8812 Mr. Johnson. Thank you, Mr. Chairman. You know, I have
8813 heard the cries from our colleagues on the other side of the
8814 aisle talking about slow this process down. You know, I am
8815 here as are several of our colleagues on this committee
8816 because of the pace at which the Affordable Care Act was put
8817 in place in 2010. Mr. Chairman, I think you have gone way
8818 beyond the point of reasonableness in allowing transparency
8819 and debate on this very, very critical issue, because this
8820 kind of transparency and debate did not occur when the
8821 Affordable Care Act was put in place in 2010.

8822 Now I have heard talk about real people with real lives
8823 and real problems. Let's look at some of those people in
8824 Appalachia. Proctorville, Ohio, here is a story. We just
8825 received notice from our healthcare provider that they are
8826 discontinuing our individual healthcare plan because it
8827 doesn't meet all the requirements of the new healthcare
8828 reform laws known as the Affordable Care Act. As a result,
8829 on our new renewal date they are transitioning us to a
8830 healthcare plan that is compliant with Obamacare. Our
8831 monthly premium will go from \$403.91 to \$1,591.82. That is a
8832 400 percent increase. How can they call it an affordable

8833 health act when it will cost up to four times as much?

8834 Here is one in my hometown of Marietta, Ohio. In
8835 January, my health insurance premium with Blue Cross Blue
8836 Shield was \$876 a month. On 9/23, it went to \$2,200 a month
8837 and last week it got canceled altogether. This is crazy. I
8838 was planning to hire a marketing coordinator for my office in
8839 December, but not now, not until I can figure out what my
8840 costs will end up being.

8841 Here is one in Bellaire, Ohio. I am self-employed. My
8842 wife and I have been on the Ohio Valley Health Plan for about
8843 20 years. We had a bare-bones plan, \$722 per month 80/20
8844 coverage with copays. This year it has changed to \$980 a
8845 month, 60/40 coverage, \$4,500 deductible each -- that is
8846 9,000 in deductible -- and higher copays. When I asked why
8847 such a drastic change occurred with seemingly less coverage I
8848 was told because they had to. My wife and I are 58 years
8849 old. We are in good health. However, we are getting to the
8850 age of maybe needing health care and now we are worried it is
8851 not going to be there for us -- affordability.

8852 Here is another one. For the first time in several
8853 years my husband and I will not be covered by health
8854 insurance. My plan doesn't meet the Obama standards and is
8855 being canceled. We do not qualify for any credits or

8856 subsidies. We cannot afford the expensive premiums being
8857 offered. We are considering cutting back on some of our
8858 customers in order to reduce our income so we can qualify for
8859 assistance. Not only will we not have insurance, but we will
8860 also be fined. This is ridiculous.

8861 Here is one in Carrollton, Ohio. Here is how their
8862 premiums increased. He is a 58 year old married couple.
8863 Neither my wife nor I are smokers. Under the Affordable Care
8864 Act 2009, a \$544 a month premium, by 2015 it had increased to
8865 \$1,346, look at that increase. Here is the big one. Get rid
8866 of Obamacare comes a cry from my constituent in Richmond,
8867 Ohio. It costs me \$20,000 per year for health insurance with
8868 a \$9,000 deductible since Obamacare has started.

8869 Mr. Chairman, there is a big difference between coverage
8870 and access. When you have a \$20,000 a year premium and a
8871 \$9,000 deductible that is \$29,000 out of your pocket before
8872 the insurance pays a dime. That is not access to affordable
8873 health care. People aren't going to use their insurance when
8874 it costs that much. I rise in opposition to my good friend
8875 Mr. Pallone's amendment because it is simply not true. I
8876 yield back.

8877 Mr. Shimkus. [Presiding.] The gentleman's time has
8878 expired. The chair now recognizes the gentlelady from

8879 Colorado, Ms. DeGette, for 5 minutes.

8880 Ms. DeGette. Thank you so much, Mr. Chairman, and I am
8881 glad you are in the chair because I want to talk about the
8882 statement that you made earlier to Mr. Doyle about having to
8883 get coverage for pregnancy. And the truth is, almost all
8884 employer-based plans cover all the whole range of benefits
8885 for people. What we are really talking about is the
8886 individual market, and most people on your side of the aisle
8887 are talking about these horror stories under the ACA in the
8888 individual market.

8889 But as we established earlier this evening, earlier this
8890 evening we established the essential benefits from the ACA
8891 still stay in your bill. So what we need to do rather than
8892 have a big, general debate about the ACA, we need to look at
8893 this legislation that is pending before this committee today
8894 and we need to see how is this pending legislation going to
8895 impact what is happening in the ACA?

8896 Now before we had the ACA, only 12 percent of the
8897 individual market covered maternity health care. And so what
8898 that meant is if you were a woman -- and P.S., it is
8899 International Women's Day, so maybe that is not the best
8900 thing for you to be saying, Mr. Chairman -- is only 12
8901 percent, so women by nature had to pay more for insurance

8902 because they were women because they might get pregnant or
8903 need birth control or have issues. That was eliminated in
8904 the ACA helping millions of women be able to afford their
8905 maternity and child care and childbirth.

8906 Now, you know, you just have to look and see, does this
8907 bill address the problem that you are trying to identify?
8908 And what we are trying to say on this side of the aisle is
8909 that in fact there are issues with the Affordable Care Act
8910 and we know we need to fix them in a bipartisan way. We know
8911 that. But what this bill does is it makes it even worse for
8912 the people who have been able to get health care.

8913 And I want to talk just quickly about two people. Last
8914 month I had a listening session in Denver for people to come
8915 and talk about how the Affordable Care Act impacted them and
8916 I had 200 people show up at this listening session. And of
8917 course they couldn't all talk, but I got a lot of them to
8918 write out cards, but a couple of them talked. Well, a lot of
8919 them talked, but one of them was Amanda Miller.

8920 Now here is Amanda Miller. She is a young woman. She
8921 and her, I think they are in their 20s, she and her husband
8922 they changed jobs. So while they were unemployed they
8923 decided they should buy an insurance policy on the exchange
8924 because they are good citizens and they thought even though

8925 they are healthy what might happen. Right after that they
8926 got in a terrible car accident when they were visiting her
8927 parents at Christmas and a truck fell over on them. And as
8928 she said to me, she said you could see more of my husband's
8929 skull than you could see of his scalp. And she said if there
8930 wasn't a car full of nurses following them he would have bled
8931 out. Can you imagine? She stood there and said that in
8932 front of 200 people.

8933 And she said that he has now had to have, I think, 19
8934 operations and she said that their hospital bill of \$16,000
8935 was paid in full because they were on the exchange. And now
8936 she is worried because if you take that away from them, then,
8937 number one, they wouldn't be able to pay for that
8938 hospitalization; number two, he would have a preexisting
8939 condition and his insurance rates would go through the roof.
8940 And in fact, his health insurance company, Molina, said that
8941 if the Republican bill today passes, premiums for people like
8942 Amanda and everybody else are going to jump more than 30
8943 percent in 2018 and that is on top of the current premium
8944 increases that are projected under the ACA. How are people
8945 like that going to pay for insurance?

8946 Just quickly, one other story I want to tell you is Lisa
8947 Schomp of Denver. She got a neuroimmune disease and she only

8948 was able to work part-time. Because she only works part-time
8949 she is not eligible for insurance through her employer. The
8950 high risk pool had a long waiting list and she couldn't
8951 afford the premiums. And so then she got more disease, so
8952 she finally got a part-time job but she couldn't afford the
8953 insurance. Finally, she went on the Medicaid expansion and
8954 now she can afford treatment and she doesn't have medical
8955 debt. What is going to happen to her?

8956 You know, before the ACA, addressing a serious illness
8957 required two arduous battles, recovery and then repayment.
8958 Before the ACA, the number one cause of personal bankruptcy
8959 was medical bills. So we can sit here all night long, and I
8960 suspect we may, and we can talk, you guys can talk about, oh,
8961 all the people who were harmed by the ACA and we can talk
8962 about the people who benefited, but in truth we have to see
8963 if this bill solves the problem and I humbly submit that it
8964 does not. We should scrap it, sit down, try to fix the
8965 problem together.

8966 Mr. Shimkus. The gentlelady's time has expired, anyone
8967 seeking recognition on the majority side? The chair
8968 recognizes the gentleman from Pennsylvania, Mr. Costello, 5
8969 minutes.

8970 Mr. Costello. Yes, very briefly. I just want to echo

8971 the sentiments that my colleague from Vermont said about the
8972 fact that I think both sides do have stories and they are
8973 both true and I think that is very much worth stating. It is
8974 a point of frustration for me that it is now 9:20 and we are
8975 certainly willing to be here for as many days as it takes and
8976 we are on the first amendment when the hearing started at
8977 10:30 and it is about the name of the bill rather than
8978 substantive amendments.

8979 And I believe it would be very helpful in the spirit of
8980 working together to have and advance the amendments that are
8981 going to be offered. I believe as the ranking member
8982 indicated there is going to be hundreds of them. And because
8983 all these stories are true and because we all want to improve
8984 our healthcare system, the earlier we get all these
8985 substantive amendments and we move on to actually debating
8986 the substantive amendments and not having motions to adjourn
8987 on the House floor over and over and over again and reading
8988 the text of the bill for an hour, all of which just wastes
8989 time rather than dealing with fixing our healthcare law, I
8990 imagine that every single person watching this on television
8991 is waiting for us to actually talk about the amendments and
8992 not delay or protract that discussion talking about what the
8993 name of the bill is going to be or disrupting these hearings

8994 by having to go to the floor for motions to adjourn. I yield
8995 back.

8996 Mr. Shimkus. The gentleman yields back his time. The
8997 chair now recognizes the gentleman from New Mexico, Mr.
8998 Lujan, for 5 minutes.

8999 Mr. Lujan. Thank you, Mr. Chairman. I want to thank
9000 the staff for taking the time to read the bill at my request,
9001 because everyone on this committee got a thorough reading of
9002 the bill. And the complexities associated that are built
9003 into this bill with the sections that are referenced that
9004 were not read, I hope the members in this chamber take the
9005 time to go and see where those references are and read those
9006 parts of the bill so that they know what they are repealing.

9007 This is an important process. Making sure that we have
9008 time to look at this language is critically important rather
9009 than ramming it down the throats of the American people. No
9010 hearings on this bill. This is the first day of hearings,
9011 first one on this bill that was posted at 6:00 p.m. on Monday
9012 night, I was told. So thank you to general counsel. I know
9013 it wasn't easy. I tried to keep up with you. You were
9014 trying to get through it pretty quickly and I respect that,
9015 but at least it gave an opportunity to do that.

9016 In response to my colleague Mr. Johnson about the

9017 openness with this process, here is what one of our
9018 colleagues said. Not exactly a progressive, I don't even
9019 know that you could call him a moderate, very conservative,
9020 self-identified leader in the U.S. Senate, his name is Mike
9021 Lee. What Mike Lee said is this is exactly the type of
9022 backroom dealing and rushed process that we criticize
9023 Democrats for and it is not what we promised the American
9024 people. We don't know how people will use this new tax
9025 credit. We don't know how much it will cost. And we don't
9026 know if this bill will make health care more affordable for
9027 Americans.

9028 One of our former colleagues who is now in the U.S.
9029 Senate --

9030 Mr. Johnson. Will the gentleman yield?

9031 Mr. Lujan. Yes.

9032 Mr. Johnson. One of your former colleagues named
9033 Charlie Wilson voted for the bill and I took his place in
9034 2010. I yield back.

9035 Mr. Lujan. Well, Mr. Johnson, I appreciate that. But
9036 again, when Mike Lee says this is the kind of backroom
9037 dealing that rushed the process through that Democrats were
9038 criticized for I don't think you disagreed with me, you just
9039 said you beat him, so kudos to you. It doesn't change that

9040 this is a backroom deal that didn't make the light of day --

9041 Mrs. Blackburn. If the gentleman would yield?

9042 Mr. Lujan. -- no, I won't -- until 10:00 p.m., or

9043 sorry, 6:00 p.m. on Monday night. Bill Cassidy went on to

9044 say that he called for a CBO score and wants to see how many

9045 people lose coverage, how much is added to the debt.

9046 Now Mr. Chairman, I know that Chairman Walden is not

9047 here so I don't know if Mr. Burgess might be able to answer

9048 this question or committee staff, Mr. Burgess being the

9049 chairman of the subcommittee. But Chairman Walden in

9050 response to Mr. Welch's observation that people could

9051 purchase insurance across state lines, Chairman Walden said

9052 that that is not in this version of the bill. At a press

9053 conference earlier today with Speaker Ryan, Speaker Ryan said

9054 that it will be in phase 3 of the bill. Can any one of my

9055 Republican colleagues enlighten us on that?

9056 Mr. Shimkus. Yes, if the gentleman would yield.

9057 Mr. Lujan. Yes, sir.

9058 Mr. Shimkus. So we have always talked about this being

9059 in three buckets, right. The first bucket is reconciliation

9060 which is the process going on today here in Energy and

9061 Commerce and Ways and Means. The second bucket is what

9062 Secretary Price can do through his power, and it is a lot,

9063 through HHS. The third bucket is going to have to move
9064 legislation that crosses the 60-vote threshold in the Senate
9065 that being one of them.

9066 Mr. Lujan. I appreciate that explanation, Mr. Chairman.
9067 So again, will this committee get a score of how much this is
9068 going to cost the American people based that this is built in
9069 three phases? I don't know that any one of our colleagues
9070 can answer those questions which is why several more of our
9071 colleagues have gone on to say --

9072 Mr. Burgess. Will the gentleman yield on that?

9073 Mr. Lujan. Just 1 second, Dr. Burgess. I have a double
9074 question for you as well. Michael Cannon from Cato, this
9075 bill is a train wreck waiting to happen. National Review,
9076 all in all through the bill is a disappointment. It is not
9077 too late to get a second opinion. And Mr. Burgess, I would
9078 be happy to yield to you because one thing I want to
9079 understand, sir, is at CPAC you were asked a question about
9080 the number of people being uninsured going up and you said
9081 that so if the numbers drop, I would say that is a good thing
9082 because we restore personal liberty in this country. And I
9083 would yield.

9084 Mr. Burgess. On the issue of the CBO score, the CBO
9085 score on this bill was requested in early January and we are

9086 still awaiting that result. We will not have a CBO score as
9087 administrative functions --

9088 Mr. Lujan. Reclaiming my time.

9089 Mr. Shimkus. It is the time of the gentleman from New
9090 Mexico, the gentleman from Texas.

9091 Mr. Lujan. If I can get clarification, Mr. Burgess, you
9092 said you requested the score on this bill in January, but we
9093 were told as late as Thursday that there was no bill that was
9094 ready for the public to see? What is going on? I yield
9095 back, yield to the chairman.

9096 Mr. Burgess. There have been drafts of this bill that
9097 have been worked on and really going back into last year. So
9098 the fact that we were going to --

9099 Mr. Lujan. Mr. Chairman, based on this revelation I
9100 hope that the CBO scores --

9101 Mr. Shimkus. The gentleman's time has expired.

9102 Mr. Lujan. -- that have been made available to the
9103 Republicans are made available to the minority, my goodness.

9104 Mr. Shimkus. The gentleman's time has expired. The
9105 chair now recognizes the gentleman from Michigan, a former
9106 chairman of the full committee, Mr. Upton.

9107 Mr. Upton. Strike the last word, please.

9108 Mr. Shimkus. The gentleman is recognized for 5 minutes.

9109 Mr. Upton. So I want to say I really appreciated the
9110 remarks from the gentleman from Vermont, because those
9111 personal stories really do drive us. We do know those people
9112 on both sides the winners and losers. And for those of us on
9113 this side, I think we have probably heard from more folks
9114 that actually think that Obamacare has been a loser for them.

9115 I can remember going through a company in my district
9116 and they were scared to death that because of Obamacare the
9117 employer was going to drop their coverage and they would
9118 simply pay a fine and they would be put into the exchanges
9119 and they would lose a much better plan, and directly contrary
9120 to the, you-can-keep-your-plan-if-you-like-it. And I can
9121 remember a few years ago I actually had a bill on the House
9122 floor that a good number of Democrats voted for with every
9123 Republican that you could keep your plan if you liked it,
9124 which was one of the underlying promises of the bill. It
9125 passed the House, it did not get through the Senate.

9126 As I look at the good work that this committee did on
9127 the 21st Century Cures, it is those personal stories that
9128 drove every one of us to support that bill and we passed
9129 unanimously. Joe Barton and I are among those that were here
9130 in the '90s. We can remember a bill offered by, a bipartisan
9131 package offered by Mr. Rowland and Mr. Bilirakis -- not Gus,

9132 but Mike -- that was bipartisan on health care. It wasn't
9133 brought up because it would have defeated the Hillary plan
9134 and the committee didn't want to take that embarrassing vote
9135 and that was probably one of the reasons why the House
9136 flipped in the '94 election because of that healthcare
9137 debate, as I remember.

9138 So as we all think about our -- and, you know, I was one
9139 as many of us here on this side believe that we did need
9140 healthcare reform. We needed it on and we can remember those
9141 stories on prescription drugs, going to senior centers and
9142 watching seniors literally cutting the pills in half at
9143 mealtime so that those pills would go twice as far, and that
9144 is why we passed Part D. Great credit to President Bush 43
9145 because that was a driving force for him, a wonderful
9146 accomplishment that he campaigned on and delivered, and
9147 seniors are much better off, I think, generally by about 85
9148 percent approval rating of that new benefit that in fact the
9149 Congress did.

9150 Now as we look at this bill I have to compliment the
9151 many ideas that we have been working on for some time. We
9152 have talked about the kids under 26 years old. We had just a
9153 good number of students from Michigan State that were in the
9154 audience. They are on a capitol tour, they like that

9155 provision that we have and it is bipartisan. We over here
9156 like the HSAs quite a bit. And I have got to believe that at
9157 the end of the day that is going to come through the Ways and
9158 Means Committee so we can do that.

9159 Now most of us, all of us I hope, want to make sure that
9160 preexisting conditions are not discriminated against as
9161 people look for health insurance. No cap on insurance, I can
9162 remember some of those big disease groups and all of a sudden
9163 you would hear from constituents and they would be very
9164 concerned that they were going to hit that target and no
9165 longer be eligible for health insurance. We took care of
9166 that.

9167 A number of us worked with our governors on both sides
9168 of the aisle to make sure that there was a safety net, in
9169 essence, for those states that expanded Medicaid and that
9170 will last for all of them with new entrants through 2019
9171 until they naturally move on with attrition whether they
9172 become eligible for Medicare, get a job, whatever it might
9173 be.

9174 So what I am saying is, these ideas I think that we have
9175 retained make a good landing place for all of us in a
9176 bipartisan way to say yes, there are healthcare reforms that
9177 we want. These are some good ones, but what alarms us, and it

9178 has not happened here much if at all, is some of the comments
9179 by some trying to derail this, trying to scare people by
9180 saying oh, there is going to be huge Medicare cuts and, you
9181 know, that type of thing. Medicare is not included in this
9182 bill, you know, there are no cuts in this bill.

9183 And as we have had tele-town meetings and discussions
9184 back at home as we have tried to listen to folks, there is a
9185 genuine fear that in fact this bill does something that in
9186 fact it does not. Now we provide those protections that we
9187 want. I would like to think that we would have gone much
9188 farther after nearly 11 hours than having one amendment that
9189 is yet to be disposed of which only impacts the title, but we
9190 are prepared to stay long, and at the end of the day at the
9191 end of the process I hope that it can be in fact a productive
9192 one that reaches the House floor and ultimately to the
9193 President working with the Senate, and I yield back.

9194 Mr. Shimkus. The gentleman yields back his time. The
9195 chair now recognizes, I believe, the gentlelady from New
9196 York, Ms. Clarke, for 5 minutes.

9197 Ms. Clarke. I thank you, Mr. Chairman. I really rise
9198 to support Mr. Pallone's amendment. We do believe that this
9199 is a pay more for less scheme, and so I would like to support
9200 this amendment in the honor of my constituent Mary

9201 Sunderland. Mr. Chairman, I am speaking on behalf of the
9202 people of the 9th congressional district who in solidarity
9203 with the women, men, and children who will be impacted by
9204 this misguided piece of legislation.

9205 Mending our healthcare system is the most important
9206 issue facing the American people. They deserve to know what
9207 is in this bill. I have received hundreds of calls from
9208 people in my district, real people whose lives have been
9209 saved thanks to the Affordable Care Act. One constituent in
9210 particular told me that ACA has immeasurably benefited her
9211 family's health, financial security, and peace of mind.

9212 Mary Sunderland, her husband was diagnosed with cancer
9213 of the salivary gland right around the time of their
9214 daughter's first birthday. They were devastated. The
9215 thought of their daughter losing her dad and being a young
9216 widow was terrifying. At the same time her husband learned
9217 the due to a merger he would likely be laid off from the job
9218 where he had worked for the past decade. It was a terrifying
9219 time for the family.

9220 But they found some comfort in the fact that thanks to
9221 the ACA's cap on annual out-of-pocket expenses and provisions
9222 about preexisting conditions, they could rest easy knowing
9223 their family wouldn't be devastated by medical bills and that

9224 insurance companies wouldn't be able to deny them the
9225 coverage that he was due, due to his health history. In the
9226 end, Ms. Sunderland's husband underwent successful surgery to
9227 remove his tumor and he was able to find another job.

9228 My constituent ended her conversation by saying our
9229 family has been slowly recovering the hope and optimism that
9230 we felt before his cancer diagnosis, but his cancer could
9231 return at any time and even if it doesn't, if the ACA is
9232 repealed he could be denied coverage as a cancer survivor.
9233 My daughter needs her father, and losing the ACA would make
9234 it more likely that she would grow up without him. They are
9235 terrified at the prospect of losing the protections that the
9236 ACA has provided to their family.

9237 And these are real statements from real people, real
9238 people who are frightened to lose their health insurance,
9239 because losing their health insurance means loss of access to
9240 medication and lifesaving cures. 3.4 million New Yorkers
9241 will lose their coverage if the ACA is repealed and if this
9242 sham replacement is put in place. Millions more around the
9243 country will lose their care altogether.

9244 At this time I would like to yield the balance of my
9245 time to the gentle lady from Florida, Ms. Castor.

9246 Ms. Castor. Well, I thank Ms. Clarke for yielding the

9247 time. I wanted to follow up on Mr. Lujan's revelation and
9248 because it appeared that he was able to elicit the fact that
9249 the majority may have some documents related to CBO scoring.
9250 And I would like to ask counsel, have you all talked with CBO
9251 over the past couple of weeks on this version of this bill?

9252 The. Counsel. There have been ongoing discussions with
9253 the various components of the bill with the Congressional
9254 Budget Office.

9255 Ms. Castor. And were any of those communications done
9256 in writing?

9257 The. Counsel. The communication takes place verbally
9258 and in-person meetings generally.

9259 Ms. Castor. So there is nothing, there are no documents
9260 in writing, no emails that were exchanged with the
9261 Congressional Budget Office over how you score the bill or
9262 portions of the bill?

9263 The. Counsel. Typically, conversations take place in
9264 person because it is due to technicalities and --

9265 Ms. Castor. So typically it takes -- that is the way
9266 this --

9267 The. Counsel. If I have received an email or other
9268 staff have received email it is generally requesting time to
9269 speak and time to meet and the conversations take place to

9270 get a better understanding of the technicality.

9271 Ms. Castor. Could you provide the documents to the
9272 minority so that we can have a better idea? I mean, we are
9273 being asked to vote --

9274 Mr. Shimkus. Will the gentlelady yield?

9275 Ms. Castor. I am happy to yield.

9276 Mr. Shimkus. I don't think that is an appropriate
9277 request to provide counsel.

9278 Ms. Castor. But we are being asked to vote on a bill
9279 that affects everyone across the country --

9280 Mr. Shimkus. We have a --

9281 Ms. Castor. -- without having any information and this
9282 seems like there might be a source --

9283 Mr. Shimkus. The gentlelady's time has expired, but I
9284 would just end by saying we are not conducting an
9285 investigation at this time. Now the gentlelady's time has
9286 expired. Who seeks time? The gentleman from Virginia, Mr.
9287 Griffith, for 5 minutes.

9288 Mr. Griffith. Thank you, Mr. Chairman, and I appreciate
9289 it very much. I find it interesting that we are currently
9290 debating the title to the bill. And it is an interesting
9291 principle of parliamentary procedure that one should not be
9292 amending a bill unless if their amendment were to be adopted

9293 they plan to vote for the bill. So in essence that based
9294 upon that principle the Democrats are telling us tonight that
9295 if we merely change the title they would be able to accept
9296 the bill.

9297 Now let me go back to Jefferson and Jefferson's Manual,
9298 because while the committee process has changed over time,
9299 while that process has changed over time they used to appoint
9300 committees. They didn't have standing committees. Jefferson
9301 lays out in his manual of parliamentary practice and
9302 procedure that those who take exceptions to some particulars
9303 in the bill are to be a part of the committee, but none who
9304 speak directly against the body of the bill should be a part
9305 of the committee dealing with amendments to the bill.

9306 That is where this whole principle of you don't amend
9307 the bill unless if your amendment is adopted you are willing
9308 to vote for it. He goes on to say, for he that would totally
9309 destroy will not amend it. He who would totally destroy will
9310 not amend it. The child, referencing the bill, the child is
9311 not to be put to a nurse that cares not for it.

9312 So I would submit, ladies and gentleman, it appears that
9313 the title is more important than the substance to my friends
9314 on the other side of the aisle. Now I would hope that wasn't
9315 the case, but it does seem that we have spent hours and hours

9316 and hours worrying about the title of this bill as opposed to
9317 getting down to the policy. I have also heard as comments
9318 have been made that the other side has been willing to work
9319 with us, but my experience was early on and continued until
9320 November was that every time we would raise some issue
9321 related to the Affordable Care Act we were met with derision
9322 and taunts that we were crazy or just didn't want to go
9323 forward with this great plan they had.

9324 Tonight we hear they recognize their many problems
9325 within it and they would love to work with us, but that isn't
9326 what I heard before. Likewise, when we start talking about
9327 documents and trying to get documents, our committee is still
9328 trying to get documents which we were told we weren't going
9329 to get from the Obama administration, trying to determine how
9330 they came about the cost sharing subsidies without authority
9331 to spend that money. It is in the bill but the money is not
9332 in the bill, and the Democrat Senate removed the cost sharing
9333 subsidy portions of, or the part that paid for that and yet
9334 they continued in the Obama administration to spend that
9335 money without any authority from Congress, we haven't been
9336 able to get those documents.

9337 So before we start worrying about what documents may be
9338 floating around out there about a CBO score, perhaps we can

9339 get some real information on the Affordable Care Act itself
9340 and how they have been operating it without lawful authority.

9341 Now I also have stories from back home as we were all
9342 out on the hustings over the last year. We have heard many,
9343 many stories. We have all heard stories and I appreciate
9344 that. But when a lady tells me that she is worried that it
9345 is killing her family financially that her deductible is too
9346 high, she stops me at a county fair and says her husband is
9347 sick and as a result of that they are selling assets because
9348 their deductibles are so high, their copays are so high they
9349 can't afford the so-called Affordable Care Act and ask me to
9350 get rid of it.

9351 I get letters, you know, on a regular basis from
9352 constituents who tell me that they can't afford the
9353 Affordable Care Act as it is called, that they don't
9354 understand why this system is so poor, people who tell me
9355 that it is hurting everything that they are doing, and then
9356 conversations that just come up where parents are trying to
9357 decide whether or not they buy the medication for their
9358 children. This happened within the last couple of weeks,
9359 whether or not they should buy the medication for their
9360 children because it is not a life-threatening illness and it
9361 might make them feel a little bit better, but their copay is

9362 so high and their deductible is so high that they are not
9363 sure it is worth spending the money. They are having to
9364 debate that in their households.

9365 So I submit to you that anybody who thinks that the
9366 Affordable Care Act is in fact working is mistaken and we
9367 need to be coming up with a new plan. I think this proposal
9368 before us tonight is a good plan. It is far better than what
9369 is currently on the table. I hope we will get on to passing
9370 it, but if there are in fact some constructive amendments I
9371 would like to see them because debating about a cute title to
9372 poke fun at Republicans is not really wanting to work with
9373 us, it is just playing more games. And I yield back.

9374 Mr. Shimkus. The gentleman's time has expired. Who
9375 seeks time on the minority side? Seeing none -- oh, the
9376 gentlelady from Michigan, Mrs. Dingell, is recognized for 5
9377 minutes.

9378 Mrs. Dingell. Thank you, Mr. Chairman. I rise to
9379 support the Pallone amendment. For the last several months
9380 like many of my colleagues I have been traveling through my
9381 district meeting with students, seniors, and working families
9382 whose lives have been significantly impacted by the
9383 Affordable Care Act. Since the ACA was enacted in 2010, the
9384 uninsured rate in Michigan has fallen by more than 50 percent

9385 with nearly 700,000 residents gaining coverage.

9386 Everywhere I go people come up to me scared to death and
9387 ask what is going to happen to their health care. I walked
9388 in Starbucks a month ago and a woman just broke into tears.
9389 That was a topic of a roundtable discussion I held in Taylor,
9390 Michigan, with healthcare providers, labor leaders, and
9391 working families to talk about what the ACA means to them.

9392 The story that struck me the most was from a local
9393 clergyman, Bishop Walter Scargill who gained coverage for the
9394 first time through the Medicaid expansion. He told me,
9395 quote, the impact on black men with increased access to
9396 insurance coverage is big. We didn't take care of ourselves
9397 until it was too late, then we had to go to the ER.
9398 Sometimes some of us died. Now we can go get checked out
9399 early. I heard from a local UAW worker who told me, quote, I
9400 come from a family where many of its members have struggled
9401 with cancer. They would not have been able to have gotten
9402 healthcare coverage after leaving their jobs or would have
9403 gone bankrupt with the ACA.

9404 The stories don't stop there. A couple of weeks ago I
9405 met with doctors, nurses, and patients at Beaumont Hospital
9406 in Dearborn who told me that 60,000 Beaumont patients were
9407 covered through Medicaid expansion. I heard the story of a

9408 56 year old mother of two who works full-time in a small
9409 business of only three employees where no healthcare coverage
9410 was offered and where she makes marginal income at best. She
9411 did not have insurance prior to the ACA. When the
9412 marketplace first opened she was so relieved.

9413 Since she signed up for coverage, she has suffered a
9414 heart attack, an EGD, and a broken shoulder. The emergencies
9415 were one thing, but the woman had not seen a doctor or had
9416 preventive care in years. Her sister wrote to Beaumont and
9417 wondered if perhaps her heart attack could have been avoided.
9418 Now she is on heart medication covered by insurance and
9419 getting healthier every day. She routinely goes and gets all
9420 of her preventive screenings and is more vigilant about her
9421 health than her siblings who have never been without health
9422 insurance. Can you imagine what her bills would have been
9423 without the ACA? Life would never have been the same for her
9424 or her children. This is about real people and their lives
9425 and making health care accessible at an affordable cost.
9426 These are the people who will pay the price if the ACA is
9427 repealed and Medicaid expansion is thrown out.

9428 And we keep talking of stories and there are stories on
9429 both sides as my other colleagues have said, but we forget
9430 about the people we were watching before the Affordable Care

9431 Act passed that were cutting their pills in half and that
9432 couldn't afford to eat or were making decisions. We have to
9433 make sure that we are not going to penalize people who
9434 suddenly have hope and take that hope away from them again.
9435 The ACA may not perfect, but it has significantly benefited
9436 families in my district and across the country. We cannot
9437 take that care away.

9438 Mr. Lujan, I yield my time to Mr. Lujan.

9439 Mr. Lujan. Thank you, Mrs. Dingell. And Mr. Chairman,
9440 since I have been sharing some of these quotes I thought I
9441 might continue. I think I ended with the National Review.
9442 All in all, this bill is a disappointment and it is not too
9443 late to get a second opinion. We heard from a conservative
9444 commentator by the name of Avik Roy, House GOP's Obamacare
9445 replacement will make coverage unaffordable for millions.
9446 The critical mistake of the AHCA, it kind of sounds like a
9447 cough, doesn't it, AHCA. The critical mistake of the AHCA is
9448 the insistence on flat, non-means tested tax credits. The
9449 flat credit will price many poor and vulnerable people out of
9450 the health insurance market. ACA critic, Robert Laszewski on
9451 the House GOP plan, it won't work; worse than Obamacare
9452 itself.

9453 Mr. Chairman, I just certainly hope that we take time to

9454 read some of these articles and understand what others out
9455 there especially from my friends on the other side of the
9456 aisle, people that generally agree with your approaches to
9457 legislation. I will close with this one. The Washington
9458 Post Jennifer Rubin, voting without knowing critical facts of
9459 the proposal --

9460 The Chairman. The gentleman's time has now expired.

9461 Mr. Lujan. -- arguably is the most irresponsible
9462 display of governance in my lifetime.

9463 The Chairman. The gentleman's time has expired. Are
9464 there any other members seeking recognition, of course there
9465 are. Mr. Tonko, we are delighted to welcome you to this
9466 party on this amendment, please proceed for 5 minutes.

9467 Mr. Tonko. Thank you, Mr. Chair. I move to strike the
9468 last word. Mr. Chair, earlier you stated that this bill does
9469 nothing to eliminate the essential health benefits in the
9470 marketplace. But there seems to be some disagreement amongst
9471 our Republican colleagues as to that thinking and also seems
9472 to go against the rhetoric of Republicans about government-
9473 mandated benefits. So my question for you is will you pledge
9474 to the American people that your party will not eliminate or
9475 reduce the essential health benefits portion of as it relates
9476 to the marketplace as we move forward with negotiations on

9477 this measure?

9478 The Chairman. I am sorry, was that a question to me?

9479 Mr. Tonko. Right. Would you pledge to continue -- you
9480 stated that there is nothing about eliminating the essential
9481 health benefits in the marketplace with this bill, and I said
9482 there seems to be some disagreement amongst your colleagues
9483 about that thinking and it seems to go against the rhetoric
9484 of Republicans that government-mandated benefits should not
9485 be imposed on people. So my question is will you pledge to
9486 the American people to not eliminate or reduce via your party
9487 any of the essential health benefits in the marketplace?

9488 The Chairman. Well, here is what I will pledge is we
9489 are going to save the individual marketplace from total and
9490 utter collapse which is what it is on now.

9491 Mr. Tonko. It is about the essential health benefits.

9492 The Chairman. On the individual marketplace, as you
9493 know, one out of every three counties has only got one choice
9494 and it is getting skinnier than that going forward. So we
9495 want to make sure that people have access to affordable
9496 health insurance. That is what we are working on. I think
9497 the counsels have addressed what this legislation does in its
9498 present time on essential benefits which is generally --

9499 Mr. Tonko. I reclaim my time.

9500 The Chairman. Of course.

9501 Mr. Tonko. It was specifically about the essential
9502 health benefits package that you say is not eliminated in
9503 this bill. Will you pledge to the American public that you
9504 and your party will keep those in place as we go forward on
9505 these negotiations?

9506 The Chairman. I think we have had a discussion about
9507 the essential benefits here today. There has certainly been
9508 questions raised about them. I feel we have addressed those
9509 questions going forward.

9510 Mr. Tonko. Do you pledge -- I reclaim my time. Do you
9511 pledge to keep them in the bill as we go forward?

9512 The Chairman. Well, as you know we are in an open
9513 legislative process as we speak, and I am going to let the
9514 will of the --

9515 Mr. Tonko. So the answer is no?

9516 The Chairman. That is not quite what I said.

9517 Mr. Tonko. Do you answer not yes?

9518 The Chairman. It is your time.

9519 Mr. Tonko. Well, I will ask again. Will you pledge to
9520 keep them in the package for the marketplace?

9521 The Chairman. Mr. Tonko, this is your time to debate
9522 the bill, you are welcome to do that.

9523 Mr. Tonko. Well, I guess I didn't get an affirmative
9524 answer to that. I rise in support of the Pallone amendment
9525 today on behalf of all the constituents in my district who
9526 have benefited from the Affordable Care Act. One of those
9527 constituents Carol Bell who lives in Castleton-on-Hudson, New
9528 York, shared her story with me and I would like to share it
9529 with you.

9530 She states, I am 58 years old and am an ovarian cancer
9531 survivor. I was diagnosed with late stage cancer in 2009.
9532 At that time I was covered through my government job with a
9533 \$4,000 annual deductible. I had excellent insurance but my
9534 treatment took 18 months and was hugely expensive. Each
9535 round of chemotherapy cost \$5,000. I stopped adding the
9536 bills up at a half a million and they came very close to my
9537 lifetime cap when my treatment was done. It cost millions of
9538 dollars.

9539 In 2010, the ACA kicked in. I was a single mom putting
9540 my daughter through college and would have been bankrupt for
9541 the rest of my life without the ACA. Without the ACA laws
9542 over the health community, I very likely would have been
9543 capped in my lifetime benefit. It enabled her, she goes on
9544 to state, to move closer to her daughter and to shift work
9545 environments. After my cancer I never got my stamina back

9546 but had a demanding job that required a lot of travel. I was
9547 too fatigued to be able to keep up so I retired early, though
9548 I have since returned to the work force. And she goes on to
9549 make mention of all this great activity that was covered by
9550 the Affordable Care Act.

9551 And when I asked Carol if there is anything you could
9552 tell the people who want to repeal ACA what it would mean,
9553 she told me it is a life and death matter and if you do not
9554 give people health they will not give their efforts back to
9555 their community. When you are struggling to make ends meet
9556 and don't have health care you are not going to donate to the
9557 community that you call home because you need to have your
9558 bases covered first to be a firm pillar of that community.

9559 And she went on to say that while it may not be perfect,
9560 but dang, it was a good start. So I agree with my
9561 constituent, Mr. Chair, it was a dang good start and we can't
9562 go backwards. And with that I yield back.

9563 The Chairman. The gentleman's time has expired. Are
9564 there other members seeking recognition? The gentleman from
9565 Massachusetts, Mr. Kennedy.

9566 Mr. Kennedy. Mr. Chairman, thank you for the invitation
9567 to the party. Two points that I would like to make, sir.
9568 One is a couple letters from my constituents. And we have

9569 heard constituent voices on both sides of the aisle tonight
9570 which I appreciate and I appreciate those from our Republican
9571 colleagues as well. But I want to make sure that just as I
9572 hear your stories, you also hear ours because there are people
9573 that benefited and continue to benefit from this bill.

9574 So one is Veronique from Wellesley Hills who writes that
9575 this was just what was going on before the ACA. In 2012,
9576 there is a fire in the building and we woke up in our bedroom
9577 full of smoke. After my husband had been treated in the ER
9578 for smoke inhalation, the insurance company proceeded to lie
9579 to us and the hospital for months, delaying payments,
9580 claiming they were still processing, and in the end my
9581 husband had to pay a thousand dollars out of his own pocket;
9582 the terms of the policy were never met.

9583 She continues, with so many people working freelance
9584 these days it is necessary for there to be options for
9585 individual plans. When we moved to Massachusetts at the end
9586 of 2014 we did our research using MassHealth Connector and
9587 bought insurance that had everything we needed from a
9588 reputable, nationally known company. We felt so blessed to
9589 be able to continue our work without having to worry about
9590 the insurance company defrauding us.

9591 Another woman, Alexandra, from Wellesley, writes that a

9592 very dear family member of mine has polycystic kidney
9593 disease, a chronic preexisting condition. Prior to the ACA
9594 we were unable to find affordable coverage for them due to
9595 their PKD and if we were able to find an available insurance
9596 plan at all. Thanks to the ACA, our family has access to the
9597 health care that we need regardless of the preexisting
9598 conditions like PKD.

9599 Another letter coming in from Pamela from West Newton
9600 writes that she struggles with mental illness. Myself along
9601 with many others with mental illness rely on day treatment
9602 centers to stay out of the hospital. MassHealth, our
9603 Medicaid plan in Massachusetts, pays for these treatments
9604 which are necessary for positive healing. Before going to
9605 day treatment centers I often found myself back at the
9606 hospital very soon after being discharged. After being
9607 admitted to a local community service center with the help of
9608 the Massachusetts Department of Mental Health I was able to
9609 make positive strides towards mental stability.

9610 These stories are very real. These patients are very
9611 real. These benefits are very real, and I urge my colleagues
9612 on the other side of the aisle hear those voices, hear those
9613 stories as we try to, as you go through these reform efforts.

9614 The second point I want to make because it has been said

9615 over and over and over again that the ACA is a job killer, I
9616 represent a state with 2.8 percent unemployment rate and a
9617 2.8 percent uninsured rate. The fact that this is a job
9618 killer, that allegation is just false. You want to see what
9619 happens when Democrats and Republicans come together to make
9620 this bill work, come to Massachusetts where the water is warm
9621 and the economy is strong. We would welcome you there.

9622 For those of you that wonder what will happen if the
9623 bill is repealed, there is some data out there about the job
9624 losses that will result from an ACA repeal. California, for
9625 example, 333,600 jobs lost. Florida, 181,000 jobs lost.
9626 Georgia, 71,500 jobs lost. Illinois, 114,300 jobs lost.
9627 Indiana, 55,400 jobs lost. Kentucky, 44,500 jobs lost.
9628 Louisiana, 36,800 jobs lost. Michigan 101,500 jobs lost.
9629 Mississippi, 16,400 jobs lost. Missouri 46,100 jobs lost.
9630 New Jersey, 86,400 jobs lost. New York 130,700 jobs lost.
9631 North Carolina 76,200. North Dakota 8,200.

9632 Mr. Mullin. Will the gentleman yield?

9633 Mr. Kennedy. Ohio -- not yet, we are getting there --

9634 Mr. Mullin. Come on. I was just --

9635 Mr. Kennedy. -- 126,300. Oregon 45,300. Pennsylvania
9636 137,200. Tennessee 57,000. Texas 174,700.

9637 Mr. Mullin. Will the gentleman yield from

9638 Massachusetts?

9639 Mr. Kennedy. Virginia -- I am telling you, we are
9640 almost there. Hold on a second. Virginia 51,600.
9641 Washington 40,900. West Virginia 16,500 jobs. Okay, now I
9642 am done, Mr. Mullin, yes.

9643 Mr. Mullin. Well, I was just wanting to see if I was as
9644 good of a friend to you as you, or I was to you as you were
9645 to me because I yielded to you pretty quick. What source are
9646 you using for that?

9647 Mr. Kennedy. That would be the Commonwealth Fund, sir.

9648 Mr. Mullin. The Commonwealth Fund?

9649 Mr. Kennedy. The website is available, I can give you
9650 the website if you like, www.commonwealthfund.org.

9651 Mr. Mullin. Who are they funded by, do you know?

9652 Mr. Kennedy. I do not know that but I am guessing it is
9653 not going to be the Republican National Committee with those
9654 figures.

9655 Mr. Mullin. Well, I mean, and I just say that because I
9656 am all about, you know, statistics. God, I love numbers
9657 because numbers don't lie, but I want to make sure we are
9658 using right numbers. I yield back.

9659 The Chairman. Will the gentleman yield? Will the
9660 gentleman yield since you mentioned Oregon?

9661 Mr. Kennedy. Yes, I would yield.

9662 The Chairman. I met with your governor Charlie Baker,
9663 and what he said is under Mass-Care you have 97 percent
9664 coverage under Romneycare, Mass-Care, and when the ACA took
9665 effect seven million people went off private insurance, seven
9666 million people were added to Medicaid. Their bill in your
9667 state was another \$1.3 billion addition on Medicaid which
9668 meant as a 50/50 FMAP state, 1.3 billion was taxpayer support
9669 too.

9670 Mr. Kennedy. And Chairman --

9671 The Chairman. And 97 percent of the people are still
9672 covered.

9673 Mr. Kennedy. Yes, a little over 97 percent of the
9674 people are covered.

9675 The Chairman. Yes, so same number, but what ACA did in
9676 Massachusetts he told me was move people off private
9677 insurance onto Medicaid which cost the state a billion-three
9678 and cost federal taxpayers a billion-three.

9679 Mr. Kennedy. And luckily, we have a Republican governor
9680 that is trying to import to try to shift that back, get the
9681 business community bought in with an additional fee from
9682 those folks to make sure that we maintain high quality
9683 coverage. And our governor as you know has been one of the

9684 leading voices in the Republican Party about the importance
9685 of Medicaid and Medicaid expansion.

9686 The Chairman. And the gentleman's time has expired.
9687 Are there other members -- and he is a Republican. Are there
9688 other members seeking recognition? The gentleman from
9689 California, Mr. Peters.

9690 Mr. Peters. I trust Mr. Kennedy's numbers, but I am not
9691 sure about the water being warm in Massachusetts. I wanted
9692 to introduce you to my friend Charlie McMahon. Charlie is
9693 young lady that I met. I want to read a letter from her
9694 mother. Ladies and gentlemen, I am writing today to ensure
9695 that my 3-year-old daughter Charlie, she has since turned 4,
9696 has access to the medical care she needs as a child fighting
9697 cancer and to why the Affordable Care Act being revoked would
9698 detrimental to my family.

9699 We are your average, American, middle class family. We
9700 have two daughters, ages 7 and 3, my husband and I both have
9701 good jobs and own our home San Diego. On June 28th, 2016, we
9702 heard those words no parent is prepared to hear, your
9703 daughter has cancer. Charlie, our healthy 3 year old had
9704 been diagnosed with leukemia. Sadly, after the initial shock
9705 of this diagnosis, my very next concern was I hope our
9706 insurance covers this. Her medical bills over a 6-month

9707 period have reached a quarter million dollars excluding
9708 prescriptions and daily medications. That is the equivalent
9709 to 3,000 tickets to Disneyland, 2,000 lift tickets to a local
9710 ski mountain, 233 plane tickets to visit our family in
9711 Ireland.

9712 My husband and I both work for small businesses that are
9713 required to offer employer-sponsored insurance. We purchased
9714 our insurance through the California health exchange. We are
9715 currently enrolled in a Sharp HMO program. We are limited to
9716 which insurance plan we can purchase since her care can only
9717 be provided by specialists at Rady Children's Hospital. With
9718 our current plan we have spent \$6,500 in addition to our
9719 monthly premium of \$437. We will spend this for the next 2
9720 to 3 years while she undergoes treatment.

9721 Even after her completing her current 2-1/2 years of
9722 chemotherapy treatment, she is at risk for numerous future
9723 complications such as lung, liver, heart, and major organ
9724 damage; she is also at high risk of developing secondary
9725 cancers. I am not asking for a handout. I work hard, I pay
9726 income taxes, sales taxes, and property taxes. I think the
9727 misconception is that the Affordable Care Act only benefits
9728 people who are needy, poor, or not working which is untrue.
9729 It guarantees people like my daughter access to affordable

9730 health care who otherwise would be denied based on
9731 preexisting health conditions.

9732 If the Affordable Care Act is revoked my daughter will
9733 lose access to medical care. She will have to pay out-of-
9734 pocket for her treatment with costs likely totaling more than
9735 \$1 million. She will also be discriminated against in the
9736 future when applying for future health insurance by being
9737 denied or charged more. As a mother, my focus needs to be on
9738 Charlie and my family and not distracted with concerns over
9739 losing healthcare coverage or how we will afford it. I want
9740 my daughter to live a long, healthy life and she needs access
9741 to health insurance to have that.

9742 We called Stephanie, Charlie's mom, today to make sure
9743 she is doing okay, make sure it was okay to talk about this.
9744 She was eager to have her story told. And I will tell you
9745 that the problem I have with this whole process is that I
9746 know that folks on the other side will say, don't worry, she
9747 will be covered. But I have heard again, since the draft of
9748 this law was released or declassified, as I said, that
9749 hospitals, doctors, and the AARP and other organizations have
9750 raised concerns about what access will really be. And that
9751 is why I think the process here is really, really wrong that
9752 we should not be rushing this.

9753 We should be able to go through a process where you have
9754 a CBO score where we have hearings and testimony from folks
9755 who are expressing their concerns about this, the basis for
9756 their concerns about the lack of coverage, so we can tell
9757 folks like Charlie and her mom whether they really will be
9758 covered. Because I can't go honestly tell them that they
9759 will be and I don't think anyone in this room can be sure
9760 that she will get health coverage.

9761 So I wanted to share that story with you. You can look
9762 up Stephanie McMahon, she is a hairdresser. She has a
9763 daughter with no hair. She uses the hashtag no hair, don't
9764 care. They are a very, very upbeat family going through some
9765 tough times, but they deserve to know that Charlie is going
9766 to be able to afford her treatment, and that is why we are
9767 fighting about this today. And I will yield my time to Mrs.
9768 Dingell.

9769 Mrs. Dingell. I just wanted to answer Mr. Mullin's
9770 question. I am very good at Dr. Google, and the Commonwealth
9771 Fund was originally funded by the principal investor in
9772 Standard Oil, second largest funding then came from the
9773 doctor who pioneered the pap test, and the Commonwealth Fund
9774 does not typically accept donations but got several other in
9775 the '80s from corporate donors, just to answer from Dr.

9776 Google. Thanks.

9777 Mr. Peters. I yield back.

9778 The Chairman. The gentleman yields back. Are there
9779 other members seeking recognition? Republican side? We go
9780 then and continue on with the Democratic side, Mr. Cardenas
9781 from California, you are recognized for 5 minutes.

9782 Mr. Cardenas. Thank you very much, Mr. Chairman. I
9783 will continue to share a few stories, but I wish I could go
9784 home and tell a story about how we worked through the night
9785 and we wrote language on a bill as Democrats and Republicans
9786 and we worked together and created something that we all can
9787 maybe swallow a little bit of this and a little bit of that
9788 or something we can live with. But unfortunately we are
9789 dealing with a bill and having to try to amend it as best we
9790 can on a bill that was just plopped on our desk or just given
9791 availability to us just 2 days ago, and unfortunately it is
9792 not that bipartisan cooperation that I think everybody wants
9793 from Republicans and Democrats.

9794 I strike the last word, Mr. Chairman, because I want to
9795 tell you about Robert's story. It is a family story. Robert
9796 doesn't live in my district. He lives a few miles outside my
9797 district in Congressman Knight's district. And he supports,
9798 Congressman Knight supports the repeal of the Affordable Care

9799 Act, but many of his constituents don't agree with him. 6
9800 years ago Robert's daughter Elliott was born with a rare
9801 condition called arthrogryposis multiplex congenita. I should
9802 ask you, Doctor, to read that for me, but here we are. This
9803 condition left her with very limited movement and she lacked
9804 the ability to walk.

9805 When she was born, Robert was under COBRA through his
9806 job. All of you remember COBRA, right, the good old days,
9807 huh? When Elliott was ready to get surgery to help improve
9808 her life, Robert was on a new insurance plan that denied
9809 coverage because her condition was preexisting. But lo and
9810 behold, just a week later, the Affordable Care Act kicked in
9811 on this provision and they were called by their insurance and
9812 said she is now covered. Just a week later they got the
9813 wonderful phone call that Elliott could get the surgery.

9814 This is a preexisting condition that before the
9815 Affordable Care Act his daughter was denied, but because of
9816 the Affordable Care Act she was able to get that surgery.
9817 After years of major surgery and hard work on behalf of the
9818 people who helped Elliott, her family and her doctors,
9819 Elliott was able to take her first steps. Robert and his
9820 wife were able to find her a school that recognizes her needs
9821 and she is going into the first grade this year. Then, and

9822 this is what is really amazing, folks, Robert and his wife
9823 decided to adopt another child with similar needs as their
9824 daughter because they realized that they could now afford to
9825 cover both of these two little beautiful children.

9826 Robert wrote to me and he said, and I quote, I love my
9827 family more than anything and it has occurred to me in the
9828 last few days that none of this would have been possible
9829 without the Affordable Care Act, end quote. These are real
9830 people, ladies and gentlemen, and this story is just one
9831 story of the 129 million people who will be put back at the
9832 mercy of the insurance companies of being denied coverage
9833 under today's bill. States will painfully reduce coverage if
9834 this bill becomes law, because this bill prescribes a
9835 shortage of funding disguised as local control that basically
9836 says, States, you deal with it.

9837 We are going to dangle this money that sounds like a lot
9838 of money, but when you break it down it might come down to
9839 maybe a hundred dollars per year per person who has a
9840 precondition or who would lose their coverage under Medicaid,
9841 and this bill is exactly going to take us back not to the
9842 good old days but to the days where the insurance companies
9843 ruled and Americans suffered and children like Elliott,
9844 parents like Robert were unable to give the love and care to

9845 their children that they so much deserve.

9846 A little while ago I talked about a gentleman who came
9847 to my town hall meeting and he talked about lamenting over
9848 the fact that he pays 25 percent more for his healthcare
9849 coverage. But let's not forget, ladies and gentlemen, I
9850 don't think there is one Republican today that actually
9851 admitted that before the Affordable Care Act kicked in that
9852 insurance in states was at a minimum average of seven percent
9853 year-over-year going up and in some states it was closer to
9854 20 percent year-over-year going up.

9855 So when we talk about people paying more for their
9856 coverage today we should juxtapose that against what people
9857 would pay if it wasn't for the Affordable Care Act. And we
9858 are talking about back in the days when people, when
9859 insurance companies used to charge more for less. And that
9860 is what this bill has taken us back to, so that people can be
9861 at the mercy of insurance companies. And I will tell you
9862 this, the Affordable Care Act is not perfect but I think it
9863 goes by that old saying, you can't always get what you want,
9864 but the Affordable Care Act got people what they needed. I
9865 yield back.

9866 The Chairman. The gentleman yields back the balance of
9867 his time. The chair now recognizes the gentlelady from

9868 Tennessee for 5 minutes on this amendment.

9869 Mrs. Blackburn. Thank you, Mr. Chairman. I am so
9870 pleased that the issue of the governors came up, because some
9871 of our governors have weighed in on this issue, and the
9872 chairman just mentioned a few moments ago the governor of
9873 Massachusetts and his concern with what had happened with
9874 people gravitating and being moved from private sector
9875 insurance to the Medicaid expansion and what that did to the
9876 state budget.

9877 And I think that our governors have the right to be
9878 concerned about this. They have that responsibility for
9879 delivering Medicaid. And I have some articles in front of me
9880 that have quotes from some of our governors. And Wisconsin
9881 Governor Scott Walker, he is calling the bill that we have
9882 before us tonight an important first step. And his quote, we
9883 will continue working with the Trump administration,
9884 Congress, and governors across the country as we seek a
9885 personalized, patient-centered plan that treats people as
9886 humans and not like numbers.

9887 And from the stories we have all read it is something we
9888 want for individuals to get that personalized, focused care
9889 that they need. We also know that many people have been
9890 disenfranchised through the Affordable Care Act. Here we

9891 have Minnesota's Democratic governor on Wednesday said,
9892 Obamacare is no longer affordable to increasing numbers of
9893 people, the latest sign of Democrats' growing concern about
9894 the law's rising insurance cost. This is a governor who sees
9895 what is happening not only with Medicaid but in that
9896 individual market that people are saying this insurance is
9897 too expensive to afford. We know that only two million
9898 people out of the nine to ten million that are in the
9899 exchanges buy it without a subsidy. Now think about that,
9900 two million people are able to buy it without a subsidy. Yes
9901 indeed, too expensive to afford.

9902 And here you have Governor Martinez from New Mexico.
9903 The governor opposes Obamacare and believes it needs to be
9904 replaced with a system that doesn't hurt small businesses and
9905 doesn't raise premiums on our families. Now why would these
9906 governors say this? It is because, yes indeed, they are
9907 looking at the application of the healthcare law and they are
9908 seeing firsthand, realizing the concerns that are there.

9909 And, you know, Mr. Chairman, as we have read letters
9910 that are coming from constituents, I have a couple of my
9911 constituents, again letters that have come to me. Here is
9912 one. Just another annual update on the wonderful ACA,
9913 Unaffordable Careless Act, as I refer to it, benefit of the

9914 White House and Congress messing with our lives without the
9915 understanding of their actions.

9916 My insurance will be dropping Williamson County
9917 healthcare plans as of January 1, 2017, and non-renewing
9918 existing policies effective that date. It seems they are
9919 getting exactly what they are trying to accomplish in
9920 controlling the American citizens through their health and
9921 bankrupting the medical insurance programs that we were all
9922 happy with. The liberals can be counted on to deliver just
9923 the opposite of what their words portray. So not only did we
9924 not get to keep our doctor, we did not save \$2,500 in
9925 premiums. Our costs and deductibles are not affordable. We
9926 are paying for coverage we don't want or need. Now we have
9927 lost our carrier and coverage with fewer options available.

9928 This is the problem that we have. We know that it
9929 exists and we think it is appropriate that we fix it for the
9930 American people. That is why we are debating this
9931 legislation tonight. We need to move to the amendments of
9932 the bill. We need to move to the heart of the matter, and
9933 with that I yield back my time.

9934 The Chairman. The gentlelady yields back her time. Are
9935 there other members? The good doctor from California is
9936 recognized for 5 minutes.

9937 Mr. Ruiz. Thank you. I support this amendment in honor
9938 of Rex from Palm Springs who wrote to me to share the life-
9939 changing impact the ACA has had on him. Before the ACA, Rex
9940 was being priced out of the insurance market. His premiums
9941 were rising at an unsustainable rate. When he tried to
9942 change plans to reduce his premiums he was denied coverage
9943 because it was determined he had preexisting conditions he
9944 didn't realize that he had. So he had no other option other
9945 than to pay the rising premiums or just simply go without
9946 much needed coverage. Nearly at age 60 and looking towards
9947 retirement, Rex wondered how he would ever afford these
9948 costs.

9949 In 2013 when he obtained coverage through Covered
9950 California, which is California's insurance exchange, he was
9951 thrilled to learn that the new plan saved him more than
9952 \$1,500 that year in premiums alone. Furthermore, the plan he
9953 was able to purchase was actually better, providing more
9954 coverage while also reducing his annual out-of-pocket
9955 expenses.

9956 Unfortunately, the bill we are considering today will
9957 allow insurers to charge older Americans five times more for
9958 their premiums than they charge young Americans. Just to be
9959 clear five times more for older Americans approaching 65.

9960 This is right at the time in a person's life when maybe your
9961 health starts getting a little more complicated, you need a
9962 few more tests, or maybe you don't recover so quickly from
9963 illness. It is also right at the time in a person's life
9964 when they are looking towards retirement wondering how they
9965 are going to make it all work financially.

9966 For Rex who is approaching Medicare eligibility age,
9967 this means his premiums will almost certainly rise, once
9968 again pricing him out of affordable health care, essentially
9969 making health insurance so expensive for older Americans that
9970 they will be forced out of having insurance. So we have to
9971 ask ourselves, what good is having insurance for sale if you
9972 can't afford it? It is like saying you won't deny people's
9973 option to buy an expensive BMW but it doesn't mean they can
9974 afford it, and if they can't then they are priced out of
9975 their insurance, for example.

9976 You know who can afford the rising cost, the
9977 millionaires who will be getting the massive tax breaks on
9978 the back of our nation's seniors. This is unacceptable. It
9979 is time to stop playing political games with the health of
9980 the American people and defeat this misguided attempt to
9981 repeal the ACA which will make things worse, more expensive
9982 with less coverage. Instead, let's work together to improve

9983 it. This bill hurts the people that need it the most and I
9984 cannot stand and let the right to affordable, accessible
9985 health care be taken away from them.

9986 In fact, the National Council on Aging will also not
9987 stand by. They say, quote, we are troubled that the
9988 legislation gradually eliminates the important Medicaid
9989 expansion which extended health insurance coverage to 11
9990 million adults including about 1.5 million people aged 55 to
9991 64, and that it repeals incentives to improve access to
9992 Medicaid home- and community-based services under the
9993 Community First Choice program.

9994 I yield the rest of my time to John Sarbanes from
9995 Maryland.

9996 Mr. Sarbanes. I thank the gentleman for yielding. As
9997 we wrap up our debate on this amendment I wanted to share the
9998 story of a woman I met the other night in Howard County,
9999 Maryland, where we had a town hall with myself and a number
10000 of my colleagues. Phyllis relayed the experience of first
10001 her husband passed away, and then she told this story of what
10002 happened subsequently.

10003 She said, I was insured for 8 years. During that time I
10004 was hospitalized several times and billed thousands of
10005 dollars that I neither had nor could spare if I did. For

10006 years we received calls from medical collection agencies from
10007 8:00 a.m. to 8:00 p.m., 7 days a week. A very stressful way
10008 to live for a cardiac patient, her husband, and possibly
10009 shortened his life. My son Craig, my only child, had serious
10010 life-threatening illnesses from age 2 and was fortunately on
10011 Medicaid until his death at age 30 in January 2015.

10012 I became eligible for expanded Medicaid through the ACA
10013 in January 2013; 22 months later I was diagnosed with an
10014 aggressive form of breast cancer. I endured chemotherapy and
10015 a double mastectomy covered by the ACA and I am now a 1-year
10016 survivor. Without Obamacare, she says, I would now be dead.
10017 That is not an overstatement. That is a statement from
10018 somebody whose husband died, whose son passed away, and who
10019 believes with conviction that without the Affordable Care Act
10020 she would not be alive today. That is why we have to keep
10021 the Medicaid program in place and not roll it back. I yield
10022 back my time.

10023 The Chairman. The gentleman's time has expired. The
10024 chair recognizes the gentlelady from California, Mrs.
10025 Walters, to speak on the amendment.

10026 Mrs. Walters. Thank you, Mr. Chairman. We continue to
10027 hear stories about how the ACA has literally devastated
10028 people's healthcare plans. This is not an isolated problem

10029 occurring in a handful of congressional districts, this is a
10030 problem in every single congressional district in this
10031 country. Throughout my district, constituents have
10032 consistently told me they simply cannot afford health
10033 insurance under the ACA. I am also hearing from those who
10034 work in the healthcare industry who have directly experienced
10035 the devastating effects of the ACA.

10036 A constituent from Santa Ana told me his insurance
10037 premium payment for his healthy family of three is nearly
10038 equal to his mortgage payment. Another constituent from
10039 Orange told me she has a \$2,000 deductible and is now paying
10040 \$5,000 a month in premiums for her family of three. Her
10041 husband, a small business owner, told me they are struggling
10042 financially because of the ACA.

10043 An owner of an independent physical therapy practice in
10044 Santa Ana has witnessed firsthand the changes that have
10045 occurred over the last 8 years due to the ACA. He told me
10046 that many of those in his field have seen premiums, copays,
10047 and deductibles increase. Physical therapy payments dropped
10048 by over 35 percent and in other specialties it was even more.

10049 A reduction in payments to small businesses has a
10050 profound effect on the owners and employees of those
10051 businesses. Owners cannot increase their employees' income,

10052 let alone attempt to cover a greater portion of their ever-
10053 increasing healthcare premiums. I can continue to tell these
10054 anecdotes, but the message I have received is clear. The ACA
10055 is not working for the American people. It is clear our
10056 constituents need healthcare plans and programs that work for
10057 them, not Washington. It is our duty to rescue our
10058 collapsing healthcare system and restore it to a functioning
10059 marketplace. This bill does just that and I yield back my
10060 time.

10061 The Chairman. Will the gentlelady yield?

10062 Mrs. Walters. Yes.

10063 The Chairman. I appreciate that. I just want to share
10064 a few stories as well, because in the last couple of days I
10065 heard from Ken who is in Malheur County and is a former
10066 cancer patient. He has had a Blue Cross policy before
10067 Obamacare. He has since seen his premiums go up from \$400 a
10068 month to \$1,200 a month. Even worse, he writes, his
10069 deductible rose from \$1,000 to \$10,000 -- \$10,000.

10070 Darren in Sherman County, a farmer, wrote me last month
10071 and said, I have been with Blue Cross for 31 years and have
10072 been happy for the most part. The premium covers myself, my
10073 wife, and my college-age daughter. We carried a \$10,000
10074 deductible up until November 23rd of 2015, then the ACA

10075 kicked in and the highest deductible we could obtain was
10076 7,500 which we carry today. Unless we meet the deductible,
10077 the premium went from 3,516 a year to \$16,242 a year, a net
10078 increase of \$12,726 per year premium increase, 462 percent
10079 increase in 2 years' time for basically the same insurance,
10080 and then there is about 500 exclamation points.

10081 The point is, this individual market is in dire straits
10082 and people can't afford what the government is forcing them
10083 to buy. When the President said, President Obama said, when
10084 we are done families will see their insurance premiums go
10085 down \$2,500 per family, \$2,500 in premiums, promise not kept.
10086 He said you can keep your doctor, promise not kept. You can
10087 keep your insurance plan if you like it, promise not kept.
10088 Now we have great compassion for making sure people
10089 especially in our rural areas have access to affordable
10090 health care. It is something I have worked on my entire time
10091 in public office. It is extraordinarily important.

10092 And I am sympathetic and I appreciate the tone and tenor
10093 of my colleague from Vermont because we share these stories,
10094 because we share these people, because we are trying to get
10095 to the right place for the right reasons, both sides of the
10096 aisle are. We care about people too. And that is why we are
10097 not going back to the days of banning you from getting

10098 insurance because you have a preexisting condition. That is
10099 why we are not going to go back to the days of lifetime caps,
10100 and why we are not going to back to where kids can't be on
10101 your insurance policy. We are sticking with those and we all
10102 agree to that. That is what we are doing.

10103 We are also trying to address one of the flaws in the
10104 insurance market where people could pay for 9 months of
10105 coverage and get 12 and the insurance companies are only on
10106 the hook for the first month of that 3 that somebody was
10107 covered and then the providers were on the hook for the next
10108 2, and with guaranteed issue you could start the whole
10109 process over at the end of the year.

10110 So as we looked at what are the changes that we could
10111 make that would fix this market or help fix it, this is one
10112 of them, continuous coverage. By the way it is what happens
10113 pretty close in Medicare Part D, Medicare Part B, and in the
10114 large employer market. We are patterning after what already
10115 exists in law. And the 30 percent premium penalty is because
10116 you didn't buy it until you needed it. You get a 63-day
10117 window. That is in the existing law. We patterned it after
10118 that.

10119 But, you know, you can't buy fire insurance for your
10120 house once the roof is burning, either. Health insurance is

10121 different. We acknowledge that or fully understand that.
10122 That is why we are not going back to the days of banned
10123 because you had a preexisting condition; we are not going to
10124 go back to all these other issues. We want to make sure
10125 people are covered and cared for too.

10126 I appreciate the indulgence of the committee. I have
10127 gone over my time. I am actually done, but if you have got -
10128 - I mean, I am past my time, but if there is somebody on your
10129 side that would yield I would be happy to enter into a
10130 discussion with you. Are there other members that seek
10131 recognition? The gentleman from Iowa is recognized, and the
10132 gentlelady is recognized.

10133 Ms. Eshoo. Mr. Chairman, what you just had up on the
10134 screen could you put it back up, do you think?

10135 The Chairman. Yeah, we will ask them to. I actually
10136 wasn't paying too much attention.

10137 Ms. Eshoo. Well, I was, and I was listening to you.

10138 The Chairman. So I think, was it the map of Oregon, the
10139 one with the --

10140 Ms. Eshoo. It was Oregon, yeah. Now there it is,
10141 showed the premium increase --

10142 [Map.]

10143 The Chairman. Right.

10144 Ms. Eshoo. -- and the number of exchange plans
10145 available went from ten to six, between 2016 and 2017.

10146 The Chairman. Right.

10147 Ms. Eshoo. Your congressional district -- and I don't
10148 know the answer to this, but maybe you do. Your
10149 congressional district has the largest number of enrollments
10150 in the Medicaid expansion?

10151 The Chairman. Yes.

10152 Ms. Eshoo. It is what, 129,200?

10153 The Chairman. Correct.

10154 Ms. Eshoo. You are the top person in that.

10155 The Chairman. I understand.

10156 Ms. Eshoo. So something must be working somewhere. I
10157 mean you have that up there and the --

10158 The Chairman. So remember, this is the individual
10159 market where people buy insurance --

10160 Ms. Eshoo. Oh, I see. Okay.

10161 The Chairman. -- not the expanded Medicaid.

10162 Ms. Eshoo. Well, why do you say at the top, the state
10163 of Obamacare, then, if it is the individual market?

10164 The Chairman. Because the exchanges were created by
10165 Obamacare or the Affordable Care Act, however you want to
10166 describe it, and so this is the individual market on the

10167 exchange.

10168 Ms. Eshoo. Oh, I see, through the exchanges.

10169 The Chairman. We also had two CO-OPs both of which went
10170 broke and cost, I think the losses were over a hundred
10171 million dollars. We tried our own exchange and blew through
10172 a couple hundred million dollars before they finally threw in
10173 the towel, thankfully, and went on the national exchange.
10174 And these costs may top out, but understand under the 27
10175 percent increase was a 25 percent increase the year before.
10176 So that is why --

10177 Ms. Eshoo. What do you attribute it to when you have
10178 that high of an enrollment, the top enrollment of all of your
10179 colleagues in Medicaid and what you just described?

10180 The Chairman. And we have got pretty much every waiver
10181 the state has asked for and I have supported those waivers
10182 and they got advanced funding and they have done some really
10183 creative things with the coordinated care organizations,
10184 having said and done all of that. And they bent the cost
10185 curve down to, I think it is 5 percent to 3.4 percent.

10186 Now there are states that are under medical CPI but we
10187 are not there. The state this biennium faces a \$870 million
10188 2-year deficit on Medicaid alone having done all of that. So
10189 this is the question we have to get to. When you have a

10190 state as innovative as mine who has done everything they have
10191 done and the individual market is collapsing around us and
10192 the state can't afford what they are doing, we --

10193 Ms. Eshoo. Are any of the exchanges working or are they
10194 all gone?

10195 The Chairman. Well, we have some plans, as of '17 have
10196 plans -- this is overall for the state, then you have to look
10197 at oftentimes in my district there is a lot less coverage
10198 just because of the rural nature of it you have fewer
10199 options.

10200 Ms. Eshoo. It is very rural, yes.

10201 The Chairman. But we are trying. We are trying to be
10202 innovative out there --

10203 Ms. Eshoo. Yes, I know that.

10204 The Chairman. -- and cover. And that is also why, you
10205 know, it should be understood we are not kicking any of that
10206 129,400 off. They stay on at the enhanced match rate until
10207 they naturally no longer qualify. Oh, I am sorry.

10208 Ms. Eshoo. Thank you very much.

10209 Mr. Loeb sack. Thank you. Two quick points, I was here
10210 when we adopted the Affordable Care Act. I was on one of the
10211 three committees. We had dozens and dozens of dozens of
10212 hearings. Second, anyone who believes that if we turn all

10213 this over to the free market completely and thinks that, you
10214 know, if you are going to be able to tailor your plan and an
10215 insurance company is going to sell you what you want, I won't
10216 guess mention what you are smoking, but that is just not
10217 going to happen. The insurance companies simply are not
10218 going to do that.

10219 I would like to now turn over to Mr. Kennedy time here.
10220 Oh, I am sorry, Mr. Schrader.

10221 Mr. Schrader. Thank you, Mr. Loeb sack. Just for
10222 clarity's sake, the chart that showed the big increase in
10223 Oregon for 2017 is an anomaly, not the way it has been. That
10224 was a catch-up by the insurance companies. And I have talked
10225 to every single one of the regional insurers in my state and
10226 they are not thinking they are going to have to have that
10227 type of increase at all going forward. Matter of fact, prior
10228 to 2016, the average increase was in the single digits for my
10229 state for the exchange.

10230 The second point I would make is that indeed the CCOs as
10231 the chair talked about has been an unqualified success. I
10232 would like to address that maybe more as we get into some of
10233 the other discussions. And it begs the question if there is
10234 problems in the individual exchanges let's deal with that.
10235 Let's leave the Medicaid program alone with the waivers that

10236 are working so well, frankly, in a lot of our states. And I
10237 yield back. Sorry, Mr. Kennedy, you have a few seconds.

10238 Mr. Kennedy. Ah, it is 5 seconds. That is fine.

10239 Mr. Schrader. Thank you, Mr. Chair, I yield back. Thank
10240 you.

10241 The Chairman. The gentleman's time has expired. Are
10242 there other members seeking recognition on this amendment to
10243 rename the title of the bill? What, nobody, all right. I
10244 fully anticipate a request for a roll call vote, so those in
10245 favor of the amendment will vote aye, those no, and our clerk
10246 after exactly 12 hours can call the roll on the first vote on
10247 the first amendment dealing with a one-line title change.
10248 Please call the roll.

10249 The Clerk. Mr. Barton?

10250 Mr. Barton. I am tempted to say undecided, but I am
10251 going to vote no.

10252 The Clerk. Mr. Barton votes no.

10253 Mr. Upton?

10254 Mr. Upton. No.

10255 The Clerk. Mr. Upton votes no.

10256 Mr. Shimkus?

10257 Mr. Shimkus. No.

10258 The Clerk. Mr. Shimkus votes no.

10259 Mr. Murphy?

10260 Mr. Murphy. No.

10261 The Clerk. Mr. Murphy votes no.

10262 Mr. Burgess?

10263 Mr. Burgess. No.

10264 The Clerk. Mr. Burgess votes no.

10265 Mrs. Blackburn?

10266 [No response.]

10267 The Clerk. Mr. Scalise?

10268 Mr. Scalise. No.

10269 The Clerk. Mr. Scalise votes no.

10270 Mr. Latta?

10271 Mr. Latta. No.

10272 The Clerk. Mr. Latta votes no.

10273 Mrs. McMorris Rodgers?

10274 Mrs. McMorris Rodgers. No.

10275 The Clerk. Mrs. McMorris Rodgers votes no.

10276 Mr. Harper?

10277 Mr. Harper. No.

10278 The Clerk. Mr. Harper votes no.

10279 Mr. Lance?

10280 Mr. Lance. No.

10281 The Clerk. Mr. Lance votes no.

10282 Mr. Guthrie?
10283 Mr. Guthrie. No.
10284 The Clerk. Mr. Guthrie votes no.
10285 Mr. Olson?
10286 Mr. Olson. No.
10287 The Clerk. Mr. Olson votes no.
10288 Mr. McKinley?
10289 Mr. McKinley. No.
10290 The Clerk. Mr. McKinley votes no.
10291 Mr. Kinzinger?
10292 Mr. Kinzinger. No.
10293 The Clerk. Mr. Kinzinger votes no.
10294 Mr. Griffith?
10295 Mr. Griffith. No.
10296 The Clerk. Mr. Griffith votes no.
10297 Mr. Bilirakis?
10298 Mr. Bilirakis. No.
10299 The Clerk. Mr. Bilirakis votes no.
10300 Mr. Johnson?
10301 Mr. Johnson. No.
10302 The Clerk. Mr. Johnson votes no.
10303 Mr. Long?
10304 Mr. Long. No.

10305	The Clerk.	Mr. Long votes no.
10306	Mr. Bucshon?	
10307	<u>Mr. Bucshon</u>	No.
10308	The Clerk.	Mr. Bucshon votes no.
10309	Mr. Flores?	
10310	<u>Mr. Flores.</u>	No.
10311	The Clerk.	Mr. Flores votes no.
10312	Mrs. Brooks?	
10313	<u>Mrs. Brooks</u>	No.
10314	The Clerk.	Mrs. Brooks votes no.
10315	Mr. Mullin?	
10316	<u>Mr. Mullin.</u>	No.
10317	The Clerk.	Mr. Mullin votes no.
10318	Mr. Hudson?	
10319	<u>Mr. Hudson.</u>	No.
10320	The Clerk.	Mr. Hudson votes no.
10321	Mr. Collins?	
10322	<u>Mr. Collins</u>	No.
10323	The Clerk.	Mr. Collins votes no.
10324	Mr. Cramer?	
10325	<u>Mr. Cramer.</u>	No.
10326	The Clerk.	Mr. Cramer votes no.
10327	Mr. Walberg?	

10328 Mr. Walberg No.

10329 The Clerk. Mr. Walberg votes no.

10330 Mrs. Walters?

10331 Mrs. Walters. No.

10332 The Clerk. Mrs. Walters votes no.

10333 Mr. Costello?

10334 Mr. Costello. No.

10335 The Clerk. Mr. Costello votes no.

10336 Mr. Carter?

10337 Mr. Carter. No.

10338 The Clerk. Mr. Carter votes no.

10339 Mr. Pallone?

10340 Mr. Pallone. Aye.

10341 The Clerk. Mr. Pallone votes aye.

10342 Mr. Rush?

10343 [No response.]

10344 The Clerk. Ms. Eshoo?

10345 Ms. Eshoo. Aye.

10346 The Clerk. Ms. Eshoo votes aye.

10347 Mr. Engel?

10348 Mr. Engel. Aye.

10349 Mr. Green?

10350 Mr. Green. Aye.

10351 The Clerk. Mr. Green votes aye.

10352 Ms. DeGette?

10353 Ms. DeGette. Aye.

10354 The Clerk. Ms. DeGette votes aye.

10355 Mr. Doyle?

10356 Mr. Doyle. Aye.

10357 The Clerk. Mr. Doyle votes aye.

10358 Ms. Schakowsky?

10359 Ms. Schakowsky. Aye.

10360 The Clerk. Ms. Schakowsky votes aye.

10361 Mr. Butterfield?

10362 Mr. Butterfield. Aye.

10363 The Clerk. Mr. Butterfield votes aye.

10364 Ms. Matsui?

10365 Ms. Matsui. Aye.

10366 The Clerk. Ms. Matsui votes aye.

10367 Ms. Castor?

10368 Ms. Castor. Aye.

10369 The Clerk. Ms. Castor votes aye.

10370 Mr. Sarbanes?

10371 Mr. Sarbanes. Aye.

10372 The Clerk. Mr. Sarbanes votes aye.

10373 Mr. McNerney?

10374 Mr. McNerney. Aye.

10375 The Clerk. Mr. McNerney votes aye.

10376 Mr. Welch?

10377 Mr. Welch. Aye.

10378 The Clerk. Mr. Welch votes aye.

10379 Mr. Lujan?

10380 Mr. Lujan. Aye.

10381 The Clerk. Mr. Lujan votes aye.

10382 Mr. Tonko?

10383 Mr. Tonko. Aye.

10384 The Clerk. Mr. Tonko votes aye.

10385 Ms. Clarke?

10386 Ms. Clarke. Aye.

10387 The Clerk. Ms. Clarke votes aye.

10388 Mr. Loeb sack?

10389 Mr. Loeb sack. Aye.

10390 The Clerk. Mr. Loeb sack votes aye.

10391 Mr. Schrader?

10392 Mr. Schrader. Aye.

10393 The Clerk. Mr. Schrader votes aye.

10394 Mr. Kennedy?

10395 Mr. Kennedy. Aye.

10396 The Clerk. Mr. Kennedy votes aye.

10397 Mr. Cardenas?

10398 [No response.]

10399 The Clerk. Mr. Ruiz?

10400 Mr. Ruiz. Aye.

10401 The Clerk. Mr. Ruiz votes aye.

10402 Mr. Peters?

10403 Mr. Peters. Aye.

10404 The Clerk. Mr. Peters votes aye.

10405 Mrs. Dingell?

10406 Mrs. Dingell. Aye.

10407 The Clerk. Mrs. Dingell votes aye.

10408 Chairman Walden?

10409 The Chairman. No.

10410 The Clerk. Chairman Walden votes no.

10411 The Chairman. Are there any members seeking to cast a

10412 vote who have not cast a vote? Looks like most all the

10413 members are here. Are there any other members not -- okay,

10414 the clerk will report the total.

10415 The Clerk. Mr. Chairman, on that vote there were 22

10416 ayes and 30 noes.

10417 The Chairman. Was there another member coming in, if we

10418 could suspend if that is okay. Oh, Mrs. Blackburn?

10419 Mrs. Blackburn. No.

10420 The Clerk. Mrs. Blackburn votes no.

10421 The Chairman. Sure, we are fine. We realize members,
10422 you know. How does the gentleman from California, now that
10423 he has caught his breath, vote?

10424 Mr. Cardenas. Aye.

10425 The Clerk. Mr. Cardenas votes aye.

10426 The Chairman. Okay, are there any other members wishing
10427 to be recorded? If not, the clerk will report the tally.

10428 The Clerk. Mr. Chairman, on that vote there were 23
10429 ayes and 31 noes.

10430 The Chairman. 23 ayes and 31 noes.

10431 The amendment, incredibly well debated, has failed.

10432 Now I, just for the committee because I am getting some
10433 questions up here, we have gone 12 hours on the first
10434 amendment. I know we have at least a hundred to go maybe
10435 more, so buckle in because we will go until we are done with
10436 the amendments. That is up to those offering the amendments
10437 and those debating the amendments. We are having an open and
10438 transparent process here. With that are there other members
10439 who wish to offer amendments? For what purpose does the
10440 gentleman from Pennsylvania seek recognition?

10441 Mr. Murphy. Mr. Chairman, I have an amendment at the
10442 desk.

10443 The Chairman. The clerk will report the amendment. Is
10444 this Murphy --
10445 Mr. Murphy. 1.
10446 The Chairman. Murphy 1.
10447 [The amendment offered by Mr. Murphy follows:]
10448
10449 *****INSERT 14*****

10450 The Clerk. The amendment to the amendment in the nature
10451 of a substitute to committee print offered by Mr. Murphy.

10452 The Chairman. Without objection, the clerk will suspend
10453 reading the amendment.

10454 Mr. Murphy. Dispense with it being read, Mr. Chairman.

10455 The Chairman. Yes. And I recognize the gentleman from
10456 Pennsylvania to talk on his amendment.

10457 Mr. Murphy. Thank you, Mr. Chairman. First of all, I
10458 want to thank you, Mr. Chairman, for working with me on
10459 including important provisions in the text of the amendment
10460 in the nature of a substitute to allow states to use some of
10461 the \$100 billion to expand access to mental health and
10462 addiction treatment services. But I would like to again
10463 clarify some important points on mental health and substance
10464 use treatment parity laws.

10465 There are two laws that govern parity, the Mental Health
10466 Parity Act of 1996 Public Law 104-204 signed by President
10467 Bill Clinton, and the Paul Wellstone and Pete Domenici Mental
10468 Health Parity and Addiction Equity Act of 2008 Subtitle B of
10469 Title 5 of Public Law 110-343 signed by President George W.
10470 Bush. Since first passage, Mental Health Parity has been a
10471 bipartisan issue, and it is my hope and intention that we
10472 remain working together to help families in need. We on both

10473 sides of the dais have clearly and consistently demonstrated
10474 our joint commitment to providing better care for the
10475 mentally ill.

10476 I drafted this amendment and I asked counsel at the desk
10477 to walk through a couple of details with me, if I can ask
10478 some questions of counsel. As my amendment would ensure that
10479 there will be no changes to any existing mental health parity
10480 laws, may I ask does the amendment in the nature of a
10481 substitute change the 1996 parity law?

10482 The. Counsel. No, it does not.

10483 Mr. Murphy. Does the amendment in the nature of a
10484 substitute amend the 2008 law?

10485 The. Counsel. No, it does not.

10486 Mr. Murphy. Does the amendment in the nature of a
10487 substitute make any changes to the 2016 21st Century Cures
10488 Act that included the Helping Families in Mental Health
10489 Crisis Act for oversight, accountability, and enforcement of
10490 parity laws?

10491 The. Counsel. No, sir. It does not.

10492 Mr. Murphy. Well, thank you. So to be clear, the
10493 amendment in the nature of a substitute under consideration
10494 right now does not change any existing parity law in any way?

10495 The. Counsel. Correct. That is correct, sir.

10496 Mr. Murphy. So Mr. Chairman, I would like to thank the
10497 organizations which endorsed my amendment and ask their
10498 letters to be accepted into the record. These organizations
10499 include the American Psychological Association, the American
10500 Psychiatric Association, Mental Health America, National
10501 Alliance on Mental Illness, the American Academy of Child and
10502 Adolescent Psychiatry, American Foundation for Suicide
10503 Prevention, the Eating Disorders Coalition, the Association
10504 for Behavioral Health and Wellness, the MultiCare Health
10505 System, the National Association of Psychiatric Health
10506 Systems, the National Council for Behavioral Health, and the
10507 Treatment Advocacy Center.

10508 Mr. Chairman, I would ask that their letters also be --
10509 The Chairman. Without objection, they will be entered
10510 into the record.

10511 [The information follows:]

10512

10513 *****COMMITTEE INSERT 15*****

10514 Mr. Murphy. Thank you. And as we have confirmed there
10515 is no change to the mental health parity I will withdraw my
10516 amendment. As we have established, it is not necessary. But
10517 I would further urge my colleagues to join me in our ongoing
10518 efforts to help families gain access to quality treatment.
10519 Coverage without access to care is meaningless. To improve
10520 access to care we need to increase the mental health work
10521 force by the number of psychologists, psychiatrists,
10522 psychiatric nurses, and clinical social workers, and that is
10523 what we did in a bipartisan way when this committee passed
10524 the Helping Families in Mental Health Crisis Act on the 21st
10525 Century Cures Act which became law.

10526 We have much more to do, including expanding access to
10527 inpatient beds for addiction and mental illness, and I look
10528 forward to working with my colleagues on this because we lose
10529 350,000 American lives each year --

10530 Mr. Kennedy. Will the gentleman yield?

10531 Mr. Murphy. -- to this deadly disease which impacts
10532 millions of lives. So I withdraw my amendment and thank the
10533 chairman and I yield back.

10534 Mr. Kennedy. Will the gentleman yield?

10535 The Chairman. So the gentleman has withdrawn his
10536 amendment.

10537 Mr. Murphy. I withdraw my amendment.

10538 The Chairman. All right, the gentleman's amendment is
10539 withdrawn. Are there other members that have amendments,
10540 seeking to offer amendments? The chairman recognizes the
10541 gentlelady from Florida, Ms. Castor. For what purpose do you
10542 seek recognition?

10543 Ms. Castor. I have an amendment at the desk. It is
10544 Amendment Number 5.

10545 [The amendment offered by Ms. Castor follows:]

10546

10547 *****INSERT 16*****

10548 The Chairman. Amendment Number 5, and when the clerks
10549 find the amendment the clerk will report the amendment. Do
10550 we need more clarification?

10551 Ms. Castor. I will go with 5A then.

10552 The Chairman. Can you tell us maybe what it starts
10553 with? They are trying to, since we are just --

10554 Ms. Castor. None of the previous.

10555 The Chairman. None of the previous, just want to make
10556 sure we have the right amendment.

10557 The Clerk. One is written on and one is clean. Do you
10558 know which one it is?

10559 The Chairman. Can you identify for the clerks which --

10560 Ms. Castor. Let's start with the clean one that starts
10561 with none of the previous.

10562 The Clerk. Okay.

10563 The Chairman. Okay. So the clerk will report the
10564 amendment.

10565 The Clerk. Amendment to the amendment in the nature of
10566 a substitute to committee print offered by Ms. Castor.

10567 The Chairman. Unanimous consent, the reading is
10568 dispensed with and the gentlelady from Florida is recognized
10569 to speak on her amendment for 5 minutes.

10570 Ms. Castor. Thank you, Mr. Chairman. Colleagues, my

10571 amendment is simple. It would hold the President to his word
10572 that the Republican repeal will result in health care that
10573 is, quote, much less expensive and much better than the
10574 Affordable Care Act. Over and over again, President Trump
10575 has told the American people that he will replace the ACA
10576 with something better. On January 11th, 2017, he promised
10577 Americans, quote, we are going to have health care that is
10578 far less expensive and far better.

10579 And then a few days later on January 15th, 2017, in an
10580 interview with the Washington Post he pledged, quote, we are
10581 going to have insurance for everybody. People covered under
10582 the law can expect to have great health care, much less
10583 expensive and much better. On January 25th, in an interview
10584 with ABC News he assured Americans, quote, we are going to
10585 have a better plan, much better health care, much better
10586 service treatment, a plan where you can have access to the
10587 doctor that you want and the plan that you want. We are
10588 going to have a much better healthcare plan at much less
10589 money.

10590 On February 18th at a campaign style rally in Florida,
10591 President Trump promised the American people that the
10592 Republican plan quote will be much better health care at much
10593 lower cost. Shortly thereafter, at CPAC on February 24th, he

10594 said, we are going to make it much better. We are going to
10595 make it much less expensive. On February 27th at a meeting
10596 with insurers -- remember, they went over to the White House
10597 -- he stated we have a plan that is going to be fantastic, a
10598 very competitive plan. Costs come down, health care will go
10599 up very substantially. People will like it a lot. It is
10600 going to be special. I think you are going to like what you
10601 hear.

10602 These are just a few of the examples of the promises
10603 that President Trump has made. The Republicans will pass a
10604 plan that will make health care better and cheaper and it
10605 will cover everybody. So really, my colleagues on the other
10606 side of the aisle should not have any trouble supporting my
10607 amendment.

10608 My amendment would prohibit this bill from taking effect
10609 unless the Congressional Budget Office can first certify that
10610 it will result in lower cost than under the ACA as measured
10611 by average premiums, make health insurance more affordable
10612 than under the ACA as measured by out-of-pocket cost, provide
10613 better health coverage than under the ACA as measured by
10614 improved benefits, and ensure that no one loses coverage just
10615 as President Trump promised.

10616 So I say to my Republican colleagues, the proof is in

10617 the pudding. Let's let the bipartisan Congressional Budget
10618 Office, or nonpartisan Congressional Budget Office tell us
10619 whether this bill is in fact better than the Affordable Care
10620 Act. Let's let CBO tell us whether, quote, costs will come
10621 down and health care will go up very substantially, unless
10622 perhaps you are worried that this bill will result in
10623 millions of Americans losing their health coverage, unless
10624 perhaps you are worried that this bill will do nothing to
10625 hold down healthcare premiums, unless you are worried that
10626 under this bill Americans will be left facing much greater
10627 out-of-pocket costs, higher deductibles and higher copays.

10628 So I urge my colleagues to vote for this amendment which
10629 seeks to hold everyone accountable for the promises that
10630 President Trump, leader of the Republican Party, has made
10631 over and over to the American people. And this amendment is
10632 particularly important since my colleagues have insisted on
10633 jamming through this legislation without a CBO score, without
10634 knowing how much it is going to cost, a decision that in my
10635 opinion is the height of irresponsibility.

10636 Let CBO tell us how this bill will affect cost and
10637 coverage and affordability before this bill becomes law and
10638 does lasting and irreparable damage to our healthcare system
10639 and the families that we represent. I yield back the balance

10640 of my time.

10641 The Chairman. The gentlelady yields back the balance of
10642 her time. Are there other members seeking recognition? The
10643 gentleman from Oklahoma you are recognized for 5 minutes.

10644 Mr. Mullin. Well, that was the longest I have ever
10645 heard Oklahoma said.

10646 The Chairman. Well, I saw some other hands go up and I
10647 wasn't expecting that and I told Representative Mullin he
10648 could go. So we will come back to regular order, sorry.

10649 Mr. Mullin. You know, I thought we were here to
10650 legislate, but we just debated 12 hours on renaming the bill.
10651 Now we are debating on a Trumpcare test condition that the
10652 promises that he made -- when I, I don't know, but I think I
10653 remember a President one time saying if you liked your plan
10654 you could keep it. And I think I also remember a President
10655 that -- oh, wait, the bill was named after -- called
10656 Obamacare that says it will be budget neutral. And then I am
10657 pretty sure I remember one time that yes, President Obama
10658 said it will bring down premiums by \$2,500.

10659 We are here to legislate. When are we going to get down
10660 to business? I mean, we had a whole bunch of last-minute
10661 amendments filed that has put no thought in it other than to
10662 delay the process, simply delay the process. This is

10663 absolutely ridiculous. I am here to work and I want to work
10664 and I want to have a logical debate with my colleagues from
10665 the other side, but you are making it extremely impossible to
10666 do so. I feel like sometimes I am arguing with someone that
10667 you just can't argue with because it makes no sense.

10668 What is the argument here? What is the tactic? Is this
10669 really to improve the bill? Is that what this is really is?
10670 Is that what the last two amendments really is about, about
10671 improving the bill, or is it about a sound bite so you can
10672 put it out on social media and say hey, look, I am fighting
10673 for you? If we are really serious about fighting for the
10674 American people then let's be serious about the amendments
10675 and quit wasting everybody's time.

10676 Mr. Pallone. Will the gentleman yield?

10677 Mr. Mullin. No, not right now, I am kind of on a roll.
10678 Actually, you threw me completely off my roll, I yield back.
10679 Bye.

10680 The Chairman. The gentleman yields back. I recognize
10681 the gentleman from New Jersey, the ranking member of the
10682 committee, for 5 minutes.

10683 Mr. Pallone. Thank you, Mr. Chairman. I really want to
10684 stress the importance of the gentlewoman from Florida's
10685 amendment. I think a lot of times when we listen to

10686 President Trump whether he is tweeting or whatever he is
10687 doing on a given day, a lot of us think that, or a lot of us
10688 don't take him seriously. I know sometimes I don't take him
10689 seriously, but the problem is a lot of people do take him
10690 seriously. And when he says that, you know, the Republican
10691 repeal plan is going to reduce prices, cover everybody, make
10692 for better health care, people actually believe that.

10693 And so there is a very heavy burden. I remember when
10694 Mr. Shimkus said earlier, you know, we are putting our jobs
10695 on the line, the Republicans, with this bill, the way you did
10696 as Democrats 7 years ago with the ACA. You have got to
10697 understand that you really do have a big test here to show
10698 that some of the problems that you cite with your individual,
10699 the people that you mention in your districts are actually
10700 going to see an improvement, that they are actually going to
10701 see that their premium costs go down, that the deductibles
10702 are reduced, that they have better quality care.

10703 And I just want to take a slice, you know, just one
10704 group of people because we all are very concerned about
10705 seniors. And I thought that the letter that the AARP sent
10706 out to everyone saying why they opposed the Republican bill
10707 was sort of significant in showing how there is absolutely no
10708 way that this bill is going to make any improvements and it

10709 is actually going to make some of the things that you cite
10710 about Obamacare that you don't like, a lot worse.

10711 So let's just take three areas that affect seniors that
10712 are mentioned by the AARP. First, Medicare, the AARP letter
10713 says and it is already in the record, repealing this
10714 provision would hasten the insolvency of Medicare by up to 4
10715 years and diminish Medicare's ability to pay for services in
10716 the future. So AARP is saying that it is very likely that in
10717 the future, senior services or benefits are going to decrease
10718 because there isn't going to be enough money to pay for them
10719 because of the reduction in the trust fund, obviously
10720 contrary to what you think you are going to accomplish.

10721 With regard to the individual private insurance market,
10722 AARP says that the age rating plus premium increases equal an
10723 unaffordable age tax, and it says in addition to skyrocketing
10724 premiums, out-of-pocket costs could significantly increase
10725 under this bill with the elimination of cost sharing
10726 assistance in current law. So they are saying that contrary
10727 to what you are hoping which is that, you know, premium costs
10728 would go down for seniors, they are going to go up
10729 significantly. Premiums are going to up, and they talk about
10730 particularly for seniors because of the age rating.

10731 And then the last thing that AARP talks about is

10732 Medicaid because they oppose the provisions of a bill that
10733 create a per capita cap financing structure in the Medicaid
10734 program. We are concerned that these provisions could
10735 endanger the health, safety, and care of millions of seniors
10736 who depend on the essential services provided by Medicaid.
10737 They talk about how more and more people as they turn older
10738 and are eligible for Medicare need higher levels of services,
10739 that is, the Baby Boomers, particularly long-term care.

10740 What they are essentially saying is because you are
10741 going to make cuts in the amount of money that goes to
10742 Medicaid to the states because of this cap that services for
10743 seniors are going to suffer. Nursing home care, for example,
10744 what happens when nursing homes get less money? Well, you
10745 know, they don't hire as many nurses to help the people in
10746 the nursing home. The maintenance of the nursing home
10747 decreases. I remember years ago when we had fires in nursing
10748 homes in my district because they were in such deplorable
10749 conditions and we had to actually mandate, you know, that
10750 there be nurses available to help people so they don't get
10751 bedsores and other terrible things.

10752 So I would just say that the reason that Ms. Castor's
10753 amendment is so important is because it is pointing out that
10754 in order to actually accomplish your goal here you have got

10755 to do a lot, and Trump is promising a lot. The reality is
10756 for just for seniors alone based on what the AARP is saying
10757 you are not going to meet that test. It is going to be the
10758 opposite -- higher costs, higher out-of-pocket, worse
10759 services, and actually diminishing Medicare's ability to pay
10760 over the long run. So it fails the test clearly, but that is
10761 why it is important that we have this amendment and have the
10762 test. I yield back.

10763 The Chairman. The gentleman yields back the balance of
10764 his time. The chair recognizes the vice chair of the
10765 committee. We will work our way down.

10766 Mr. Barton. I don't plan to take a whole lot of time.
10767 I will point out to my friend from Florida that had she
10768 offered this amendment to the original Affordable Care Act it
10769 would have never gone into effect, because to the extent
10770 there was a CBO score it said it was going to raise costs.
10771 So, you know, be careful what you ask for.

10772 And I would also point out, I mean trying to look at it
10773 seriously because I am assuming because I have such respect
10774 that you mean it seriously, that your last requirement it is
10775 impossible to meet because it says, and no increase to the
10776 rate of individuals without health insurance. If you don't
10777 have health insurance and get it, it is going to cost you

10778 something unless the federal government pays a hundred
10779 percent of it.

10780 So I would hope that we can dispose of this, Mr.
10781 Chairman, in a pretty quick fashion, vote no and move on.
10782 And I will be happy to let somebody else have the rest of my
10783 time or yield back.

10784 The Chairman. I know Mr. Olson was looking for time.

10785 Mr. Barton. I will yield to Mr. Olson.

10786 Mr. Olson. I thank my friend. A few observations at
10787 the 12-hour and 25-minute mark of this markup, first off, Mr.
10788 Kennedy, I heard about your constituent, your concerns about
10789 husband helped by Obamacare. Also Ms. Matsui, she talked
10790 about a constituent had type 1 diabetes. I am very familiar
10791 with type 1 diabetes. I meet regularly with the JDRF, from
10792 Houston, Texas about this disease. In fact I passed a law to
10793 create a commission to study federal spending on diabetes.

10794 The best solution for type 1 diabetes is a medical
10795 device. An artificial pancreas was being developed by
10796 Medtronics. It has had its first test with the FDA. It has
10797 got a ways to go, but that is how we solve that. This bill,
10798 this bill ensures that the tax on that device goes away. So
10799 hopefully that will get her vote, go back to her friend and
10800 tell her she is taking care of type 1 diabetes.

10801 I held my fire during the first amendment debates, but I
10802 can hold my tongue no more weapons free. Both sides admit
10803 that Obamacare has problems. We differ in the extent of the
10804 problems and how to fix them, but it is hard to argue that on
10805 November 8, the American people spoke and they wanted
10806 Obamacare repealed and replaced as quickly as possible. Few
10807 in this room thought Donald Trump would win, we would keep
10808 the House, keep the Senate, add more governors, more
10809 legislators, but that is exactly what happened.

10810 My Democratic friends tout the courage of 50 or 60
10811 members who voted for the Affordable Care Act and lost their
10812 jobs in 2010. That loss gave our party the House. But that
10813 loss wasn't courage. That was being tone deaf to the people
10814 you work for, the constituents, and 7 years later some
10815 Democrats on this committee are still tone deaf. We spent
10816 the better part of 2 hours debating a seven-word amendment
10817 disparaging the title of our bill, and now we have the Trump
10818 test conditional effective date amendment as our second
10819 amendment. That is a joke. That is a joke and this is not a
10820 joking matter.

10821 Tell that joke to Andrea. Andrea lives in my hometown
10822 of Sugarland. She is 42 years old, a single parent raising
10823 two teenagers. She has a master's in education. She is

10824 legally blind, lost eyesight in her left eye and a partially
10825 impaired right eye at childbirth. She found out last year
10826 she had renal cancer. She is now a cancer survivor. She
10827 spent \$500 per month on a PPO that paid her doctors' bills.
10828 She had very specific doctors. One for the right eye, one
10829 for the left eye, her cancer, her kids.

10830 And then last September she lost her PPO under
10831 Obamacare. The only other offer was an HMO that did not
10832 accept her doctors. She paid a lot, shared in insurance
10833 costs so she could choose her own doctors. Those doctors
10834 know her. They know her conditions. They can get her
10835 quickly referred without delay --

10836 The Chairman. The gentleman's time has expired.

10837 Mr. Olson. Please vote against this amendment. Let's
10838 take this seriously. This is not a joke.

10839 The Chairman. The gentleman's time has expired. The
10840 Chair recognizes -- for what purpose does the gentleman from
10841 Texas seek recognition?

10842 Mr. Green. Thank you, Mr. Chairman.

10843 The Chairman. Recognized for 5 minutes to speak on the
10844 amendment.

10845 Mr. Green. And I want to follow my neighbor. The
10846 reason these amendments are this way is because what you are

10847 doing -- and I will just focus on the Medicaid. I have a
10848 district that is unlike my colleague and neighbor that if
10849 Texas would have expanded Medicaid I would have 46,000 of my
10850 constituents be able to at least get Medicaid. And what you
10851 are doing with Medicaid in this bill, you know, the only
10852 amendment I could come up with is, you know, abolish the bill
10853 because you are hurting what the success we have had around
10854 the country. Not in Texas, but around the country to expand
10855 to poor people who couldn't have it.

10856 And now we can come up with both sides. I know, I have
10857 heard the problems of people with the Affordable Care Act and
10858 we would like to work with you on it on real solutions, but
10859 this bill does not do that. It will make it even worse
10860 particularly for constituents that I represent. And that is
10861 why how do we amend the bill that, you know, we can't make it
10862 better. Maybe we are trying to make it where the truth in
10863 advertising, whether it be our ranking member or Ms. Castor's
10864 amendment at least it would say what the bill does. But that
10865 is why we can't amend it because it is almost impossible to
10866 fix what you are doing.

10867 And with that does anybody want my time? I will yield
10868 to my colleague from Massachusetts.

10869 Mr. Kennedy. Thank you, my colleague from Texas. I

10870 want to go back to an amendment that was withdrawn just so
10871 that it is very clear about what this bill does to folks on a
10872 Medicaid expansion characterized by legal counsel as a slim
10873 slice of 11 million people across our country that are no
10874 longer going to get access to the essential benefits package
10875 because it is sunsetted on page 8 and line 3. So let's be
10876 very clear about the way that mental health laws work in this
10877 country that the combination of the Affordable Care Act that
10878 mandated behavioral health coverage as part of the essential
10879 benefits package and the Mental Health Parity Law extended
10880 those benefits to people on Medicaid expansion.

10881 The erosion, while this bill does not touch the Mental
10882 Health Parity Law or the laws passed by 21st Century Cures,
10883 it does directly target those on a Medicaid expansion and
10884 rolls back the essential health benefits for that 11 million
10885 people, which is roughly, well, it is over 80,000 people in
10886 Pennsylvania that are suffering from serious mental illness.
10887 So the very same people that were here that day that we
10888 passed that bill that day that we did the markup, in the
10889 gallery advocating for the approval of that law, are the ones
10890 that are going to be directly targeted if this bill goes
10891 through and if it is not changed.

10892 Mr. Kennedy. That is a fact, yield back.

10893 Mr. Sarbanes. Will the gentleman yield? Thanks to the
10894 gentleman for yielding. I just want to follow up on the
10895 gentleman from Massachusetts. It is the combination of the
10896 creating optionality with respect to the coverage under the
10897 expanded Medicaid with respect to these kinds of treatment
10898 services, plus the fact that going forward with the redesign
10899 of the Medicaid program in a way that is going to decrease
10900 the funding available, it is going to put the states in a
10901 position of having to pick and choose what kind of benefits
10902 they think that they can offer.

10903 And it stands to reason that in many places when that
10904 competition between which categories of benefits are
10905 preserved and which have to be given up that substance use
10906 disorder and treatment services and recovery services may be
10907 the first thing that goes. So it is the combination effect
10908 of the provisions in this bill that I think are creating the
10909 exposure that we are so concerned about. And with that I am
10910 going to yield.

10911 Mr. Kennedy. Mr. Green, if I could have 1 more minute,
10912 I also have here a letter from the Mental -- thank you. I
10913 have a letter here from the Mental Health Liaison Group which
10914 is an umbrella organization of 60 mental and behavioral
10915 health groups including the American Association on Health

10916 and Disability, the American Association for Geriatric
10917 Psychiatry, the American Nurses Association, American
10918 Psychiatric Association, the American Psychiatric Nurses
10919 Association, the American Psychological Association, and
10920 many, many others that say, directly quoting from their
10921 letter, recognizing Medicaid's vital role in bringing mental
10922 health and substance use services to vulnerable populations,
10923 we are deeply concerned about the recent proposals to block
10924 and/or cap the federal share of Medicaid. I would ask
10925 unanimous consent to submit the letter for the record. I
10926 yield back.

10927 Mr. Burgess. [Presiding.] The gentleman's time is
10928 expired. The gentleman yields back.

10929 Mr. Kennedy. Unanimous consent, Doctor?

10930 Mr. Burgess. I am sorry. I did not hear the gentleman.

10931 Mr. Kennedy. I am sorry, Doctor. There was a unanimous
10932 consent request to submit a letter for the record.

10933 Mr. Burgess. Without objection, so ordered.

10934 [The information follows:]

10935

10936 *****COMMITTEE INSERT 17*****

10937 Mr. Burgess. The chair recognizes himself for 5 minutes
10938 to speak against the amendment and urge my colleagues to vote
10939 against the amendment and allow us to proceed with this
10940 important bill tonight. I have a slide that I would like put
10941 up, and while we are waiting on that the chair would also
10942 observe that the chair is a member of the American
10943 Association of Retired Persons and the chair is a member of
10944 the American Medical Association. And although those groups
10945 oppose the Republican committee print on the reconciliation,
10946 the membership is not monolithic and I am evidence of that.
10947 So I suspect you will have a variety of opinions from within
10948 both the AARP and the AMA.

10949 [Slide.]

10950 Mr. Burgess. I want to talk about the individual
10951 mandate and discuss the effectiveness that the individual
10952 mandate has exhibited with getting people to participate in
10953 the exchanges. When this process was started with the
10954 Affordable Care Act, the majority party, the majority
10955 Democrats claimed that there would be as many as 21 million
10956 people covered through Obamacare exchanges by the end of
10957 2016. But even with the individual mandate, the real number
10958 is about half of that.

10959 And here is a fact, over 19 million taxpayers have

10960 decided they would rather pay a penalty or the penalty tax or
10961 claim an exemption from this mandate compared with only
10962 slightly over ten million people who paid for their plans on
10963 the Obamacare exchanges. Notably of the over 19 million
10964 people that steered clear of the mandate, 45 percent are
10965 under the age of 35, the very group that we were told needed
10966 to enroll in the exchanges in order to offset the higher
10967 numbers of older individuals. The numbers actually could not
10968 be more clear.

10969 Despite the promises of the Washington Democrats,
10970 Obamacare's ineffective individual mandate has so far been
10971 ineffective. There is good news in the committee print that
10972 we are considering and I do just want to direct a colleague's
10973 attention to one of the most innovative ideas that is the
10974 Patient and State Stability Fund. These grants to help
10975 provide care for low-income Americans who are uninsured and
10976 repair the damage caused by the Affordable Care Act, these
10977 are state-directed funds.

10978 The states can use these funds to help reduce premiums,
10979 to help reduce deductibles for low-income Americans or to
10980 stabilize their insurance market. States can also use these
10981 resources to promote access to preventive services like
10982 getting an annual checkup, dental, and vision. If a state

10983 chooses not to use the funds for their own program, their
10984 allotment would be available to help stabilize markets in
10985 those states.

10986 At this point I am prepared to yield back or yield to
10987 anyone who --

10988 Mr. Sarbanes. Will the gentleman yield?

10989 Mr. Burgess. Actually the gentleman from Indiana, Dr.
10990 Bucshon.

10991 Mr. Bucshon. Thank you, Mr. Chairman. I just wanted to
10992 say, I mean, I just heard that our legislation here is
10993 unamendable. It is legislation that can't be repaired with
10994 amendments, so I would respectfully ask the amendments that
10995 have been submitted to be withdrawn since it is an
10996 unamendable piece of legislation. And we are just here
10997 wasting our time, but we should get to the final vote. I
10998 yield back.

10999 Mr. Sarbanes. Will the gentleman yield?

11000 Mr. Burgess. Yes, I will yield to the gentleman from
11001 Maryland.

11002 Mr. Sarbanes. I just wanted to comment on the chart,
11003 because I mean those numbers are correct, but I think more so
11004 than what you are attributing it to that reflects that the
11005 CBO is making some projections based on assumptions of what

11006 the employer-based coverage would do, in other words that
11007 employers might begin to drop coverage of employees who would
11008 then get picked up in the health exchanges. And what
11009 actually happened was the employers continued to provide
11010 coverage notwithstanding the fact that they had some added
11011 responsibilities under the ACA, which I think made the
11012 coverage more robust and actually helped enhance the
11013 healthcare system overall.

11014 So the fact that those numbers didn't meet the
11015 expectations, I think, actually reflects some positive things
11016 about the way the ACA rolled out, not negative things as you
11017 suggested, and I will yield back.

11018 Mr. Burgess. Reclaiming my time, I think I will
11019 respectfully disagree with that conclusion and yield back my
11020 time. For what purpose does the gentlelady from California
11021 seek recognition?

11022 Ms. Eshoo. Strike the last word.

11023 Mr. Burgess. The gentlelady is recognized for 5
11024 minutes.

11025 Ms. Eshoo. Thank you, Mr. Chairman. I know we are all
11026 tired obviously we have been here for over 12 hours. But
11027 with all due respect to the gentleman, I think, from Indiana
11028 that said all amendments should be withdrawn, I don't agree

11029 with that. I am here representing my constituents, over
11030 700,000 people that care about this. I think what I have in
11031 the hopper is something that is very important.

11032 So you may not agree with the ideas, but is this an
11033 arduous process? You bet. There isn't anything, there isn't
11034 anything that we deal with here in Congress that is more
11035 personal than health care. These words are going to walk
11036 right into the lives of the people that we represent. It
11037 really is very, very personal. You all know that. We know
11038 that. We don't have a difference on that. We have a
11039 difference of opinion on how to get to the land of a better,
11040 stronger, fuller affordable coverage in our country.

11041 I for one celebrate how the number of uninsured in our
11042 country has gone down. How the number of uninsured have gone
11043 down in our country is something that Republicans and
11044 Democrats should all celebrate, because those people were
11045 going through hell or they got to face hell one day when they
11046 woke up and didn't have it and needed it and then were
11047 subjected to the discriminatory practices of insurance
11048 companies.

11049 So I guess if we have to stay all night I will stay all
11050 night to offer my amendment. I don't think it is junk. I
11051 think it is an important idea. If you don't agree with me

11052 obviously you are going to vote against it. But this is a
11053 serious undertaking, one of the most serious this committee
11054 and the Congress could ever be involved in, and even though
11055 we are tired we should not cast aside the seriousness of it.

11056 If I have some time left, I will yield to Mr. Sarbanes.

11057 Mr. Sarbanes. Thank you for yielding. Very quickly,
11058 just to emphasize the point that this is an important
11059 exercise, the gentleman from Oklahoma is not in his seat
11060 currently but he asked the question is this just a delay
11061 tactic; what is the purpose of this; how does this help
11062 anything; how is it going to make the bill better to go
11063 through this? Actually, in this instance, delay would make
11064 the bill better because we are trying to get to the CBO
11065 score.

11066 I mean that is part of what is happening here is we are
11067 presenting this issues as compellingly as we can, but we
11068 understand that we don't have the full picture available to
11069 us and we either ought to postpone this proceeding to a point
11070 at which we will have at our fingertips the CBO score, or we
11071 are going to have to delay sufficiently that we can get our
11072 hands on the CBO score and that will make the bill better
11073 because then we will have more information in order to
11074 determine that the impact of these provisions are going to

11075 have.

11076 So this is not just a delaying tactic, this is not just
11077 an exercise we are going through. This is part of our
11078 responsibility as a committee to make sure we are giving the
11079 right level of scrutiny to this bill, and I yield back.

11080 Ms. Eshoo. I will yield the rest of my time to Mr.
11081 Pallone.

11082 Mr. Pallone. Thank you. You know, going back to Ms.
11083 Castor's amendment which of course related to the President's
11084 many pronouncements, you know, that I think are way out
11085 there, frankly, but one of the things he did say, which I
11086 agree with, is that health care is very complex. He finally
11087 came to that realization. And when Chairman Burgess talked
11088 about this individual mandate, which he obviously wants to
11089 get rid of and the bill does that, it just makes me think of
11090 the complexities of all this. I mean, if we really had an
11091 opportunity to work together we could determine whether this,
11092 you know, whether the penalty is the issue, whether or not
11093 perhaps we need to increase the subsidy to get more people to
11094 sign up, or whether, I mean there are a myriad of reasons
11095 that could be looked into rather deeply I think to determine
11096 what could be done to make it so that more people sign up.

11097 But if you get rid of the individual mandate,

11098 unfortunately it becomes, you know, a lot less of an
11099 incentive. And the individual mandate actually was a
11100 Republican idea that came from the Heritage Foundation. So I
11101 just think it is very, it is kind of ridiculous at this point
11102 to say that we should just get rid of the individual mandate
11103 and, you know, everybody's going to become better. It is
11104 not.

11105 Mr. Burgess. The gentleman's time has expired. And
11106 does the gentleman from North Carolina, Mr. Hudson, seek
11107 recognition? For what purpose does he seek recognition?

11108 Mr. Hudson. I will strike the last word.

11109 Mr. Burgess. The gentleman is recognized for 5 minutes.

11110 Mr. Hudson. Thank you, Mr. Chairman. Obamacare has
11111 failed the American people and we have serious legislation to
11112 deal with this crisis, yet here we are over 12 hours into
11113 this hearing and so far we have managed to debate the name
11114 change of the bill to a hashtag, and we are now debating an
11115 amendment to try and label this bill Trumpcare.

11116 Now we need to get serious because this is about the
11117 American people. For example, Raphael, one of my
11118 constituents in Charlotte, wrote me and said, I served in the
11119 U.S. Marines from 1963 to 1967 and then joined IBM retiring
11120 after 47 years in 2015, so I am okay. But my wife has not

11121 been able to get a reasonable health care policy since I
11122 retired. As you know, Aetna ceased services in this area.
11123 We were paying \$638 a month for a policy with a \$5,500
11124 deductible, so effectively we were paying \$7,600 a year for a
11125 mammogram and prescription drugs, and the policy did not even
11126 pay for regular doctor visits.

11127 So at the end of 2016 we received a letter informing us
11128 that Aetna would no longer cover her and she would be
11129 automatically forwarded to another company's healthcare
11130 policy that would now cover her for \$1,100 a month, including
11131 the deductible that is \$13,200 a month for a similar policy,
11132 a whopping 172 percent increase. We are hoping that she
11133 stays healthy. We are waiting 4 years for her to turn 65 so
11134 she can qualify for Medicare. You have to find a way to
11135 provide health insurance for all who need it.

11136 Their plan is they hope she stays healthy for the next 4
11137 years, and yet the other side can offer nothing but let's
11138 change the name of the bill to a hashtag. I got a letter
11139 from Claude in Albemarle. Last year I had three insurance
11140 companies to pick from and my premium was \$1,100 per month
11141 with a \$6,000 deductible. This year only one insurance
11142 company was offered and the premium is \$2,300 a month with a
11143 \$12,000 deductible, and he put an exclamation point there. I

11144 am forced to participate in this even though it is the worst
11145 value in history. The cost of medical services has risen to
11146 the point that I am considering moving to a foreign country.

11147 Brenda from Kannapolis, even though I have health
11148 insurance the cost of my deductible has skyrocketed. I had
11149 two tests recently and my out-of-pocket was \$1,200. Denise
11150 from Concord: Dear Congressman Hudson, thank you for asking
11151 us, we the people, to share our stories. The following is my
11152 story. In October of 2015, my monthly premium was \$546.14.
11153 By January of 2016 my monthly premium is \$1,072.38. So it
11154 went from October 2015 of \$546 to January of 2016 of over a
11155 thousand dollars. She wrote, ludicrous.

11156 My budget has been revamped and I am now living from
11157 paycheck to paycheck. No longer can I put money in any type
11158 of savings for car and home repairs or retirement. I am so
11159 grateful to be employed full-time to be able to be self-
11160 supporting and willing to do my part for affordable health
11161 care, but enough is enough. Something has to be done so I
11162 ask for your help, please.

11163 How about Alice from Union County, North Carolina? My
11164 husband and I have worked all our lives, raised three
11165 children, put them through college, paid our taxes and we are
11166 good citizens of this wonderful country. Because of

11167 Obamacare our Medicare supplement insurance rates keep
11168 increasing and prescription drug costs continue to rise.
11169 Please help, exclamation point, exclamation point. We have
11170 had to use credit cards to pay for prescriptions. I am going
11171 to have to start being selective about what drugs we take.

11172 Real people are having to use credit cards to buy
11173 prescription drugs, and in 12 hours all we can manage to do
11174 is to debate whether or not we should change the name of the
11175 bill to a hashtag. This is disgraceful. If you have got
11176 better ideas put them forward. That is what an open process
11177 is about. But this is about real people who are being
11178 crushed by this law. There is a lot more people out there
11179 that have a piece of paper that says insurance on it, but
11180 they can't use because after the premiums they can't afford
11181 the deductibles.

11182 If you have insurance but you can't go to the doctor
11183 because you can't afford to use that insurance what good does
11184 it do for you? We are on a rescue mission of the American
11185 people. This legislation is going to put Americans in charge
11186 of their own health care. It is going to give them the
11187 ability to choose health insurance they want at a price they
11188 can afford. It is time to stop the delays and the games. If
11189 we want to have a debate about the substance of this bill I

11190 will stay here until the cows come home. If not, it is time
11191 to move forward for the American people. And with that Mr.
11192 Chairman, I yield back.

11193 Mr. Burgess. The Chair thanks the gentleman. The
11194 gentleman yields back.

11195 For what purpose does the gentleman from New York seek
11196 recognition? The gentleman is recognized for 5 minutes.

11197 Mr. Engel. Thank you. Thank you, Mr. Chairman.

11198 The previous speaker, you know, it would be much better
11199 if we could put our heads together -- I said this before and
11200 I will say it again -- and try to fix what we think is broken
11201 in the Affordable Care Act. There were a lot of good things
11202 in the Affordable Care Act. But we are not doing that.

11203 The Republicans have come forward with a bill. There is
11204 no CBO score. If there was a CBO score, we might not even
11205 have to debate half of these things because we would at least
11206 have some facts, but we don't have that.

11207 If we had some ideas that were good and fixed it, it
11208 would be defeated on a party-line vote, no matter how good
11209 the idea is or how bad it is. So, in a way, this whole setup
11210 is a farce. It is a farce because we are buying the pig in a
11211 poke. We don't know how much it is going to cost. On this
11212 side of the aisle, we are convinced that it is going to make

11213 it worse for our citizens. It is going to cost more money
11214 and provide less health care.

11215 During his address to Congress last week, the President
11216 promised a healthcare system that will expand choice,
11217 increase access, lower costs, and at the same time provide
11218 better health care. Yet, seconds later he touted policies
11219 that do nothing to achieve his stated goals. We feel that
11220 this bill is no different.

11221 We cannot hope to expand treatment for those who have
11222 become so badly addicted while simultaneously gutting the law
11223 that ensures coverage for substance abuse treatment.
11224 Targeting Planned Parenthood, an organization that provides
11225 comprehensive reproduction health for millions is
11226 antithetical to the goal to invest in women's health.

11227 Access to coverage for Americans with preexisting health
11228 conditions means nothing without the ACA's protections that
11229 keep insurers from charging those consumers more for care,
11230 even if there is a gap in their coverage.

11231 And those are just the broken promises from last week.
11232 So, this bill before us today would raise costs for seniors,
11233 force Americans to make due with worse coverage, and through
11234 its radical restructuring of Medicaid, force states to ration
11235 services that millions of Americans depend on. I don't

11236 recall hearing any of those promises before. Yet, that is
11237 what is in the text in front of us.

11238 So, I said it before and I will say it again. My
11239 friends on the other side of the aisle are finding that it
11240 was very easy to make promises. It is a lot harder to
11241 deliver progress the way ACA has in many instances. And
11242 there is a reason why the American Hospital Association is
11243 opposed to this bill. AARP is opposed to this bill. The
11244 AMA, the American Medical Association, is opposed to this
11245 bill. The Family Physicians are opposed, the Federation of
11246 American Hospitals, Consumers Union. They don't willy-nilly
11247 oppose these bills. They oppose it because of the reason
11248 that many of us oppose it. We feel that, ultimately, it is
11249 not sustainable. Yes, there are problems with Obamacare.
11250 Let's fix those problems, not make them worse. This bill
11251 makes it worse.

11252 When we read what some of the organizations who don't
11253 support it are saying, the American Hospital Association, "We
11254 cannot support the American Health Care Act in its current
11255 form. Any ability to evaluate the American Health Care Act,
11256 however, is severely hampered by the lack of coverage
11257 estimates by the Congressional Budget Office. Lacking that
11258 level of analysis and needed transparency, we urge the

11259 Congress wait until an estimate is available before
11260 proceeding with formal consideration. That is not anything
11261 radical."

11262 AARP, "We write today to express our opposition to the
11263 American Health Care Act. This bill would weaken Medicaid's
11264 physical sustainability, dramatically increase healthcare
11265 costs for Americans aged 50 through 64, and put at risk the
11266 health care of millions of children and adults with
11267 disabilities, and poor seniors who depend on the Medicaid
11268 program for long-term services and supports and other
11269 benefits."

11270 The American Medical Association, "We cannot support the
11271 AHCA as drafted because of the expected decline in health
11272 insurance coverage and the potential harm it would cause to
11273 vulnerable patient populations."

11274 The Family Physicians, "We are concerned that by rushing
11275 to a markup tomorrow in the Energy and Commerce and Ways and
11276 Means Committees, there will be insufficient time to obtain
11277 nonpartisan estimates of this legislation's impact by the
11278 Congressional Budget Office or for medical organizations like
11279 ours and other key stakeholders in the healthcare community
11280 to offer substantive input on the bill."

11281 So, this is important. This is one of the most

11282 important things that we are going to vote on this year. And
11283 it is rushed through and we are buying a pig in a poke
11284 because we don't have all the details. So, that is why we
11285 are so disgruntled on the other side of the aisle. We don't
11286 like this being jammed down our throats and rushed down our
11287 throats and rushed down the American people's throats.

11288 So, again, I say I wish we could come together and try
11289 to repair what is wrong in the Affordable Care Act and what
11290 is good, keep. But this bill does nothing, unfortunately.

11291 I yield back.

11292 Mr. Burgess. The gentleman's time has expired.

11293 Is there anyone on the majority side seeking
11294 recognition? For what purpose does the gentleman from
11295 Louisiana seeking recognition?

11296 Mr. Scalise. Strike the last word, Mr. Chairman.

11297 Mr. Burgess. The gentleman is recognized for 5 minutes.

11298 Mr. Scalise. I appreciate it.

11299 I want to speak against this amendment. If you read the
11300 amendment, what it says is that the provisions of this bill
11301 won't take effect if the Congressional Budget Office and the
11302 Joint Committee on Taxation certify that such provisions
11303 result in lower healthcare costs, not whether or not they
11304 actually result in lower healthcare costs, but whether or not

11305 CBO says that it will result in lower healthcare costs.

11306 So, I don't know if the gentlelady did this and it was a
11307 drafting error or if it was design, but if she is going to
11308 make CBO the only arbiter of fact in the marketplace, then I
11309 think we ought to take a look at the results of CBO over the
11310 years. Clearly, on Obamacare they were all over the board.
11311 They missed the mark up sometimes; they missed the mark down
11312 sometimes. They still keep giving revisions on Obamacare
11313 because their initial estimates were wrong.

11314 You don't just look at Obamacare. Let's go look at what
11315 this committee did on spectrum. The AWS-3 spectrum sale,
11316 remember that? CBO's score on that sale said that taxpayers
11317 would get zero dollars from the sale of that spectrum. Okay,
11318 we have the luxury of time now. Let's go back and look at
11319 how close CBO was to that score.

11320 They said the taxpayers would not get a dime from that
11321 sale. They were a little bit off. That sale generated \$44
11322 billion to the taxpayer.

11323 So, if any amendment like this was attached to that
11324 bill, the taxpayers wouldn't have been able to get \$44
11325 billion that helped lower our deficit and the people across
11326 this country would not have been able to benefit from all of
11327 the great innovation and technology that came from that

11328 spectrum being opened up to the private marketplace, so we
11329 can do things like send data through smartphones.

11330 So, if you are going to make CBO the only arbiter, then
11331 let me read a story from Jeff in Slidell. "Prior to
11332 Obamacare, my premium for my family of four was about \$530 a
11333 month with a \$3500 deductible. As premiums continued to rise
11334 with Obamacare, I have had to get individual policies for my
11335 kids. However, it has only helped a bit. Last year I paid
11336 \$10,350 for my wife and I, \$1408 for my daughter, and \$1728
11337 for my son, a total of \$13,487. I have a bronze plan, the
11338 lowest possible plan. It pays basically nothing. My family
11339 deductible is \$12,500. Needless to say, I am quite upset
11340 with the plan. I am paying more than 15 percent of my income
11341 for premiums, and I still have to pay all my other healthcare
11342 costs. I am easily spending more than 25 percent of my take-
11343 home pay for health care. It is financially taxing. We need
11344 help."

11345 Just look at what Jeff experienced under Obamacare. He
11346 was paying \$6,360, and after Obamacare he is paying more than
11347 double, \$13,487. And the worst part is his deductible went
11348 up 357 percent, more than tripled. These are real people.

11349 What you are saying with this amendment is, even if Jeff
11350 is able to actually go out in the private marketplace and get

11351 a plan that costs him less money, just because CBO, who still
11352 can't even give us real numbers, if CBO says that he is not
11353 going to be able pay less, even though he actually finds a
11354 plan that costs less, you are not going to let him go get
11355 that cheaper plan that is better for him and his family.
11356 Talk about elitism and government people telling somebody
11357 else what is best for them.

11358 That is what is broken about Obamacare, is that you have
11359 taken the choice away from families. You have taken the
11360 choice out of their hands because you think you are a better
11361 shopper than they are. People are pretty good shoppers, if
11362 you go look around.

11363 We can talk later about bringing a bill forward that,
11364 unfortunately, takes 60 votes in the Senate, so that you can
11365 buy insurance across state lines. I sure hope you all vote
11366 with us on that one. But people buy everything across state
11367 lines. People know how to shop for themselves. They don't
11368 need some bureaucrat in Washington telling them what they can
11369 and can't buy. And if some unelected bureaucrat at the CBO
11370 who still can't even give us numbers is wrong again --
11371 remember, zero dollars they said was going to be coming in --
11372 \$44 billion ended up coming in. They were just a little bit
11373 off. But they don't have the booth to go in like referees on

11374 a football field, so they just stay wrong.

11375 Under your amendment, they would never be able to get
11376 the benefit of the lower cost that they can go out and find
11377 on their own without your help. So, no thank you. But if
11378 you are from Washington and you are here to help, people have
11379 had enough of that one-size-fits-all. Let's get this bill of
11380 President Trump's desk, so he will sign it and we can provide
11381 real relief for people like Jeff from Slidell and millions of
11382 others across the country. Let's defeat the amendment.

11383 I yield back.

11384 Mr. Burgess. The gentleman's time has expired.

11385 For what purpose does the gentleman from Pennsylvania
11386 seek recognition?

11387 Mr. Doyle. Strike the last word, Mr. Chairman.

11388 Mr. Burgess. The gentleman is recognized for 5 minutes.

11389 Mr. Doyle. I speak in support of the amendment. Well,
11390 look, we all have these nice stories, on both sides of the
11391 aisle, these anecdotal stories of our constituents.

11392 But let's look at a chart from the Kaiser Family
11393 Foundation, a pretty reputable organization. Because there
11394 is a lot of talk about premiums since Obamacare, let's take a
11395 little walk down memory lane and let's go back in the first 5
11396 years between 2000 and 2005. Average premiums for a family

11397 in this country increased from \$6,438 up to about \$10,800, an
11398 increase of a little over \$4,000. In the 5 years between
11399 2005 and 2010, average premiums for a family increased about
11400 \$3,000, from \$10,800 to \$13,770.

11401 So, in the 10 years before the ACA, the average annual
11402 premium for a family more than doubled from \$6,438 to
11403 \$13,770. That is the 10 years before the ACA.

11404 What has happened after the ACA, according to the Kaiser
11405 Family Foundation? Well, in the 5 years between 2010 and
11406 2015, these premiums increased from \$13,770 to over \$17,800,
11407 an increase of about \$4,000. And we know that since that
11408 time, in the last couple of years, there have been increases,
11409 too.

11410 But the fact of the matter is, if you look at the 10
11411 years before the ACA and the 8 years since the ACA, the
11412 premiums have gone up about at the same rate as they did
11413 before the ACA. So, this myth that is out there that somehow
11414 premiums have gone up a lot more under ACA than before ACA is
11415 not borne out by the Kaiser Family Foundation and average
11416 family increases.

11417 Mr. Burgess. Will the gentleman yield?

11418 Mr. Doyle. No, not right now because I have some more
11419 things I want to say. And then, I will yield.

11420 I also want to talk about the individual markets. In my
11421 prior lifetime before coming here, I was in the insurance
11422 business. I owned an insurance agency and I am licensed in
11423 life insurance, accident and health insurance, property
11424 insurance, and casualty insurance. I sold individual life
11425 policies and I sold commercial policies to large
11426 corporations. I know a little bit about the health insurance
11427 market.

11428 You know, when you look at insurance companies, they
11429 look to manage their risk. The way they managed their risk
11430 before the ACA was through preexisting conditions. They
11431 weeded out sick people. And then, for the ones that slid in
11432 that weren't sick when they bought the insurance, they were
11433 able to cap benefits. These were ways they were able to
11434 control their exposure, so that they could keep their
11435 premiums and make a profit. These companies were in business
11436 to make a profit.

11437 When the ACA got put in, we said to the insurance
11438 industry, you can't discriminate against sick people anymore
11439 and you can't cap benefits. Well, all of a sudden, that is
11440 going to make their risk pool a lot riskier.

11441 So, what we did to try to help them in that regard,
11442 along with some of the other taxes there were put in the ACA,

11443 is we said we are going to mandate young healthy people to
11444 buy insurance, which will put people into the risk pool that
11445 would be paying premiums but not requiring much service from
11446 the insurance companies to smooth out their risk pool. That
11447 was the thought behind it.

11448 Now what was the mistake? The mistake, in my opinion,
11449 was the penalty for not signing up was way too low, and it
11450 was easier to pay the penalty than to stay in for the
11451 insurance program.

11452 But my question is, now that this bill says that you
11453 don't have to buy insurance, there is very, very little
11454 incentive for these young healthy people who think they are
11455 invincible to buy insurance, when all they have to do is wait
11456 until they need insurance. Then, they buy it and they pay a
11457 30-percent penalty. And after they get whatever procedure
11458 they have got to get, because they had to buy insurance for
11459 it, they just drop the insurance right after they are done
11460 doing it.

11461 I am very curious to see how the insurance companies are
11462 going to view that as a same kind of risk maneuver having the
11463 individual mandate. So, here is my question. Maybe counsel
11464 can answer this question. What are you doing in the bill to
11465 control exposure, you know, to keep the risk pool down?

11466 Because now you have taken away one of the primary ways that
11467 we did it under ACA, and that is allowing young healthy
11468 people to go into the risk pool. We mandated it, sort of
11469 like car insurance where you have got good drivers paying for
11470 bad drivers. The idea was to have young healthy people to
11471 help us pay for sick people, but that is not going to be
11472 mandatory anymore.

11473 So, I guess what I am curious about is, what are you
11474 doing in the bill to keep the risk pool from getting much
11475 riskier if these young people don't sign up?

11476 Mr. Burgess. I do not believe that is an appropriate
11477 question for counsel.

11478 Mr. Doyle. Okay, Dr. Burgess, do you want to take a
11479 stab at it?

11480 Mr. Burgess. It is a policy question, and that is the
11481 purpose in doing the debate on the bill tonight. So, that is
11482 what we are here doing.

11483 Mr. Doyle. Well, tell me, I am trying to understand,
11484 what are you doing in the bill? Or is this in bucket No. 6
11485 or something? What are you doing in the bill to deal with
11486 the fact that young people aren't going to buy insurance
11487 because you are not mandating it anymore? They are just
11488 going to wait until they need insurance and game the system.

11489 What are you doing to keep the risk pool from getting
11490 riskier/

11491 Mr. Burgess. Now are you concentrating on the amendment
11492 or the underlying --

11493 Mr. Doyle. I am asking you a question, if you want to
11494 answer it.

11495 Mr. Burgess. Well, the continuous coverage requirement
11496 that has been in place in Medicare Part B and Medicare Part -
11497 -

11498 Mr. Doyle. That is a joke, a 30-percent premium. Who
11499 wouldn't do that? Who wouldn't just game that system? I
11500 can't wait for the insurance industry to tell us what they
11501 think about this bill. I mean, a 30-percent premium is
11502 nothing.

11503 Mr. Burgess. And the gentleman's time has expired.

11504 Mr. Doyle. Yes, and no answers.

11505 Mr. Burgess. Anyone on the majority side seek
11506 recognition? Anyone on the minority side seek recognition?

11507 The gentleman from -- well, is that right in your
11508 seniority order? Sorry. The gentlelady from Illinois, are
11509 you seeking -- for what purpose does the gentlelady from
11510 Illinois seek recognition?

11511 Ms. Schakowsky. Thank you. To strike the last word,

11512 Mr. Chairman.

11513 Mr. Burgess. The gentlelady is recognized for 5
11514 minutes.

11515 Ms. Schakowsky. I wanted to just comment on a couple of
11516 the things that the President has said that I am sure
11517 everybody wants to incorporate in legislation. On the 25th
11518 of January, he said, "It is going to be, what my plan is that
11519 I want to take care of everybody. I'm not going to leave the
11520 lower 20 percent that can't afford insurance."

11521 And then, later that day, he said, "So, I want to make
11522 sure that nobody is dying on the street when I'm President.
11523 Nobody is going to be dying on the street. We will unleash
11524 something that's going to be terrific."

11525 Well, if I find it interesting, then, that so many of
11526 these organizations -- I know, Dr. Burgess, you said that you
11527 are not a member of the American Medical Association. But
11528 one of the --

11529 Mr. Burgess. Will the gentlelady yield?

11530 Ms. Schakowsky. Yes.

11531 Mr. Burgess. I am a member of the American Medical
11532 Association.

11533 Ms. Schakowsky. Oh, you are a member? Oh, no, you are
11534 a member --

11535 Mr. Burgess. I am a dues-paying member paid up in full

11536 --

11537 Ms. Schakowsky. That is right. I am sorry.

11538 Mr. Burgess. -- not an emeritus member, not a retired

11539 member; a dues-paying full-fledged voting member of the AMA.

11540 I yield back.

11541 Ms. Schakowsky. I apologize. I apologize.

11542 What you did say, though, is, as a member, you disagree

11543 with the position that the AMA has taken. Am I right about

11544 that?

11545 Mr. Burgess. The gentlelady is correct.

11546 Ms. Schakowsky. Okay.

11547 Mr. Burgess. I disagree with the position.

11548 Ms. Schakowsky. Right. I did want to quote it,

11549 nonetheless. Because what they refer back to is what the

11550 President was saying. "We encourage you to ensure that low-

11551 and moderate-income Americans will be able to secure

11552 affordable and adequate coverage, and that Medicaid, CHIP,

11553 and other safety-net programs are maintained and adequately

11554 funded. And critically, we urge you to do all that is

11555 possible to ensure that those who are currently covered do

11556 not become uninsured." And their conclusion was, "We cannot

11557 support the AHCA as drafted because of the expected decline

11558 in health insurance coverage and the potential harm it would
11559 cause to vulnerable patients and populations."

11560 Then, the American Hospital and Health Systems said,
11561 "The draft legislation proposed, being considered by the
11562 House committee, could lead to tremendous instability for
11563 those seeking affordable coverage. We cannot support the
11564 American Health Care Act as currently written."

11565 On kind of a different note, we find that from the faith
11566 community the Episcopal Church says, "This current proposal
11567 falls woefully short of our spiritual calling to care for
11568 the", quote, "`least of these,'" unquote, as well as the noble
11569 values upon which our great nation was founded."

11570 And Sister Carol Keehan, who is president and CEO of the
11571 Catholic Health Association of the United States, said, "We
11572 are strongly opposed to the House GOP Affordable Care Act
11573 (ACA) repeal and replace legislation that asks the low-income
11574 and most vulnerable in our country to bear the brunt of the
11575 cuts to our healthcare system."

11576 And then, you look at some of the disease organizations
11577 that we have been trying to help, the Cystic Fibrosis
11578 Foundation, "The bill released by the two House committees
11579 this week failed to adequately protect people living with
11580 cystic fibrosis and placed the lives of millions of Americans

11581 living with serious and chronic disease at risk."

11582 And the Consortium for Citizens with Disabilities
11583 remains "strongly against any proposal that institutes per-
11584 capita caps in the Medicaid system."

11585 The American Foundation for Suicide Prevention says, "We
11586 must ensure the gains we have made in mental health and
11587 substance use disorder coverage remain in place, so every
11588 American has a path to a more healthy and productive life."

11589 And on and on of groups on all sides of the spectrum and
11590 with all interests, that is, in various diseases from a
11591 faith-based view, are opposed to this legislation, including
11592 in the healthcare industry itself and the healers.

11593 So, I would just say that this amendment which calls on
11594 us to say let's fulfill the promises that have been made,
11595 let's make sure that we have the information we need to say
11596 that it really lives up to it.

11597 And I yield back.

11598 Mr. Burgess. The gentlelady's time has expired and the
11599 gentlelady yields back.

11600 Is there any member on the majority side that seeks
11601 recognition?

11602 Seeing none, the Chair turns to the minority side. Does
11603 the gentleman from New Mexico still seek time? For what

11604 purpose does the gentleman from New Mexico --

11605 Mr. Lujan. To strike the last word.

11606 Mr. Burgess. The gentleman is recognized for 5 minutes.

11607 Mr. Lujan. Thank you, Mr. Chairman.

11608 Mr. Chairman, in looking at the amendment, I appreciated
11609 our colleague, the Whip, Mr. Scalise, bringing attention to
11610 the language in the amendment. While many of my colleagues
11611 have taken offense with the title of this amendment, I hope
11612 that they look at the content of this amendment. It is not a
11613 long one. It is easy to read.

11614 "None of these previous provisions of this title,
11615 including amendments made by such provisions, shall take
11616 effect until such date that the Congressional Budget Office
11617 and the Joint Committee on Taxation certify that such
11618 provisions and amendments result in lower-cost health care,
11619 as measured by average premium for your comparable benefits,"
11620 as my Republican colleagues have claimed this will do. It
11621 goes on to read, "more affordable health care as measured by
11622 the amount paid out of pocket toward health insurance and
11623 better health insurance as measured by improved health
11624 insurance benefits, and no increase in the rate of
11625 individuals without health insurance."

11626 This language is everything that our Republican

11627 colleagues claim that their bill will achieve. So, all this
11628 says is the bill goes into effect once each of these measures
11629 is hit.

11630 Now I very much appreciated our colleague, Mr. Whip,
11631 Scalise's remarks going after the Congressional Budget
11632 Office. I was waiting for that tonight from someone on the
11633 other side of the aisle because Politico predicted this.
11634 They are pretty good, I guess. Yesterday, which was the 7th,
11635 well, still yesterday, the 7th, the article's title reads,
11636 "GOP Slams Budget Scorekeeper as Repeal Bill Moves Forward".

11637 In the second paragraph of the article, it says,
11638 "Anticipating that their plan will have fewer Americans
11639 insured than Obamacare, and potentially cost the federal
11640 government more, Republican leaders on Tuesday launched a
11641 pre-emptory strike against forthcoming predictions from
11642 Congress' independent scorekeeper, the Congressional Budget
11643 Office." So, good for Politico. They called it.

11644 Mr. Green. Mr. Chairman, does the gentleman yield?

11645 Mr. Lujan. I would yield to the gentleman from Texas.

11646 Mr. Green. Who appoints the Congressional Budget
11647 Office, the CBO? Who is in charge of the Congressional
11648 Budget Office?

11649 Mr. Burgess. Mr. Green, I think general counsel might

11650 be able to help us answer that question.

11651 Mr. Green. Who appoints the Congressional Budget
11652 Office? Is it the House and the Senate?

11653 Mr. Burgess. It is, yes, it is. I believe it is the
11654 Chair and the Ranking Members of the Budget Committee.

11655 And I will just say, of course, the men and women at the
11656 Congressional Budget Office, if the gentleman will continue
11657 to yield, the men and women of the Congressional Budget
11658 Office work for us and they work very hard, and we encourage
11659 them to do their work and report as best a product as they
11660 can. They are our friends, and we certainly support the work
11661 that they do, and we honor their work and their service to
11662 our country.

11663 I yield back to the gentleman.

11664 Mr. Green. Well, if I can still have the yielded time?

11665 If we don't like what the Congressional Budget Office
11666 does and we think they are erroneous, why would we keep
11667 paying them?

11668 [Laughter.]

11669 And thank you, Mr. Lujan.

11670 Mr. Lujan. To Mr. Sarbanes, but I will need a little
11671 bit of time again, Mr. Sarbanes.

11672 Mr. Sarbanes. I want to thank the gentleman for

11673 pointing out what I think is going on here. At least some
11674 members on the other side, and Mr. Scalise I think is
11675 representative of this, are setting the CBO up for a takedown
11676 next week. That is what they are doing.

11677 And they put off getting the CBO for this hearing
11678 because they, I think, have anxiety about what those numbers
11679 are going to show, and they knew that we would pull that into
11680 the discussion and want to share that with the public. So,
11681 they are putting that off, but they are also setting the
11682 table so that, once that report comes out, if they don't like
11683 it, then they can attack the CBO as sort of not being up to
11684 the task. So, I thank you for bringing attention to that.

11685 I yield back.

11686 Mr. Lujan. I appreciate that, Mr. Sarbanes.

11687 And so, all that I will say is, President Trump, if you
11688 are watching tonight, since our Republican colleagues seem to
11689 not want to accept the Congressional Budget score, can you
11690 please tweet out its scores, so we have something to work
11691 with?

11692 With that, I yield back.

11693 Mr. Burgess. The gentleman yields. The Chair thanks
11694 the gentleman. The gentleman yields back.

11695 Is there any member on the majority side who seeks

11696 recognition? Seeing none, on the minority, Mr. Tonko, for
11697 what purpose does Mr. Tonko seek recognition?

11698 Mr. Tonko. Strike the last word, please.

11699 Mr. Burgess. The gentleman is recognized for 5 minutes.

11700 Mr. Tonko. Thank you, Mr. Chair.

11701 I rise in support of the Castor amendment. The
11702 Republican path --

11703 Mr. Burgess. The gentleman will suspend. The committee
11704 will come to order. It is late and some of us have trouble
11705 hearing. So, in order that the gentleman may be heard, the
11706 committee will come to order.

11707 The gentleman is recognized.

11708 Mr. Tonko. Thank you.

11709 The Republican path to this failing healthcare bill is
11710 littered with broken promises. Again and again, President
11711 Trump promised the American people a plan that would provide
11712 better health care than the ACA. This plan breaks that
11713 promise.

11714 The Republican repeal plan promises to strengthen
11715 Medicaid. The reality is that, under this Republican plan,
11716 millions of individuals and families that rely on Medicaid in
11717 communities all across our country will face caps on their
11718 care and funding for the program will be cut by some \$370

11719 billion over the next decade. Maybe my colleagues think that
11720 Medicaid patients deserve fewer protections, but this sounds
11721 like another broken promise to me.

11722 President Trump promised that his plan would lower
11723 costs. This plan breaks that promise for millions of
11724 Americans, including seniors who will face higher premiums
11725 and end up with plans with higher deductibles and less
11726 coverage.

11727 He also promised that the poorest Americans would not be
11728 left without coverage. He said, quote, "We're going to have
11729 insurance for everybody." The plan before us breaks that
11730 promise in spectacularly callous fashion, gutting benefits
11731 for the poorest Americans to pay for a tax break for
11732 millionaires, and shifting heavy cost burdens onto our
11733 middle-class and working families.

11734 Speaker Paul Ryan promised transparency and openness on
11735 his Republican healthcare plan. He said and I quote, "We're
11736 not hatching some bill in a back room and plopping it on the
11737 American people's front door." But when I and other
11738 lawmakers from both parties went to the room in the Capitol
11739 where supposedly a draft was being reviewed by House
11740 Republicans, we got the runaround.

11741 This process has had no transparency, no openness. And

11742 now, this bill is being rammed down our throats as quickly as
11743 possible by a Republican leadership too afraid to let the
11744 American people or even their fellow Republicans see the
11745 severe cuts and heavy cost increases that they are planning
11746 for our middle-class and working families.

11747 Republicans promised a healthcare plan that gives
11748 Americans more freedom and more choice. Can we really call
11749 it choice when individuals are forced to choose between
11750 paying rent and going to the doctor? Do we say American
11751 families are more free when they get sick after buying into
11752 healthcare plan with deductibles so high and standards so low
11753 that it isn't worth the paper on which it is printed?

11754 In this minefield of broken promises, the great lie in
11755 the plan before us today is it is long-term effects which
11756 promise to undermine every promise that Republican leaders
11757 have made on this issue. This Republican proposal has no
11758 plan to rein-in rising healthcare premiums or out-of-pocket
11759 costs. That means the value of these already meager tax
11760 credits will get smaller and smaller, leaving working
11761 families and those with chronic preexisting conditions with
11762 tougher and tougher choices. Do I buy food or medicine? Do
11763 I get school supplies or take my kid to the doctor? There
11764 are people watching this right now that are asking themselves

11765 those very questions.

11766 I want my Republican colleagues to consider this point
11767 very carefully because this will be their legacy when middle-
11768 class and working families get squeezed to help America's
11769 wealthiest pay for another boat or yet another vacation home.

11770 And with that, I yield back, unless --

11771 Mr. Burgess. The gentleman yields back.

11772 Mr. Tonko. I yield to Mr. Schrader.

11773 Mr. Schrader. Thank you, Mr. Tonko.

11774 Just to enter into the record some work that the
11775 Commonwealth Foundation did back in January 2010 with regard
11776 to CBO estimates on health reform. I think that is very
11777 applicable to what we are talking about here.

11778 You know, we never get it all right. We don't get it
11779 exactly right. I don't think we expect that. But I think it
11780 is noteworthy that back in the Reagan era, when they were
11781 some Medicare hospital prospective payment system, CBO
11782 projected \$10 billion in savings. Well, they got that wrong.
11783 It was \$21 billion in savings.

11784 The Balanced Budget Act, 1997, the Clinton era, \$112
11785 billion savings total expected. Well, they got that wrong,
11786 too. It was actually 50 percent greater than what they had
11787 estimated. Oh, darn.

11788 Medicare Modernization Act Part D, an estimated \$206
11789 billion in additional spending being required, and they
11790 actually spent 40 percent less.

11791 So, CBO, yes, they don't get it right all the time, but
11792 they are giving us the best estimates possible. In this
11793 case, we saved a lot more. And under the Affordable Care
11794 Act, the deficit projections early on were the \$100-\$110
11795 billion range. They are now \$350 billion. So, they do the
11796 best they can and they err a little bit on both sides. If we
11797 have to have some nonpartisan arbiter, they are it.

11798 And I yield back. Thank you.

11799 The Chairman. [presiding.] The gentleman yields back.

11800 The Chair recognizes himself in opposition to the
11801 amendment.

11802 And I appreciate the comments from my friend and
11803 colleague from Oregon.

11804 I also want to enter into the record the ASPE Research
11805 brief which shows on table 7 the average monthly premiums for
11806 second lowest-cost silver plans for a 27-year-old before tax
11807 credits, 2014 to 2016, in the health.gov state. So, this is
11808 sort of the base plan they base the tax credits on.

11809 The increase in 2015-2016 year in my State of Oregon was
11810 up 23 percent, and the increase in the 2016-2017 year was up

11811 27 percent. So, if my math is any good at all, 23 plus 27 is
11812 a 50-percent increase in the plan they modeled the credits on
11813 in a 2-year period. I would hope after a 50-percent increase
11814 in the premiums in this market that things would sort of top-
11815 off.

11816 So, without objection, we will put those in the record.

11817 [The information follows:]

11818

11819 *****COMMITTEE INSERT 18*****

11820 The Chairman. I remember the debates over Medicare Part
11821 D. We went all night. We had a lot of amendments we
11822 considered then. They were substantive, and we took a lot of
11823 votes.

11824 And I remember the point my colleagues made about CBO's
11825 estimates and they were disputed at the time, as was the
11826 whole concept behind Medicare Part D. Republicans believed
11827 that we could create a competitive marketplace that would
11828 work for senior citizens, so they did not have to get a bus
11829 to Canada or Mexico to get their drugs; that you could create
11830 drug-only plans.

11831 The Democrats wanted to walk in all these benefits,
11832 "essential benefits," quote/unquote, into the Medicare Part D
11833 plans. We said we don't think that will work; we think it
11834 will drive up premiums, drive up costs, and reduce access.
11835 And we held off those amendments. So, I don't know, we
11836 probably had 60 of them overnight.

11837 The long and the short of it is we let the market work
11838 because we set up a marketplace that would work. Premiums
11839 today aren't far above what they were when the plan rolled
11840 out, I think it was 2003-4, somewhere in there. And as my
11841 colleague points out, the overall costs are down 40 percent
11842 compared to what CBO thought they would be.

11843 So, if you design a market right, you can get
11844 competition that works for consumers. Our goal is to put the
11845 consumer first, get the market right, and do the same thing
11846 in the individual market the Republicans did against enormous
11847 opposition by the Democrats on Medicare Part D. The reason
11848 seniors today have Medicare Part D is because Republicans sat
11849 right in this room and fought on these issues and won and
11850 took it to the Floor in a rather extended vote, I would
11851 confess, on the Floor, until we got it passed and got it into
11852 law, signed into law by George W. Bush.

11853 So, seniors on Medicare I think today are pretty
11854 satisfied with Medicare Part D. And now, the donut hole has
11855 been closed. We couldn't do it then because we didn't have
11856 the budget capability. But it got closed and we are not
11857 reopening that in the ACA. We don't. I am not disputing
11858 that. And so, we are not; we are not opening that back up.
11859 That stays closed.

11860 So, you know, there has been a lot of talk here about
11861 all these incredibly important stories we are hearing, and
11862 then, it is as if these people are going to be dumped out on
11863 the street when, in fact, they will continue to qualify for
11864 Medicaid. And if you are on expanded Medicaid, you stay on
11865 at the high 90-percent reimbursement rate at the low end from

11866 the states -- or from the feds.

11867 We are just asking the states to step up and be a bigger
11868 partner in taking care of a shared population, so people
11869 don't fall through the cracks. Because, remember, there is
11870 also this generational transfer of wealth that is going on,
11871 only in this case it is transfer a debt because the federal
11872 government is having to borrow money to give to states who
11873 have surpluses in many cases.

11874 I have heard from these governors, by the way, and you
11875 all probably have, too. When your governor says they want
11876 more money for whatever it is and, then, remind you they have
11877 to balance their budget, and it is like, yes, duh, that is
11878 why we need a Constitutional Amendment to require a balanced
11879 budget here.

11880 We have got to get the federal house in order. You do
11881 that by reforming these programs, by bending the cost curves
11882 down, by doing for Medicaid, which, by the way, this is not
11883 that radical, because you know what we do with
11884 transportation? We send a block grant of money to the
11885 states, and the local communities, we have a 6-year planning
11886 process in Oregon. It is all local up. It is called the
11887 STIP. They come up with the local needs in the local regions
11888 and how they decide how to spend the transportation dollars.

11889 It is what we just passed as a Congress in many respects with
11890 the ESSA reform to transfer educational decisionmaking out
11891 with fewer strings from the federal government because we
11892 think we can do it better there.

11893 If we believe in this for transportation and education,
11894 it only makes sense we believe in it for health care, which
11895 is even more important than those two.

11896 My time has expired and I yield back.

11897 Are there other members seeking recognition? The order?
11898 So, we will go to Mr. Sarbanes who has not been recognized.
11899 Mr. Sarbanes is recognized for 5 minutes.

11900 Mr. Sarbanes. Yes, thank you, Mr. Chairman. I yield my
11901 time to Congressman Pallone.

11902 Mr. Pallone. Thank you. And I am not going to take up
11903 all the time.

11904 But I just wanted to respond to some parts of what the
11905 chairman said. You know, a week ago the National Governors
11906 Association, you know, various governors -- I think there
11907 were about 12, more Republican than Democrat, actually -- met
11908 with myself and some of the Democratic leadership. They
11909 asked to meet with us. It wasn't that we asked to meet with
11910 them.

11911 And they were very, very concerned about the cuts in

11912 Medicaid that might come up in the context of this
11913 legislation. They hadn't seen the legislation yet because
11914 this was before you gave it to us, but they had some idea
11915 that it would be a cap and that that would result because of
11916 what is going to happen with both Medicaid expansion as well
11917 as with traditional Medicaid, that less money would be coming
11918 to the states.

11919 And, you know, the response was nothing like what you
11920 said, Mr. Chairman. I understand maybe you are saying they
11921 just want money and they just want the federal government to
11922 pay for everything. The bottom line is, though, many of
11923 these states have major budgetary problems, my own certainly
11924 included, even though they have Republican governors.

11925 They are concerned that, if they get less money because
11926 of the cap or because of whatever this legislation does, that
11927 they are going to have to kick people off Medicaid. You
11928 said, oh, they are not going to kick them off. That is
11929 exactly what they were concerned about, that they would have
11930 to kick people off.

11931 I think a lot of people think that the governors want
11932 all this flexibility. Well, I didn't hear -- I mean, a
11933 couple of them mentioned flexibility, but flexibility wasn't
11934 really what they were after. They were concerned about the

11935 fact that they would be getting less money; they would have
11936 to kick people off Medicaid, and that they wouldn't be able
11937 to offer them a lot of the benefits that they offer them now,
11938 simply because they wouldn't have the money.

11939 So, I just think that, if you listen to what they are
11940 saying -- and I am not saying they all said this, but, you
11941 know, generally, there were about a dozen of them there, more
11942 Republican than Democrat -- that the very things that you
11943 seem to be dismissing are exactly what they are concerned
11944 about. I think to suggest that somehow this is the state's
11945 responsibility, and not the federal government's
11946 responsibility, again, now I know you didn't say that; I am
11947 not suggesting that you were saying that. I think you
11948 suggested that it had to be a shared responsibility.

11949 But, I mean, the bottom line is the reason that we have
11950 the Medicaid expansion and that we started out with 100-
11951 percent funding was because we realized, when we passed the
11952 ACA, that a lot of the states were strapped and they weren't
11953 going to be able to expand Medicaid; they weren't going to be
11954 able to serve this population of people that couldn't afford
11955 to pay their premiums, unless they had a major infusion of
11956 federal funds.

11957 And I don't think anything has changed in that regard.

11958 If you want to look at this from a realistic point of view --
11959 you know, separate the ideology, separate what you think the
11960 states should pay, what the federal government should pay --
11961 the bottom line is that states can't afford it. And if we
11962 don't do it, in reality, exactly what is going to happen,
11963 people are going to get kicked off and they are not going to
11964 have a lot of the benefits, including mental health and other
11965 things.

11966 I yield back to the gentleman.

11967 Mr. Sarbanes. Thank you.

11968 Just to follow up on those comments, in a sense this is
11969 a classic bait and switch. The bait is we are going to give
11970 you all this additional flexibility, right? That is going to
11971 be what the governors are going to have under this new
11972 formula.

11973 And let's make no mistake. What is happening in the
11974 Medicaid program, we are not taking it back to where it was
11975 before the ACA; we are going someplace completely new. We
11976 are going to this per-capita cap, which is going to be a
11977 massive decrease of funding over time to the states.

11978 The bait is, oh, we are going to give you the
11979 flexibility. The switch is we are going to switch out robust
11980 funding for the Medicaid program and we are going to replace

11981 it with something that is going to put tremendous pressure on
11982 the states when they are trying to deal with these various
11983 populations that are being served right now.

11984 So, this notion that what is being offered in this bill
11985 is a, quote/unquote, "rescue mission," which is kind of the
11986 lead talking point I have heard here tonight, is
11987 preposterous. This is not a rescue; this is going to make
11988 the situation worse for many on Medicaid, and it is also
11989 going to negatively impact those who are trying to get
11990 insurance in the individual market, which is a point that we
11991 will have an opportunity to make again as the hearing
11992 proceeds.

11993 And I yield back my time.

11994 The Chairman. The gentleman yields back the balance of
11995 his time.

11996 The Chair recognizes the gentleman from Illinois, Mr.
11997 Shimkus.

11998 Mr. Shimkus. Thank you, Mr. Chairman.

11999 Again, I appreciate the debate and the discussion, and
12000 we are being educated on policies. I have used this chart
12001 numerous times in healthcare hearings and budget processes,
12002 and that is just our budget. It is 3.7 as of 2015. The red
12003 is the mandatory spending, and Medicaid is there at \$350

12004 billion. Because Medicaid is part of this debate, Medicaid
12005 expansion is part of this debate.

12006 Now the red is automatic spending. We don't control it.
12007 The blue is the discretionary. That is what we fight on all
12008 the time. That is where we shut down the government on. The
12009 half of the discretionary budget is defense. Okay?

12010 Now let's go to the next slide, unless someone disputed
12011 that original one. We could talk about those numbers.

12012 So, this is a picture of where the country has been and
12013 where the country is going. Now no one disputes the fact
12014 that we have \$19 trillion in debt. I would assume we
12015 understand that we have \$19 trillion in debt.

12016 So, if you look at the proportion of the automatic
12017 spending to the discretionary budget, look what has happened.
12018 Left unchecked, look where we are at 2026. So, yes, CBO is
12019 great. It is fine.

12020 But the point is the automatic spending. So, in this
12021 healthcare debate, what Obamacare did, it kind of created two
12022 tiers of Medicaid, the traditional Medicaid for the sick and
12023 the absolute poor, and that, different states have a
12024 different match. I was going to use this, Mr. Doyle, when
12025 you were talking, but, then, I said no. You were getting too
12026 riled up.

12027 [Laughter.]

12028 And then, Obamacare established a new tier of Medicaid-
12029 eligible, and they enticed the states to bring in a new
12030 category with 100-percent payment for that top tier for 4
12031 years. And then, it ratchets down to 90/10. So, that is
12032 where we are at.

12033 So, when we get the CBO score and we do some actuary
12034 changes on Medicaid, I think you all will be pleasantly
12035 surprised at how much money is going to be saved. Because
12036 what happens at that top level is called churning. People at
12037 that top level stay on, on average, about 6 months, because
12038 this is what you want them to do, because you want them to
12039 get a job. You want them to be in the market. And that
12040 natural churn addresses that number at that upper level of
12041 the Medicaid.

12042 But, of course, the governors are going to come and say,
12043 "Don't touch it." We are subsidizing their whole frickin'
12044 program, and we are doing it because of Medicaid expansion.
12045 So, they are going to say, "Give me the money. We want more
12046 money. We want to deal with this."

12047 So, what we are doing in this bill is saying you are
12048 going to get a per-capita grant and you have got to manage
12049 these folks. If you want to keep that additional population,

12050 go for it. Send in a request to HHS. Try to do a waiver.
12051 But, eventually, we have got to get back to the FMAP that the
12052 lower portion of Medicaid gets paid for. In Illinois it is
12053 50/50, right? The lower portion, for every dollar we pay,
12054 the federal government pays 50 cents; the State of Illinois
12055 pays 50 cents.

12056 There are some states here, they have a greater ratio,
12057 65/30, 80/20, 73/27. I always argue that these states -- I
12058 feel I don't want to get screwed by this process. We are the
12059 most wealthy state that has the biggest debt. And all our
12060 wealth is in Chicago and there are a lot of poor people in
12061 the Chicago area, but, obviously, real poor is real poor.
12062 And we don't get the same match.

12063 I think this is where we could fix, but the intent of
12064 our bill -- and my time is running out -- is that, when you
12065 talk Medicaid, you are talking two different levels, and
12066 there is some debate that the poor, sick, disabled are on
12067 waiting lists in the lower portion and not in the higher
12068 compensated amount. By doing this, by addressing this per-
12069 capita process, we will have the states fix these problems.

12070 And I yield back my time.

12071 The Chairman. The gentleman yields back the balance of
12072 his time.

12073 The Chair recognizes the gentleman from California, Mr.
12074 McNerney.

12075 Mr. McNerney. Thank you.

12076 The Chairman. The gentleman is recognized for 5
12077 minutes.

12078 Mr. McNerney. And I will try not to use the whole time.

12079 But, look, what Mr. Shimkus is doing, I think, and I
12080 guess Chairman Walden as well, is saying, I think -- I am
12081 going to put words in their mouth now -- that this is
12082 essentially budget-driven. Okay? In other words, I have
12083 heard different things. I think Mrs. McMorris said earlier
12084 that, you know, with regard to Medicaid, the funding is
12085 unsustainable, that basically we can't afford it.

12086 Well, first of all, with regard to the expanded Medicaid
12087 and what is in the Affordable Care Act, that is paid for
12088 completely, right? I am not talking about tradition, but
12089 what was in Obamacare was completely paid for. We had to pay
12090 for it. It cost us about a trillion dollars.

12091 And when you say that it is unsustainable or we can't
12092 afford it, I don't buy that because we did pay for it. And
12093 what you are doing with this bill is repealing the "paid-
12094 fors" to the tune of \$600 billion, right? So, if you kept it
12095 in place, it would be paid for. It even is decreasing the

12096 deficit overall.

12097 But, beyond that, look, the reason that we did the
12098 expanded Medicaid, and the reason we have Medicaid, is
12099 because we know that the people in those income brackets
12100 can't afford to pay a premium. They don't have the ability
12101 to do it. So, what are we going to do? Are we going to say,
12102 okay, we won't have Medicaid or we will get rid of a lot of
12103 them or cut down on their benefits to go to the emergency
12104 room, whatever.

12105 I mean, the bottom line is we have figured out a way to
12106 continue a program that helps people. It provides them with
12107 good health care. They don't have to go to the emergency
12108 room. They are able to go to the doctor. In the long run,
12109 that saves a lot of costs, which, of course, is not even
12110 calculated by the CBO or anybody, to be honest, but
12111 prevention works. Prevention saves money in the long run.

12112 So, my only point is, what is your alternative? This is
12113 strictly budget-driven. You are saying we can't afford it.
12114 And so, therefore, we will give less money to the states, and
12115 they will end up, maybe they will kick people off; maybe they
12116 will reduce the benefits. They won't get behavioral health
12117 benefits, whatever.

12118 There is nothing here that you are proposing that is

12119 actually going to increase or improve the health care for
12120 this population that can't afford to pay for their health
12121 insurance. And so, I just think to just talk about the
12122 budget, to just talk about the money, when the federal
12123 government is probably in the best position to do this -- we
12124 recognized that when we passed the ACA -- and without any
12125 suggestion, which I don't hear any, about how to better
12126 accomplish this goal, you know, given that you want to insure
12127 these people, given that you want to provide them with a good
12128 benefit package. If you don't want to do that, I think the
12129 consequences are even worse financially, but forget the
12130 financial aspect. In terms of people's lives, it is the
12131 worst scenario of all.

12132 And that is the thing that I don't understand here. The
12133 GOP keeps talking about the ACA is bad; you know, the system
12134 is unsustainable, on and on, but they don't talk about how
12135 their bill is going to create a better way for these people
12136 to get health care or to improve their lives. No, we don't
12137 hear that.

12138 And it riles me to think that we keep going on and on
12139 here about the money when I don't think there is any question
12140 that the federal government is in the best position to do
12141 this. And if we don't, I don't think anybody else is going

12142 to in an effective way.

12143 I yield back to the gentleman.

12144 The Chairman. The gentleman yields back the balance of
12145 time.

12146 The Chair recognizes the gentleman from Kentucky, Mr.
12147 Guthrie.

12148 Mr. Pallone. Well, he had some time.

12149 The Chairman. Oh, I'm sorry. I forgot you yielded to
12150 him.

12151 I go back to Mr. McNerney.

12152 Thank you. I apologize.

12153 The gentleman is recognized.

12154 Mr. Doyle. I thank the gentleman.

12155 Mr. Chairman, you weren't here when I was talking a
12156 little bit about -- you know, all the complaints that were
12157 here in these letters you guys all read has nothing to do
12158 with Medicaid expansion. It has to do with the individual
12159 markets. That is where you are getting all the complaints.

12160 And I had posited that, if you take young healthy people
12161 out of the individual markets because you don't have a
12162 mandate anymore, it makes the risk riskier. And I said, I
12163 wonder how an insurance company is going to react to that?

12164 Mr. Chairman, I just saw Blue Cross Blue Shield

12165 Association of Pennsylvania is pressing House Republicans to
12166 scrap a provision in their Obamacare repeal bill that would
12167 penalize people for dropping coverage, arguing that it could
12168 keep younger healthier people out of the insurance market.

12169 The group which represents Regional Blue Health Plans
12170 sent a memo this week urging the GOP to rethink the bill's
12171 premium surcharge, which would temporarily hike premiums by
12172 30 percent for people whose coverage lapsed. Republicans
12173 said they thought this provision would encourage enrollees to
12174 stay in the market rather than signing up only when they get
12175 sick. But Blue Cross Blue Shield warns that the surcharge
12176 would discourage healthier people from buying coverage.

12177 The organization also recommended and warned the
12178 Republicans that the bill's tax credits tying it to age
12179 rather than income could make it difficult for low-income or
12180 older Americans to afford coverage.

12181 So, I just wanted to make that point. Sorry you weren't
12182 here to hear my eloquent --

12183 The Chairman. I am, too, but I am going to get the DVD.

12184 Mr. Doyle. And I just want to say to Mr. Shimkus that,
12185 after midnight, I get very mellow. So, I am not wound up
12186 anymore, John.

12187 [Laughter.]

12188 The Chairman. I am going to get the DVD of your
12189 remarks, I promise, honest. Someday I will watch it.

12190 [Laughter.]

12191 The gentleman's time has expired.

12192 We will go now to the gentleman from Kentucky, Mr.
12193 Guthrie, 5 minutes.

12194 Mr. Guthrie. Thank you very much. Thank you, Mr.
12195 Chairman.

12196 I strike the last word.

12197 I just want to talk about, it sounds like there is going
12198 to be this bill has a cut in Medicaid. What this bill
12199 actually does is try to deal with the growth of Medicaid that
12200 what I would say is unsustainable, particularly with
12201 traditional Medicaid. We spent \$587 billion total this year
12202 in Medicaid. By 2026 -- we saw the chart that Mr. Shimkus
12203 had -- we are going to spend over a trillion in Medicaid.

12204 So, what this planned to do is get this on a sustainable
12205 budget. States will be awarded money based on their
12206 historical spend. So, there are no cuts. We figure out what
12207 their historical spend has been. The categories are age,
12208 blind, disabled, children, and adults. And states will
12209 receive money based on those categories, which will equal
12210 what they receive, plus there is a growth for CPI and medical

12211 and, also, it is based on population So, when the baby
12212 boomers -- and I am the end of the baby boomers -- as we move
12213 through the system, if they add onto the Medicaid system, it
12214 is allotted for in the money.

12215 What we are trying to deal with is the growth. And I
12216 will tell you, we met with governors, and governors certainly
12217 weren't standing in front of us saying, "Please cut our
12218 Medicaid." But what they were saying was, if we can have a
12219 sustainable program moving forward with growth for inflation
12220 and growth population, and, hopefully, as the economy
12221 improves, you would receive less if you had people going off
12222 Medicaid, is what we want. And give us the flexibility to
12223 manage.

12224 Our governor in Kentucky wanted to maintain actually the
12225 expansion side of it, if he could get waivers, so he could
12226 treat the expansion population different than traditional
12227 Medicaid. He had trouble previously getting waivers. He
12228 wanted to do sort of what Indiana did. He was asking people
12229 in the expanded population to pay anywhere from \$1 to \$15 a
12230 month and it was also to have a work requirement. Twenty
12231 hours, you could volunteer; you could work; you could go to
12232 school; you could do something to, hopefully, improve
12233 yourself and move yourself off of Medicaid.

12234 But I just want to make sure that this bill doesn't cut
12235 current allotments going to states for Medicaid. It deals
12236 with what is an unsustainable growth rate, particularly in
12237 traditional Medicaid, and I would argue, also, in the
12238 expansion population. And it does it in a responsible way.

12239 It does it in a way that I think every -- there is a
12240 letter I entered to the record in a previous meeting -- but
12241 every sitting Senator that was in the U.S. Senate in the
12242 1990s signed a letter encouraging President Clinton to go
12243 towards the per-capita allotments, as he was trying to deal
12244 with the growth in Medicaid. I think we actually spend three
12245 times -- the Medicaid program is about three times as large,
12246 larger now than it was under President Clinton, and he was
12247 trying to deal with it at the time. It wasn't dealt with.
12248 It hasn't been dealt with. It is time to deal with it.

12249 It is bankrupting states. It is adding to our budget
12250 deficit. It is keeping us from an opportunity to do things
12251 in the appropriated side of the budget.

12252 So, I think it is very responsible. It has been worked
12253 through with governors. We met with governors from both
12254 parties. And I think that this is a responsible way to go.
12255 I just want to stress this bill does not cut Medicaid, the
12256 traditional Medicaid. It deals with the freeze in the

12257 expanded Medicaid, but I think that is the route that we are
12258 not taking it away, pulling the rug out from under anybody
12259 who signed up for the expansion side on their traditional
12260 FMAP. States can continue the expansion after 2020,
12261 according to this bill, under their traditional FMAP instead
12262 of the enhanced FMAP.

12263 So, I just want to make sure, this does not cut the
12264 allotments that are going to states, but this deals with,
12265 puts us on a sustainable path for growth, so we are not
12266 spending over a trillion dollars combined in 2026 on the
12267 Medicaid program.

12268 The Chairman. Will the gentleman yield on those points?

12269 Mr. Guthrie. I will yield.

12270 The Chairman. Because I think they are really important
12271 points to make. Nobody is getting kicked off. If you are on
12272 expanded Medicaid, you stay on until you get a better-paying
12273 job and, therefore, don't qualify or have something else that
12274 takes you off Medicaid.

12275 And the second point is we are going to get to the
12276 point, working in conjunction with Secretary Price, where
12277 states don't have to come begging to a bureaucrat in
12278 Washington to get permission.

12279 Governor Herbert of Utah -- because I have met a lot of

12280 governors, talked to a lot of governors of both parties over
12281 the last several months. And we actually invited them to
12282 come and talk to us. We didn't have to wait for them to
12283 invite us. We invited them because we value their input.
12284 And Governor Herbert said he had to petition a bureaucrat in
12285 Washington to get permission to use this brand-new
12286 communications tool called email, to email with his Medicaid
12287 participants who have email. He had backup snail mail. He
12288 waited 9 months and, then, CMS denied his State's request to
12289 be able to email with Medicaid recipients who had email by
12290 email.

12291 I said, "What would that have saved your State?" He
12292 said over \$6 million. Six million bucks.

12293 So, you all want to put your faith in the bureaucrats at
12294 CMS that tell a governor in Utah you can't email -- because
12295 that \$6 million could have gone into health care. Instead,
12296 it goes into snail mail.

12297 I yield back.

12298 Mr. McNerney. Well, I don't have time, but I would have
12299 yielded to my friend from California.

12300 The Chairman. The gentleman's time has expired.

12301 Other people seeking recognition? She has already
12302 spoken. I will have to go down to the gentleman -- oh, wait

12303 a minute. I'm sorry. Ms. Clark is actually next.

12304 I recognize the gentlelady for 5 minutes.

12305 Ms. Clarke. Thank you, Mr. Chairman.

12306 I move to strike the last word, in support of the Castor
12307 amendment.

12308 This amendment calls for the committee to consider the
12309 promises made by Donald Trump and congressional Republicans
12310 to the American people before advancing the misguided repeal
12311 legislation. Throughout his campaign, the transition, and
12312 his time in office, Donald Trump has made a number of bold
12313 promises to the American people regarding his intent to
12314 overhaul our healthcare system. And the Republicans have
12315 supported his promises. In fact, they are in lockstep with
12316 him.

12317 Paul Ryan, Speaker Paul Ryan, in particular, has made a
12318 name for himself by railing against the Affordable Care Act
12319 as a broken system and claiming that Republicans would
12320 produce the panacea for whatever imagined ailments plagued
12321 our nation's healthcare system.

12322 It is critical that we remind the committee of these
12323 promises in order to ensure that Americans have a healthcare
12324 system in place that does more than just appease the right
12325 wing Republican desire to throw out any accomplishment of our

12326 former President, regardless of the positive impact on
12327 America.

12328 During his campaign, Donald Trump insisted that
12329 everyone, including the poorest and sickest Americans, will
12330 have healthcare. Instead, this misguided legislation
12331 Trumpcare eliminates the individual and employer mandate for
12332 insurance, crucial components for ensuring all Americans
12333 access to health care.

12334 Trumpcare will create what I like to call a working
12335 man's penalty for those Americans unable to afford health
12336 care for a short period of time by slapping them with a 30-
12337 percent tax on their monthly premium once they can finally
12338 afford coverage once again. Even without the benefit of a
12339 CBO report or the adequate time to dive into the details of
12340 this bill, it appears that Trumpcare will hurt our oldest,
12341 poorest, and sickest citizens the most. But, in the interest
12342 of fairness, Trumpcare will not be harmful to everyone.
12343 Those earning more than \$500,000 a year will see your taxes
12344 cut. So, while the oldest, poorest, and sickest Americans
12345 suffer the consequences of this new legislation, Republicans
12346 and their wealthy friends will celebrate dismantling the
12347 system that truly guaranteed coverage for all Americans.

12348 So, I call on the Trump administration and Republican

12349 leaders in Congress to do the right thing. Keep their word
12350 to the American people. Ensure a healthcare system that
12351 works for those that need it the most and not just those who
12352 have the most.

12353 So, while Speaker Ryan turns off the phones in his
12354 office to avoid the deluge of constituent calls begging him
12355 not to take away their health insurance, and White House
12356 staffers feed the President a steady stream of press
12357 clippings reaffirming his faulty word views, I urge my
12358 colleagues on this committee to support this amendment and
12359 hold these men and women accountable for their promises.

12360 And I will yield the balance of my time to Mr. Green or
12361 --

12362 Mr. Green. I thank my colleague, and I will yield back
12363 to you.

12364 Over the last few minutes, we have heard about people
12365 getting a job. But, you know, I have always been told that
12366 60 percent of Medicaid actually goes to senior citizens for
12367 residential care. We are not going to get grandma or grandpa
12368 out of the nursing home to go get a job.

12369 So, what they are doing is taking away the enhanced
12370 Medicaid, but still 60 percent of the money goes there. So,
12371 there is an amendment that we may get to on the per-capita

12372 section, but there are other things in this bill that are
12373 wrong. Because what you are doing is you are forcing it down
12374 to the states and going back to the percentages that they
12375 have.

12376 And my colleague from Illinois was correct; different
12377 states have different reimbursement rates. You know, Texas,
12378 we are typically 66 percent fed and one-third state; whereas,
12379 other states have different. But I didn't know Illinois was
12380 50/50. If I were them, I would really be upset.

12381 So, this bill, if 60 percent of the money goes to
12382 seniors, but I have always heard that 60 percent of the
12383 people served are children. And again, we are not going to
12384 take that child out of school and give them a job. So, I
12385 don't know how we are going to save that money except forcing
12386 this down onto the states.

12387 And I yield back. Thank you for yielding to me.

12388 Ms. Clarke. Mr. Chairman, I yield back.

12389 The Chairman. The gentlelady yields back.

12390 Are there other members seeking recognition on the
12391 Republican side? Seeing none, are there members on the
12392 Democratic side?

12393 The gentlelady from Colorado is recognized --

12394 Ms. DeGette. Mr. Chair, I yield to Ms. Castor.

12395 The Chairman. -- for 5 minutes to speak on the
12396 amendment.

12397 Ms. Castor. Well, I thank Ms. DeGette for yielding the
12398 time.

12399 The amendment debate here has morphed into a very
12400 important discussion about Medicaid and the per-capita caps.
12401 There were just a few statements made that I think can't be
12402 left out there.

12403 As a reminder, remember, this Medicaid section on
12404 turning from what has been a Medicaid guarantee for care for
12405 a narrow group of folks, children, the disabled, neighbors in
12406 skilled nursing, Alzheimer's patients, when you cap
12407 something, I hear your argument that you are going to provide
12408 more flexibility, but what this really is, it is a sweep of
12409 funds and it is an elimination of that fundamental guarantee
12410 that we have to our most vulnerable neighbors. The folks
12411 that I mentioned at the outset of the hearing this morning do
12412 not have the high-paid lobbyists here in Washington, D.C.

12413 Flexibility is already allowed in Medicaid. It is a
12414 very flexible program. That is why most states, a lot of
12415 states have waivers where they are able to waive rules. That
12416 is why many states have been allowed to move to Medicaid
12417 managed care to help control cost. That is very flexible.

12418 It is historically very efficient.

12419 And remember that Medicaid, when my friends were talking
12420 about sustainable growth, the growth in Medicaid is lower
12421 than Medicare or private health insurance. Really, what
12422 these caps do is shift the cost, like Mr. Green said, to
12423 states, counties, hospitals, and all of the rest of us with
12424 insurance out there.

12425 It also highlights how radical this procedure is in what
12426 we are doing. The most radical change to Medicare in
12427 decades, and we didn't hear from experts; we didn't hear from
12428 families. We didn't take the time to do that. You are doing
12429 this without a CBO score. And then, you say, we are really
12430 worried about the sustainability of Medicaid and the cost.
12431 Well, I would take that argument so much more seriously if at
12432 the same time the GOP were not providing huge tax breaks to
12433 millionaires. What is going on over in the Ways and Means
12434 Committee as they eliminate the revenue enhancements? And I
12435 guess you feel like to continue to give those tax breaks, you
12436 have to target our neighbors that get their health care
12437 through Medicaid. And I think that is very poor policy. It
12438 is very poor policy to have this very important debate in the
12439 middle of the night rather than do it over a series of at
12440 least weeks, where the public can see and hear and understand

12441 and weigh-in.

12442 So, boy, this has kind of reached a disappointing turn
12443 in this, but I guess that is kind of where we started as
12444 well.

12445 I yield back my time to Ms. DeGette.

12446 Ms. DeGette. I yield back.

12447 The Chairman. The gentlelady yields back the balance of
12448 her time.

12449 Are there other members seeking recognition on the
12450 Republican side? Was that a request? No. I was just making
12451 sure. We are trying to go back and forth.

12452 The gentleman from California, Mr. Ruiz.

12453 Mr. Ruiz. Thank you.

12454 I support this amendment. Let's be very clear. This is
12455 cuts to Medicaid. President Trump promised there would be no
12456 cuts to Medicaid. This bill will cut Medicaid.

12457 So, once again, let me break this down. Okay? This
12458 bill caps Medicaid payments to ration care for enrollees.
12459 States will get a certain amount of money regardless of the
12460 actual cost it takes to take care of patients. Medical
12461 inflation is out of control. It is going really high. The
12462 payments through block grants will not match the increased
12463 medical inflation that is going up. So, there creates a cost

12464 gap. This cost gap burden is placed on the shoulders of
12465 working middle-class families that struggle paycheck to
12466 paycheck.

12467 How is that going to happen? States are going to get
12468 this burden of cost, and they are going to say, well, let's
12469 eliminate some of the eligibility criteria so that we can
12470 reduce the amount of Medicaid patients that we are
12471 responsible for. Two, they are going to say, let's reduce
12472 what we decide to cover. Whether it is HIV medications,
12473 whether it is cancer care, whether it is any other type of
12474 expensive care, they are going to say, "We are no longer
12475 going to cover that" in order to make their money last longer
12476 under Medicaid. So, a lot of people aren't going to get very
12477 important health care that they need.

12478 And then, finally, they are going to say, well, let's
12479 cut our cost by decreasing our reimbursements to hospitals
12480 and to providers. That means that it is going to be even
12481 harder for a patient on Medicaid to get care at a hospital
12482 that accepts patients on Medicaid or get care by a physician
12483 who accepts patients on Medicaid.

12484 This would be profoundly damaging to districts in rural
12485 America, especially in the central areas of America because
12486 there is already a physician shortage crisis. In my district

12487 there is one physician per 9,000 residents. You add
12488 Medicaid, but there is not enough physicians for them to see
12489 patients on Medicaid. And then, after the year 2020, the
12490 expansion eligibility will no longer be required, and those
12491 that are on the expansion will be phased out.

12492 So, it is very simple. Although this bill, you may want
12493 to wash your hands like Pontius Pilate and say, "I am not
12494 responsible for making those tough decisions." But this bill
12495 will force those states to make those tough decisions and cut
12496 Medicaid for millions and millions of patients.

12497 And so, therefore, the uninsured rate will go up once
12498 eligibility criteria will decrease. What does that mean?
12499 That means we all are going to pay for uncompensated care.
12500 How will we pay for uncompensated care? You are going to
12501 have more uninsured sicker patients go to the emergency
12502 department and, therefore, the capacity which is already
12503 overcrowded, you will have to wait longer.

12504 The other way is hospitals and physicians and other
12505 folks will increase the cost in order to make up for that
12506 uncompensated care. Therefore, healthcare costs will go
12507 higher. Premiums will go higher, et cetera, because, then,
12508 hospitals will then turn around and charge the insurance
12509 companies. So, overall, everybody has to pay for

12510 uncompensated care, which will increase healthcare costs for
12511 everybody.

12512 President Trump promised there will be no cuts to
12513 Medicaid. This bill will effectively cut Medicaid.

12514 And I give the rest of my time to Anna Eshoo.

12515 The Chairman. Who?

12516 Mr. Ruiz. I give the rest of my time for Doris Matsui
12517 of California.

12518 Okay. I yield back my time.

12519 Mr. Shimkus. Will the gentleman yield just for a
12520 minute? Will the gentleman yield? You have 1 minute left.

12521 But there is one other way that savings could occur, and
12522 you are a doctor, so you know. Early invention, diagnosis
12523 versus chronic operation; diabetes, obviously, identifying
12524 that.

12525 So, if states have the flexibility to implement those
12526 things --

12527 Mr. Ruiz. I reclaim my time.

12528 Mr. Shimkus. Okay.

12529 Mr. Ruiz. Because this bill cuts those preventive
12530 services.

12531 Mr. Shimkus. No, no, no, we are freeing it -- no.

12532 Mr. Ruiz. And the other thing is that --

12533 Mr. Shimkus. I disagree.

12534 Mr. Ruiz. -- there is no guarantee that states will
12535 need to cover those preventive services. In fact, we know
12536 that the first thing on the chopping block is preventive
12537 services.

12538 Mr. Shimkus. No, we don't. No, we don't.

12539 Mr. Ruiz. It is not being covered. I mean, they
12540 weren't covered before the ACA. The Affordable Care Act
12541 mandated preventive services to be covered. So, there is no
12542 guarantee that the states will honor the preventive services.

12543 The Chairman. The gentleman's time has expired.

12544 I will now go to the gentleman from Texas, Mr. Olson.

12545 Mr. Olson. I thank the Chair and give my time to the
12546 gentleman from Kentucky.

12547 Mr. Guthrie. Yes, my friend from California described,
12548 if it was just a flat block grant and you said there is going
12549 to be inflation, this grows with medical inflation. Matter
12550 of fact, it is a CPI that is faster than medical inflation,
12551 and it will be reflective of cost.

12552 So, it has a base year set in 2016 that the states would
12553 have their base money that grows with inflation. So, the
12554 idea that it is just a flat block grant that doesn't have
12555 growth, and as people go onto the rolls, so as the baby

12556 boomers retire and more people go into Medicaid, it is
12557 reflective of that as well.

12558 So, it just wasn't accurate to say this doesn't have any
12559 --

12560 Mr. Ruiz. Does the gentleman yield?

12561 Mr. Guthrie. I will yield.

12562 Mr. Ruiz. So, CPI, basing the block grant payment
12563 amount to states on CPI is not the same thing as basing it on
12564 medical inflation.

12565 Mr. Guthrie. That is what we are basing it on. That is
12566 what we are basing it on.

12567 Mr. Ruiz. Healthcare costs are way out of control.

12568 Mr. Guthrie. We are basing it on CPI medical inflation.
12569 That is what we are basing it on.

12570 Mr. Ruiz. Well, the medical inflation is far greater
12571 than what the Medicaid block grants, per capita, no matter
12572 how you call it, it is a block grant because it is going to
12573 be a specific limit.

12574 Mr. Guthrie. No, it is not. It grows. As I said, this
12575 grows with medical CPI, medical inflation, not CPI.

12576 Mr. Cardenas. Will the gentleman yield?

12577 Mr. Guthrie. It is not my time. It is not my time.

12578 Mr. Olson. Yes, sir, I will yield.

12579 Mr. Cardenas. Thank you, sir.

12580 I appreciate Mr. Guthrie's explanation, but there is a
12581 fundamental basis that is missing. And that is that one
12582 person is assuming that the beginning amount is actually the
12583 amount necessary for that particular state to provide those
12584 services to the mass number of constituents that need those
12585 services at that time.

12586 So, if you were starting out with 100 percent of the
12587 coverage necessary for that community or that state, then,
12588 therefore, that CPI growth, even though it is based on
12589 medical CPI, would be sufficient. But that the assumption
12590 that the amount that they are getting from the beginning is
12591 sufficient I think is not accurate.

12592 Mr. Olson. I reclaim my time. I yield to my friend
12593 from Kentucky for --

12594 Mr. Guthrie. You are right, you have got to have the
12595 original allotment that is appropriate to each state. And it
12596 is based on the historical average for the different
12597 categories for each state.

12598 So, the objective is -- and you don't see it in the
12599 bill, and we look at the bill and it is wrong -- but I
12600 understand it to be that we have a base funding which is
12601 historical average that states have. Like California has,

12602 from 2016 is the money that they would have. As their
12603 populations grew within the categories, they would receive
12604 more. As California's economy grows, they would receive less
12605 as people went off. And I wasn't saying young people were
12606 going to go to work. I was talking about the expanded
12607 population. But this is more traditional Medicaid, and it
12608 grows with medical CPI.

12609 And we really discussed this with a lot of governors.
12610 There was a big move for flat block grants, and that is not
12611 what this is. It kind of reflects what you just said.

12612 Mr. Cardenas. Will the gentleman yield?

12613 Mr. Olson. Yes, sir, I yield.

12614 Mr. Cardenas. Again, in your points you are accurate in
12615 what you are explaining, but that is to assume that, for
12616 example, the 2016 figure is, in fact, the adequate figure for
12617 each state.

12618 Let me give you California, for example. California has
12619 provided services by leaps and bounds. The percentage of
12620 uninsured in California has gone down dramatically over the
12621 last 5 years. In addition to that, the raw numbers have.

12622 But, at this point, if you took a snapshot of 2016 of
12623 the State of California, we are still shy of the objective of
12624 covering all those who need and deserve that coverage.

12625 Mr. Guthrie. Will the gentleman yield?

12626 The Chairman. Yes, well, I was just going to suggest
12627 that the 2016 start rate, then, gets an inflation adjustment
12628 each year.

12629 Mr. Guthrie. And adjusted for the per capita that comes
12630 onto it for --

12631 The Chairman. Right. And then, we have the state
12632 grants for patients and all, and there is other funding. And
12633 by the way, we are turning off the DSH cuts, too. So, if you
12634 are a non-expansion state, they go off right away. If you
12635 are an expansion state, they go off when the expansion gets
12636 frozen. So, we are going to achieve some savings there for
12637 states. And states can step up and add to this pool anytime
12638 they want.

12639 And so, it is tied to real dollars they are spending on
12640 what they think their program should look like and adjusted
12641 for medical inflation each year and --

12642 Mr. Guthrie. But you have got to start with the right
12643 allotment --

12644 The Chairman. You are right.

12645 Mr. Guthrie. -- and then, grow with inflation and grow
12646 with the population that comes in and out of your Medicaid.

12647 Mr. Cardenas. With the gentleman yield for a sincere

12648 compliment?

12649 Mr. Olson. Yes, sir, absolutely.

12650 Mr. Cardenas. A bipartisan sincere compliment: gosh
12651 darn it, I wish we had this kind of discussion because I
12652 think this is the kind of bipartisan cooperation that we
12653 should see when we are writing bills and when we are working
12654 on those bills for weeks and weeks at a time. And
12655 unfortunately, our time is growing short by so many measures.
12656 But, once again, thanks for the dialog.

12657 Mr. Guthrie. Thank you very much.

12658 Mr. Olson. My time is expired. I yield back.

12659 The Chairman. We will take that, and we are glad to
12660 have your support on this part of the bill.

12661 [Laughter.]

12662 So, did I hear that? No, it isn't quite right? All
12663 right. So close, so close.

12664 The Chair now recognizes my friend from California, the
12665 gentlelady, Ms. Matsui, for 5 minutes to speak on the
12666 amendment.

12667 Ms. Matsui. I move to strike the last word, and I --

12668 The Chairman. Is your microphone on? Will you make
12669 sure it is close?

12670 Ms. Matsui. I move to strike the last word, and I yield

12671 to Ms. Eshoo.

12672 Ms. Eshoo. I thank my friend very much.

12673 Well, this has been a very interesting discussion. I
12674 have hung onto every word that every member has spoken. This
12675 is what I see based on what I heard.

12676 Medicaid was established in 1965, right, 1965? And so,
12677 really what we are talking about are two Medicais. There
12678 was the old Medicaid, the program that was initially put into
12679 place for really the poorest people in the country, the very
12680 poorest people, the people at the bottom of the economic
12681 ladder. And we saw that they, too, have a spark of divinity
12682 in them. And so, that program was developed so that they
12683 would receive the care and the dignity that comes up with
12684 care because we are a special country and we do things like
12685 that.

12686 Now when the Affordable Care Act was put into place,
12687 there was what I would call a new Medicaid. A new Medicaid,
12688 it was an expansion, but it was done because Medicaid and its
12689 infrastructure was already there administratively. And it
12690 was used as the platform to launch a major part for a
12691 national health plan.

12692 And so, what is very interesting for me to hear from my
12693 colleagues on the other side is that that is not sustainable.

12694 And I think therein lies the difference between us. We not
12695 only think it is sustainable, we believe that it needs to be
12696 honored and kept in place.

12697 You see a different plan for it. Medicine is practiced
12698 very differently today. We are not talking about 1965
12699 anymore. And the reason that there are savings and the
12700 reason we see sustainability and the undergirding of
12701 something that we are exceedingly proud of -- because, for
12702 almost 100 years, Republican and Democratic Presidents have
12703 attempted in some way, shape, or form to shape a national
12704 health plan. And so, when we passed the Affordable Care Act,
12705 yes, deep, deep, deep sense of pride.

12706 Now, on the medical side, we understood that medicine
12707 has moved. We don't just pay for people going to have their
12708 appendix or their gallbladder out. We understand that there
12709 is enormous savings in what is essentially personalized
12710 medicine. We haven't completed that journey in terms of
12711 personalized medicine, but we understand that if you invest
12712 in and have part of the insurance plan for individuals, that
12713 you have built in prevention; you save, and you save a lot of
12714 money.

12715 And so, when it comes to the resources for this, you bet
12716 that each one of my colleagues is a mama bear and a papa bear

12717 about every single one of their constituents and the health
12718 care that we want to see retained for them. Your view is
12719 different, and you are entitled to that view. And I respect
12720 all of you, but I don't agree with you. I don't agree with
12721 you.

12722 You see it as something to squeeze. You call it
12723 flexibility. If you look in the dictionary, this is not
12724 flexibility. Come on. You know that there is already
12725 flexibility in the program. And you know what? How come
12726 this thing changes after the election? Why didn't you do it
12727 before the election? Why are you doing in 2020 or whenever?
12728 I mean, what is this date that you have where these things,
12729 you know, where there is like a hammer or something?

12730 But what I am the proudest of here is you can see the
12731 difference in terms of what we believe in. And so, when
12732 people ask, "Why are you a Democrat?", to do this, to do this
12733 and to fight to protect it because it is worth it.

12734 The Chairman. The time --

12735 Ms. Eshoo. And I don't think squeezing Medicaid is
12736 going to produce anything but heartache and sicker people in
12737 our country.

12738 The Chairman. The gentlelady's time --

12739 Ms. Eshoo. I think it is wrong.

12740 And I yield back.

12741 The Chairman. -- has expired.

12742 Other members seeking recognition on the amendment?

12743 If not, the ranking member has asked for a roll call on
12744 the amendment. Those for the amendment will vote aye; those,
12745 nay. And just an alert to our members who may have gone back
12746 to their offices, we are voting now. So, those who support
12747 the amendment will vote aye; those who oppose the amendment -
12748 - this is our second amendment -- will vote no. And the
12749 clerk will call the roll.

12750 The Clerk. Mr. Barton?

12751 Mr. Barton. No.

12752 The Clerk. Mr. Barton votes no.

12753 Mr. Upton?

12754 Mr. Upton. No.

12755 The Clerk. Mr. Upton votes no.

12756 Mr. Shimkus?

12757 Mr. Shimkus. No.

12758 The Clerk. Mr. Shimkus votes no.

12759 Mr. Murphy?

12760 [No response.]

12761 The Clerk. Mr. Burgess?

12762 Mr. Burgess. No.

12763 The Clerk. Mr. Burgess votes no.
12764 Mrs. Blackburn?
12765 Mrs. Blackburn. No.
12766 The Clerk. Mrs. Blackburn votes no.
12767 Mr. Scalise?
12768 [No response.]
12769 The Clerk. Mr. Latta?
12770 Mr. Latta. No.
12771 The Clerk. Mr. Latta votes no.
12772 Mrs. McMorris Rodgers?
12773 Mrs. McMorris Rodgers. No.
12774 The Clerk. Mrs. McMorris Rodgers votes no.
12775 Mr. Harper?
12776 Mr. Harper. No.
12777 The Clerk. Mr. Harper votes no.
12778 Mr. Lance?
12779 Mr. Lance. No.
12780 The Clerk. Mr. Lance votes no.
12781 Mr. Guthrie?
12782 Mr. Guthrie. No.
12783 The Clerk. Mr. Guthrie votes no.
12784 Mr. Olson?
12785 Mr. Olson. No.

12786 The Clerk. Mr. Olson votes no.
12787 Mr. McKinley?
12788 Mr. McKinley. No.
12789 The Clerk. Mr. McKinley votes no.
12790 Mr. Kinzinger?
12791 Mr. Kinzinger. No.
12792 The Clerk. Mr. Kinzinger votes no.
12793 Mr. Griffith?
12794 Mr. Griffith. No.
12795 The Clerk. Mr. Griffith votes no.
12796 Mr. Bilirakis?
12797 Mr. Bilirakis. No.
12798 The Clerk. Mr. Bilirakis votes no.
12799 Mr. Johnson?
12800 Mr. Johnson. No.
12801 The Clerk. Mr. Johnson votes no.
12802 Mr. Long?
12803 Mr. Long. No.
12804 The Clerk. Mr. Long votes no.
12805 Mr. Bucshon?
12806 Mr. Bucshon. No.
12807 The Clerk. Mr. Bucshon votes no.
12808 Mr. Flores?

12809 Mr. Flores. No.

12810 The Clerk. Mr. Flores votes no.

12811 Mrs. Brooks?

12812 Mrs. Brooks. No.

12813 The Clerk. Mrs. Brooks votes no.

12814 Mr. Mullin?

12815 Mr. Mullin. No.

12816 The Clerk. Mr. Mullin votes no.

12817 Mr. Hudson?

12818 [No response.]

12819 The Clerk. Mr. Collins?

12820 Mr. Collins. No.

12821 The Clerk. Mr. Collins votes no.

12822 Mr. Cramer?

12823 Mr. Cramer. No.

12824 The Clerk. Mr. Cramer votes no.

12825 Mr. Walberg?

12826 Mr. Walberg. No.

12827 The Clerk. Mr. Walberg votes no.

12828 Mrs. Walters?

12829 Mrs. Walters. No.

12830 The Clerk. Mrs. Walters votes no.

12831 Mr. Costello?

12832 Mr. Costello. No.

12833 The Clerk. Mr. Costello votes no.

12834 Mr. Carter?

12835 Mr. Carter. No.

12836 The Clerk. Mr. Carter votes no.

12837 Mr. Pallone?

12838 Mr. Pallone. Aye.

12839 The Clerk. Mr. Pallone votes aye.

12840 Mr. Rush?

12841 [No response.]

12842 The Clerk. Ms. Eshoo?

12843 Ms. Eshoo. Aye.

12844 The Clerk. Ms. Eshoo votes aye.

12845 Mr. Engel?

12846 Mr. Engel. Aye.

12847 The Clerk. Mr. Engel votes aye.

12848 Mr. Green?

12849 Mr. Green. Aye.

12850 The Clerk. Mr. Green votes aye.

12851 Ms. DeGette?

12852 Ms. DeGette. Aye.

12853 The Clerk. Ms. DeGette votes aye.

12854 Mr. Doyle?

12855 Mr. Doyle. Yes.

12856 The Clerk. Mr. Doyle votes aye.

12857 Ms. Schakowsky?

12858 Ms. Schakowsky. Aye.

12859 The Clerk. Ms. Schakowsky votes aye.

12860 Mr. Butterfield?

12861 Mr. Butterfield. Aye.

12862 The Clerk. Mr. Butterfield votes ayes.

12863 Ms. Matsui?

12864 Ms. Matsui. Aye.

12865 The Clerk. Ms. Matsui votes aye.

12866 Ms. Castor?

12867 Ms. Castor. Aye.

12868 The Clerk. Ms. Castor votes aye.

12869 Mr. Sarbanes?

12870 Mr. Sarbanes. Aye.

12871 The Clerk. Mr. Sarbanes votes aye.

12872 Mr. McNerney?

12873 Mr. McNerney. Aye.

12874 The Clerk. Mr. McNerney votes aye.

12875 Mr. Welch?

12876 Mr. Welch. Aye.

12877 The Clerk. Mr. Welch votes aye.

12878 Mr. Lujan?

12879 Mr. Lujan. Aye.

12880 The Clerk. Mr. Lujan votes aye.

12881 Mr. Tonko?

12882 Mr. Tonko. Aye.

12883 The Clerk. Mr. Tonko votes aye.

12884 Ms. Clarke?

12885 Ms. Clarke. Aye.

12886 The Clerk. Ms. Clarke votes aye.

12887 Mr. Loeb sack?

12888 Mr. Loeb sack. Aye.

12889 The Clerk. Mr. Loeb sack votes aye.

12890 Mr. Schrader?

12891 Mr. Schrader. Aye.

12892 The Clerk. Mr. Schrader votes aye.

12893 Mr. Kennedy?

12894 Mr. Kennedy. Aye.

12895 The Clerk. Mr. Kennedy votes aye.

12896 Mr. Cardenas?

12897 Mr. Cardenas. Aye.

12898 The Clerk. Mr. Cardenas votes aye.

12899 Mr. Ruiz?

12900 Mr. Ruiz. Aye.

12901 The Clerk. Mr. Ruiz votes aye.

12902 Mr. Peters?

12903 Mr. Peters. Aye.

12904 The Clerk. Mr. Peters votes aye.

12905 Ms. Dingell?

12906 Mrs. Dingell. Aye.

12907 The Clerk. Ms. Dingell votes aye.

12908 Chairman Walden?

12909 The Chairman. Walden votes no.

12910 The Clerk. And Walden votes no.

12911 The Chairman. Are there other members wishing to be

12912 recorded?

12913 Mr. Murphy?

12914 Mr. Murphy. No.

12915 The Clerk. Mr. Murphy votes no.

12916 The Chairman. Mr. Scalise?

12917 Mr. Scalise. No.

12918 The Clerk. Mr. Scalise votes no.

12919 The Chairman. Are there any other?

12920 Mr. Hudson?

12921 The Clerk. Mr. Hudson is not recorded.

12922 Mr. Hudson. No.

12923 The Clerk. Mr. Hudson votes no.

12924 The Chairman. Are there any other members not recorded
12925 wishing to cast their votes? Are you checking on one or is
12926 that -- okay.

12927 Then, the clerk will report the tally.

12928 The Clerk. Mr. Chairman, on that vote there were 23
12929 ayes and 31 noes.

12930 The Chairman. The amendment, 31 ayes -- or 23 ayes, 31
12931 noes, the amendment is not adopted.

12932 Are there other members with amendments? We will go to,
12933 I guess, the Republican side, right? Yes, because we did
12934 there.

12935 So, we will recognize the gentleman from New York, Mr.
12936 Collins. For what purpose do you seek recognition?

12937 Mr. Collins. Mr. Chairman, I have an amendment at the
12938 desk.

12939 The Chairman. The clerk will report the amendment.

12940 The Clerk. "An amendment to the amendment in the nature
12941 of a substitute to the Committee Print offered by Mr.
12942 Collins."

12943 The Chairman. The gentleman is recognized. The
12944 amendment will be considered as read.

12945 [The amendment of Mr. Collins follows:]

12946

12947

*****COMMITTEE INSERT 19*****

12948 The Chairman. The gentleman is recognized for 5 minutes
12949 to speak on his amendment.

12950 Mr. Collins. Thank you, Mr. Chairman.

12951 I have an amendment that would provide immediate relief
12952 to counties in my home State of New York. As a method of
12953 cost-sharing, some states force their counties to come up
12954 with part of the state's share of Medicaid spending. New
12955 York takes advantage of this policy more than any other state
12956 by far.

12957 When I was county executive of Erie County, the largest
12958 county in upstate New York, over 100 percent of the property
12959 taxes in the county collected went toward Medicaid costs.
12960 That meant that I, as county executive, needed to fund
12961 everything else, roads, bridges, parks, the entire county
12962 government, everything else with sales tax.

12963 New York State makes the policy decisions on Medicaid.
12964 So, it is only a fair that New York State bear the cost of
12965 the program. Allowing states to simply pass the cost down to
12966 lower levels of government is irresponsible. It allows state
12967 officials to avoid accountability and encourage states to
12968 spend more.

12969 As many of you know, I am data guy, and in my office
12970 there is a sign that says, "In God we trust; all others bring

12971 data." So, let me give you some numbers on this.

12972 In 2016, Erie County, New York, was forced to send \$204
12973 million to New York State related to Medicaid cost-sharing
12974 imposed by New York State and an additional \$26 million in
12975 DSH payments. That means that Erie County spent 100 percent
12976 of its property tax levy on the State's share of Medicaid
12977 cost and DSH payments. It is not only unsustainable, it is
12978 bad policy.

12979 This reconciliation bill offers states substantial
12980 flexibility in Medicaid, but with that flexibility comes
12981 responsibility. The states must be accountable for their
12982 spending and financing of their Medicaid programs.

12983 To address this problem, my amendment would bar federal
12984 reimbursement for Medicaid funds acquired through local cost-
12985 sharing. This amendment would potentially affect how 18
12986 states currently finance Medicaid, but there are only three
12987 states that have an exposure over \$300 million: New York at
12988 \$2 billion, California at \$1 billion, and North Carolina at
12989 \$500 million. The other 15 states are de minimis with cost-
12990 sharing such as South Carolina with \$15 million statewide
12991 passed down to their counties.

12992 If my amendment is accepted and signed into law, the \$2
12993 billion that New York State receives in Medicaid cost-sharing

12994 from 57 counties, which represents just 1.3 percent of New
12995 York's total \$153 billion budget, would either be returned to
12996 the counties or be unmatched at the federal level, resulting
12997 in federal savings.

12998 Simply put, this amendment stands for good government
12999 and fiscal responsibility. But, Mr. Chairman, at this time I
13000 am withdrawing the amendment and will work with leadership to
13001 get a CBO score and to get this amendment included in the
13002 final bill.

13003 I yield back.

13004 The Chairman. The gentleman withdraws his amendment and
13005 yields back the balance of his time. I thank the gentleman.

13006 [Applause.]

13007 Now the committee will come to order.

13008 Mr. Collins. That is about what I would have had.

13009 [Laughter.]

13010 The Chairman. That is right.

13011 Now for what purpose does the gentlelady from Colorado
13012 seek recognition?

13013 Ms. DeGette. Mr. Chairman, I have an amendment at the
13014 desk, Amendment 65.

13015 The Chairman. Amendment 65.

13016 Ms. DeGette. That is not to stipulate we are skipping

13017 numbers.

13018 The Chairman. I never thought you were skipping
13019 anything between that and 3,000.

13020 [Laughter.]

13021 To the extent we -- could you assist us with the -- they
13022 are just trying to make sure they have the right amendment.

13023 Ms. DeGette. It is --

13024 The Chairman. What does it start with or does the clerk
13025 have the amendment?

13026 Ms. DeGette. It says, "Strike Section 103 relating to
13027 federal payments to states." I just read you the entire
13028 amendment.

13029 The Chairman. Okay. Thank you.

13030 Do you have the right amendment?

13031 All right, the clerk will report the amendment.

13032 Ms. DeGette. Yes, we can dispense with the reading now.

13033 The Clerk. "Amendment to the amendment in the nature of
13034 a substitute to the Committee Print offered by Ms. DeGette."

13035 The Chairman. The amendment will be considered as read.

13036 [The amendment of Ms. DeGette follows:]

13037

13038 *****INSERT 20*****

13039 Ms. DeGette. I already read it.

13040 The Chairman. I appreciate that. We could cut costs
13041 here. We will put you down there.

13042 And the gentlelady is recognized for 5 minutes to speak
13043 on her amendment.

13044 Ms. DeGette. Thank you. Thank you very much, Mr.
13045 Chairman.

13046 Mr. Chairman, it seems like, since we are doing a
13047 healthcare bill, my colleagues on your side of the aisle
13048 simply just can't pass up another opportunity to target
13049 women's reproductive health care.

13050 The repeal bill before us today -- Mr. Chairman, can we
13051 get order? There is so much talking, I can't hear. Thank
13052 you.

13053 The repeal bill before us today will already have
13054 devastating consequences in terms of women's access to care,
13055 but, then, the bill adds insult to injury by arbitrarily
13056 including provisions that would block access to Planned
13057 Parenthood services. Eliminating federal funding to Planned
13058 Parenthood would restrict access to health services like
13059 contraception, cancer screening, and STI tests and treatment.

13060 In 2015, Planned Parenthood saw 2.5 million patients and
13061 provided more than 4 million STI tests and treatment, more

13062 than 360,000 breast exams, more than 270,000 pap smears, and
13063 birth control for 2.1 million people.

13064 In many areas, as we all know quite well by now, Planned
13065 Parenthood centers are the only safety-net provider available
13066 to men and women who would otherwise have no reasonably way
13067 of getting affordable care. People in areas with a shortage
13068 of providers would be most likely to experience barriers. In
13069 21 percent of counties with a Planned Parenthood center, that
13070 center is the only safety-net provider in the area. They
13071 don't have community health centers.

13072 Now my colleagues across the aisle say that community
13073 health centers can fill the gaps in access. We heard that in
13074 the bill that we had on the Floor a week or so ago. But
13075 those claims have been debunked repeatedly, including by the
13076 community health centers themselves.

13077 There should be no debate about whether defunding
13078 Planned Parenthood would reduce access to care. The CBO,
13079 which either you love or hate, depending on the amendment I
13080 guess, has already weighed-in on this issue multiple times,
13081 including near identical language to what we find of the bill
13082 today. CBO agrees that community health centers simply
13083 cannot pick up the slack. They explain that any savings
13084 derived from blocking access to Planned Parenthood come from

13085 people foregoing services they would otherwise have received
13086 at a Planned Parenthood facility.

13087 I have an important question of counsel now, Mr.
13088 Chairman. And that is this: Section 3 clearly intends to
13089 block people with Medicaid coverage from accessing basic care
13090 at Planned Parenthood health centers, but the language of the
13091 provision doesn't reference Planned Parenthood by name. The
13092 majority summary of the bill says that the section imposes a,
13093 quote, "1-year freeze on mandatory funding to a class of
13094 providers designated as prohibited entities." Can you please
13095 tell me what providers other than Planned Parenthood are
13096 blocked from funding under this provision?

13097 Counsel. CBO identified multiple entities in their last
13098 analysis.

13099 Ms. DeGette. And what are the names of those entities?

13100 Counsel. They didn't identify them by name.

13101 Ms. DeGette. They said there were multiple other than
13102 Planned Parenthood?

13103 Counsel. They didn't identify the other entities by
13104 name.

13105 Ms. DeGette. So, if I asked CBO, they would be able to
13106 give us the names of those other entities?

13107 Counsel. I believe so.

13108 Ms. DeGette. Now please describe what the summary means
13109 when it refers to a, quote, "class of providers". Who are we
13110 talking about?

13111 Counsel. The providers designated as a not-for-profit
13112 by the IRS. The provider is an essential community provider
13113 primarily engaged in family planning services and
13114 reproductive health. The entity is an abortion provider that
13115 provides abortions in cases that do not meet the Hyde
13116 amendment exception for federal payment, and the entity has
13117 received more than \$350 million in Medicaid expenditures,
13118 both federal and state, in FY2014.

13119 Ms. DeGette. Those are the providers you are talking
13120 about?

13121 Counsel. That is correct.

13122 Ms. DeGette. Now is there some reason why the language
13123 is drafted in this way, since Planned Parenthood I believe is
13124 the only provider that meets those criteria?

13125 Counsel. I can't speak to the reason why it was drafted
13126 --

13127 Ms. DeGette. Who drafted it that way?

13128 Counsel. This language was the language retained from
13129 the 2015 bill.

13130 Ms. DeGette. Thank you.

13131 I yield back.

13132 Mrs. Blackburn. [presiding.] The gentlelady yields

13133 back.

13134 Any members seeking time on the Republican side?

13135 Mr. Olson, you are recognized for 5 minutes.

13136 Mr. Olson. I thank the Chair.

13137 As mentioned about 6 hours earlier, Obamacare promised

13138 better care, lower cost, doctor of your choice. The bill we

13139 have here makes sure that federal funds aren't used to

13140 perform abortions or community providers that do that that

13141 are engaged in family planning services and reproductive

13142 health.

13143 My colleague from Colorado said this is the only safety

13144 net in their parts of the country. In my home State of Texas

13145 that is not true at all. The entity talked about here has 33

13146 sites within Texas. As I mentioned, in Addison, Texas;

13147 Arlington, Texas; three at Austin, Texas; Bedford, Texas;

13148 Brownsville; Cedar Hill; Dallas has two; Denton; Dickinson;

13149 Fort Worth has two; Harlingen; Houston with six; Lewisville;

13150 Mesquite; Paris, Texas; Plano, Texas; San Antonio with five;

13151 Spring, Texas; Stafford, Texas, my district; Tyler, Texas,

13152 and Waco, Texas.

13153 There are 73 Federally Qualified Healthcare Centers all

13154 around my State and 300 sites that tie into that network.
13155 And in my home State there is nothing west of the Austin area
13156 towards El Paso, Lubbock, Amarillo, nothing.

13157 Fort Hancock, it is right there on the border by El
13158 Paso, right on the border. They have an FQHC right there.
13159 The closest facility to compete with that is in San Antonio,
13160 Texas. That is 497 miles away from Fort Hancock. That means
13161 that is a 6-hour and 40-minute drive at the speed limit.

13162 If you want to control cost, give better care. People
13163 going there have to drive out there, pay for the gasoline, a
13164 hotel room, all those costs. How about do that right there
13165 in Fort Hancock, Texas?

13166 And that is all this bill tries to -- it is just a
13167 moratorium for 1-year; 1 year stop this funding, make sure
13168 that Hyde amendment is not breached. We all know the Hyde
13169 amendment. No federal funds for abortions for rape, incest,
13170 or life of the mother. That is all this amendment says.
13171 Those clinics that practice that don't get federal dollars.

13172 To make sure that, again, we want health care for women.
13173 I take all these spots of protections, as proposed there are
13174 33 spots. There is nothing west of San Antonio. That is
13175 wrong. People out there, women, should get the care they
13176 need, and they can do it through that Medicaid. Like in Fort

13177 Hancock, Big Wells, Big Spring, La Mesa, Alpine, all those
13178 west of San Antonio. This bill makes sure those women get
13179 the health care they need, pure and simple.

13180 I yield back.

13181 Mrs. Blackburn. The gentleman is yielding his time.

13182 Anyone seeking time?

13183 I will yield myself the rest of the gentleman's time.

13184 I think it is so important that we look at what this
13185 amendment would allow for us to accomplish. Having a 1-year
13186 moratorium is a very modest provision. I think, just as the
13187 gentleman from Texas was talking about, the community health
13188 centers and the Federally Qualified Health Centers, there are
13189 1,375 Federally Qualified Health Centers, according to the
13190 Health Resources and Services Administration. And those
13191 centers have a total of 10,554 delivery sites and they serve
13192 more than 24 million patients each year.

13193 This bill doesn't do anything to change the availability
13194 of funds for women's health. What it does is put parameters
13195 on how those funds can be used. And when you talk about
13196 delivering women's health, this is an important thing to do,
13197 get them to where they are going to meet the need.

13198 I think the other thing we all realize, you have the
13199 poll that Morris did back in January. Seventy-four percent

13200 of all Americans, 74 percent of all Americans, including 54
13201 percent of those who self-identified as pro-choice, are in
13202 favor of significant restrictions on abortion. In addition,
13203 the poll found that Americans oppose using tax dollars to
13204 fund abortions, both abroad, 83 percent, and in the U.S. by
13205 61 percent.

13206 So, reallocating taxpayer funds away from large abortion
13207 providers is support; that is a great way to support
13208 comprehensive health services and invest in women's health.

13209 So, with that, I yield back my time.

13210 The gentleman from New Jersey -- oh, Ms. Schakowsky, you
13211 are recognized for 5 minutes.

13212 Ms. Schakowsky. Thank you.

13213 Let me begin with a question of counsel. You said that
13214 the language -- who drafted the language from 2015?

13215 Counsel. Ms. Schakowsky, I don't know the answer to
13216 that.

13217 Ms. Schakowsky. I would like to ask the other counsel.

13218 Counsel. I don't know the answer, either.

13219 Ms. Schakowsky. Okay. Let me just say that I am very
13220 proud to offer this amendment with my colleague,
13221 Congresswoman DeGette.

13222 And let's not pretend that this war on Planned

13223 Parenthood is anything other than a direct attack on women's
13224 health. You know, we heard from the gentleman from Texas
13225 saying that FQHCs, there are so many of them, and the
13226 gentlewoman from Tennessee, all these community health
13227 centers. Ask them what they think about shutting down
13228 Planned Parenthood clinics, and over and over again they have
13229 said they cannot make up the difference. One out of five
13230 American women has made -- and men, by the way, as well --
13231 has made use of Planned Parenthood clinics, almost all of
13232 whom do not perform abortions whatsoever, and all of whom
13233 provide preventive services like breast cancer screenings,
13234 STDs, HIV/AIDS screening.

13235 And yet, Republicans continue this politically-motivated
13236 attack to spread alternative facts. Here are the real facts:
13237 54 percent of Planned Parenthood health centers are in health
13238 professional shortage areas, rural, or medically-underserved
13239 areas. How would you explain to a patient who depends on one
13240 of these centers in rural Illinois that you are cutting
13241 federal funds and, as a result, they will now have to travel
13242 hours for a mammogram?

13243 Fact: 75 percent of patients at Planned Parenthood have
13244 incomes at or below 150 percent of the federal poverty level.
13245 This attack on Planned Parenthood will hurt low-income

13246 families and communities of color the most, communities that
13247 already face dangerous health disparities.

13248 Fact: after Scott County, Indiana forced their local
13249 Planned Parenthood to close, the community had nowhere to
13250 turn for HIV testing and education. The result, an
13251 unprecedented HIV outbreak which then-Governor Mike Pence
13252 deemed an epidemic.

13253 How many times do we need to tell these facts to
13254 Republicans before they realize the damage and harm they will
13255 create if they defund Planned Parenthood? Let me remind you
13256 that Planned Parenthood does not use federal funding to
13257 provide abortions. Defunding Planned Parenthood is simply
13258 cutting off federal funding for cancer screening, family
13259 planning services, and STD testing and treatment, among many
13260 other invaluable services that they provide. People depend
13261 on these services.

13262 In fact, the American Medical Association cited
13263 defunding Planned Parenthood in its letter opposing the
13264 Republican repeal bill. Quote: "The AMA cannot support
13265 provisions that prevent Americans from choosing to receive
13266 care from physicians and other qualified providers, in this
13267 specific case those associated with Planned Parenthood
13268 affiliates, for otherwise covered services." End quote.

13269 Mr. Chairman, I would like to submit the full letter
13270 from the American Medical Association for the record -- or,
13271 Madam Chairman.

13272 Mrs. Blackburn. So ordered.

13273 [The information follows:]

13274

13275 *****COMMITTEE INSERT 21*****

13276 Mr. Olson. Will the gentlelady yield for a question,
13277 please, ma'am?

13278 Ms. Schakowsky. No, I am not finished yet.
13279 I am asking for unanimous consent -- did you say?

13280 Mrs. Blackburn. Yes.

13281 Mr. Olson. Oh, I am sorry.

13282 Ms. Schakowsky. The bottom line is that defunding
13283 Planned Parenthood will limit the provider choices that
13284 Medicaid recipients have, which is frightening reality for
13285 those with already limited options. Republicans are
13286 basically telling Medicaid recipients, 60 percent of Planned
13287 Parenthood's 2.5 million patients, that they don't have a say
13288 or a choice in their healthcare providers.

13289 The vast majority of Americans defunding Planned
13290 Parenthood. It is time to listen to the American people, and
13291 the women of this country are watching.

13292 If you want the 14 seconds, 12 seconds, you can have it.

13293 Mr. Olson. Thank you, ma'am.

13294 Real quickly, under this legislation, Planned Parenthood
13295 can do whatever they want with private money, private money.
13296 No federal dollars for 1 year. That is all this legislation
13297 does.

13298 I yield back.

13299 Mrs. Blackburn. Are you yielding back to --

13300 Ms. Schakowsky. I yield back.

13301 Mrs. Blackburn. Okay. The gentleman yields back to the
13302 lady. The lady yields back.

13303 Dr. Bucshon, you are recognized, 5 minutes.

13304 Mr. Bucshon. Yes, I will be brief, Madam Chairwoman.

13305 I want to ask Ms. Schakowsky a question because she
13306 mentioned traveling for mammograms, and I think I want to
13307 correct the record that Planned Parenthood doesn't provide
13308 mammograms. Is that correct?

13309 Well, I will answer the question.

13310 Ms. Schakowsky. They do provide cancer screenings for
13311 breast cancer.

13312 Mr. Bucshon. Right, they provide breast exams, but you
13313 said that women would have to travel hours for mammograms,
13314 and that is factually incorrect. I just wanted to correct
13315 the record.

13316 Madam Chairwoman, I yield back.

13317 Mrs. Blackburn. The gentleman yields back.

13318 Anyone on the Republican side seeking that time? I do
13319 not -- Mr. Pallone, you are recognized.

13320 Mr. Pallone. Thank you, Madam Chairwoman.

13321 I strongly support this amendment offered by Ms. DeGette

13322 and Ms. Schakowsky. Although some of my Republican
13323 colleagues are intent on defunding Planned Parenthood, I want
13324 to talk about what that actually means because I think the
13325 hallmark of what we have, hopefully, been doing today is to
13326 talk about, with the various stories, you know, what things
13327 mean to real people around here with this legislation.

13328 Section 103 of this bill would deny Medicaid
13329 reimbursements as well as other federal dollars to Planned-
13330 Parenthood-affiliated health centers which provide lifesaving
13331 care to women every day. These funds do not go to abortion,
13332 but, instead, are reimbursements for essential services like
13333 breast cancer and cervical cancer screenings, sexually-
13334 transmitted infection screenings, and birth control. And
13335 these services detect cancer, stop the spread of STIs, and
13336 prevent unintended pregnancies. Those should be bipartisan
13337 public health goals.

13338 But, instead, Republicans continue to wage their
13339 ideological attacks against Planned Parenthood at the expense
13340 of women and their health care. Denying patients access to
13341 care at Planned-Parenthood-affiliated health centers would be
13342 devastating. CBO has previously projected that 390,000 women
13343 would lose care if Republicans block Medicaid reimbursements
13344 to these health centers and 650,000 women could face reduced

13345 access.

13346 And this hurts patients. It really hurts real people.
13347 We know this because we have already seen the implications of
13348 cutting off funding to reproductive healthcare providers at
13349 the state level. STI rates will increase, the unintended
13350 pregnancy rate will increase, and women will struggle to find
13351 places in which to obtain care.

13352 Now my Republican colleagues like to claim that this
13353 funding can be redirected to other providers and community
13354 health centers, but this is simply not the case. Community
13355 health centers are essential safety-net providers in this
13356 country who serve a critically important role in providing
13357 access to patients every day, but they can't handle what
13358 would happen when these Planned Parenthood clinics close.

13359 And I can just tell you that firsthand. I recently
13360 visited the Planned Parenthood clinic in Perth Amboy in my
13361 district, and they get an incredible amount of traffic.
13362 Sure, there are other community health centers in my district
13363 federally qualified. But, when I talk to them, they say they
13364 can't do this; they can't handle the additional traffic.
13365 They have so many people already. They are overcrowded.

13366 So, it is partially the fact that they don't have the
13367 ability because they already have so many people. It is also

13368 because it is a type of specialty care which is best handled
13369 by Planned Parenthood. It is also the location of these
13370 facilities. In a place like Perth Amboy, most of the traffic
13371 at the Planned Parenthood clinic is actually foot traffic,
13372 people who walk there. So, there is a transportation
13373 problem, too, if you have to go to another location, even if
13374 it exists.

13375 I don't have the rural problem where there isn't a
13376 Federally Qualified Health Center, but to get to it is hard
13377 because there is a lack of public transportation, and many of
13378 the people who use these clinics with the Medicaid
13379 reimbursement are low-income people. They don't have cars.
13380 They don't have the ability to get there.

13381 I just really want to stress I just wish we would look
13382 at the practicality things. You know, the Republicans are
13383 being ideological here. The fact of the matter, this is
13384 preventative care, and this preventative care, like all
13385 preventative care, saves money.

13386 Also, a lot of times, you know, when you talk about
13387 prevention, let's use STI, for example. People, if they are
13388 not detected, they are going to get sicker. If they don't
13389 have -- where are they going to go? Are they going to go to
13390 the emergency room when they get sicker? It is going to cost

13391 more money.

13392 I just think that, practically speaking, the Republicans
13393 are not thinking about what this really means. And it is sad
13394 because I really don't want to hear these ideological
13395 arguments, you know, whether or not just because somehow the
13396 larger organization or some places perform abortions doesn't
13397 mean that you should limit health care at these clinics that
13398 is not abortion-related.

13399 We should be working to expand access to safety net for
13400 women. We should not be restricting access based on
13401 ideological reasons, separate from the ability to provide
13402 essential care.

13403 And I think patients in this country should be able to
13404 access care from the providers of their choice. We have
13405 always held that principle, that you could go to the provider
13406 of your choice. To limit the provider for some ideological
13407 reason I think is just wrong, and it also sets us down a path
13408 that I think could be devastating in so many other ways.

13409 So, I strongly support this amendment and I ask my
13410 colleagues to support it as well.

13411 And I yield back.

13412 Mrs. Blackburn. The gentleman yields back.

13413 Anyone from the majority seeking time?

13414 And Ms. Eshoo for 5 minutes.

13415 Ms. Eshoo. Thank you. Thank you, Madam Chairwoman.

13416 In listening to this, I find this sad. In my very
13417 distinguished congressional district, the leaders of Planned
13418 Parenthood were the top Republicans in the region. The David
13419 Packards, the Hewletts, God bless them, they were really
13420 amongst the most respected, highly-regarded people in our
13421 community, all Republicans.

13422 And it is very sad to me to see where your party has
13423 gone. It is very sad to see where your party has gone. We
13424 have just had this discussion, the previous amendment or the
13425 amendment before that, on prevention. And we know how
13426 important it is. Scientists have told us that. That is what
13427 these centers do.

13428 There is not any federal money, there is not a dime.
13429 For decades we have honored the Hyde amendment. So, why is
13430 this organization, the women that access the health care that
13431 they need, why are they being punished? Why are you
13432 punishing them? It is a very sad place that you have gone
13433 to.

13434 I would say that you have gone way beyond the other
13435 issue of abortion. And that is that there is a real
13436 restrictive streak about family planning now, too. And I

13437 don't think it serves the people of our country well.

13438 I know that there are legitimately closely-held emotions
13439 on these issues, but, my God, don't get all of these other
13440 things tangled up in it. This is about health care. It is
13441 about prevention. It is women. Why are you picking on these
13442 women? Why? What do you hold against them? It is care for
13443 them.

13444 We have a responsibility to provide that for people in
13445 our country. Look at all the members of this committee that
13446 raise rural issues all the time. The rural areas of our
13447 country, it is even tougher. It is even tougher for so many
13448 things.

13449 So, I just wanted to share with you really these most
13450 distinguished leaders in our community. The Republicans were
13451 always the heads, the honorary heads of Planned Parenthood.
13452 Many of them still are.

13453 You have got a real split going on in your party when
13454 you use this organization in an ideological way and just
13455 wedge yourselves there. It is your prerogative to do, but I
13456 don't think it serves anyone well. I don't think it serves
13457 your party well. It certainly doesn't -- you know, when
13458 people go to clinics for health care, especially for
13459 preventive checkups, they don't check in and say, "I'm a

13460 Republican," "I'm an Independent," "I'm a Democrat." That is
13461 not the way they -- when you walk into a health setting.

13462 So, I just feel very strongly about placing this on the
13463 record because, while you may think you are currying favor
13464 with some people, you are pushing a lot of really very
13465 sensible Republicans away from you by what the ranking member
13466 called an ideological position that I don't think it fits in
13467 that area at all.

13468 But thanks for listening to me, and I yield back.

13469 Mrs. Blackburn. The gentlelady yields back.

13470 No one on the majority is seeking time.

13471 Ms. Matsui, 5 minutes.

13472 Ms. Matsui. Thank you. Thank you, Madam Chairman.

13473 First of all, I have a question for counsel. What is
13474 the purpose of the \$350 million threshold in this provision?

13475 Counsel. It is to define a class of providers.

13476 Ms. Matsui. Define a class of providers?

13477 Counsel. It is one of the conditions of the prohibited
13478 entities.

13479 Ms. Matsui. So, it could be directed towards Planned
13480 Parenthood.

13481 Counsel. It could. It could be for other entities as
13482 well.

13483 Ms. Matsui. What other entities?

13484 Counsel. According to the CBO, they said that there
13485 could have been other entities. They did not identify those.

13486 Ms. Matsui. But it could be Planned Parenthood
13487 directly. Okay.

13488 Oh, yes, I am deeply upset that this bill contains yet
13489 another attempt by Republicans to take away women's
13490 healthcare choices and defund Planned Parenthood. Women
13491 should be able to make their own choices about their own
13492 bodies. Every woman in this country deserves access to care,
13493 not just a privileged few.

13494 But we know it is the most vulnerable in our communities
13495 that often face the highest hurdles in receiving care.
13496 Defunding Planned Parenthood would be devastating for all
13497 women, but would disproportionately impact low-income
13498 families, women of color, immigrants, and young people.

13499 Many of my Republican colleagues like to throw around
13500 rhetoric about keeping the government out of people's health
13501 care, but they have no problem with the government
13502 interfering with a woman's right to make choices over her own
13503 body. These are the most personal choices that any woman
13504 ever makes. By reducing women's access to reproductive
13505 health care, Republicans are putting women's lives on the

13506 line.

13507 This bill goes far beyond Planned Parenthood and the
13508 essential care they provide. It limits choices, even for
13509 women who have private health insurance. Simply put, this is
13510 an all-out attack on women's health care.

13511 It is misleading for Republicans to use abortions,
13512 because we all know that they are not federally-funded, as a
13513 way to defund Planned Parenthood. Ninety-seven percent of
13514 the services Planned Parenthood provides are for preventive
13515 health care, as my constituent Evanne pointed out in a letter
13516 to me. She writes, "Removing all funding decreases access to
13517 essential preventative health screenings," which is exactly
13518 right.

13519 As I said, 97 percent of the work that Planned
13520 Parenthood does consists of screening for breast cancer and
13521 cervical cancer, preventing and treating sexually-transmitted
13522 diseases, and providing family planning services. This bill
13523 would reduce access to health care that women need, rip away
13524 funding from important Medicaid providers, simply to score
13525 political points.

13526 Providing access to contraception and family planning,
13527 which directly reduces the number of abortions each year, are
13528 exactly what Planned Parenthood and other women's clinics

13529 have been doing successfully across the country for decades.

13530 I urge my colleagues to vote in favor of this amendment
13531 to protect women's health.

13532 Thank you, and I yield back.

13533 Mrs. Blackburn. The gentlelady yields back.

13534 Still no one on the majority side.

13535 Mr. Sarbanes for five minutes.

13536 Mr. Sarbanes. Thank you, Madam Chair.

13537 I support the amendment. I know this is a sensitive
13538 topic and I respect people's views on both sides of the issue
13539 of abortion. But, as has been said, you know, the Hyde
13540 amendment is in force with respect to limiting federal funds
13541 through Medicaid or otherwise to support abortions. This is
13542 about Medicaid funding that can support all of the other
13543 incredibly important services that are provided by Planned
13544 Parenthood, and let's not pretend that this provision wasn't
13545 specifically designed to target Planned Parenthood.

13546 I had the privilege for about 15 years, when I was in
13547 private practice, of representing Planned Parenthood in
13548 Maryland and got to see the incredible breadth of services
13549 offered by Planned Parenthood, the sensitivity and warmth
13550 with which they embraced the patients that come to their
13551 clinics in a way that simply cannot be duplicated by other

13552 clinics, as good as they are, other Federally Qualified
13553 Health Centers. They are just not going to meet the same
13554 standard that Planned Parenthood has established since its
13555 founding. So, it is distressing to have this attack on
13556 Planned Parenthood with respect to all of these really
13557 important healthcare services that are provided to so many
13558 women across the country and, as Congresswoman Schakowsky
13559 mentioned, to men as well.

13560 I do want to note that I got curious as to why the
13561 provision in the bill to defund Planned Parenthood was just
13562 for 1 year. And what we discovered is that that was done for
13563 fiscal purposes to keep the cost score down on the bill.
13564 Because what was anticipated is that, if you restrict the
13565 services that Planned Parenthood can provide, in particular
13566 limiting the family planning services that it provides, it
13567 would increase the number of unintended pregnancies, with
13568 most of those women ending up on Medicaid for the maternity
13569 care and for care of their babies as well.

13570 And that cost to the Medicaid program would be
13571 significant. So, that, in and of itself, is an
13572 acknowledgment, a concession by the drafters of the bill of
13573 the impact that you would have by limiting Planned
13574 Parenthood's ability to provide these services and, in turn,

13575 is an acknowledgment of how effective Planned Parenthood is
13576 with respect to the healthcare services that it is offering
13577 to women across the country.

13578 So, it misguided. And again, I don't question people's
13579 motives. This is a tough issue. Emotions run high. But the
13580 Hyde amendment is handling the part of this discussion that
13581 generates the most emotion.

13582 We are talking about the other piece, which is basic,
13583 fundamental, and effective healthcare services that are
13584 provided to women in this country. Nobody does it better.
13585 Nobody does it better than Planned Parenthood. And for that
13586 reason, I strongly support Congresswoman DeGette's amendment.

13587 And I yield my time.

13588 Mrs. Blackburn. The gentleman yields back.

13589 Mr. Engel, you are recognized for --

13590 Mr. Sarbanes. Can I yield the balance to Congresswoman

13591 --

13592 Mrs. Blackburn. You may yield to Ms. Schakowsky.

13593 Ms. Schakowsky. Thank you. I appreciate that.

13594 I think what you said is so important, that the
13595 rationale a 1-year limit would be that, in fact, Planned
13596 Parenthood helps women to plan their families and to prevent
13597 unwanted pregnancies or unplanned pregnancies, which is not

13598 only misguided; it is so hypocritical.

13599 If we want to look at strategies that will actually
13600 reduce the number of abortions that are necessary in the
13601 United States, then we want to be able to provide
13602 contraception and family planning services to women in this
13603 country. And so, it is hard to understand why, when that is
13604 a major focus of Planned Parenthood, and they are one of the
13605 major providers of contraceptive services, that we would want
13606 to end up in a place that we are concerned about having to
13607 pay too much money for people who get pregnant who didn't
13608 want to be pregnant and, then, end up on Medicaid. So, I
13609 would say this amendment should be supported.

13610 And I yield back.

13611 Mrs. Blackburn. The gentlelady yields back, and the
13612 gentleman's time has expired.

13613 Mr. Engel, you are recognized for 5 minutes.

13614 Mr. Engel. Thank you, Madam Chair.

13615 I move to strike the last word.

13616 I urge my colleagues to support this amendment. We
13617 started out -- it is no longer today -- but yesterday was
13618 International Women's Day, and some are recognizing that by
13619 wearing red. My friends on the other side of the aisle have
13620 chosen to recognize this day in a different way, by taking

13621 aim, yet again, at Planned Parenthood, an organization that
13622 millions of American women depend on for comprehensive health
13623 care and men depend on them as well.

13624 We, as Members of Congress, should not be deciding what
13625 is best for a woman's health. She should and her doctor
13626 should. And I understand all the critical sensitive issues.
13627 But, again, this is up for the woman to decide, talking to
13628 her family, her conscious, her God, and whatever else. No
13629 one should make these decisions for her.

13630 And it is very difficult to believe that I have to say
13631 this again. If I am exasperated, imagine how rightfully
13632 angry and frustrated the women in our districts are. More
13633 than half of Planned Parenthood centers are in rural or
13634 underserved areas where health care is already too hard to
13635 come by. Yet, my colleagues want to make it even harder for
13636 people in these areas to access HIV and STD tests, breast and
13637 cervical cancer screenings, and other lifesaving services.

13638 We know how our colleagues, our friends on the other
13639 side of the aisle, will respond to these factors. They have
13640 already tonight. They will talk about community health
13641 centers that will fill the void left by Planned Parenthood.
13642 Community health centers do phenomenal work and we support
13643 them, but the idea that they can easily meet the needs of

13644 millions who actually currently rely on Planned Parenthood is
13645 ridiculous.

13646 Actually, the American Public Health Association called
13647 the notion, and I quote from them, "ludicrous". What logic
13648 could be behind this, but another politically-motivated
13649 attempt to roll back women's ability to control their own
13650 health and bodies?

13651 Again, as my colleagues have said before, this has
13652 nothing to do with abortion. The Hyde amendment makes sure
13653 that no federal funds can go for abortion. This is simply a
13654 punitive way of trying to shut Planned Parenthood down. If
13655 you don't like Planned Parenthood, don't go, but other women
13656 like it; other men like it, utilize it. And we shouldn't be
13657 doing anything to shut it down. We should be trying to
13658 improve health coverage. We should be trying to expand
13659 places where women can go, not make it harder and harder for
13660 them.

13661 So, I ask everyone to support this amendment.

13662 And if anyone wants the rest of my time -- Mr. Cardenas?

13663 Mr. Cardenas. Thank you very much.

13664 I just would like to point out that to defund Planned
13665 Parenthood for 1 year would mean that approximately 2.5
13666 million patients who visit a Planned Parenthood health center

13667 each year would be denied that opportunity. And some people
13668 are assuming, well, then, just go somewhere else. Not so
13669 easy, as was pointed out earlier, for a lot of good reasons
13670 why it is hard for people with very little means to actually
13671 find other alternatives.

13672 In addition to that, it is important to understand that,
13673 if someone is actually getting an exam and finding out if
13674 they have cervical cancer, and if they, for some reason, were
13675 not allowed to go and get that exam for a whole year, that
13676 could actually end that person's life because the detection
13677 was delayed just by 1 year.

13678 Attempts by Republicans to block Planned Parenthood from
13679 receiving Medicaid reimbursements will restrict patients from
13680 accessing care at these health centers, which for many
13681 patients is their only source of preventative care.

13682 And also, I would like to point out that, even with the
13683 additional funding provided to community health centers in
13684 this reconciliation package, community health centers just do
13685 not have the excess capacity to shoulder the burden of
13686 serving all of the Planned Parenthood current patients.

13687 Mr. Chairman, I ask unanimous consent to enter letters
13688 from the California Primary Care Association and from the
13689 Community Clinics of Los Angeles County for the record, Madam

13690 Chairwoman.

13691 Mrs. Blackburn. So ordered.

13692 [The information follows:]

13693

13694 *****COMMITTEE INSERT 22*****

13695 Mr. Cardenas. In addition to that, I would like to
13696 point out that one expert explained in Health Affairs that
13697 the Republicans' assertion that other providers can fill the
13698 gap is, quote, "simply wrong and displays a fundamental
13699 misunderstanding of how the healthcare system works."

13700 Also, I would like to submit for the record and, Madam
13701 Chairwoman, I ask unanimous consent to enter that article
13702 into the record: Sara Rosenbaum, Planned Parenthood
13703 Community Health Centers, and Women's Health, "Getting the
13704 Facts Right," September 2nd, 2015.

13705 [The information follows:]

13706

13707 *****COMMITTEE INSERT 23*****

13708 Mr. Cardenas. And this discussion actually reminds me
13709 of sometimes how convenient it is for some people to say,
13710 when it comes to certain issues, saying, "I'm not a
13711 scientist, so I don't to comment on that." But, then, again,
13712 there are many people who are elected to this Congress who
13713 are not women; yet, at the same time, they feel it is
13714 necessary for them to determine women's access to health care
13715 and who should make decisions for women's health.

13716 I yield back.

13717 Mrs. Blackburn. The gentleman yields back.

13718 Let's see, Ms. Castor, 5 minutes.

13719 Ms. Castor. Thank you, Madam Chair.

13720 And I would like to thank Congresswoman DeGette and
13721 Congresswoman Schakowsky for bringing this amendment, and I
13722 associate myself with their remarks.

13723 I won't be too long, but I do want to make sure that I
13724 am expressing what I hear from my neighbors at home, that
13725 Planned Parenthood provides vital care, expert care, the most
13726 advanced care to women and so many of my neighbors. So, I
13727 strongly disagree with the GOP's punitive stance towards
13728 Planned Parenthood clinics. Because when you go after the
13729 Planned Parenthood clinics, you are really going after the
13730 folks we represent back home who need that safe clinic to go

13731 to to get their care.

13732 You know, people back home often comment about how out
13733 of touch a Congress that is 80-percent male is to the
13734 everyday challenges of women and their ability to get
13735 contraceptives, birth control, family planning advice, and
13736 screenings. You know, walk a day in their shoes. Okay?

13737 And instead of being empathetic about what Planned
13738 Parenthood does in the situation of people's health back
13739 home, you say, no, they are cut off. You know, they also
13740 say, "Well, don't they realize up there in the Congress that
13741 Planned Parenthood is one of the most effective institutions
13742 we have to preventing unintended pregnancies?"

13743 And I say, you know, "I wish we could have a hearing on
13744 that." I wish we could have a hearing to really understand
13745 the data. Instead, here again, in the middle of the night,
13746 we are going to have a debate that will affect millions of
13747 women across America and the folks that we represent back
13748 home.

13749 I understand that views vary widely on abortion. But,
13750 remember, it is a constitutionally-protected, fundamental
13751 right. In this Republican-led Congress, when you continue to
13752 interfere with that right, you continue to interfere at the
13753 detriment of all Americans and the future of this great

13754 country.

13755 I yield. I yield to Ms. Clarke of New York.

13756 Ms. Clarke. I thank my colleague for yielding.

13757 I support the amendment being submitted by Congresswoman
13758 DeGette and Congresswoman Schakowsky because we need to stand
13759 up for the most vulnerable populations in our communities who
13760 for generations now have only had Planned Parenthood as their
13761 primary care physician during their childbearing years.

13762 It is so unfortunate to see the attempts by Republicans
13763 to continue to block Planned Parenthood for receiving
13764 Medicaid reimbursements which will restrict patients from
13765 accessing care at healthcare centers, which for many patients
13766 is their only source of preventative care. It is ironic,
13767 Congressman Eliot Engel, that just a few hours after we were
13768 commemorating International Women's Day here we are with an
13769 amendment trying to secure the health care for women who are
13770 probably some of the most vulnerable women in our society.

13771 Well, CBO has also projected that blocking Medicaid
13772 reimbursements from Planned Parenthood would result in
13773 reduced access to contraception that Planned Parenthood
13774 provides. So, I mean, on the one hand, there is concern
13775 about abortion services, which are not paid for federally-
13776 funded, but in being able to plan families, we are also

13777 saying no go for you because we have the power to restrict
13778 that, to actually make you unable to access this health care.

13779 I think that this is probably one of the most mean-
13780 spirited provisions that we could see produced in a civil
13781 society in the 21st century. They are women who can only
13782 access this type of primary care during their childbearing
13783 years, and here we are saying that we would close down these
13784 clinics for a year.

13785 Each year Planned Parenthood provides more than 300,000

13786 --

13787 Mrs. Blackburn. The gentlelady's time has expired.

13788 Ms. Clarke. -- 300,000 breast exams.

13789 And I yield back.

13790 Mrs. Blackburn. The gentlelady yields back.

13791 On the majority, anyone seeking time?

13792 Mr. Harper?

13793 Mr. Harper. Thank you, Madam. Thank you, Madam Chair.

13794 You know, as I have listened to the comments from our
13795 friends across the aisle on the Democratic side, we almost
13796 lose sight of what this is really about. According to
13797 Planned Parenthood's own annual report, 2014-2015, the
13798 organization conducted 323,999 abortion procedures in the
13799 year 2014. Now that just may sound like some medical

13800 procedure. That means a baby's life was ended, not once, not
13801 twice, but almost 324,000 times. Of all people, you would
13802 think that the Democrats would be the ones to stand up for
13803 the life of the unborn child. Yet, they refuse to do so.

13804 You know, you look at what has happened here and you
13805 look at facilities. There are 59 independent local Planned
13806 Parenthood affiliates with 661 delivery sites, serving about
13807 2.5 million patients a year, 2.5 million. In contrast to
13808 that, Federally Qualified Health Centers, community health
13809 centers have 10,554 delivery sites and serve over 24 million
13810 patients.

13811 This is something that we have a moral obligation to
13812 look at this, and I believe we are doing the right thing.
13813 And we can provide for women's health care that we need to
13814 do, and we do.

13815 I have been married to my lovely wife for almost 38
13816 years. I can assure you I care about women's health. I have
13817 a daughter who is 25. I can assure you I care about women's
13818 health.

13819 I yield to the gentlelady from Tennessee, Ms. Blackburn,
13820 the balance of my time.

13821 Mrs. Blackburn. I thank the gentleman for yielding,
13822 just to answer a couple of points that have been made.

13823 The gentlelady from Florida asked why we were having
13824 this discussion in the middle of the night. And, of course,
13825 we would have loved to have been having this discussion at
13826 10:30 this morning and would have encouraged you all to bring
13827 your amendments forward that were going to impact the bill,
13828 so that we were not here in the middle of night having these
13829 discussions. So, that is something that you have control
13830 over, that you could have decided you wanted to have this
13831 discussion earlier in the day.

13832 And there is conversation about what the language in the
13833 bill does. The language and the Hyde amendment and, then,
13834 the language in this bill, the reason it is there, it does
13835 end taxpayer funding, that stream of taxpayer funding to
13836 clinics whose primary focus is abortion.

13837 As Mr. Harper said, investing in women's health is
13838 something that is very important to us. And you look at the
13839 community health centers and the FQHCs and you see the 10,554
13840 delivery sites that are there and the number of patients that
13841 they reach out to and serve each and every year, 24 million
13842 patients. And that is the purpose for this.

13843 And I yield back the balance of the time.

13844 And, Ms. Dingell, you are recognized for 5 minutes.

13845 Mrs. Dingell. Thank you, Madam Chair.

13846 My colleagues have made a number of points. One, the
13847 federal dollars -- we have the Hyde amendment -- they are not
13848 being used for abortion. And I hate to disagree with my
13849 colleagues, but the primary purpose of Planned Parenthood is
13850 not for abortions. It is to provide care to these women.

13851 And as people, my other colleagues, have said, one in
13852 five American women has received care at a Planned Parenthood
13853 health center in her lifetime. Six in ten women who access
13854 care from a family planning health center like Planned
13855 Parenthood consider it the main source of their health care.

13856 You have heard the statistics. I could keep going on
13857 them. But I want to read something that puts a human face on
13858 what we are talking about and ask you to think about our
13859 moral responsibilities here as well.

13860 "The Planned Parenthood in Flint in a modest brick
13861 building off a lonely stretch of highway might not seem like
13862 an obvious first stop for a resident concerned about the
13863 strangely-colored bad-smelling water that started coming out
13864 of taps in the city in early 2014. But, for those who work
13865 inside, tackling the issue of access to potable water was a
13866 no-brainer once patients began voicing concerns.

13867 As a preventative health organization with deep roots in
13868 the local community, the conversation came naturally. After

13869 hearing reports from their patients about chemicals in the
13870 water, the clinic sprang into action months before any state
13871 of emergency was declared, handing out water filters and
13872 teaching people how to use them.

13873 We are more than just a reproductive health
13874 organization. We work for reproductive justice, explained
13875 the field organization with Planned Parenthood. Having
13876 access to clean, safe water is a reproductive justice issue.
13877 It affects your health. Families deserve better than this.
13878 It fits right in. Water is a basic human right.

13879 The staff is particularly focused on the reproductive
13880 health impacts of the contaminated water, which in some homes
13881 has so much lead in it that it meets the EPA's definition of
13882 toxic waste. We've been educating on it and trying to get
13883 patients to understand it's the reproductive health care.

13884 In men, lead exposure can reduce sperm count, staff
13885 explained. In pregnant women, it can lead to gestational
13886 hypertension, low birth weight, and preterm deliveries, as
13887 well as affect the fetus' neurological development. And once
13888 a baby is born, if a breast-feeding mother is drinking Flint
13889 tap water, Planned Parenthood is advising her to pump and
13890 dump her breast milk because the lead can be absorbed,
13891 particularly if she tests as having 40 micrograms of lead in

13892 her blood or higher. Even formula, though, can be
13893 complicated, as many are mixed with water. Mixing it with
13894 Flint tap water can harm an infant.

13895 As the crisis continues to unfold, residents are still
13896 being tested for lead exposure, and the effects might not
13897 show up for years. Planned Parenthood will continue to focus
13898 on educating parents."

13899 I ask you, what is our moral responsibility to women who
13900 have no other place to go to get simple, basic health care?
13901 That is a need that is being served, and there are studies
13902 upon studies that say community health services cannot fill
13903 that gap in Planned Parenthood defunding.

13904 Who would shutting down Planned Parenthood health
13905 centers hurt the most? It is people of color, people living
13906 in rural areas, and people with low incomes. They represent
13907 the majority of Planned Parenthood patients and they already
13908 face unfair, systematic barriers to access and seeing health
13909 care. If these patients are blocked from care of Planned
13910 Parenthood, many would have nowhere else to go. In fact, 21
13911 percent of counties have no safety-net family plan
13912 alternatives, should their local Planned Parenthood health
13913 center close. And more than half of Planned Parenthood's
13914 health centers are located in rural and underserved

13915 communities. I ask you, where is our moral responsibility
13916 here?

13917 I yield back my 14 seconds.

13918 Mrs. Blackburn. The gentle lady yields back.

13919 Mr. Tonko?

13920 Mr. Tonko. Thank you, Madam Chair.

13921 I strike the last word.

13922 I rise in support of this amendment today on behalf of
13923 all of the constituents in my district who are, indeed,
13924 served by Planned Parenthood. I am deeply concerned by the
13925 misguided fixation to take away valuable resources from women
13926 with efforts to defund Planned Parenthood. I fully trust
13927 women to make their own deeply personal medical decisions,
13928 and I am grateful that Planned Parenthood provides essential
13929 services, services to women, including cervical and breast
13930 cancer screenings as well as the primary care service and
13931 family planning counseling.

13932 In New York State, Planned Parenthood provides services
13933 including breast exams, STI testing, birth control services,
13934 diabetes screening, cholesterol screening, prenatal services,
13935 and testicular and prostate cancer screenings. These are
13936 critical services that keep New Yorkers healthy -- women,
13937 children, and men.

13938 I recognize that these efforts to defund Planned
13939 Parenthood would result in a lack of care for the more than
13940 186,000 New Yorkers served by Planned Parenthood each and
13941 every year. We must not allow that to happen.

13942 With that, I will yield to the gentlelady from New York,
13943 Mr. Clarke.

13944 Ms. Clarke. I just wanted to point out one quick fact.
13945 Because we have seen how this plays out already. We have
13946 seen the impact of defunding at the state level. Indeed, in
13947 Texas, one study found that pregnancy-related deaths doubled
13948 after the State stopped reimbursing Planned Parenthood and 54
13949 percent fewer patients in the State received care. So, this
13950 is about prenatal care. This is about making sure that
13951 people have healthy pregnancies, aside from the issue that I
13952 guess our Republican colleagues are truly fixated on, which
13953 is the question of abortion.

13954 This is really a wrong-headed proposal in this law, in
13955 this bill, and I hope that you will reconsider.

13956 But I am going to yield back to Mr. Tonko at this time.

13957 Mr. Tonko. And I will yield to the gentlelady from
13958 Colorado, Ms. DeGette.

13959 Ms. DeGette. Thank you. Thank you very much.

13960 I just have another question for counsel, and here is

13961 the question: Section 103, would it save more money if it
13962 didn't have the \$350 million threshold included there? In
13963 other words, if there was no threshold, if everybody was
13964 subject to this, would it save more money?

13965 Counsel. Ms. DeGette, we don't have the CBO analysis --
13966 Ms. DeGette. Yes, we are aware of that.

13967 Counsel. -- of what that change would do.

13968 Ms. DeGette. And it seems to me that it would save more
13969 money because more providers would be subject to this.
13970 Wouldn't that be a logical extension?

13971 Counsel. You may be correct. We don't know the answer
13972 to that.

13973 Ms. DeGette. So, why would you include -- why was that
13974 limitation included? The \$350 million, why was that included
13975 in the language?

13976 Counsel. This language was from the 2015 reconciliation
13977 bill.

13978 Ms. DeGette. Did anyone sitting up there work on the
13979 2015 reconciliation bill?

13980 Counsel. I did not work on this --

13981 Ms. DeGette. Did anyone else sitting up there work on
13982 it?

13983 Mrs. Blackburn. Ms. DeGette --

13984 Ms. DeGette. The reason I want to know --

13985 Mrs. Blackburn. Yes, Ms. DeGette --

13986 Ms. DeGette. -- I want to know the legislative history
13987 for why this is included in this bill.

13988 Mrs. Blackburn. That is a question for members. It is
13989 something from the 2015 text.

13990 Ms. DeGette. In that case, is there a member here who
13991 can explain to me why that \$350 million was included in the
13992 bill?

13993 Mrs. Blackburn. The language is in the bill, as I said
13994 earlier, it has the effect of ending a taxpayer stream to
13995 entities whose primary focus is abortion.

13996 Ms. DeGette. But why is the \$350 million included as a
13997 limit?

13998 Mrs. Blackburn. That was a decision that was made at
13999 the time of the 2015 bill. I was not working on it.

14000 Ms. DeGette. Is there any staffer here who can answer
14001 the question?

14002 Mrs. Blackburn. It is not a question for staff.

14003 Ms. DeGette. Why not?

14004 Mrs. Blackburn. It is a question for members, and we
14005 will see if we can get an answer for you. I don't have an
14006 answer for you.

14007 Mr. Tonko. I yield back.

14008 Mrs. Blackburn. Okay, Mr. Tonko.

14009 Mr. Shimkus. Ms. Blackburn?

14010 Mrs. Blackburn. Okay, Mr. Shimkus, you are recognized
14011 for 5 minutes.

14012 Mr. Shimkus. Thank you, Madam Chairman.

14013 And I appreciate -- I was upstairs listening to my
14014 colleague and Mr. Sarbanes and his measured approach. Yes,
14015 these are difficult issues.

14016 And people know my position. I have been on the
14017 committee for a long time. They know that I am strongly in
14018 the pro-life camp.

14019 But I think because I have to represent the women in my
14020 Congressional District, and by far, the women in my
14021 Congressional District would want me to be supportive of the
14022 base language and oppose any amendment that would change
14023 that. And I need to be on record and to stand up for those
14024 women whose voices are not heard as much as the crescendo of
14025 the women on the other side.

14026 So, with that, I will yield back my time.

14027 Mrs. Blackburn. The gentleman yields back.

14028 Mr. Lujan is next, correct, for 5 minutes.

14029 Mr. Lujan. Thank you, Madam Chair.

14030 And so, there was a letter that was put out by Planned
14031 Parenthood, and what it say is, "Today House Republicans
14032 released a bill" -- I guess this was yesterday -- "Today
14033 House Republicans released a bill to repeal the Affordable
14034 Care Act that includes a provision to specifically block
14035 people with Medicaid coverage from accessing preventative
14036 health care at Planned Parenthood health centers, including
14037 birth control, cancer screenings, and STD testing and
14038 treatment. If enacted, prohibiting patients from accessing
14039 preventative care at Planned Parenthood health centers, it
14040 would have a devastating impact on people and communities
14041 across America. It is important to note that federal funding
14042 does not go towards abortion, a law that Planned Parenthood
14043 opposes."

14044 What follows, "Every year 2.5 million people rely on
14045 Planned Parenthood health centers for essential health
14046 services, and studies consistently show that proposals to
14047 defund Planned Parenthood will result in people losing access
14048 to care. And experts have repeatedly said other providers
14049 could not absorb Planned Parenthood's patients."

14050 So, the general counsel, when you were asked a question
14051 as to where the threshold came from, what was your response?

14052 Mrs. Blackburn. I will remind the gentleman that

14053 counsel is here to answer questions pertaining to text. When
14054 it comes to policies --

14055 Mr. Lujan. And I asked a question about the text, Madam
14056 Chair.

14057 Mrs. Blackburn. They will talk about how it operates.
14058 They are not there to answer on a policy position.

14059 Mr. Lujan. The threshold that is in the text --

14060 Mrs. Blackburn. I would remind the gentleman, as I
14061 said, they are not there to answer a question on a policy
14062 position. They can talk to the effect of it.

14063 Mr. Lujan. For clarification, Madam Chair --

14064 Mrs. Blackburn. They can speak to the effect of it, Mr.
14065 Lujan.

14066 Mr. Lujan. My time has been running while the Chair has
14067 been speaking, and my time should not be running while I am
14068 getting addressed by the Chair.

14069 Mrs. Blackburn. I am just making certain that you --

14070 Mr. Lujan. I am making certain that I am losing time
14071 now. If you could please back my time up?

14072 Mr. Shimkus. They are staff. They are not the
14073 legislators.

14074 Mr. Lujan. I am just asking a simple question, Mr.
14075 Shimkus.

14076 Mrs. Blackburn. And I have told you that is not a
14077 question that should be directed to them, Mr. Lujan.

14078 Mr. Lujan. Madam Chair, if you could help me
14079 understand, then, procedurally, what questions can be asked
14080 of staff to this committee?

14081 Mrs. Blackburn. You can talk with them about text. You
14082 can talk to them about the effect of the text. You can talk
14083 to them about this would, the operation of the text. You
14084 cannot talk -- they are not there to answer the question on
14085 policy. Those are discussions that take place with members.
14086 And why a policy is developed, that is something that we tend
14087 to on this side of dais. And if you want to talk with them
14088 and ask them about effect, that is fine, but I would ask that
14089 you please respect what they are to be questioned on and what
14090 they are not.

14091 Mr. Lujan. Thank you, Madam Chair.

14092 Mrs. Blackburn. Thank you.

14093 Mr. Lujan. To the general counsel, can you let me know
14094 what the threshold is in the text of the legislation?

14095 Counsel. The threshold is a provider is designated as a
14096 not-for-profit by the IRS. The provider is an essential
14097 community provider primarily engaged in family planning
14098 services and reproductive health. Entity is an abortion

14099 provider that provides abortions in cases that don't meet the
14100 Hyde amendment exception for federal payment, and the entity
14101 received more than \$350 million in Medicaid expenditures,
14102 both federal and state, in fiscal year 2014.

14103 Mr. Lujan. So, if I may, the \$350 million amount, where
14104 did that number come from?

14105 Counsel. That was in the 2015 bill.

14106 Mr. Lujan. Earlier when general counsel was asked a
14107 question, Madam Chair, there was a response that it came from
14108 CBO. Is that correct?

14109 Mrs. Blackburn. Mr. Lujan, I --

14110 Mr. Lujan. I can ask you or I can ask them. Is that
14111 correct? General counsel stated earlier where the number
14112 came from, and general counsel stated it came from CBO. I
14113 can ask you, Madam Chair, or I can ask them.

14114 Counsel. Mr. Lujan, the \$350 million was in the text.
14115 That threshold is also listed in the CBO analysis. What I
14116 was referencing earlier was the 2015 analysis of the 2015
14117 reconciliation bill.

14118 Mr. Lujan. I appreciate that very much. So, just so we
14119 get straight that that is where it came from.

14120 And, Madam Chair, it is my understanding that you
14121 chaired one of the select committees. In that work, I am

14122 sure that you paid attention to facts. And if facts were
14123 paid attention to, you would know that it is only 3 percent
14124 of Planned Parenthood services are for abortion care, not in
14125 the way that it is being characterized in this hearing today.
14126 Three percent is not -- I forget that you used, Madam Chair,
14127 but 3 percent is not the primary focus of the care to be
14128 provided.

14129 And with that, I yield to my colleague Diana DeGette.

14130 Ms. DeGette. Thank you very much.

14131 I want to thank the gentleman for clarifying that
14132 because the Chair just said that the purpose of Section 103
14133 is to stop Medicaid funding from going to clinics whose
14134 primary job is to perform abortions. If that is the case,
14135 why wasn't this section, then, written to simply say,
14136 "Clinics whose primary job is to provide abortions shall not
14137 get Medicaid funding."? Instead, it goes through all of this
14138 rigmarole about the \$350 million threshold which only applies
14139 to one organization, by the way, Planned Parenthood.

14140 In fact, as Mr. Lujan just said, only 3 percent of what
14141 Planned Parenthood does is abortion, and they do that with
14142 their own private money. They don't do that public money.
14143 They don't do that with Medicaid money.

14144 And so, what this section will do, as all of my

14145 colleagues have brilliantly testified, it will stop women and
14146 families from getting all kinds of health care, including
14147 family planning and birth control that actually will prevent
14148 unwanted pregnancies, which actually reduces abortion. So,
14149 ironically, what this amendment will do is stop funding to
14150 the very organizations that are helping families plan, so
14151 they don't have abortions.

14152 I find this to be shocking, and I would urge everyone
14153 just to support this amendment and support the women of
14154 America and the families of America, as they so desperately
14155 get the health care they need.

14156 I yield back to Mr. Lujan.

14157 Mr. Lujan. And, Madam Chair, the last thing I will say
14158 is it seems clear to everyone in this room, I hope, that the
14159 \$350 million threshold was chosen simply to target Planned
14160 Parenthood.

14161 I yield back.

14162 Mrs. Blackburn. I will remind the gentleman we are not
14163 here to debate Planned Parenthood. We are here to talk about
14164 funding streams.

14165 [Laughter.]

14166 Okay. Mr. Ruiz, you are recognized for 5 minutes.

14167 Order.

14168 Mr. Ruiz. Am I recognized? Thank you so much.

14169 That was really funny. We all know this is about

14170 Planned Parenthood.

14171 The federal government does not fund abortions for

14172 Planned Parenthood or any other healthcare organizations.

14173 The Republicans and the federal government do fund hospitals

14174 and clinics that do provide abortions. And if this is about

14175 abortions, then my question will be, are you going to defund

14176 the hospitals and clinics that also fund abortions? So, what

14177 is unique about Planned Parenthood? Is it because they speak

14178 up for women's reproductive health rights a bit louder than

14179 others?

14180 So, if you are not defunding abortions because federal

14181 money already does not fund abortions, then what does this

14182 bill defund? Well, let me read you a list: anemia testing;

14183 cholesterol screening; diabetes screening; physical exams,

14184 including for employment and sports; flu vaccines; help with

14185 quitting smoking; high blood pressure screening; tetanus

14186 vaccines; thyroid screening.

14187 The primary purpose of Planned Parenthood is to provide

14188 this type of health care. Less than 3 percent of services is

14189 on abortions. Planned Parenthood provides much-needed care

14190 in hard-to-reach locations where there are few, if any other,

14191 providers.

14192 Let me give you a very specific example in my district.
14193 I had mentioned earlier I had done research before I ran for
14194 Congress that counted every full-time-equivalent physician in
14195 the underserved area of the Eastern Coachella Valley. So,
14196 there is one full-time-equivalent physician per 9,000
14197 residents. We also calculated that, to be not considered
14198 medically-underserved, we needed 23 more full-time-equivalent
14199 physicians.

14200 So, each FQHC clinic has about two or three doctors
14201 working there at once on a good day. That means that the
14202 Eastern Coachella Valley will need seven to eleven new
14203 clinics to serve the underserved areas.

14204 So, do you know how long it takes for an organization to
14205 get the money to start an FQHC? Do you know how long it
14206 takes to recruit physicians to come and serve in underserved
14207 rural areas when there is such a physician shortage? It
14208 takes a very long time.

14209 So, simply saying, you know, you are going to give a
14210 certain amount of, hopefully, woefully underfunded to
14211 community clinics to provide this care just doesn't make
14212 sense. They are already overcapacity and they don't have
14213 enough to take care of the enormous need that is already out

14214 there.

14215 That is it.

14216 Mrs. Blackburn. Is the gentleman yielding back?

14217 Mr. Ruiz. Sure, I yield back.

14218 Mrs. Blackburn. The gentleman yields back.

14219 Mr. Scalise, you are recognized for 5 minutes.

14220 Mr. Scalise. Thank you, Madam Chair.

14221 I move to strike the last word and the second-to-last
14222 word and all the words in this amendment. Because what part
14223 of our bill to repeal and replace Obamacare does is also
14224 defunds groups like Planned Parenthood that use taxpayer
14225 money and also provide abortions. And this is not just a
14226 philosophical question. For many of us, it is a moral
14227 question. And so, I hope we at least can talk about it in
14228 that context because, for some, they are suggesting that this
14229 language does away with groups like Planned Parenthood.

14230 Now this maybe makes groups like Planned Parenthood face
14231 a real moral dilemma that millions of taxpayers throughout
14232 the country face. And our constituents, many of ours, feel
14233 it is morally offensive to have their taxpayer dollars go to
14234 organizations that provide abortion. That is the heart of
14235 this question.

14236 If you read the language in our bill that this amendment

14237 strikes, the language says, if a group like Planned
14238 Parenthood stops providing abortions, they could still get
14239 taxpayer money. But, if they want to provide abortions, they
14240 can't get taxpayer money.

14241 Now I know in the gentlelady from California's example
14242 she talked about the Hewletts and the Packards. And if the
14243 Hewletts and the Packards want to spend their money to fund
14244 the largest abortion provider in the nation, that is a choice
14245 they make. But don't ask the Boudreaus and the Thibodeaus
14246 from south Louisiana to have to send their taxpayer money to
14247 fund the largest abortion provider in the nation if it is
14248 morally offensive to their beliefs. That is the question
14249 here.

14250 And so, why is it that there is this infatuation with
14251 forcing taxpayers to take their money and violate their own
14252 religious beliefs to give that money to the nation's largest
14253 provider of abortion? And again, if they want access to
14254 taxpayer money, don't provide abortion.

14255 Let's look at the numbers. And my friend from Texas
14256 made, I think, a very compelling, valid argument. He cited
14257 Planned Parenthood's 2014-2015 annual report. This is
14258 Planned Parenthood's numbers.

14259 You know, we talk about women's health all day, but at

14260 the heart of the issue is abortion using taxpayer money. So,
14261 you look at the 2014 numbers that Planned Parenthood
14262 provided; they conducted 323,999 abortions and they got
14263 taxpayer money to help offset some of those costs.

14264 Mr. Welch. Will the gentleman --

14265 Mr. Scalise. President Obama, during the debate on
14266 Obamacare --

14267 Mr. Welch. Will the gentleman yield?

14268 Mr. Scalise. -- said taxpayer money would not be used
14269 for abortion.

14270 Mr. Welch. Will the gentleman yield for a question?

14271 Mr. Scalise. And yet, Planned Parenthood -- I would be
14272 happy to yield in a moment when I complete this thought.

14273 Planned Parenthood uses taxpayer money and provides
14274 abortion. And so, we are standing up for the taxpayers who
14275 don't want their taxpayer dollars going to abortion. If
14276 private people like the Hewletts and the Packards believe so
14277 deeply in Planned Parenthood, there is nothing in this
14278 language that says they can't go and provide that funding.
14279 Just stop forcing taxpayers to have to give their dollars,
14280 their hard-earned tax dollars, to the largest abortion
14281 provider in the nation.

14282 And that is what this amendment does. Our language

14283 does, our bill stops this from happening. It gives them the
14284 choice. They can stop providing abortions and still do the
14285 other things that they do, and they would still get that
14286 money. But, if they want taxpayer money -- and again, you
14287 are asking people to give their taxpayer dollars to a group
14288 in violation of their own religious beliefs. That is wrong.
14289 Stop forcing people to violate their own views. Little
14290 Sisters of the Poor having to buy contraceptives is in
14291 violation of their own religious beliefs. That is what
14292 offends people so much. Let the Hewletts and the Packards do
14293 what they want to do.

14294 Mr. Welch. Would the gentleman yield for a question?

14295 Mr. Scalise. I would be happy to.

14296 Mr. Welch. I thank you.

14297 So, if it is morally offensive to our constituents that
14298 public funds go to an organization that hires gay or lesbian
14299 employees, should they have the right to deny funds because
14300 that is their moral view?

14301 Mr. Scalise. I don't know if you are bringing an
14302 amendment regarding that. We are talking about taxpayer
14303 funding of abortion.

14304 Mr. Welch. I understand.

14305 Mr. Scalise. This, our bill says, if you want to take

14306 taxpayer money, you can't provide abortions.

14307 Mrs. Blackburn. The gentleman's time has expired.

14308 Mr. Scalise. The amendment says you can continue using
14309 taxpayer money and forcing people to give that taxpayer money
14310 to the largest provider of abortion. We fundamentally
14311 disagree on this issue and I object to the amendment.

14312 And I yield back the balance of my time.

14313 Mrs. Blackburn. The gentleman yields back.

14314 Mr. McNerney for 5 minutes.

14315 Mr. McNerney. Thank you.

14316 I yield my time to the gentleman from New Jersey.

14317 Mr. Pallone. Thank you, and I am not going to use all
14318 the time. You may want to give it to others.

14319 It just really bothers me listening to the gentleman
14320 from Louisiana because where are we going with this. In
14321 other words, it is clear that the money can't be used for
14322 actual abortions. And I think you are saying that, just
14323 because the organization provides abortions to some
14324 somewhere, not necessarily even the clinic where my
14325 constituents may go, just because somehow that is tainted
14326 because that organization is providing abortions elsewhere
14327 perhaps, that we are going to deny people the right to say
14328 that they can go to the provider of their choice.

14329 We have always had this principle that you could go to
14330 the provider of your choice, you know, because it happens to
14331 be the most convenient location. Maybe you don't have a car.
14332 That is where you go. Maybe you have heard from others that
14333 this is a place that provides better service or better
14334 quality service, or whatever it happens to be.

14335 And I think that the gentleman from Vermont's question
14336 is very apt. In other words, where does this end? If the
14337 Thibodeaus or the Woodwards -- I don't know if I got the
14338 names right there --

14339 Mr. Scalise. The Boudreaus and Thibodeaus.

14340 Mr. Pallone. -- the Woodreaus and the Thibodeaus
14341 decide that, you know, they don't like some other
14342 organization because they -- I don't know -- provide
14343 vasectomies or do something else, maybe their umbrella
14344 organization does other things they don't like, that the
14345 decision is going to be made, okay, we are not going to let
14346 you provide women's healthcare services.

14347 I mean, think about that. Think about where we are
14348 going with this. It is going to totally eliminate the idea
14349 that people can go to the provider of their choice and make
14350 the decisions based on morality, that really the morality has
14351 nothing to do with the issue at hand. Because you are not

14352 even saying, if I understand you, you are not even saying
14353 that you have a problem with these women going to a clinic
14354 and having the various services that we have talked about.
14355 You just don't like it because somehow somewhere this
14356 organization is providing, is doing abortions, which, again,
14357 are not taxpayer-funded.

14358 So, I mean, if we go along with this principle, where
14359 does it end?

14360 Mr. Scalise. Would the gentleman yield?

14361 Mr. Pallone. And you could apply it not only to women's
14362 health, you could apply it to anything. I mean, you could
14363 apply it to Medicaid funding for any purpose anywhere.

14364 Mr. Scalise. Would the gentleman yield?

14365 Mr. Pallone. Sure.

14366 Mr. Scalise. We are not just talking about providing
14367 abortions somewhere somehow. We are talking about a group
14368 that provides over 300,000 abortions --

14369 Mr. Pallone. I understand that.

14370 Mr. Scalise. -- in 1 year.

14371 Mr. Pallone. Let me take my --

14372 Mr. Scalise. And if you don't think that that is an
14373 issue that has not been heavily disputed --

14374 Mr. Pallone. I don't see how it is --

14375 Mr. McNerney. Let me take my time back.

14376 Mr. Scalise. Eighty percent of Americans don't want
14377 taxpayer money used for abortion.

14378 Mr. Pallone. Madam Chairwoman, it is my time.

14379 I am saying it is shocking to me, to be perfectly
14380 honest. I understand what you are saying, but I just want
14381 you to understand what the consequences of that are, not only
14382 for women's health, but for any kind of Medicaid services or
14383 any kind of federal funding, if not some kind of a litmus
14384 test is going to be used not for the actual services
14385 provided, which you don't have a problem with, but with the
14386 fact that somehow the organization does something else that
14387 you don't like at another location. Where are we going with
14388 this?

14389 I mean, I could imagine that everyone is going to decide
14390 that, for moral reasons, I don't like this or I don't like
14391 that, and because they are somehow involved in this, I can
14392 decide that the federal fundings don't go there. And then,
14393 we have to decide is that a majority view; is that a minority
14394 view. I mean, you are deciding this is a majority view. I
14395 would venture to guess that, if you asked most people whether
14396 they would have a problem providing women's services at a
14397 place that doesn't even provide abortions at all, they would

14398 say, "What are you talking about?"

14399 I mean, just think about it. I think that it just
14400 doesn't make sense. And logically, of course, it is a
14401 disaster because of all the reasons we said.

14402 You know, I use the clinic in Perth Amboy in my
14403 district. I don't know where these people are supposed to
14404 go. They are low-income Medicaid. They don't have a car.
14405 These other clinics don't want to provide the services. You
14406 are just denying them care for this very attenuated, which I
14407 think from a practical point of view is just not fair.

14408 But I will yield back.

14409 Mr. McNerney. Thank you.

14410 I would just like to say the quandary in my mind is, if
14411 abortions are offensive and morally offensive, then why would
14412 you cut off funding to an organization that, through their
14413 practices, reduces the number of unwanted pregnancies and the
14414 number of abortions? That is my quandary.

14415 And with that, I will yield back.

14416 Mrs. Blackburn. The gentleman yields back.

14417 Mr. Kennedy, 5 minutes.

14418 Mr. Kennedy. Thank you, Madam Chair.

14419 A couple of points. First, I rise, obviously, in strong
14420 support -- I move to strike the last word. Excuse me. I

14421 rise in strong support of the amendment on behalf of the
14422 seven Planned Parenthood clinics in Massachusetts and the
14423 33,000, roughly, patients that they see every year.

14424 I was out in Boston last weekend and the wind chill was
14425 close to being below zero, and hundreds and hundreds of men
14426 and women and children were out there voicing their support
14427 to try to ensure the federal government does not stand
14428 between their ability to access the health care that they
14429 need.

14430 I bring up two main points that I want to address. Mr.
14431 Shimkus, I am cognizant of the way in which you address this
14432 issue, obviously one being very emotional for all of us, and
14433 I appreciate that. And I will try to maintain that same
14434 level of decorum. I will do my best.

14435 I would say to my friend Mr. Scalise, I am a bit
14436 concerned with the logic used as well. There is no doubt,
14437 obviously, that if this plan is enacted, that there are going
14438 to be hospitals all over the country that receive federal
14439 funding for hospital services. Some of those hospitals will
14440 also provide abortions that are separate from the hospital
14441 services that might be provided from other services.

14442 So, under the logic that you laid out saying, if they
14443 provide, if any organization provides abortion, they

14444 shouldn't get any federal funding, is the intent of this bill
14445 going to be stripping all federal funding from any hospital
14446 that does that, any doctor's office that will provide that
14447 consultation?

14448 Mr. Scalise. Would the gentleman yield?

14449 Mr. Kennedy. Yes, sir.

14450 Mr. Scalise. Yes, the language in the underlying bill
14451 that this amendment is trying to change is specifically
14452 dealing with organizations like Planned Parenthood that
14453 provide abortion services and other services. And what it
14454 says is, first of all, you are shifting the money over to
14455 Federally Qualified Health Centers, which, by the way, are 10
14456 to 1 more prevalent around the country than Planned
14457 Parenthood, so there is more access to health care --

14458 Mr. Kennedy. Understood, sir, but, as --

14459 Mr. Scalise. And so, the money is going to be still
14460 there, but just not to organizations that provide abortion
14461 like Planned Parenthood.

14462 Mr. Kennedy. Understood. And reclaiming my time -- and
14463 I appreciate that -- but, as an emergency room doctor on this
14464 committee who works on the Committee of Health Centers
14465 indicated, and there is plenty of data to back it up, those
14466 health centers are already taxed with access issues. And

14467 there are studies out there that indicate that they could not
14468 meet the increased demand if you shut down the additional
14469 services to Planned Parenthood.

14470 The other thing that I think is really important to keep
14471 in mind is, getting back to where we were a couple of hours
14472 ago, the impact that this will have on low-income families
14473 because of what this bill does to Medicaid and the Medicaid
14474 expansion population, which is roughly 11 million people,
14475 because you strip access to preventive and wellness services.

14476 So, a lot of the screenings that are done or would be
14477 available to that patient population around the country no
14478 longer are guaranteed coverage because of what you have
14479 written in your bill, because you repeal the essential health
14480 benefits for those 11 million people. So, if they are not
14481 going to get them there anymore, they are not going to get
14482 them through Medicaid, and you can't get them through Planned
14483 Parenthood, where are you supposed to get them? How is that
14484 supposed to happen? And how can we say that that is not a
14485 small problem when we also sit there and hear that people are
14486 so passionate about women's health? What happens to all of
14487 those patients?

14488 And then, part of this is a back-and-forth with legis
14489 counsel at this point because we haven't had a hearing on

14490 this bill. We haven't had a hearing on the underlying issues
14491 of this bill. You have had a back-and-forth with, yes,
14492 putting legis counsel in a difficult position to answer
14493 policy questions because we haven't had any witnesses to
14494 actually state what is the policy.

14495 And so, here we are at 2:20 in the morning trying to
14496 understand the rationale behind a paragraph in a 60-page
14497 piece of legislation that overhauls our healthcare system and
14498 how it is going to impact far more people than is initially
14499 evident in this bill, far more people.

14500 Because you have to understand how these pieces fit
14501 together, and the impact that this could have on that
14502 population is devastating. And we can't even get any answers
14503 about it. And the logic that is used could be used to defund
14504 hospitals at large, understanding that is not the intent and
14505 that is not the text at the moment, but we are at the first
14506 hearing on it. It is a markup, and we have got the President
14507 of the United States on a press release late this evening
14508 saying that they are ready to move up the Medicaid expansion
14509 cuts from 2020 to 2018 to satisfy the Freedom Caucus. So,
14510 President Trump indicates it from the White House.

14511 So, we have, with due respect, there is an awful lot of
14512 unanswered questions here that we are trying to get answers

14513 to, so I can go back to my constituents and answer them as to
14514 what is in a bill that I am going to be voting on at some
14515 untold time in the future.

14516 I yield back.

14517 Mrs. Blackburn. The gentleman yields back.

14518 Mr. Welch?

14519 Mr. Welch. Move to strike the last word.

14520 A couple of things. One, the question I asked, Mr.
14521 Scalise, is the question that you can't ignore if the premise
14522 of your amendment here is that, because one has constituents
14523 for whom something is morally objectionable, then you can use
14524 the power of the state to prohibit people in an organization
14525 from doing something that is legal. Abortion is legal. And
14526 you can introduce legislation to change that. You may get a
14527 Supreme Court that will uphold that. But abortion is legal.
14528 Discrimination is not.

14529 There are some people who believe that it is immoral for
14530 an individual to be gay or lesbian. They believe it. They
14531 really do. I totally disagree. But are we suggesting that,
14532 since of us may have constituents who believe that to be gay
14533 or lesbian is morally reprehensible, that we can use the
14534 power of the state to accommodate their view, which happens
14535 to be illegal? That is what we are talking about here.

14536 By the way --

14537 Mr. Scalise. Would the gentleman yield?

14538 Mr. Welch. I will in a minute, but let me finish on
14539 this.

14540 The other aspect of this is that, when we are
14541 legislating, we do have power. And there is such a danger
14542 that we abuse it. The leaders I have admired have always had
14543 the capacity for restraint.

14544 This is a healthcare bill. And what this amendment
14545 would do is destroy an organization who the vast majority of
14546 their work is to provide basic healthcare services to women,
14547 particularly low-income women. And we are willing to blow
14548 that up because some of our constituents, some of your
14549 constituents think it is wrong that an organization also
14550 provides legal services -- legal.

14551 And it really reminds me of Vietnam, that famous quote
14552 by the officer who said, "We've got to destroy the village in
14553 order to save it." We are going to blow up Planned
14554 Parenthood, an organization that provides an extraordinary
14555 amount of good service and basic healthcare services to women
14556 because some constituents in some of our districts disagree
14557 with the law of the land, which happens to be that abortion
14558 is legal.

14559 So, this is overreach, and it is overreach in a
14560 healthcare bill. So, I object to this and I really am kind
14561 of astonished by it, that we don't have the capacity to have
14562 this important debate on a legitimate issue on its own
14563 merits, rather than to wedge it into a healthcare bill where,
14564 if the proponents of this provision are successful, they will
14565 undercut and destroy an organization that has been
14566 successfully providing good healthcare services to women of
14567 this country.

14568 I yield back.

14569 Mrs. Blackburn. The gentleman yields back.

14570 Anyone else seeking time?

14571 Mr. Green for 5 minutes.

14572 Mr. Green. I wasn't going to participate in this
14573 debate, but, Steve, I grew up in a neighborhood that was pro-
14574 life. But, in 1973, the Supreme Court said that is not your
14575 and my's decision. We may consider it immoral by our church,
14576 but it is moral under our United States law. And so, that is
14577 why it has been a quandary for me.

14578 But I don't think we have the right to cut the funding
14579 for an agency, no matter if it is Planned Parenthood or ABC
14580 Health Clinic, that doesn't get money for their abortion
14581 services from the federal government by the Hyde Act. And if

14582 you are saying that using that money to provide abortions --
14583 and maybe we ought to have an audit -- but I think they
14584 probably are smart enough that they separate those functions.

14585 And I do have a --

14586 Mr. Scalise. Would the gentleman yield?

14587 Mr. Green. And I have a Planned Parenthood clinic in
14588 our district. It is a very large clinic. And I know most of
14589 their work, if not 90 percent, is wellness for women and very
14590 little for abortions.

14591 But I will be glad to yield.

14592 But it is a protected act that the Supreme Court has
14593 said, and over the last 43 years or so it has been that, you
14594 know, by the federal court. We don't all make the laws. The
14595 Supreme Court does check our work.

14596 Mr. Scalise. Right.

14597 Mr. Green. But I will yield to --

14598 Mr. Scalise. And I appreciate the gentleman yielding.

14599 The Hyde amendment has been brought up a lot, and I know
14600 you referenced it. If you go back to the Roe v. Wade
14601 decision, Henry Hyde ran in large part to try to overturn Roe
14602 v. Wade. When he came to Congress in the 1970s, one of his
14603 objectives was to pass a human right -- the life amendment.
14604 He wasn't successful. It was a Constitutional Amendment.

14605 So, what he did was start attaching language to
14606 appropriations bills that we now all know as the Hyde
14607 amendment to say taxpayer funding can't be used for abortion.

14608 This has been a very bipartisan issue for a long time.
14609 Unfortunately, that bipartisanship has shrunken over the
14610 years. But when Henry Hyde first started proposing that
14611 language, it was after Roe v. Wade, but Congress came
14612 together, Republicans and Democrats, and said, at least we
14613 can agree, because there are real serious moral objections
14614 that still have not been resolved, that taxpayer money can't
14615 be used for abortion. That is something that has been going
14616 on since the 1970s. Around 1976 was when Hyde started --

14617 Mr. Green. And we have voted for appropriations bills
14618 that have the Hyde amendment in it. And we recognize --

14619 Mr. Scalise. Right. And this is, in essence, an
14620 extension of the Hyde amendment. This is keeping in tune
14621 with taxpayer money not being used to fund abortion to groups
14622 that provide abortion.

14623 Mr. Green. Well, I disagree that taxpayer money is used
14624 for abortions --

14625 Mr. Scalise. We all know it is fungible. We all know -
14626 -

14627 Mr. Green. -- consistent with the Hyde amendment.

14628 Mr. Scalise. -- that those kind of dollars --

14629 Mr. Lujan. Will the gentleman yield?

14630 Mr. Green. But it is a protected act by the law of the

14631 land.

14632 Mr. Scalise. But the Hyde language is also

14633 constitutional.

14634 Mr. Green. And I will be glad to --

14635 Mr. Scalise. -- as well.

14636 Mr. Lujan. Will the gentleman yield?

14637 Mr. Green. But I want to yield to --

14638 Mr. Scalise. And I yield back.

14639 Mr. Green. -- my colleague, Congressman Lujan.

14640 Mr. Lujan. Madam Chair, I know that you told me I

14641 couldn't ask general counsel questions if it had any touch

14642 with policy here. And we are just trying to get some of

14643 these questions answered.

14644 Mr. Scalise, you are the only one that seems to be

14645 stepping up right now to be able to answer some of these

14646 questions. And so, what hasn't been talked about is how this

14647 language is also an attack on the transgendered community

14648 when we talk about Planned Parenthood being one of the

14649 providers that provides services to the community. But that

14650 is not my question.

14651 I guess what I am trying to understand is Section 103,
14652 which is where I asked the threshold of where this number
14653 came from. I asked earlier, Mr. Scalise, if, in fact, the
14654 \$350 million threshold came from -- where it came from. I
14655 was told CBO. I was told it came from 2015 bill.

14656 So, we are just trying to understand what this is all
14657 about. So, you know, if you can help me understand what the
14658 intent of Section 103 is, is it blocking Medicaid funding to
14659 Planned Parenthood because they provide abortion care? Is
14660 that what this is about?

14661 Mr. Scalise. It has never been about one organization.
14662 And, in fact, the language in the underlying bill says, if no
14663 abortion services are provided, then there is no --

14664 Mr. Lujan. Reclaiming my time, Mr. Scalise, what other
14665 --

14666 Mr. Scalise. -- involvement there.

14667 Mr. Lujan. -- groups are there?

14668 Mr. Scalise. Well, ultimately, what we have talked
14669 about for a long time is to protect taxpayer money from being
14670 used to fund abortion. And again, that goes back to the Hyde
14671 language.

14672 Mr. Lujan. Reclaiming my time, Mr. Scalise, I thought
14673 you would answer the question that I was told I couldn't ask

14674 of general counsel of where the \$350 million deal came from,
14675 and --

14676 Mr. Scalise. Well, we have also said we want to make
14677 sure that groups that provide health services for women, for
14678 children, for low-income people still have that ability, in
14679 fact, in a much broader sense, a lot more whole-scale under
14680 our bill than currently available.

14681 Mrs. Blackburn. The gentleman's time has expired. The
14682 gentleman's time has expired.

14683 Anyone else seeking time? If not, Mr. Pallone says that
14684 they want a roll call vote at 2:31 in the morning. So, we
14685 will -- I think that we are ready for this roll call vote.

14686 So, the clerk will call the roll. Those in favor of the
14687 amendment say aye; those opposed say no.

14688 The Clerk. Mr. Barton?

14689 [No response.]

14690 The Clerk. Mr. Upton?

14691 Mr. Upton. Votes no.

14692 The Clerk. Mr. Upton votes no.

14693 Mr. Shimkus?

14694 Mr. Shimkus. No.

14695 The Clerk. Mr. Shimkus votes no.

14696 Mr. Murphy?

14697 [No response.]

14698 The Clerk. Mr. Burgess?

14699 Mr. Burgess. No.

14700 The Clerk. Mr. Burgess votes no.

14701 Mrs. Blackburn?

14702 Mrs. Blackburn. No.

14703 The Clerk. Mrs. Blackburn votes no.

14704 Mr. Scalise?

14705 Mr. Scalise. No.

14706 The Clerk. Mr. Scalise votes no.

14707 Mr. Latta?

14708 Mr. Latta. No.

14709 The Clerk. Mr. Latta votes no.

14710 Mrs. McMorris Rodgers?

14711 Mrs. McMorris Rodgers. No.

14712 The Clerk. Mrs. McMorris Rodgers votes no.

14713 Mr. Harper?

14714 Mr. Harper. No.

14715 The Clerk. Mr. Harper votes no.

14716 Mr. Lance?

14717 Mr. Lance. No.

14718 The Clerk. Mr. Lance votes no.

14719 Mr. Guthrie?

14720 Mr. Guthrie. No.

14721 The Clerk. Mr. Guthrie votes no.

14722 Mr. Olson?

14723 Mr. Olson. No.

14724 The Clerk. Mr. Olson votes no.

14725 Mr. McKinley?

14726 Mr. McKinley. No.

14727 The Clerk. Mr. McKinley votes no.

14728 Mr. Kinzinger?

14729 Mr. Kinzinger. No.

14730 The Clerk. Mr. Kinzinger votes no.

14731 Mr. Griffith?

14732 Mr. Griffith. No.

14733 The Clerk. Mr. Griffith votes no.

14734 Mr. Bilirakis?

14735 Mr. Bilirakis. No.

14736 The Clerk. Mr. Bilirakis votes no.

14737 Mr. Johnson?

14738 Mr. Johnson. No.

14739 The Clerk. Mr. Johnson votes no.

14740 Mr. Long?

14741 Mr. Long. To protect the unborn miniature women, I vote

14742 no.

14743	The <u>Clerk.</u>	Mr. Long votes no.
14744	Mr. Bucshon?	
14745	Mr. <u>Bucshon</u>	No.
14746	The <u>Clerk.</u>	Mr. Bucshon votes no.
14747	Mr. Flores?	
14748	Mr. <u>Flores.</u>	No.
14749	The <u>Clerk.</u>	Mr. Flores votes no.
14750	Ms. Brooks?	
14751	Mrs. <u>Brooks</u>	No.
14752	The <u>Clerk.</u>	Ms. Brooks votes no.
14753	Mr. Mullin?	
14754	Mr. <u>Mullin.</u>	No.
14755	The <u>Clerk.</u>	Mr. Mullin votes no.
14756	Mr. Hudson?	
14757	Mr. <u>Hudson.</u>	No.
14758	The <u>Clerk.</u>	Mr. Hudson votes no.
14759	Mr. Collins?	
14760	[No response.]	
14761	The <u>Clerk.</u>	Mr. Cramer?
14762	Mr. <u>Cramer.</u>	No.
14763	The <u>Clerk.</u>	Mr. Cramer votes no.
14764	Mr. Walberg?	
14765	Mr. <u>Walberg</u>	No.

14766 The Clerk. Mr. Walberg votes no.
14767 Mrs. Walters?
14768 Mrs. Walters. No.
14769 The Clerk. Mrs. Walters votes no.
14770 Mr. Costello?
14771 Mr. Costello. No.
14772 The Clerk. Mr. Costello votes no.
14773 Mr. Carter?
14774 Mr. Carter. No.
14775 The Clerk. Mr. Carter votes no.
14776 Mr. Pallone?
14777 Mr. Pallone. Aye.
14778 The Clerk. Mr. Pallone votes aye.
14779 Mr. Rush?
14780 [No response.]
14781 The Clerk. Ms. Eshoo?
14782 Ms. Eshoo. Aye.
14783 The Clerk. Ms. Eshoo votes aye.
14784 Mr. Engel?
14785 Mr. Engel. Aye.
14786 The Clerk. Mr. Engel votes aye.
14787 Mr. Green?
14788 Mr. Green. Aye.

14789 The Clerk. Mr. Green votes aye.
14790 Ms. DeGette?
14791 Ms. DeGette. Aye.
14792 The Clerk. Ms. DeGette votes aye.
14793 Mr. Doyle?
14794 Mr. Doyle. Yes.
14795 The Clerk. Mr. Doyle votes aye.
14796 Ms. Schakowsky?
14797 Ms. Schakowsky. Aye.
14798 The Clerk. Ms. Schakowsky votes aye.
14799 Mr. Butterfield?
14800 Mr. Butterfield. Aye.
14801 The Clerk. Mr. Butterfield votes ayes.
14802 Ms. Matsui?
14803 Ms. Matsui. Aye.
14804 The Clerk. Ms. Matsui votes aye.
14805 Ms. Castor?
14806 Ms. Castor. Aye.
14807 The Clerk. Ms. Castor votes aye.
14808 Mr. Sarbanes?
14809 Mr. Sarbanes. Aye.
14810 The Clerk. Mr. Sarbanes votes aye.
14811 Mr. McNerney?

14812 Mr. McNerney. Aye.

14813 The Clerk. Mr. McNerney votes aye.

14814 Mr. Welch?

14815 Mr. Welch. Aye.

14816 The Clerk. Mr. Welch votes aye.

14817 Mr. Lujan?

14818 Mr. Lujan. Aye.

14819 The Clerk. Mr. Lujan votes aye.

14820 Mr. Tonko?

14821 Mr. Tonko. Aye.

14822 The Clerk. Mr. Tonko votes aye.

14823 Ms. Clarke?

14824 Ms. Clarke. Aye.

14825 The Clerk. Ms. Clarke votes aye.

14826 Mr. Loeb sack?

14827 Mr. Loeb sack. Aye.

14828 The Clerk. Mr. Loeb sack votes aye.

14829 Mr. Schrader?

14830 Mr. Schrader. Aye.

14831 The Clerk. Mr. Schrader votes aye.

14832 Mr. Kennedy?

14833 Mr. Kennedy. Aye.

14834 The Clerk. Mr. Kennedy votes aye.

14835 Mr. Cardenas?

14836 Mr. Cardenas. Aye.

14837 The Clerk. Mr. Cardenas votes aye.

14838 Mr. Ruiz?

14839 Mr. Ruiz. Aye.

14840 The Clerk. Mr. Ruiz votes aye.

14841 Mr. Peters?

14842 Mr. Peters. Aye.

14843 The Clerk. Mr. Peters votes aye.

14844 Ms. Dingell?

14845 Mrs. Dingell. Aye.

14846 The Clerk. Ms. Dingell votes aye.

14847 Chairman Walden?

14848 The Chairman. Walden votes no.

14849 The Clerk. Chairman Walden votes no.

14850 The Chairman. [presiding.] Are there other members

14851 wishing to be recorded?

14852 Mr. Barton?

14853 Mr. Barton. No.

14854 The Clerk. Mr. Barton votes no.

14855 The Chairman. Mr. Collins?

14856 Mr. Collins. No.

14857 The Clerk. Mr. Collins votes no.

14858 The Chairman. Mr. Murphy?

14859 Mr. Murphy. No.

14860 The Clerk. Mr. Murphy votes no.

14861 The Chairman. Are there any members on this side?

14862 Okay. Any other members wishing to be recorded?

14863 Seeing none, the clerk will report the tally.

14864 The Clerk. Mr. Chairman, on that vote there were 23

14865 ayes and 31 noes.

14866 The Chairman. Twenty-three ayes, 31 noes, the amendment

14867 is not adopted.

14868 Are there other amendments to come before the committee?

14869 Are there other amendments on this side?

14870 If not, then, you want me to go to Ms. Eshoo? All

14871 right. Ms. Eshoo, for what purpose is the gentlelady from

14872 California seeking recognition?

14873 Ms. Eshoo. I have an amendment at the desk, Mr.

14874 Chairman?

14875 The Chairman. And you could describe your amendment,

14876 Ms. Eshoo, for our clerks?

14877 Ms. Eshoo. Yes. It is an amendment on clarifying

14878 specific language in the bill on the consumer protections --

14879 The Chairman. Do you know the number of that?

14880 Ms. Eshoo. I don't. I think it is, let's see --

14881 The Chairman. Do you have a copy? Does your staff have
14882 a copy of --

14883 Ms. Eshoo. Did they give us a number?

14884 The Chairman. It will just help our clerks identify it.

14885 Do you want to ask? Go ahead and use the microphone
14886 there. We just want to make sure everybody has got the right
14887 amendment.

14888 The Clerk. For the title, is it SU_06 at the top?

14889 The Chairman. Yes, that appears to be it.

14890 Okay. The clerks will distribute the amendment, and the
14891 clerk will report the amendment.

14892 The Clerk. "Amendment to the amendment in the nature of
14893 a substitute to the Committee Print."

14894 The Chairman. Without objection, the amendment is
14895 presumed read.

14896 [The amendment of Ms. Eshoo follows:]

14897

14898 *****INSERT 24*****

14899 The Chairman. And I recognize the gentlelady from
14900 California, Ms. Eshoo, to speak on her amendment.

14901 Ms. Eshoo. Thank you, Mr. Chairman.

14902 Earlier today you questioned the counsel -- or it was
14903 yesterday now -- and you clarified what the bill does not do.
14904 This amendment is really rather simple because implicit in
14905 the bill, when the chairman went through what the bill does
14906 not do, I think that language really should be in the bill.

14907 So, the text of this bill, because it doesn't contain
14908 the specific language of the key consumer protections,
14909 allowing children to stay on their parents' insurance until
14910 they are 26, preventing insurance companies from
14911 discriminating against people with preexisting conditions,
14912 prohibiting insurance companies from discriminating against
14913 women by charging them more for their policies, and removing
14914 the caps on lifetime limits.

14915 So, this amendment makes clear that these policies
14916 actually be included in the text of the bill. Importantly,
14917 these protections are part of every insurance plan, whether
14918 it is a health insurance coverage plan through an employer,
14919 purchased through an exchange, or if a person is enrolled in
14920 Medicaid.

14921 And I think that we have real bipartisan agreement on

14922 this because we recognize how effective these policies have
14923 been. Twenty-three million young adults were able to stay on
14924 their parents' insurance until they turned 26; 52.2 million
14925 Americans with preexisting conditions no longer risk being
14926 dropped by their insurance company, and they are not charged
14927 more for this type of coverage; 105 million Americans no
14928 longer have lifetime limits on their health insurance plans.
14929 So, these are really stunning results, and I think that they
14930 all say win, win, win, win, if we check off each one.

14931 So, when we passed the Affordable Care Act, these
14932 critical reforms really were transformational for millions of
14933 Americans. And no longer could an insurance company drop
14934 their coverage. This is something that has been wildly
14935 popular, embraced by the American people. They see the
14936 fairness in it, and they understand the difference that it
14937 has made in their lives.

14938 Mr. Chairman, I don't think the committee is in order.

14939 The Chairman. The gentlelady is right. The members,
14940 please hold down your conversations, so that the gentlelady
14941 can be heard by all the committee members on this important
14942 amendment.

14943 Ms. Eshoo. Thank you.

14944 The Chairman. Thank you. The gentlelady may proceed.

14945 Ms. Eshoo. Thank you. I appreciate it.

14946 So, my amendment is really very simple. And that is
14947 that this language actually be in the text of the bill. I
14948 think it is important that that be the case. Both sides
14949 support these reforms and embrace them, and the American
14950 people certainly do. And I think that language should be in
14951 the bill.

14952 So, if there is someone that would like to use the rest
14953 of my time, I would be happy yield it. If not, I will yield
14954 back. Anyone want the time? Okay. I yield to you.

14955 Ms. Schakowsky. Thank you.

14956 You know, all day, or how many hours we have been here
14957 now, we have heard from the majority side that the things
14958 that are enumerated in this amendment are the things that you
14959 like and you want to keep, and are actually in the bill. And
14960 so, I think that we ought to just adopt this language since I
14961 have heard no objection, quite the contrary, from people on
14962 the majority side that these are the things that you want in
14963 the new healthcare bill. And so, I would certainly urge all
14964 my colleagues to kind of put your vote where your rhetoric
14965 has been all day, and I hope that it was sincere and that we
14966 can all agree on this.

14967 And I yield back.

14968 The Chairman. The gentlelady yields back. I believe
14969 the gentlelady's time has expired. She yields back as well.

14970 The Chair recognizes the former chairman of the full
14971 committee, the gentleman from Michigan, Mr. Upton.

14972 Mr. Upton. The great State of Michigan.

14973 The Chairman. The great State of Michigan.

14974 Mr. Upton. Thank you, Mr. Chairman.

14975 Strike the last word.

14976 You know, as I look at this amendment, I mean, we have
14977 made the point over and over for the last 16 hours that, in
14978 fact, we have supported these certain provisions: protecting
14979 individuals with preexisting conditions; protecting women's
14980 access to health care; protecting dependents' access to
14981 health insurance, kids under 26, and ensuring that there are
14982 no lifetime caps.

14983 And I know you asked the counsel earlier the very
14984 specifics of that. So, let me just ask again to the counsel,
14985 does this language end the ban on lifetime or annual limits?

14986 Counsel. Mr. Upton, are you referencing the underlying
14987 bill?

14988 Mr. Upton. Yes.

14989 Counsel. No.

14990 Mr. Upton. And where can that be found in the law?

14991 Counsel. Section 2711 of the Public Health Service Act.

14992 Mr. Upton. And does the language end the prohibition of
14993 preexisting condition exclusions or other discrimination
14994 based on health status?

14995 Counsel. No.

14996 Mr. Upton. And where can that be found in the law?

14997 Counsel. Section 2704 of the Public Health Service Act.

14998 Mr. Upton. And does the language in the underlying bill
14999 end the practice of dependents staying on their parents'
15000 plans until they are 26?

15001 Counsel. No.

15002 Mr. Upton. And where can that be found in the law?

15003 Counsel. Section 2714 of the Public Health Service Act.

15004 Mr. Upton. And does the language end the ban on gender
15005 rating, meaning that we would go back to a situation where
15006 insurance companies could charge women more than men?

15007 Counsel. No.

15008 Mr. Upton. And what section is that in?

15009 Counsel. That is Section 2701 of the Public Health
15010 Service Act.

15011 Mr. Upton. So, in essence, the point that we have been
15012 making yesterday and now today is that these provisions are
15013 accounted for because they are not omitted in the bill that

15014 we have introduced. And I would urge my colleagues, then, to
15015 oppose the amendment as we don't need it.

15016 Ms. Eshoo. Will the gentleman yield?

15017 Mr. Upton. I am glad to yield to my friend.

15018 Ms. Eshoo. I don't understand something here. You are
15019 for it. It is not in the bill. It is referenced somewhere
15020 else. The amendment puts the language that we all support
15021 directly into the bill. Why is there -- I don't understand
15022 the reaction to this.

15023 Mr. Upton. Reclaiming my time, it is redundant. We
15024 have made the point, and not only in the debate time on our
15025 side, but, as the counsel reiterated, it is we are clear,
15026 free and clear. It is in the law. That part of the law is
15027 not being changed.

15028 Mr. Cardenas. Will the gentleman yield?

15029 Mr. Upton. Who is asking for time?

15030 Mr. Cardenas. Cardenas.

15031 Mr. Upton. Yes. I am sorry. It sounded a lot like Mr.
15032 Cramer.

15033 Mr. Cardenas. Yes, thank you, Congressman Upton.

15034 A question of counsel. You have answered in direct
15035 reference to certain sections, but in the substitute to the
15036 substitute amendment that was introduced by the Republicans

15037 yesterday -- I almost said today -- yesterday in this
15038 committee, is it in any way allowed by, for example, states
15039 to relax and/or not comply with prior law once this law takes
15040 effect, due to the cross-referencing of the various sections
15041 and the multitude of ways in which this bill refers to giving
15042 flexibility to states?

15043 Counsel. Mr. Cardenas, do you have a question about a
15044 specific provision or requirement of current law?

15045 Mr. Cardenas. Well, okay, let me be more specific. Is
15046 there anything in the bill that I just referenced that would
15047 allow states to not comply with the law that Ms. -- excuse me
15048 -- that Mr. Upton just asked you to help clarify?

15049 Counsel. So, we just talked about the ban on lifetime
15050 and annual limits, dependent coverage, the provisions related
15051 to preexisting conditions, both bans on exclusions and
15052 rating, and gender rating. And the underlying bill before
15053 the committee does not alter current law as it relates to
15054 those provisions.

15055 Mr. Cardenas. But there is a difference between
15056 altering and allowing another level of government the
15057 flexibility to not comply with previous law if we give them
15058 that authority by default of, for example, giving them
15059 resources to interpret their own method of implementation.

15060 Because that is part of what this bill does, isn't it? My
15061 Republican colleagues kept referring to flexibility in their
15062 bill, in this amendment to the amendment, flexibility to
15063 states.

15064 Counsel. Sir, I believe there was earlier conversation
15065 regarding flexibility of the states regarding age rating, for
15066 example. That provision of the Affordable Care Act is
15067 altered by the underlying bill as it relates to age rating
15068 and the middle tiers, which is Section 13(o)(b) of the
15069 essential health benefits. So, those provisions are altered.

15070 The provisions referenced by Mr. Upton are not altered
15071 by the underlying bill. So, this bill would not alter the
15072 requirements as it relates to annual lifetime caps, would not
15073 alter the requirements as it relates to dependent coverage;
15074 would not alter the provisions related to preexisting
15075 conditions, and would not alter the provisions as it relates
15076 to rating as it relates to preexisting conditions.

15077 The Chairman. The gentleman's time has expired.

15078 Mr. Cardenas. Thank you, former chairman.

15079 Mr. Upton. I yield back.

15080 Mr. Cardenas. Thank you.

15081 The Chairman. Other members seeking recognition?

15082 The Chair recognizes the gentleman from New York, Mr.

15083 Engel, for 5 minutes to speak on the amendment.

15084 Mr. Engel. Thank you, Mr. Chairman.

15085 I move to strike the last word.

15086 I support this amendment to preserve the ACA's
15087 protections. And let's talk about one of those protections.
15088 The ACA created new safeguards for the 129 million Americans
15089 living with preexisting conditions. Before the ACA, these
15090 Americans could be denied coverage or charged more just
15091 because of their health status.

15092 My Republican colleagues claim their bill will maintain
15093 those protections. Let's examine that. The bill would bar
15094 insurance companies from denying coverage or charging more
15095 because of a preexisting condition, but their bill would also
15096 allow insurers to charge you a major penalty, 30 percent of
15097 your premium, if you do not maintain continuous coverage.
15098 This has direct implications for Americans with preexisting
15099 conditions.

15100 Allow me to read from a letter authored by a number of
15101 organizations representing Americans with chronic illnesses,
15102 including the American Cancer Society, the Cancer Action
15103 Network, the American Diabetes Association, the American
15104 Heart Association, and others.

15105 And I quote, "Most people lose coverage because they

15106 cannot afford it, a problem faced more frequently by those
15107 who cannot work due to illness." Unquote.

15108 So, if you are forced to leave your job and forego your
15109 health coverage because you have a serious illness, this bill
15110 makes it okay to charge you more. Now maybe my friends on
15111 the other side of the aisle consider that protecting people
15112 with preexisting conditions, but I don't. I consider that a
15113 sick act.

15114 This is just one of the ways that this bill fails to
15115 live up to the Affordable Care Act. I could go into
15116 additional ways, but we only have a few minutes here.

15117 Since this bill was introduced, I have heard my friends
15118 on the other side tout its low page count, as though somehow
15119 less pages automatically means better policy. In a way,
15120 though, they are making a shrewd point. Their bill is less -
15121 - less protection, less care, less for the American people.

15122 So, I urge my colleagues to support this amendment and
15123 ensure that the protections they have touted within the ACA
15124 stay in place.

15125 Is there anybody that wants time?

15126 Then, I yield back.

15127 The Chairman. The gentleman yields back the balance of
15128 his time.

15129 Are other members seeking recognition on this amendment?

15130 On the Republican side, anybody seeking recognition? Then,

15131 we will go to, I guess the next up, the gentleman from New

15132 York, Mr. Tonko, is recognized to speak on the amendment.

15133 Mr. Tonko. Thank you, Mr. Chair.

15134 Right. I move to strike the last word.

15135 I rise in support of this amendment by Ms. Eshoo on

15136 behalf of all of the constituents in my district who have

15137 benefitted from the Affordable Care Act that provides for

15138 greater support in the bill and greater clarification.

15139 One of the families in my district who wishes to remain

15140 anonymous shared their story with me. I would like to share

15141 it with the committee.

15142 "Our daughter was diagnosed with type 1 diabetes at age

15143 13. We didn't know there were diabetes in the family and

15144 were completely blindsided when she got diagnosed. She has

15145 shown a lot of integrity and character since the age of onset

15146 to fulfill what is required of a child with diabetes and went

15147 the extra step of joining with other people to be part of a

15148 mutual support group for people with diabetes. When she was

15149 14 or 15, she volunteered at the Sugar-Free Gang Camp for

15150 Children with Diabetes.

15151 My daughter's story is one of tremendous courage. She

15152 took on all kinds of jobs to make ends meet. She was working
15153 two part-time jobs, neither of which provided health
15154 insurance. Once she turned 26, we couldn't help her with
15155 insurance anymore, and that was enormously frustrating and
15156 scary.

15157 When you have type 1 diabetes, you rely on a lot of
15158 supplies like insulin and test strips. At one point, the
15159 company responsible for the supplies stopped sending them
15160 because there was a standoff over reimbursement with the
15161 health management company.

15162 She connected with a lot of people with diabetes, and
15163 through that network, was able to cobble together what she
15164 needed to get through the week without coverage. But there
15165 is nothing better than having full care.

15166 Through the Affordable Care Act, she receives health
15167 care that allows her to get the insulin, the pump supplies,
15168 and test strips that she needs to manage her diabetes on a
15169 regular basis. She also can get regular appointments with
15170 her diabetes doctor. Without this health insurance, she
15171 would be very sick."

15172 And so, this amendment I believe is very meaningful to
15173 people like this family, my constituents, who have written
15174 about support for the ACA.

15175 And with that, Mr. Chair, I yield back.

15176 The Chairman. The gentleman yields back the balance of
15177 his -- anyone like the time?

15178 Mr. Tonko. I will yield to the gentleman from
15179 California.

15180 The Chairman. The gentleman from New York controls the
15181 time.

15182 Mr. McNerney. Okay. Mr. Chairman, I have seen an
15183 interesting evolution in today's debate. This morning we
15184 were testy. We were getting on each other's nerves. And we
15185 have evolved into actually talking about interesting things.
15186 So, I am really glad to see that.

15187 Now each side clearly believes its own rhetoric and its
15188 own stories. Our side feels affronted because we stuck our
15189 necks out there with the ACA and we took a political beating.
15190 So, we are a little sore about that, I can tell you.

15191 But both sides want a good healthcare system. We want
15192 access and we want quality care. We hear your side feels
15193 that the market is the solution. But I can tell you, health
15194 care is not like buying a car. When your car dies, you go
15195 get a new car. When your body dies, no. So, you want the
15196 best possible care you can possibly afford. It distorts the
15197 actual market.

15198 So, health care is expensive. Technology is expensive.
15199 Hospitals are expensive. Providers need to be paid. I mean,
15200 these guys took out loans in medical school. The end of life
15201 can be very, very expensive.

15202 If we want a good healthcare system that provides
15203 quality care for all at a minimum cost, then we need to work
15204 on a bipartisan basis and be willing to make fundamental
15205 changes. I haven't seen that here today. It is clear on our
15206 side that your plan will not accomplish what you are
15207 claiming, and we are going to fight it tooth and nail.

15208 Mr. Chairman, withdraw this plan and let's go to work on
15209 something that will actually work.

15210 Thank you. I yield back.

15211 The Chairman. The gentleman yields back.

15212 Are there other members seeking recognition on this
15213 amendment? Seeing none, the question now -- oh, sorry.

15214 Okay, the gentlelady from New York is recognized for 5
15215 minutes to speak on the amendment.

15216 Ms. Clarke. Thank you, Mr. Chairman.

15217 I would like to yield some time to Ms. Eshoo.

15218 Ms. Eshoo. I thank the gentlewoman from New York.

15219 I just have a question that I would like to ask the
15220 counsel. Would it lead to some unintended consequence that

15221 you are trying to avoid -- or maybe I should ask the chairman
15222 that. Because I am surprised about this, and maybe it is the
15223 chairman that I should be asking.

15224 The Chairman. Are you yielding to me?

15225 Ms. Eshoo. Yes.

15226 The Chairman. Yes, it is probably better to me than the
15227 clerks or the counsel. They can talk about --

15228 Ms. Eshoo. Right, right.

15229 The Chairman. -- the policy behind it.

15230 This is already in law, and we see no reason to be
15231 redundant in law. And it creates, potentially it creates
15232 confusion. And so, I think we could agree, based on what the
15233 counsel has said, that this is redundant and adding it in
15234 here may create some confusion. So, that is all.

15235 Because we have established agreement that these things
15236 are already protected in law. We do not repeal these things
15237 in law. So, we see no reason to pass an amendment to this
15238 bill on that.

15239 Ms. Eshoo. But there isn't anything -- just reclaiming
15240 my time --

15241 The Chairman. Sure.

15242 Ms. Eshoo. There isn't anything in the text that
15243 references the other parts of the law. At least I didn't see

15244 it. That is why I did the amendment.

15245 I am not so familiar with the bill being written this
15246 way, that you are for something, but it is not in it. And
15247 there isn't any reference to the law where it may rest
15248 elsewhere in, you know, in the land of laws.

15249 The Chairman. Wherever the land of laws is.

15250 Ms. Eshoo. The land of laws.

15251 The Chairman. Did you want to yield to me on that?

15252 Ms. Eshoo. Sure.

15253 The Chairman. Okay. So, the point is, there is a whole
15254 body of law that we are not touching. We don't reference all
15255 of those things, either.

15256 So, generally, when you are legislating, as you well
15257 know, you legislate and make changes where you are making
15258 changes. Where you are not making changes you don't go
15259 through the bill and say we are not touching the other 5,000
15260 pages of whatever law, and we don't pass an amendment usually
15261 to say we are not doing anything in those areas.

15262 What you do, or what I am familiar with in legislating,
15263 is where you are changing, you change. And that is what we
15264 are doing. What you are leaving alone you are silent on.
15265 And that is what we did.

15266 Ms. Eshoo. I will yield back.

15267 And I would like a roll call vote, Mr. --

15268 Ms. Clarke. Yes, Mr. Chairman, I yield back the balance

15269 of my time.

15270 The Chairman. Okay. That is what I was looking for.

15271 Ms. Eshoo. And I thank the gentlelady for the time.

15272 The Chairman. The gentleladies yield back their time.

15273 And seeing no one else wishing to speak on the matter,

15274 we will do a roll call vote.

15275 Those in favor of the amendment will vote aye; those

15276 opposed will vote nay.

15277 The clerk will call the roll.

15278 The Clerk. Mr. Barton?

15279 Mr. Barton. No.

15280 The Clerk. Mr. Barton votes no.

15281 Mr. Upton?

15282 Mr. Upton. No.

15283 The Clerk. Mr. Upton votes no.

15284 Mr. Shimkus?

15285 Mr. Shimkus. No.

15286 The Clerk. Mr. Shimkus votes no.

15287 Mr. Murphy?

15288 [No response.]

15289 The Clerk. Mr. Burgess?

15290 Mr. Burgess. No.

15291 The Clerk. Mr. Burgess votes no.

15292 Mrs. Blackburn?

15293 [No response.]

15294 The Clerk. Mr. Scalise?

15295 Mr. Scalise. No.

15296 The Clerk. Mr. Scalise votes no.

15297 Mr. Latta?

15298 Mr. Latta. No.

15299 The Clerk. Mr. Latta votes no.

15300 Mrs. McMorris Rodgers?

15301 [No response.]

15302 The Clerk. Mr. Harper?

15303 Mr. Harper. No.

15304 The Clerk. Mr. Harper votes no.

15305 Mr. Lance?

15306 Mr. Lance. No.

15307 The Clerk. Mr. Lance votes no.

15308 Mr. Guthrie?

15309 Mr. Guthrie. No.

15310 The Clerk. Mr. Guthrie votes no.

15311 Mr. Olson?

15312 Mr. Olson. No.

15313 The Clerk. Mr. Olson votes no.

15314 Mr. McKinley?

15315 Mr. McKinley. No.

15316 The Clerk. Mr. McKinley votes no.

15317 Mr. Kinzinger?

15318 Mr. Kinzinger. No.

15319 The Clerk. Mr. Kinzinger votes no.

15320 Mr. Griffith?

15321 Mr. Griffith. No.

15322 The Clerk. Mr. Griffith votes no.

15323 Mr. Bilirakis?

15324 Mr. Bilirakis. No.

15325 The Clerk. Mr. Bilirakis votes no.

15326 Mr. Johnson?

15327 Mr. Johnson. No.

15328 The Clerk. Mr. Johnson votes no.

15329 Mr. Long?

15330 Mr. Long. No. The Clerk. Mr. Long votes no.

15331 Mr. Bucshon?

15332 Mr. Bucshon. No.

15333 The Clerk. Mr. Bucshon votes no.

15334 Mr. Flores?

15335 Mr. Flores. No.

15336	The <u>Clerk.</u>	Mr. Flores votes no.
15337	Mrs. Brooks?	
15338	Mrs. <u>Brooks.</u>	No.
15339	The <u>Clerk.</u>	Mrs. Brooks votes no.
15340	Mr. Mullin?	
15341	Mr. <u>Mullin.</u>	No.
15342	The <u>Clerk.</u>	Mr. Mullin votes no.
15343	Mr. Hudson?	
15344	Mr. <u>Hudson.</u>	No.
15345	The <u>Clerk.</u>	Mr. Hudson votes no.
15346	Mr. Collins?	
15347	Mr. <u>Collins.</u>	No.
15348	The <u>Clerk.</u>	Mr. Collins votes no.
15349	Mr. Cramer?	
15350	[No response.]	
15351	The <u>Clerk.</u>	Mr. Walberg?
15352	Mr. <u>Walberg.</u>	No.
15353	The <u>Clerk.</u>	Mr. Walberg votes no.
15354	Mrs. Walters?	
15355	Mrs. <u>Walters.</u>	No.
15356	The <u>Clerk.</u>	Mrs. Walters votes no.
15357	Mr. Costello?	
15358	Mr. <u>Costello.</u>	No.

15359 The Clerk. Mr. Costello votes no.
15360 Mr. Carter?
15361 Mr. Carter. No.
15362 The Clerk. Mr. Carter votes no.
15363 Mr. Pallone?
15364 Mr. Pallone. Aye.
15365 The Clerk. Mr. Pallone votes aye.
15366 Mr. Rush?
15367 [No response.]
15368 The Clerk. Ms. Eshoo?
15369 Ms. Eshoo. Aye.
15370 The Clerk. Ms. Eshoo votes aye.
15371 Mr. Engel?
15372 Mr. Engel. Aye.
15373 The Clerk. Mr. Engel votes aye.
15374 Mr. Green?
15375 Mr. Green. Aye.
15376 The Clerk. Mr. Green votes aye.
15377 Ms. DeGette?
15378 Ms. DeGette. Aye.
15379 The Clerk. Ms. DeGette votes aye.
15380 Mr. Doyle?
15381 Mr. Doyle. Yes.

15382 The Clerk. Mr. Doyle votes aye.

15383 Ms. Schakowsky?

15384 Ms. Schakowsky. Aye.

15385 The Clerk. Ms. Schakowsky votes aye.

15386 Mr. Butterfield?

15387 Mr. Butterfield. Aye.

15388 The Clerk. Mr. Butterfield votes ayes.

15389 Ms. Matsui?

15390 Ms. Matsui. Aye.

15391 The Clerk. Ms. Matsui votes aye.

15392 Ms. Castor?

15393 Ms. Castor. Aye.

15394 The Clerk. Ms. Castor votes aye.

15395 Mr. Sarbanes?

15396 Mr. Sarbanes. Aye.

15397 The Clerk. Mr. Sarbanes votes aye.

15398 Mr. McNerney?

15399 Mr. McNerney. Aye.

15400 The Clerk. Mr. McNerney votes aye.

15401 Mr. Welch?

15402 Mr. Welch. Aye.

15403 The Clerk. Mr. Welch votes aye.

15404 Mr. Lujan?

15405 Mr. Lujan. Aye.
15406 The Clerk. Mr. Lujan votes aye.
15407 Mr. Tonko?
15408 Mr. Tonko. Aye.
15409 The Clerk. Mr. Tonko votes aye.
15410 Ms. Clarke?
15411 Ms. Clarke. Aye.
15412 The Clerk. Ms. Clarke votes aye.
15413 Mr. Loeb sack?
15414 Mr. Loeb sack. Aye.
15415 The Clerk. Mr. Loeb sack votes aye.
15416 Mr. Schrader?
15417 Mr. Schrader. Aye.
15418 The Clerk. Mr. Schrader votes aye.
15419 Mr. Kennedy?
15420 Mr. Kennedy. Aye.
15421 The Clerk. Mr. Kennedy votes aye.
15422 Mr. Cardenas?
15423 Mr. Cardenas. Aye.
15424 The Clerk. Mr. Cardenas votes aye.
15425 Mr. Ruiz?
15426 Mr. Ruiz. Aye.
15427 The Clerk. Mr. Ruiz votes aye.

15428 Mr. Peters?

15429 [No response.]

15430 The Clerk. Ms. Dingell?

15431 Mrs. Dingell. Aye.

15432 The Clerk. Ms. Dingell votes aye.

15433 Chairman Walden?

15434 The Chairman. Chairman Walden votes no.

15435 The Clerk. Chairman Walden votes no.

15436 The Chairman. And we do have some members headed back.

15437 Let's see, so, Ms. McMorris Rodgers, have you voted?

15438 Mrs. McMorris Rodgers. I have not.

15439 The Chairman. How would you like to be recorded?

15440 Mrs. McMorris Rodgers. No.

15441 The Clerk. Mrs. McMorris Rodgers votes no.

15442 The Chairman. All right. Mr. Murphy?

15443 Mr. Murphy. No.

15444 The Clerk. Mr. Murphy votes no.

15445 The Chairman. Mr. Cramer?

15446 Mr. Cramer. No.

15447 The Clerk. Mr. Cramer votes no.

15448 The Chairman. Are there other members wishing to be

15449 recorded on either side?

15450 Oh, Mrs. Blackburn, how would you like to be recorded?

15451 Mrs. Blackburn. No

15452 The Chairman. No?

15453 The Clerk. Ms. Blackburn votes no.

15454 The Chairman. All right. The clerk will, seeing no

15455 other members wishing to be recorded, the clerk will report

15456 the tally.

15457 The Clerk. Mr. Chairman, on that vote there were 22

15458 ayes and 31 noes.

15459 The Chairman. Twenty-two ayes, 31 noes, the amendment

15460 is not adopted.

15461 All right. Any other amendments?

15462 The Chair recognizes the gentleman from New Jersey. For

15463 what purpose?

15464 Mr. Pallone. I have an amendment at the desk, Mr.

15465 Chairman. I think it is No. 97.

15466 The Chairman. Amendment No. 9-7, 97. We will let the

15467 clerks find the amendment.

15468 Mr. Pallone. Striking the Medicaid per-capita caps.

15469 The Chairman. Okay. The clerk will report the

15470 amendment.

15471 The Clerk. "Amendment to the amendment in the nature of

15472 a substitute to the Committee Print offered by Mr. Pallone."

15473 The Chairman. The reading of the amendment is dispensed

15474 with.

15475 [The amendment of Mr. Pallone follows:]

15476

15477 *****COMMITTEE INSERT 25*****

15478 The Chairman. And the Chair recognizes the gentleman
15479 from New Jersey, Mr. Pallone, to speak on his amendment.

15480 Mr. Pallone. Thank you, Mr. Chairman.

15481 I offer this amendment to strike the cutting and
15482 capping, the completely rationing of care -- and I stress
15483 "rationing of care" -- for millions of Americans that depend
15484 on Medicaid. The capping, in my opinion, is not about
15485 improving health care; it is entirely budget-driven, and it
15486 is as a result of the fact that the Republicans in this bill
15487 repeal all the pay-fors, or most of the pay-fors, about \$600
15488 billion worth of pay-fors, for the original Affordable Care
15489 Act and, then, basically, leave very little money left, if
15490 you will, to pay for Medicaid and the funding of Medicaid.

15491 I mentioned previously that, when I met with the
15492 Governors Association, about a dozen or so governors last
15493 week, most of whom are Republican actually, they were very
15494 concerned about the loss of funding that would come from this
15495 bill or something like this bill, because this bill hadn't
15496 actually been out yet; and that they were expressing the
15497 opinion that the likely outcome would be that a significant
15498 amount of people who are on Medicaid now would be kicked off,
15499 and that the second consequence would be that benefits or
15500 services for those who remain on Medicaid would be

15501 significantly reduced if they did not receive federal
15502 funding. It was not their view that they would likely be
15503 able to make up for the funding with their own state funds.

15504 Now the key to this bill is Section 121, Per-Capita
15505 Allotment for Medical Assistance. This fundamentally guts
15506 the financial structure of the Medicaid program by limiting
15507 federal payments to states, leaving states to decide whether
15508 to raise taxes, cut payments to providers, reduce benefits,
15509 or simply cut eligibility.

15510 I know that that there has been mention of the formula
15511 for determining the cap earlier this evening, or this
15512 morning, whatever. And that is set forth in 20 dense pages
15513 of statutory text which I consider unbelievably complex. I
15514 really don't think it is clear, regardless of the previous
15515 discussion, how this cap is going to be calculated, when the
15516 states will know what the cap is, how much will the states
15517 lose if they breach, if it breaches the cap, and when we will
15518 know exactly how much they lose.

15519 And this is why process matters. This is why regular
15520 order matters. This is why hearings matter. And this is why
15521 CBO estimates, which we don't have, obviously matter.
15522 Without these, we are legislating in the dark.

15523 Since the results will put 77 million Americans and

15524 their providers and their states at risk, I think that this
15525 is a reckless and irresponsible way to proceed. Again, we
15526 have no CBO estimates. Last time that I checked, this was a
15527 budget reconciliation bill. We have been instructed to
15528 reduce the deficit by no less than \$1 billion for the period
15529 fiscal year 2017 through fiscal year 2026. Does the bill
15530 before us do that? How do we know? How do we know what it
15531 does? I don't think we really do.

15532 But the unfortunate thing is that we are talking about
15533 real people and real lives that matter and deserve our
15534 comprehensive consideration, more than 76 billion Americans,
15535 to be exact. And so, I think that, under the circumstances,
15536 it really makes sense to eliminate this cap and the
15537 unfortunate circumstances that would follow if we don't do
15538 that.

15539 Again, I don't buy into the notion that Medicaid, not
15540 only the expansion, but the continuation of Medicaid is
15541 unsustainable; that we can't afford it. We are the richest
15542 country in the world. When it comes to the Medicaid
15543 provisions under the Affordable Care Act, the expanded
15544 Medicaid, it actually was fully paid for when we passed the
15545 bill and actually resulted in reducing the deficit.

15546 To me, the most severe budget aspect of this is the fact

15547 that, basically, the repeal awards the rich by dumping costs
15548 on the poor and working families. This bill provides \$600
15549 billion in tax cuts to the rich while leaving millions of
15550 working families with higher costs and less coverage. That
15551 is the Medicaid population that is going to be impacted.

15552 And I don't understand why we would want to repeal, in
15553 particular, the payroll tax increase on the wealthiest
15554 Americans, which currently amounts to 0.9 percent increase
15555 for workers with annual incomes of more than \$200,000 and
15556 couples with more than \$250,000. We are going to repeal and
15557 give them a tax break at the same time that we are going to
15558 jeopardize funding for the Medicaid population. That is very
15559 unfortunate.

15560 The Chairman. The gentleman's time has --

15561 Mr. Pallone. I yield back.

15562 The Chairman. The gentleman's time has expired.

15563 Are there others seeking recognition on this?

15564 The Chair recognizes the gentleman from Kentucky, Mr.
15565 Guthrie.

15566 Mr. Guthrie. Thank you, Mr. Chairman. I will be brief
15567 because we did talk about this earlier.

15568 Remember, this is not a cut; this is dealing with the
15569 growth in Medicaid. And this deals with traditional Medicaid

15570 as well as the expansion group. Matter of fact, the
15571 expansion group will grow -- in this bill the expansion group
15572 is frozen, but it will continue to be funded at the FMAP, at
15573 the enhanced FMAP.

15574 So, what this does, and we said earlier, it has 2016 as
15575 the base year where states will have that base-year number.
15576 They will receive based on categories of elderly, children,
15577 disabled, and adults, and anybody that is added onto to be
15578 the expanded population after the freeze begins will go at
15579 the traditional FMAP.

15580 So, what this does, it has a base year. The base year
15581 grows at CPI medical, which we discussed earlier, and it will
15582 also grow as people go in or will be decreased as people go
15583 out of the program.

15584 And it is not a cut. It does try to get Medicaid on a
15585 budget. We are going to spend over a trillion dollars
15586 between state and federal in 2026. And this is a program to
15587 get it sustainable.

15588 I can tell you, being from states and seeing what is
15589 happening here with our deficit, we have to get it on a
15590 budget and move it forward. I think this is a responsible
15591 way to do it. It has been, I think, well-thought-out and
15592 discussed with governors and other stakeholders. And I

15593 talked about it deeper earlier.

15594 So, I will, unless someone on my side wants some time --

15595 Mr. Upton. Will the gentleman yield?

15596 Mr. Guthrie. I will yield.

15597 Mr. Upton. You know, I know the gentleman from New

15598 Jersey mentioned that he had talked to some Republican

15599 governors that were opposed to the per-capita gap. I sat

15600 down with a number of our colleagues on this side of the

15601 aisle. It was -- I don't know -- maybe 12-15 Republican

15602 governors. And a majority of them were strongly in favor of

15603 the per-capita cap.

15604 In fact, as I talked to them in the last, some of them

15605 in the last couple of days, they were excited to know that

15606 the per-capita cap, in fact, made it into the bill versus a

15607 block grant because they know that a per-capita allotment

15608 ensures that a state will receive adequate federal resources

15609 to cover the cost of additional individuals. And if there is

15610 some downturn in that state's economy, they are going to be

15611 protected with a per-capita cap; whereas, they won't be if

15612 they have a simple block grant.

15613 So, the bottom line, from what we understand, is that it

15614 puts Medicaid on a sustainable budget with a per-capita

15615 allotment. It is going to make sure that the Medicaid focus

15616 is on the most vulnerable, and it is going to empower the
15617 states with more flexibility than it would have had before.
15618 And that is why the governors that I have talked to,
15619 particularly my Michigan governor was excited that this was
15620 in here.

15621 So, it is a good provision, and I would like to think
15622 that all of us would support it and, therefore, oppose the
15623 amendment, which would strike the per-capita cap.

15624 And I would also note that in the nineties, and provide
15625 this for the record, a good number of very prominent
15626 Democrats from Hillary Clinton to John Kerry, Harry Reid,
15627 entered into the Senate record a strong letter of support of
15628 per-capita cap allotment. And that is, frankly, where we
15629 stole the idea from. And so, I will be glad to put that in,
15630 get those documents and ask unanimous consent to put them in
15631 the record --

15632 The Chairman. Without objection.

15633 Mr. Upton. -- to show that it has bipartisan support.

15634 [The information follows:]

15635

15636 *****COMMITTEE INSERT 26*****

15637 Mr. Upton. And I yield back to the gentleman from
15638 Kentucky.

15639 Mr. Guthrie. Also, I had an op-ed that I have at the
15640 desk that I would like to submit for the record.

15641 The Chairman. Without objection, I would be happy to
15642 submit that into the record.

15643 [The information follows:]

15644

15645 *****COMMITTEE INSERT 27*****

15646 Mr. Bucshon. Will the gentleman yield his time.

15647 The Chairman. Oh, yes.

15648 Mr. Bucshon. I would just like to read part of that
15649 letter, Mr. Chairman.

15650 Washington, DC, December 13th, 1995 letter to President
15651 Clinton: "Mr. President, we are writing to express our
15652 strong support for the Medicaid per-capita cap structure in
15653 your seven-year budget. We are glad you agree with us that
15654 we can balance the budget without undermining the health of
15655 children, pregnant women, the disabled, and the elderly. We
15656 were encouraged that your Medicaid proposal does not pit
15657 Medicaid populations against one another in a fight over a
15658 limited pot of federal resources. We commend you on the
15659 courage you have to exercise in making these commitments to
15660 Americans eligible for Medicaid. Your current proposal is
15661 fair and reasonable, and it is consistent with what we have
15662 advocated on the Senate Floor."

15663 I will just read a few key people who signed that: Ted
15664 Kennedy, Tom Daschle, Patty Murray, Harry Reid, Dianne
15665 Feinstein, John Kerry, Joe Biden, Russ Feingold, and a whole
15666 laundry list of other Senate Democrats.

15667 I yield.

15668 Mr. Guthrie. I yield back.

15669 The Chairman. They all yield back.

15670 So now, we go top to bottom. So, we will recognize the
15671 gentleman from New York, Mr. Engel, for 5 minutes to speak on
15672 the amendment.

15673 Mr. Engel. Thank you, Mr. Chairman.

15674 I move to strike the last word.

15675 I urge my colleagues to support this amendment. My
15676 friends on the other side of the aisle rarely pass up an
15677 opportunity to peddle alternative facts about Medicaid. They
15678 claim that its coverage is worthless, that it is
15679 unsustainable. These claims are not too difficult to debunk.

15680 As for the quality of the program, access to care for
15681 Medicaid enrollees is on par with those covered by employer-
15682 sponsored insurance. And across the country, the vast
15683 majority of Medicaid enrollees report having been satisfied
15684 with their health care.

15685 As for charges that Medicaid spending is out of control,
15686 Medicaid spending is lower than the spending growth rate of
15687 Medicare and private insurance. Just look at my home State
15688 of New York. Despite Republican charges that Medicaid is
15689 inflexible, our State has dramatically revamped our program
15690 to improve program integrity, provide better care for
15691 patients, and save money. These efforts have avoided costs

15692 to the Medicaid program in excess of \$1.8 billion.

15693 The fact is Medicaid is a lifeline that more than 70
15694 million Americans depend on. This bill would radically
15695 restructure this lifeline and put those Americans at risk.

15696 Today the federal government pays a set percentage of
15697 states' total Medicaid costs. It is set up and specifically
15698 designed to expand and contract according to a state's need.
15699 Under the GOP proposed per-capita cap system, the federal
15700 government would only pay up to a fixed amount per
15701 beneficiary, leaving the states responsible for all costs
15702 above that arbitrary cap.

15703 That won't change if a state is faced with an epidemic
15704 like the current opioid crisis. It won't change if there is
15705 a sudden economic downturn. It won't change if there is a
15706 natural disaster.

15707 No matter the scenario, the impact of per-capita caps is
15708 the same. States are left holding the bag with no choice but
15709 to ration Americans' care. They will need to cut benefits,
15710 eligibility, or payments to providers to deal with these
15711 Draconian cuts. So, we will have rationed care.

15712 There is no other way to put this. Medicaid is an
15713 administratively lean program. There is no fat to cut.
15714 There is no magic by which states can suddenly provide the

15715 same level of care, the same amount of people, with less
15716 money.

15717 This isn't too complicated. It is simple common sense
15718 and math. I don't think any Democrat on this committee has
15719 been surprised by the Republicans' attacks and myths about
15720 Medicaid, but I must say I am surprised and saddened that
15721 they would use these myths to justify such an extreme
15722 proposal.

15723 Capping Medicaid means capping care. Let me say that
15724 again. Capping Medicaid means capping care.

15725 I strongly urge my colleagues to support this amendment,
15726 and I will yield back the balance of my time, unless anybody
15727 --

15728 Mr. Guthrie. Mr. Engel, would you yield so I can answer
15729 one of the questions? Mr. Engel, would you yield?

15730 Mr. Engel. Sure, I would.

15731 Mr. Guthrie. You said it would affect a state if it had
15732 an economic downturn. This is actually designed so that the
15733 per-capita allotment, as people come into the system -- so,
15734 the idea of this one, as opposed to just a straight block
15735 grant, if you had an economic downturn and more people came
15736 on the program, it would bring more federal money into your
15737 program. I just wanted to clarify that. It is different

15738 than a straight block grant.

15739 Mr. Engel. Yes, well, Medicaid, the way it is now,
15740 expands and contracts. So, what would be the purpose of
15741 doing this?

15742 Mr. Guthrie. Well, this is per capita. So, as more
15743 people -- you get a fixed number per person. But, as more
15744 people come in, you would get more -- the base cap would
15745 expand as people come into the program. Or, when you have an
15746 economic growth, it would decrease because people would leave
15747 the program.

15748 Mr. Schrader. Will the gentleman yield?

15749 Mr. Engel. Well, it still doesn't account for disasters
15750 or if a new drug is put into effect. It makes it uncertain.

15751 I will yield. Who wants me to yield? Yes, Mr.
15752 Schrader.

15753 Mr. Schrader. Just if I may, the problem with the plan
15754 is, though, if you cycle off -- say you are at the 90-percent
15755 level -- you cycle off for some reason; you get a job, and
15756 you lose that job. You cycle back on; you don't get that 90
15757 percent. So, it doesn't adjust the way it is supposed to
15758 adjust --

15759 Mr. Guthrie. That is the freeze of the expanded
15760 population.

15761 Mr. Schrader. If I may, the other piece that is going
15762 on here is that enhanced match going forward goes away. So,
15763 new people coming onto the system don't have that, which
15764 means the providers aren't able to provide that service.
15765 Every provider I talk to in my State provides that
15766 personalized medicine service, as referred to earlier,
15767 because they have that advanced match. They could do
15768 housing. They could do transportation. They could make sure
15769 the person is getting their medications. If the enhanced
15770 match goes away, that all goes away; future healthcare costs
15771 go through the roof.

15772 The Chairman. The gentleman's time has expired.

15773 I recognize the gentleman from Texas, Mr. Olson. Turn
15774 on your microphone there, sir, and then, we can all hear you.

15775 Mr. Olson. I move to strike the last word, Mr.
15776 Chairman.

15777 The Chairman. The gentleman is recognized.

15778 Mr. Olson. And my friends, this provision is a rescue
15779 mission to save Medicaid and Medicaid expansion in Obamacare.
15780 Here are the facts. These aren't just some myths.

15781 The GAO has designated Medicaid as a, quote, "high-risk
15782 program". High risk means it is a high risk of fraud, waste,
15783 abuse, mismanagement. It is the department in the most need

15784 of transformation.

15785 At the state level, on average, 25 percent of state
15786 funds are taken up by Medicaid. In my home State of Texas,
15787 that number is 30.1 percent.

15788 In Texas we started in 1967 with less than 1 million
15789 beneficiaries. That cost us \$200 million per year. Right
15790 now, we have over 4 million beneficiaries that cost us \$25.6
15791 billion per year. Medicaid spending this year, \$587 billion.
15792 Next year, total Medicaid spending will be larger than the
15793 national defense budget. And every year Medicaid spending
15794 will be \$1 trillion.

15795 This provision is necessary because right now we are at
15796 risk of having the ability of the federal and state
15797 governments to take care of the most needy who actually
15798 benefit and rely on this program.

15799 A couple of other facts. The per-capita allotment does
15800 not change the Medicaid rules regarding access to care.
15801 General eligibility standards and pathways are maintained.
15802 We still maintain the protections for the disabled, elderly,
15803 and children. The FMAP is retained. We have the CHIP
15804 retained. We have coordination, the changes in individual
15805 markets, coordination efforts for individuals dually-enrolled
15806 in Medicare and Medicaid, these are all retained in this

15807 bill.

15808 Importantly, the per-capita allotment is not a limit on
15809 funding for an individual Medicaid beneficiary. This is the
15810 aggregate limit calculated on a per-capita basis, on the
15811 amount of federal Medicaid matching funds a state will
15812 receive. Our plan also supports states receiving an optional
15813 block grant for Medicaid waivers from CMS under a global
15814 waiver.

15815 The bottom line: this provision puts Medicaid on a
15816 sustainable budget with per-capita allotments that will
15817 restore Medicaid's focus on the most vulnerable and empowers
15818 states with new freedoms and flexibilities to run their
15819 Medicaid program.

15820 And those are the facts.

15821 I yield back.

15822 The Chairman. The gentleman yields back the balance of
15823 his time.

15824 Other members seeking --

15825 Mr. Burgess. Will the gentleman yield the balance of
15826 his time to me?

15827 Mr. Olson. Absolutely. Yes, sir.

15828 The Chairman. All right.

15829 Mr. Burgess. I thank the gentleman for yielding.

15830 Mr. Chairman, I just wanted to point out in The New York
15831 times from February 7th, 1997 -- and I am quoting here -- it
15832 is an unsigned opinion page piece, writing in February of
15833 1997. "The basic outlines of President Clinton's budget for
15834 1998 were largely set the moment he made election year
15835 concessions to the Republicans to balance the budget by the
15836 year 2002."

15837 They go on to say, "The President offers an important
15838 reform of Medicaid, proposing to control future spending by
15839 placing a cap on the amount of federal spending per enrollee
15840 and allowing states to place enrollees in managed care
15841 without going through the frustrating process of begging for
15842 Washington's approval."

15843 Mr. Chairman, this 1997 editorial is basically praising
15844 the very program that we are considering today. It seemed to
15845 be beneficial when President Clinton proposed it in 1997 in
15846 his State of the Union address. I think it is reasonable
15847 today.

15848 I thank the gentleman for yielding, and I yield back my
15849 time.

15850 Mr. Olson. Yield back.

15851 The Chairman. The gentleman yields back.

15852 The Chair -- let's see, who is next up? It looks like

15853 Mr. Green from Texas is recognized for 5 minutes to strike
15854 the last word.

15855 Mr. Green. I move to strike the last word, Mr.
15856 Chairman.

15857 Per-capita caps is the latest drastic attempt to
15858 seriously undermine Medicaid's ability to provide millions of
15859 Americans with healthcare coverage. Although I have to
15860 admit, Mike, I don't think you quote The New York Times very
15861 often, even 1997.

15862 But, since its inception, Medicaid has been a strong
15863 partnership between the states and the federal government.
15864 The latest attack on the program threatens that partnership
15865 by shifting costs onto the states, forcing arbitrary cuts in
15866 healthcare benefits and coverage to seniors, pregnant women,
15867 children, and the disabled, that will only increase over
15868 time. It will inevitably lead to rationing.

15869 Now there was a time in 1995 -- and I assume in 1997 --
15870 that during the Contract with America, both the House and
15871 Senate passed a severe Medicaid block grant program that
15872 would have decimated federal funding for Medicaid and heavily
15873 shifted cost to the states. In that pitched battle that
15874 ensued, and ultimately led to a government shutdown, the
15875 Clinton administration and some Democrats developed a

15876 proposal for a per-capita cap as the lesser of two evils, in
15877 order to stave off the enactment of Medicaid block grants.
15878 It is the lesser of two evils, but they are both still evil.
15879 And that wasn't adopted back then and it hasn't been since.

15880 Furthermore, at that time annual per-beneficiary cost
15881 growth in the Medicaid program was considered by some to be a
15882 serious problem. The annual growth rate was much higher in
15883 the mid-1990s than it is now, due to part of the problem
15884 which states "gaming the maximum Medicaid funding". And
15885 whoever heard of states doing that? Such gaming, however,
15886 has since been largely addressed through various more
15887 responsible pieces of Medicaid legislation and regulations
15888 over the past two decades.

15889 That is why this per capita is better than block grants,
15890 but they are both bad because there is a partnership between
15891 the federal government and the states. Over the last 15
15892 years, states have made Medicaid extremely efficient by
15893 expanding the use of managed care and by instituting a
15894 variety of cost-containment strategies in areas like
15895 prescription drug spending. States have also already made
15896 substantial cuts to benefits and provider payments to close
15897 budget deficits rising from the last two recessions. These
15898 actions, as well as the overall slowdown in healthcare costs,

15899 have helped sharply lower the annual growth in Medicaid per
15900 beneficiary. So, in fact, the cost per beneficiary for
15901 Medicaid has also risen considerably more slowly than private
15902 insurance premiums in recent years and are expected to grow
15903 no faster than private insurance costs over the next 10
15904 years.

15905 So, changing the system to per capita is a solution
15906 looking for a problem because Medicaid is much leaner than it
15907 was back in the 1990s. In short, support among some
15908 Democrats for Medicaid per capita in 1995-1996 should be
15909 viewed as a historical artifact without much relevance in the
15910 coming budget debates. And that is why I support the
15911 amendment of the ranking member.

15912 And I will yield the balance of my time to Dr. Ruiz.

15913 Mr. Ruiz. Thank you.

15914 I don't want to belabor the point. I have spoken about
15915 this already.

15916 The per-capita block grant will not address the rising
15917 healthcare costs, the unexpected costs of new and vital drugs
15918 that go on the market, the unexpected costs of disasters like
15919 Katrina or public health disasters like Flint. So, there is
15920 no guarantee. There is no coverage for the actual rise in
15921 healthcare costs that we are going to be seeing in the

15922 future. So, that means that there is going to be a coverage
15923 gap because of those incidences, and that coverage gap will
15924 be put on the burden -- that burden will be put on the
15925 shoulders of working families, meaning less eligibility,
15926 meaning more uninsured, less benefits, meaning they are not
15927 going to get certain important services covered, meaning less
15928 reimbursements to hospitals and providers, meaning that
15929 patients will have fewer doctors and hospitals who accept
15930 patients with Medicaid.

15931 The Chairman. Would the gentleman yield --

15932 Mr. Ruiz. Well, I am --

15933 The Chairman. -- because what he said I don't believe
15934 is accurate, is relative to how this would work when it comes
15935 to disasters. We don't understand how you get there.
15936 Because if you had more people eligible, they go on --

15937 Mr. Green. Well, let me reclaim my time and --

15938 The Chairman. -- the regular FMAP. So, I just want to
15939 --

15940 Mr. Green. And I am somewhat familiar with disasters
15941 because, when Katrina hit New Orleans, you know, the State of
15942 Texas --

15943 The Chairman. Right.

15944 Mr. Green. -- picked up a quarter of a million more,

15945 and a great number of --

15946 The Chairman. They would be eligible then.

15947 Mr. Green. -- Medicaid patients.

15948 The Chairman. They would be eligible under our plan.

15949 Mr. Green. Well, we had to take them in Texas, but we
15950 ended up doing emergency funding. So, the State wouldn't for
15951 the next few years -- but, if our Louisiana friends stayed
15952 with us for two years, they became Texans. And you brought
15953 your good gumbo with you, too.

15954 [Laughter.]

15955 I yield back my time.

15956 The Chairman. Oh, yes, the time has expired. The
15957 gentleman yields back.

15958 Are there members on this side?

15959 The Chair recognizes the gentleman from Texas, Mr.
15960 Barton, for 5 minutes to speak on the amendment.

15961 Mr. Barton. Well, thank you, Mr. Chairman.

15962 I think Mr. Guthrie has explained it very well. But I
15963 think it is worth reiterating, this is one of the centerpiece
15964 reforms of the bill before us. As currently configured,
15965 Medicaid spending is increasing faster than the states or the
15966 federal government can legitimately afford to pay for it.

15967 This is a reform. It is real. But it is not, you know,

15968 slash-to-the-bone reform. It is take the base year of 2016,
15969 look at the medical component of the Consumer Price Index.
15970 Use that. Look at the eligible population in each state.
15971 Calculate a cap or an allotment for each state and, then,
15972 move forward.

15973 And as Mr. Guthrie has pointed out, if a state has an
15974 economy that is expanding and increasing jobs, there will be
15975 less people eligible. And so, next year, because of that,
15976 perhaps that state's allotment goes down. On the other hand,
15977 if the state's economy is in recession and there are more
15978 people on unemployment and the people that are eligible
15979 increased, then, as I understand it, that state's allotment
15980 the next year would go up. Is that not correct, Mr. Guthrie?

15981 Mr. Guthrie. That is correct. More people would be on,
15982 would be eligible; therefore, the allotment per person would
15983 increase.

15984 Mr. Barton. So, if you combine this with giving the
15985 states more flexibility, if you eliminate some of the
15986 mandates on how they have to spend their money, but make sure
15987 that it does have to be spent on health care for low-income
15988 people or the eligible population -- it can't be spent for
15989 highway construction or things of that sort -- then you have
15990 a program that can be budgeted and is in line with average

15991 economic increases in the economy as a whole. Is that not
15992 correct, Mr. Guthrie?

15993 Mr. Guthrie. That is correct.

15994 Mr. Barton. I will be happy to yield.

15995 The Chairman. Happy to yield.

15996 I would like to ask our counsel, too, at some point
15997 because this is really important because there is this
15998 disagreement. We believe that our language says that, if
15999 there is a disaster and you become eligible for Medicaid, you
16000 can go on Medicaid and that you are covered, and the federal
16001 government steps in at the FMAP rate and pays its fair share.
16002 Is that accurate?

16003 Counsel. Yes, sir. So, if you are an individual that
16004 is otherwise eligible for Medicaid --

16005 The Chairman. Right.

16006 Counsel. -- and then, the state would receive the
16007 federal matching for the individual if they are otherwise
16008 eligible --

16009 The Chairman. So, there is no delay? There is no wait?
16010 If you are eligible, you go on?

16011 Counsel. Yes, sir.

16012 The Chairman. So, if you are --

16013 Counsel. It is the same quarterly system for the CMS-64

16014 payments they use today.

16015 Mr. Ruiz. Point of clarification. Can I ask a
16016 question?

16017 The Chairman. It is Mr. Barton's time.

16018 Mr. Barton. I am happy to let --

16019 The Chairman. Yes?

16020 Mr. Barton. If it is a simple question that I can
16021 answer.

16022 Mr. Ruiz. Yes, it is either you or staff.

16023 But, when there is a disaster or let's say a public
16024 health catastrophe like the Flint lead poisoning, usually the
16025 cost of care for those children isn't just the routine cost
16026 of enrolling a patient or an adult on Medicaid. There is a
16027 lot of more complex, more expensive therapies and modalities,
16028 that you see an uptick and a surge which ultimately increases
16029 healthcare costs for that state. So, that is what I am
16030 referring to, not in terms of whether patients can enroll in
16031 Medicaid. I am talking about the gravity and the complexity
16032 of those patients --

16033 The Chairman. Right, but --

16034 Mr. Ruiz. -- and actually increased healthcare cost.

16035 Mr. Upton. If the gentleman will yield --

16036 The Chairman. It is Mr. Barton's time, just so you

16037 know.

16038 Mr. Upton. I am looking at my colleague from Michigan -

16039 -

16040 Mr. Barton. I yield to my friend from Michigan.

16041 Mr. Upton. -- Debbie Dingell, and Mr. Walberg is here,
16042 too.

16043 As I recall in Flint, just to use that example, we
16044 worked as delegation very quickly to, in fact, get those
16045 children Medicaid assistance right away, once that disaster
16046 declaration was made. Is that not correct?

16047 Mrs. Dingell. Yes, but the way that I would interpret
16048 this, that you are now going to put a cap on that. It would
16049 be a mandatory cap and we would not have access to those
16050 dollars that we needed to have, and we didn't get it
16051 immediately, just for the record.

16052 Mr. Upton. No, no. I mean, so it worked on Flint. If
16053 the gentleman will continue to yield --

16054 Mr. Barton. Why not?

16055 Mr. Upton. -- it worked on Flint --

16056 Mr. Barton. I was on a roll.

16057 Mr. Upton. -- under the per-capita cap. Because it
16058 is based on the number of enrollees, it will work again under
16059 this as well.

16060 Mrs. Dingell. Okay. So, Flint hits again in 2019 and
16061 now you have got the cap.

16062 The Chairman. Okay. Suspend for a moment. If you want
16063 to continue this discussion, I am going to go to --

16064 Mr. Barton. Anyway, I think, Mr. Chairman, that this is
16065 a good reform and we should maintain it.

16066 The Chairman. Yes, and it is a good discussion. I
16067 would like to get to the end of --

16068 Mr. Barton. Is it the Pallone amendment that is
16069 pending?

16070 The Chairman. Correct.

16071 Mr. Barton. I would oppose it.

16072 The Chairman. Now we go to Ms. Eshoo to strike the last
16073 word.

16074 Ms. Eshoo. I move to strike the last word, Mr.
16075 Chairman, and yield my time to the ranking member.

16076 Mr. Pallone. Thank you, Ms. Eshoo.

16077 I know I have sponsored the amendment. So, let me
16078 explain briefly -- I don't think I will take up all the time
16079 -- why I disagree with what my colleagues on the Republican
16080 side are saying.

16081 Remember that right now Medicaid is an entitlement.

16082 Okay? I know they don't like that on the other side. But,

16083 basically, what it means is that states are getting the
16084 reimbursement based on actual costs, right, whatever the cost
16085 is? I mean, that is why they don't like it, because it is
16086 open-ended. In other words, if the need is there and the
16087 services are provided, that is the basis for the
16088 reimbursement. And if that includes, you know, a natural
16089 disaster or Flint, that gets included as well. That is the
16090 way I understand it.

16091 Ms. Dingell is absolutely right. Once you put a cap on,
16092 you are getting -- it is no longer an entitlement. You are
16093 not basing it on the actual services and what had to be
16094 provided, whether it is what happens on a day-to-day basis or
16095 during a natural disaster, an emergency, whatever.

16096 And the concern I have with that is that, you know, when
16097 you start having these arbitrary formulas, which I know they
16098 are trying to explain, but I think it is still very much
16099 unclear when you look at the language, you get caught up in
16100 the same type of thing that you had like with the SGR. In
16101 other words, SGR was a formula. Everybody thought, oh, that
16102 was a wonderful thing, to reimburse the doctors. But, when
16103 it actually started to take effect, after a while, we
16104 realized that the doctors weren't going to get reimbursed for
16105 what they actually had to do because their services were

16106 costing more than the SGR formula allowed. And so, Congress
16107 had to go back on a regular basis, but you know how hard that
16108 was, to fix it.

16109 Now, you know, we could say this cap creates problems
16110 because it is not actually paying for actual services and,
16111 therefore, you can't provide those services anymore and you
16112 have to kick off, you know, people off of Medicaid. And the
16113 governors come in and say, "Wait a minute. This cap doesn't
16114 work because we have had to kick people off." We can't
16115 provide the services that we provided in the past because
16116 there is no longer an essential services requirement, right?

16117 And then, you have got to hope that you will come back
16118 to Congress and we will correct it, the way we did the SGR.
16119 But maybe we won't because they don't like it. They don't
16120 like Medicaid very much, and it is for people that are not at
16121 the higher end of the spectrum. I am not trying to say that
16122 Republicans only care about the rich. But I would be worried
16123 that, unlike the doctors, you know, they may not want to come
16124 back and correct this very arbitrary formula, which after a
16125 while may be not working.

16126 So, that is the danger here, and that is what some of
16127 the governors expressed to me when we had our meeting,
16128 because they are giving you all these machinations about how

16129 this formula is going to work, and it is going to work so
16130 beautifully. I read this thing and it wasn't at all clear to
16131 me. And I am very fearful that you have the same phenomena
16132 as you did with the SGR, but now who knows whether it is ever
16133 going to be corrected?

16134 Yes, I will to the gentlewoman from Florida.

16135 Ms. Castor. On this point, I think there is a little
16136 bit of confusion. Remember, in Medicaid the federal match is
16137 the FMAP, and that is what fluctuates at a time of disaster,
16138 not the number of people who are coming onto Medicaid. It is
16139 at the time of Katrina their FMAP went up. And then, when
16140 economic times are good, the match goes down. And that is
16141 what you lose. That is what you lose in the cap. You have
16142 to dig into that FMAP.

16143 The Chairman. Would the gentlelady yield? Because I
16144 think Counsel is telling us it is almost just --

16145 Mr. Pallone. It is actually my time.

16146 Ms. Castor. And I will yield back to Mr. Pallone.

16147 Mr. Pallone. And I will yield to the gentleman from
16148 Maryland.

16149 Mr. Sarbanes. I thank the gentleman for yielding. Very
16150 briefly, I think the analogy of the sustainable growth rate
16151 formula is a good one. There is another analogy that I think

16152 is helpful and that is to the proposal that we have seen over
16153 the last few years from Speaker Ryan to create a voucher
16154 program for Medicare. Because what you are doing is,
16155 conceptually, philosophically, you are moving from the idea
16156 of the dependable reliable benefit. It can actually cover
16157 the cost, reasonably cover the costs that are being incurred
16158 to a capped situation that is the limit on what kind of
16159 reimbursement and coverage is available, regardless of where
16160 the actual costs fall. And it is the same concept as giving
16161 a senior a voucher and saying beyond that voucher amount, the
16162 senior is on their own in terms of having to cover the cost.
16163 So we are seeing a consistency in the philosophy that is
16164 being put forth here, which is limiting the kind of coverage
16165 that is available for, in this instance, the Medicaid
16166 population.

16167 I yield back.

16168 The Chairman. And the gentleman yields back. Time has
16169 expired. Are there other members seeking recognition? I
16170 recognize the gentleman from Illinois -- no it was here.

16171 Mr. Shimkus. I am just pointing that my friend and
16172 colleague, Mr. Doyle is trying to get your attention.

16173 The Chairman. I know but it is our turn on this. Oh,
16174 you did not seek recognition.

16175 Mr. Shimkus. I wasn't seeking.

16176 The Chairman. Oh, okay.

16177 Mr. Shimkus. I was just --

16178 The Chairman. Sorry about that. Let's look this way,
16179 now. I recognize the gentleman from Pennsylvania, my friend
16180 Mr. Doyle for 5 minutes to speak on the amendment.

16181 Mr. Doyle. Thank you, Mr. Chairman. I want to speak in
16182 support of the amendment.

16183 I want to, again, quote from a letter I received from
16184 Governor Tom Wolf, our governor in Pennsylvania. The
16185 proposal you are considering in Congress would freeze
16186 Medicaid enrollment for low-income adults without dependent
16187 children beyond 2020 and convert Medicaid to a per capita
16188 allotment using fiscal year 2016 as a base year with
16189 sanctions for state-spending higher than their targeted
16190 aggregate amount.

16191 If the amount of Federal funding for the expansion
16192 population is reduced, Pennsylvania's Department of Human
16193 Services estimates the cost of covering the more 700,000
16194 individuals in the expansion population would be \$2 billion
16195 annually, not considering any adjustment for cost increases
16196 or inflation between now and 2020.

16197 In our current economic climate in Pennsylvania, this is

16198 simply not a cost the state can absorb. We will be forced to
16199 ration care for our most vulnerable residents, pitting
16200 seniors against individuals with disabilities, against sick
16201 children, and a race for who is sicker and needs care more
16202 immediately.

16203 Mr. Chairman, the Center on Budget and Policy Priorities
16204 says the new House Republican health plan would shift an
16205 estimated \$370 billion in Medicare costs to States over the
16206 next 10 years, effectively ending the Affordable Care Act's
16207 Medicaid expansion for 11 million people, while also harming
16208 tens of millions of additional seniors, peoples with
16209 disabilities, children and parents who rely on Medicaid
16210 today.

16211 It goes on to say that because Medicaid costs per
16212 beneficiary are expected to rise by about 0.2 percentage
16213 points faster each year than the State's capped amounts,
16214 States would get less Federal funding than under current law
16215 with the cuts growing each year. We estimate that this
16216 provision would cut Federal Medicaid spending by an
16217 additional \$116 billion over the next decade on top of the
16218 \$253 billion in cuts to the Medicaid expansion as described
16219 above.

16220 Moreover, this estimate assumes State Medicaid costs

16221 will grow as the Congressional Budget Office now forecasts it
16222 in the baseline. In reality, the cost shift to states under
16223 a per capita cap would be much larger. That is because
16224 States would be responsible for 100 percent of any cost in
16225 excess of the per capita cap, whether due to unanticipated
16226 health care cost growth or to demographic changes that a per
16227 capita cap would account for.

16228 For example, States would be responsible for all costs
16229 due to an epidemic, a new treatment, or higher costs to
16230 seniors on Medicaid move from young-old age to old-old age
16231 and have a much greater medical and long-term care needs and
16232 costs. Converting Medicaid to a per capita cap would also
16233 make the program highly vulnerable to more cuts in the future
16234 if the President and Congress de-link Federal Medicaid
16235 funding from the actual cost of providing health care to
16236 vulnerable Americans. They, our future Federal policy
16237 makers, could come back and ratchet down the already
16238 arbitrary per beneficiary caps by, for example, lowering the
16239 annual growth rate for the cap amounts to pay for other
16240 priorities.

16241 In response, States would have to contribute much more
16242 of their own funding or, far likelier, substantially cut
16243 eligibility, benefits, and provider payments with those cuts

16244 growing more severe each year, along with those who have
16245 gained coverage under the Medicaid expansion who would lose
16246 it. The remaining 63 million children and families, seniors,
16247 and peoples with disability who rely on Medicaid today would
16248 face the significant risk of ending up uninsured or losing
16249 access to the needed care.

16250 I will yield back, unless someone else would like some
16251 time. If not, I will yield back.

16252 The Chairman. The gentleman yields back. Are there
16253 other members seeking recognition?

16254 Mr. Bucshon. Chairman?

16255 The Chairman. The chair recognizes the gentleman from
16256 Indiana, Dr. Bucshon.

16257 Mr. Bucshon. A couple of clarifications, one it was
16258 described in our budget the premium support program on
16259 Medicare that that is to the pay the premium for health
16260 insurance. So, it is not the amount of money that is
16261 reimbursed. Just I want to make that clear. So it has
16262 nothing to do with -- nothing to do with -- you don't reach a
16263 cap. It pays your premium for private health coverage. So,
16264 your private health coverage would cover whatever the
16265 expenses are.

16266 The other thing I wanted to clarify is on the FMAP.

16267 Someone earlier was talking about how the FMAP might change
16268 and it might not be adequate in a disaster and the FMAP might
16269 not cover the costs.

16270 Could you just over how the FMAP is established year to
16271 year and would there be any changes in the FMAP as it relates
16272 to a Katrina or some other disaster? Can you clarify that?

16273 Counsel. Yes, sir. So, the FMAP is calculated on an
16274 annual basis for the next fiscal year and is the relationship
16275 between that State's per capita income to the national per
16276 capita income. So to the degree of economic situations in a
16277 State change, it does fluctuate. It tends to fluctuate a
16278 little bit for each state each year but that is highly
16279 specific to the State, depending on what is going within the
16280 State relative to what is going on nationally.

16281 Mr. Bucshon. So, it wouldn't fluctuate based on -- that
16282 is the factors it fluctuates on.

16283 Counsel. Yes.

16284 Mr. Bucshon. Because there was an implication that you
16285 wouldn't be able to get the money that you need because there
16286 was a disaster.

16287 Counsel. Our proposal doesn't change the FMAP. There
16288 was --

16289 Ms. Castor. Would the gentleman yield just for further

16290 question?

16291 Mr. Bucshon. I will yield if you want to clarify what
16292 said.

16293 Ms. Castor. Yes. So when you institute per capita
16294 caps, does an FMAP exist?

16295 Counsel. Yes, ma'am.

16296 Mr. Bucshon. Yes.

16297 Ms. Castor. And then how does that figure in? What is
16298 the interaction between a per capita cap, where you have it
16299 tied to medical CPI compared to an FMAP calculate that
16300 fluctuates?

16301 Counsel. Can you ask that again?

16302 Ms. Castor. I am not sure.

16303 Mr. Bucshon. I think the question -- I reclaim my time.
16304 I think what the question is is for an individual, there is
16305 still -- the per capita cap is not for an individual; it is
16306 for a patient population.

16307 Counsel. Correct.

16308 Mr. Bucshon. And for an individual, there is still an
16309 FMAP.

16310 Counsel. Individual states still have FMAPs and the way
16311 that the calculation works is the FMAP is operative for State
16312 spending up to the cap.

16313 Ms. Castor. Up to the cap.

16314 Counsel. And then there is a determination of --

16315 Ms. Castor. So it will never flex. It won't flex like
16316 it does under current law.

16317 Counsel. So, the issue --

16318 Ms. Castor. It would be limited by the cap.

16319 Counsel. So there is two issues. One is the FMAP,
16320 which is the portion that the State pays of total
16321 expenditures and then there is total expenditures.

16322 So the per capita allotment places a limit on the annual
16323 percentage increase the Federal Government will pay but FMAP
16324 is still operative under that total expenditure breadth.

16325 The Chairman. Would the gentleman yield?

16326 Mr. Bucshon. I will yield to the chairman.

16327 The Chairman. Yes, there is also the issue in an
16328 emergency situation, where a State could apply for a waiver,
16329 correct?

16330 Counsel. That is correct, Chairman.

16331 The Chairman. And explain how that might work in this
16332 situation. And I know the other piece is, generally
16333 speaking, when we have had a major national disaster, I think
16334 of the hurricanes, I think of Katrina, we have also
16335 appropriated money for those disasters. But could you walk

16336 us through how that would work?

16337 Counsel. Sure, Chairman. So, I know the example of
16338 Flint was brought up earlier. The State of Michigan received
16339 additional funding from the Federal Government through an
16340 1115 waiver that the State worked with the Congressional
16341 Delegation on.

16342 The Chairman. And how did that work in terms of their
16343 FMAP? Did that have an effect on it, negative effect?

16344 Counsel. Chairman, yes, we don't believe it changed the
16345 State's FMAP.

16346 The Chairman. Okay, but they were able to a get a
16347 waiver, get additional funds --

16348 Counsel. That is correct.

16349 The Chairman. -- to deal with that population.

16350 All right, I would yield back to the good doctor.

16351 Mr. Shimkus. Would the gentleman yield?

16352 Mr. Bucshon. Yes, I will yield.

16353 Mr. Shimkus. I just want to get back to the macro
16354 picture. We did the pies and the mandatory spending squeezes
16355 the discretionary budget and we are spending I don't know
16356 \$400 billion in interest payments that could best go to
16357 providing education, school, roads, and bridges. And so that
16358 is the mandatory spending pressure that I keep talking about

16359 and I yield back.

16360 Mr. Bucshon. I yield back, Mr. Chairman.

16361 The Chairman. All times has been consumed. Are there
16362 others seeking recognition?

16363 The chair recognizes the gentlelady from California, Ms.
16364 Matsui for 5 minutes to speak on the amendment.

16365 Ms. Matsui. Thank you, Mr. Chairman. I move to strike
16366 the last word.

16367 Per capita caps is another way of rationing care, which
16368 hurts the most vulnerable American families who have the most
16369 to lose and the hardest time affording health care.

16370 Here is what imposing per capita caps really means. It
16371 means cuts to coverage for seniors in nursing homes, pregnant
16372 women, and children with disabilities. This will be a
16373 disaster for my State. California already operates its
16374 Medicaid program extremely efficiently. We already cover
16375 more Americans on a tighter budget than any other State. One
16376 in three Californians is on Medi-Cal, which is California's
16377 Medicaid program -- one in three. One of those numbers is a
16378 wife and mother in Sacramento. She went 26 years without
16379 access to medical care because of a heart condition that
16380 insurance companies said was a preexisting condition. All of
16381 those years without medical care left her with irreversible

16382 damage to her heart and unable to work on her family farm.
16383 Thanks to the ACA and Medi-Cal, she had open heart surgery
16384 that saved her life.

16385 I have heard so many stories like this from patients, as
16386 well as healthcare providers and stakeholders across
16387 California, including hospitals, community health centers,
16388 school-based health centers, doctors, Medicaid managed care
16389 plans, and consumer advocates about the importance of a
16390 Medicaid program for the people that they serve.

16391 Small rural hospitals which serve areas like the Central
16392 Valley in California already operate on thin margins and
16393 won't be able to survive with more cuts.

16394 We are seeing increasing support for ensuring our kids
16395 can remain healthy and stay in school by opening up school-
16396 based health centers. Just a few weeks ago, the Fresno
16397 Unified School District approved six new school-based health
16398 centers to benefit nearly 7,000 students. To do this, Fresno
16399 Unified is partnering with local community health centers.
16400 Our community health centers rely on Medicaid funding to stay
16401 afloat and serve their patients. Slashing Medicaid by
16402 capping the Federal contribution completely hamstringing
16403 States' and local government's abilities to run their
16404 programs. California and its counties simply cannot backfill

16405 the billions of dollars in cuts in this bill to provide the
16406 same level of care to the same number of people.

16407 The only flexibility that this bill gives California and
16408 other States is the flexibility to decide what to cut. We
16409 shouldn't be pitting seniors with long-term care needs
16410 against sick children or pregnant mothers against young
16411 children that need preventative care.

16412 We already have moved forward to innovate better ways of
16413 delivering care, integrating behavior health and physical
16414 health, using alternative payment methods models that
16415 incentivize value and more. Thanks to the ACA and especially
16416 the Medicaid expansion, the uninsured rate in California was
16417 cut in half. We simply cannot go backwards.

16418 Thank you and I yield to anyone who needs the time.
16419 Yes, I yield to Mr. Pallone.

16420 Mr. Pallone. Thank you and I really appreciate what you
16421 said because it basically illustrates the damage from these
16422 caps. And going back to what I said initially, everyone on
16423 the Republican side is saying that this is budget-driven.
16424 You know Mr. Shinkus puts up that chart or I guess he didn't
16425 put it up this time. It is all about their concern that this
16426 entitlement is going to balloon. That is what they talk
16427 about.

16428 The bottom line is under the entitlement that we have
16429 now, the formula that goes to the states is based on the
16430 services that are actually provided. They have now come up
16431 with some way of capping and they say figured what that is
16432 going to mean. I don't think we really know. I don't think
16433 we really know -- the States are really going to know exactly
16434 what kind of money they are going to get, when they are going
16435 to get it, the whole -- that is very much up in the air,
16436 particularly since we don't have a CBO. We don't have any
16437 scoring here.

16438 And my point, again, is are we trying to make sure that
16439 people have adequate care and adequate services? Because if
16440 we are, then we shouldn't be capping. If we are just trying
16441 to come up with some arbitrary formula that is going to save
16442 money without reference to what it means to services and
16443 whether people are actually on Medicaid, then you know you
16444 can proceed with this. But that is the problem. It is
16445 strictly budget oriented. It is not based on whether people
16446 are going to get adequate health care, whether they are even
16447 going to have Medicaid. And it is particularly dangerous
16448 right now when we don't even have a score.

16449 I yield back to the gentlewoman. Thank you.

16450 The Chairman. The gentlelady's time has expired. Are

16451 there other members seeking recognition?

16452 Okay, we will go down here to Ms. Castor for 5 minutes
16453 to speak on the amendment.

16454 Ms. Castor. Well, I think looking at this there are
16455 significant cuts, very deep cuts. I don't think it is
16456 accurate to say there are no cuts when you move to a per
16457 capita cap.

16458 But Mr. Pallone is right. We do not know the precise
16459 impact on working families. It is not clear. But make no
16460 mistake, this destroys Medicaid as we know it. It is the
16461 fundamental reworking of that vital Federal-State
16462 partnership. And we have had some good discussions on how
16463 that works. Mr. Cardenas, Mr. Guthrie talked about this.

16464 See, under Medicaid now, the Federal Government pays a
16465 fixed percentage of each State's Medicaid cost in providing
16466 covered services to those who are eligible. Per capita caps
16467 are fundamentally different. They provide fixed amounts, not
16468 percentages, amounts of Federal funds to states. Per capita
16469 caps are set below the amount States are projected to need to
16470 provide healthcare services to their beneficiaries. What
16471 happens under the cap is that Federal Government shifts costs
16472 to the States, with the magnitude of the cost growing every
16473 year, larger and larger every year. And hopefully CBO will

16474 give us a look at the 10-year window but beyond that, it is
16475 going to be enormous. It is going to continue compound over
16476 time.

16477 So when the House Republicans unveiled their policy
16478 agenda last June, they kind of continued this false
16479 narrative. They say that States could compensate for the
16480 huge losses in Federal funding by using new flexibility to
16481 cut costs without harming beneficiaries but that is very
16482 unlikely. Medicaid costs per beneficiary already are far
16483 below those of private insurance, after adjusting for
16484 differences in health status, and have been growing more
16485 slowly than private insurance costs in recent years and they
16486 are expected to continue to do so.

16487 So what will happen in the States, they will institute a
16488 waiting list or they will cap enrollment to limit the number
16489 of people with coverage, you know our older neighbors,
16490 seniors, and those with disabilities would be at significant
16491 risk because their healthcare costs comprise almost half of
16492 Medicaid spending.

16493 And another example of why this will be so devastating
16494 to the families we represent, all you have to do is look at
16495 children and the requirement under Medicaid that children
16496 enrolled in Medicaid's early periodic screening diagnosis and

16497 treatment, the EPSDT. Since we are going to be here a few
16498 more hours, you can do a Dingell, Ms. Dingell and Google it,
16499 see Mr. Google -- EPSDT.

16500 Under the Federal EPSDT requirements, States must
16501 provide regular screenings for children and determine through
16502 the screenings whether the children are hitting or they are
16503 falling behind key developmental benchmarks. Right now,
16504 States are required to provide needed treatment, if the
16505 screenings find that children have health problems, even if
16506 the treatment in question, such as dental care or eyeglasses,
16507 or special equipment such as a wheelchair, isn't covered for
16508 the State's adult Medicaid beneficiaries.

16509 See these per capita caps will likely include the
16510 pernicious removal of the EPSDT requirement. I have seen
16511 States push the envelope here already on this and try to
16512 ratchet back what is really fundamental to taking care of
16513 kids across the country. So many enrolled in Medicaid, about
16514 50 percent in Florida. This would place vulnerable children
16515 at risk of having various conditions going undiagnosed and
16516 not being treated on a timely basis, if at all. That is very
16517 poor public policy. It is better to catch problems early.
16518 We talked about the importance of prevention before.

16519 It is all the worse. This whole move towards the per

16520 capita cap is made all the worse at the same time as what is
16521 going on over at Ways and Means with the huge tax cuts. And
16522 I just don't think we can ignore the entire package. And,
16523 therefore, I urge you to support the Pallone amendment.

16524 Mr. Barton. [Presiding.] The gentlelady's time has
16525 expired.

16526 What reason does the gentleman from Ohio seek
16527 recognition?

16528 Mr. Johnson. Mr. Chairman, thank you. I move to strike
16529 the last word.

16530 Mr. Barton. The gentleman is recognized for 5 minutes.

16531 Mr. Johnson. Mr. Chairman, thanks. You know I am a
16532 little befuddled why there is so much -- appears to be so
16533 much opposition to per capita cap reform for Medicaid,
16534 especially given the history of support from members of my
16535 colleagues on the other side of the aisle, from their party.

16536 Let me read a few quotes. "Per capita reforms, and I
16537 quote, provides that health care and coverage could be
16538 protected and maintained the individual guarantee to Medicaid
16539 services. The per capita cap approach provides that health
16540 care and coverage could be protected and costs can be
16541 controlled by disciplining the program with an annual limit
16542 in Federal spending per beneficiary. This approach maintains

16543 the individual guarantee to Medicaid services and creates and
16544 incentive to maintain healthcare coverage. Funding would
16545 follow the people in need, not some political entity."

16546 That is a quote from Senator Bob Graham, Democrat from
16547 Florida.

16548 Then we have another. Per capita reforms provide
16549 additional incentives for States to control program spending
16550 but will not force them to restrict Medicaid eligibility.

16551 And I quote, "the President has proposed per capital
16552 limits on Federal Medicaid spending, which will provide an
16553 additional incentive for States to control program spending
16554 but will not force them to restrict Medicaid eligibility.
16555 Under per capita spending limits, Medicaid enrollment can
16556 continue to expand and contract with economic conditions and
16557 individual needs. With enhanced flexibility, States will be
16558 able to manage within these limits, while Medicaid
16559 beneficiaries, including senior citizens, disabled people,
16560 and children will retain their healthcare coverage."

16561 That is Bruce Vladek, Director of Healthcare Financing
16562 Administration in June of 1995.

16563 And then the big one: A per capita reform guarantees
16564 that the elderly, disabled, and pregnant women, and children
16565 continue to be eligible for health benefits while reducing

16566 the rate of increase in Medicaid spending to a level that is
16567 sustainable for States and the Federal Government.

16568 And I quote, "a per capita cap would limit the amount of
16569 Federal spending per eligible person, while retaining current
16570 eligibility and benefit guidelines. This approach guarantees
16571 that the elderly, disabled, and pregnant women and children
16572 meeting certain criteria will continue to be eligible for
16573 health benefits, while reducing the rate of increase in
16574 Medicaid spending to a level that is sustainable for States
16575 and the Federal Government."

16576 That quote was by President Bill Clinton in January of
16577 1996.

16578 So, I continue to be befuddled with the opposition to
16579 per capita cap reforms that we are proposing in our bill now.
16580 And I urge my colleagues to oppose this amendment.

16581 With that, I will be glad to yield some time to my
16582 colleague from Kentucky, Mr. Guthrie, if you would like it.

16583 Mr. Guthrie. Well, thanks. I think I have just said
16584 most but I just want to stress that you start with the 2016
16585 that all the States had. So, it is not a cut from what they
16586 have. So you are not all of a sudden pitting groups against
16587 each other. It starts with the base that they had last year.
16588 It grows by medical inflation and by demographics of who

16589 comes and goes with the program. So, it slows down in
16590 growth.

16591 But the other thing is, and it does drive with budgets,
16592 are you going to have a sustainable program? We are going to
16593 spend over a trillion dollars between State and Federal
16594 Government in 2026 under the current projection. So I don't
16595 think we can just dismiss the fact that it is growing at the
16596 rate that it is growing and take it seriously and try to deal
16597 with it. And I think it is a responsible way to look at this
16598 problem.

16599 So, I yield back.

16600 Mr. Johnson. Thank Mr. Chairman. I yield back the
16601 balance of my time.

16602 Mr. Barton. The gentleman yields back. Oh, Mr. Kennedy
16603 from Massachusetts. What reason does the gentleman seek
16604 recognition?

16605 Mr. Kennedy. Mr. Chairman, thank you. I move to strike
16606 the last word.

16607 Mr. Barton. Well you get to do that for the next 5
16608 minutes.

16609 Mr. Kennedy. Lucky me. Thank you, Mr. Chairman.

16610 I have, to start, a couple of things to submit for the
16611 record. One, I know some of my colleagues were referencing a

16612 New York Times piece from 1997. I have a New York Times
16613 piece from I guess yesterday morning that talks about the
16614 proposed Medicaid reforms and is not quite as positive on
16615 them as you might have anticipated. I would like to submit
16616 that for the record.

16617 I also want to point out there has been some discussion
16618 of engagement between the committee and various governors.

16619 Mr. Barton. Did the gentleman submit something for the
16620 record?

16621 Mr. Kennedy. Chairman, I have actually got a couple of
16622 things for the record.

16623 Mr. Barton. Okay. I was going to accept you if were.

16624 Mr. Kennedy. I appreciate that. Thank you, sir.

16625 Mr. Barton. Another is a letter written by Government
16626 of the Commonwealth, Charlie Baker, which he points out,
16627 towards the end of the letter, one of the overall
16628 recommendations going forward, the fourth bullet point is
16629 avoiding proposals that only offer more flexibility and
16630 control in exchange for shifting costs to States, which I
16631 think is particularly relevant, given our questions on this
16632 topic.

16633 And last, is a letter from the Massachusetts Hospital
16634 Association in which they detail their concerns over the

16635 proposed Medicaid reforms, quoting here briefly, "our
16636 concerns include the GOP's planned substitution of Medicaid
16637 coverage with a per capita Federal grants to States age- and
16638 income-based tax credit that could cover more people but
16639 offer less to those with the most financial need and repeal
16640 the ACA's essential health benefits requirements."

16641 So, Mr. Chairman, with your consent, I would ask
16642 unanimous consent to submit all three of those documents for
16643 the record.

16644 Mr. Barton. I can't listen as fast as you talk but I
16645 think I will accept and without objection.

16646 [The information follows:]

16647

16648 *****COMMITTEE INSERT 28*****

16649 Mr. Kennedy, I have been told I have that problem,
16650 Chairman, but I appreciate your consideration.

16651 The other piece that I think is critical to this debate,
16652 and I will do my best to keep this a little bit more
16653 intelligible, is long-term care. As I think, I would hope,
16654 most of the committee is aware, Medicaid is the largest payer
16655 of long-term care services in the country. And I know we all
16656 care deeply about our seniors but, understanding that,
16657 according to AARP, there are millions of seniors that are at
16658 risk with some of these reforms.

16659 So, to go through some of the States that are
16660 represented by the committee, those are 1.1 million seniors
16661 in California that are at risk of having their long-term care
16662 benefits cut. It is 563,000 seniors in Florida. It is
16663 194,000 seniors in Georgia. It is 245,000 seniors in
16664 Illinois. It is 102,000 seniors in Indiana. It is 99,000
16665 seniors in Kentucky. It is 122,000 seniors in Louisiana. It
16666 is 156,000 seniors in Michigan; 93,000 in Mississippi; 94,000
16667 -- I have been told I pronounce the word wrong -- 94,000 in
16668 Missouri; 162,000 in New Jersey; 687,000 seniors in New York;
16669 193,000 in North Carolina; 10,000 in North Dakota; 203,000
16670 seniors in Ohio; 69,000 in Oregon; 261,000 in Pennsylvania;
16671 152,000 seniors in Tennessee; 497,000 in Texas; 118,000 in

16672 Virginia; 109,000 in Washington State; 44,000 in West
16673 Virginia; and a grand total for the committee's consideration
16674 of nearly 6.9 million seniors across our country that are at
16675 risk of losing long-term care benefits if these caps and
16676 Medicaid reforms go through.

16677 And I think it is critically important that we
16678 understand, given the late night, given the late notice,
16679 given the rushed tenure of this debate, about that is going
16680 to mean for our seniors and particularly those that are going
16681 to be subject to these caps and these Medicaid reforms,
16682 making sure that our constituents have time to understand
16683 what that means because I believe that most people out there
16684 think that Medicare actually covers the cost for seniors,
16685 which it does, but when it comes to caps for healthcare
16686 spending, for nursing home spending, and long-term care
16687 spending for seniors under Medicare, after which Medicaid
16688 often kicks in. Putting these caps in place could put
16689 tremendous stress on State budget which then are going to be
16690 tempted to roll that back and the onus of that burden is then
16691 going to fall on families to care for their parents, their
16692 grandparents, their sick, frail, at their most vulnerable
16693 moment.

16694 And so we should be very, very clear that our

16695 constituents understand that that risk is going to be borne
16696 by families in our home States, in our home districts, under
16697 this plan.

16698 With that, I yield back.

16699 Mr. Barton. Does the gentleman yield back his 2
16700 seconds?

16701 Mr. Kennedy. Yes, sir.

16702 Mr. Barton. Who seeks recognition on the majority side?
16703 Seeing everybody asleep, we now go back to the minority side.
16704 Who do you want to recognize, the gentleman from California
16705 or the gentleman from Iowa? Oregon, I am sorry. We are
16706 going to recognize the gentleman from Oregon --

16707 Mr. Schrader. All right, thank you, Mr. Chairman.

16708 Mr. Barton. -- if you want to be recognized.

16709 Mr. Schrader. I do, Mr. Chairman, thank you.

16710 Mr. Barton. Then you are recognized for 5 minutes.

16711 Mr. Schrader. So I just have questions for Counsel, if
16712 I may, sir.

16713 Mr. Barton. It is your time.

16714 Mr. Schrader. I think they are appropriate, anyways.

16715 And we are talking about the per capita caps and how they
16716 would play. It is a big change to how we would provide
16717 Medicaid for folks. It goes from an entitlement program to a

16718 program that has some enrollee changes. It has an
16719 inflationary index, an increase in the medical CPI. And I
16720 want to thank my friends across the aisle for at least
16721 thinking outside the box. To an earlier comment, at least it
16722 is not a flat-out block grant, which would be horrible.

16723 The question is, though, is it designed as well as it
16724 could be to accomplish what my friends on the other side of
16725 the aisle actually want to do? And my good friend from
16726 Kentucky has referenced several times that 2016 baseline that
16727 suggested going forward. The problem I guess I am concerned
16728 -- question. Is there a range of State spending per
16729 category, because there are a lot of different categories
16730 involved -- it is a little complicated -- in 2016, State-by-
16731 State?

16732 Counsel. So, Mr. Schrader, the per capita amount for
16733 each State would be based on State historical spending.

16734 Mr. Schrader. Yes, so and it varies. My understanding
16735 is there is a huge range among the States. The New York
16736 Times had a story the other day showing the range is like
16737 from 4,000 plus in Georgia to 10,000 plus in New York. Isn't
16738 it correct, also, that in recent years Vermont and Rhode
16739 Island have spent about \$5,000 per child on Medicaid, while
16740 Indiana and Georgia spend around \$2,000?

16741 Counsel. Mr. Schrader, I don't have those numbers right
16742 in front of me but you are correct, there is a discrepancy in
16743 State spending by category.

16744 Mr. Schrader. And I guess where I am going with that is
16745 if you have a baseline that is set up that is geared around a
16746 particular time period, there is going to be huge variations.
16747 In my State, for instance, in that 2016 time period, we were
16748 working hard to limit the rate of medical inflation. As a
16749 matter of fact, it was part of our waiver, part of a deal we
16750 made with the Federal Government.

16751 It seems to me that the way this is we are rewarding the
16752 wrong behavior. You get more money if your medical inflation
16753 continues to increase. Is that what we want to do? That
16754 doesn't really control healthcare costs. You are just
16755 rewarding bad behavior. Those States, those providers that
16756 are using expensive treatments maybe that they don't need to
16757 do because they are not thinking outside the box in how they
16758 deliver health care, you are just rewarding people that spend
16759 money, rather than get the quality healthcare outcomes I
16760 think that we all want.

16761 I think it would make more sense to have a target for
16762 inflation over a period of time that is below maybe a State's
16763 current rate of inflation and give credit for those folks

16764 that are able to maintain that; maybe give them the enhanced
16765 match because they have actually been able to control their
16766 costs. That is what I think the majority is looking for and
16767 I think the minority is looking to make sure that it is a
16768 fair system that people actually get their health care
16769 delivered with that enhanced match that allows the innovation
16770 to think transformatively about it.

16771 Without that enhanced match, with regular Medicaid, you
16772 are just treating acute cases walking in the door. It is the
16773 same, terrible healthcare system we have had from the
16774 beginning. Medicaid doesn't pay very well. I think everyone
16775 on the panel knows it pays the worst of anything, worse than
16776 Medicare, worse than commercial. We need an incentive to
16777 make States and providers think outside the box. You give
16778 them that flexibility, you give them flexibility with a
16779 little money to be flexible with, rather than just treating
16780 that acute case that walks in the door. There is nothing
16781 that changes, if we don't do that.

16782 So I just, based on the data here and the fact that we
16783 are rewarding kind of the same bad inflationary behavior, why
16784 don't we think outside the box and do it like, oh, gee, I
16785 guess Oregon is doing that; so, why don't we do something
16786 like that?

16787 And I yield back. Thank you.

16788 Mr. Barton. The gentleman yields back. I am not the
16789 full committee chairman but if I were, I would work with you
16790 on your suggestion. I don't think the members on your side
16791 of the aisle would work with you very much but -- you would
16792 work with him? Well, there you go. You might come up with
16793 an idea at 4:30 in the morning or whatever time it is.

16794 Does anybody on the majority side seek recognition?

16795 On the minority side, we want to go to the gentleman
16796 from California, Mr. Cardenas.

16797 Mr. Cardenas. Thank you, Mr. Chairman.

16798 A question to the staff. What special categories are in
16799 the new Medicaid per capita cap plan? Can you rattle off a
16800 few of them that come to mind?

16801 Counsel. Sorry, sir. There is four categories of
16802 enrollment and then five, if there is an expansion. So,
16803 children, the elderly, adults, individuals with disabilities,
16804 and then expansion enrollees.

16805 Mr. Cardenas. Okay. As an example, what does this bill
16806 define as a disability?

16807 Counsel. So that is a very good question. Federal law
16808 requires that Medicaid eligibility determinations must be
16809 made in the best interest of the recipient. So Section

16810 1902(a)(19) of the Social Security Act provides that
16811 eligibility determinations be made in a manner consistent
16812 with the simplicity of administration in the best interest of
16813 the recipients. And it says that States can't deny Medicaid
16814 coverage to individuals with completed applications or
16815 terminate existing coverage until all avenues of eligibility
16816 have been explored or evaluated.

16817 For individuals who have been eligible for more than one
16818 category, Medicaid regulations specify that individual would
16819 be determined eligible for the category that he or she
16820 selects. And that is 42 CFR 435.404. So, we would maintain
16821 that approach.

16822 Mr. Cardenas. Okay. And so, therefore, would diabetes
16823 be covered -- be considered as a disability?

16824 Counsel. We would maintain that approach in current
16825 law.

16826 Mr. Cardenas. Okay. Now, apparently, if somebody has
16827 diabetes, the cost for coverage is about four times the cost
16828 of someone that doesn't have a disability. It is factored
16829 somewhere in that range. So what happens to them when they
16830 reach the cap created by this bill?

16831 Counsel. So the way the allotment works is that it is a
16832 per capita allotment determined by the number of individuals

16833 in eligibility categories times the number of enrollees and
16834 that is the total computable allotment.

16835 Mr. Cardenas. Okay.

16836 Counsel. So it doesn't limit the amount of Federal
16837 dollars that can go to one single individual.

16838 Mr. Cardenas. So once again, it is a per capita cap
16839 plan and, therefore, it is an allotment of dollars and then
16840 the States have to determine how they are going to apply
16841 those dollars to their population mix.

16842 Speaking of diabetes, I think the most affected
16843 community in the United States with diabetes is the Native
16844 American community. I think they top the charts of all other
16845 categories of folks. If that is the case, how would this per
16846 capita cap plan involve sovereign nations? Would they be a
16847 subset of the State or do they have a special category of
16848 their own and a pot they would have to divvy up amongst the
16849 federally-recognized tribes?

16850 Counsel. On page 38, line 3 of the American Indians and
16851 IHS are exempt.

16852 Mr. Cardenas. I am sorry. Can you say that one more
16853 time?

16854 Counsel. Page 38, the American Indians and IHS are
16855 exempt.

16856 Mr. Cardenas. Okay, so they would have their own pots
16857 delineated directly to the sovereign nations?
16858 Counsel. They would be exempted from the cap.
16859 Mr. Cardenas. Oh, they would be exempted from the cap?
16860 Counsel. Yes, sir.
16861 Mr. Cardenas. So therefore, how would -- under this --
16862 Counsel. Current law would apply to them.
16863 Mr. Cardenas. I am sorry. What?
16864 Counsel. Current law would apply for those individuals.
16865 Mr. Cardenas. Okay, so this bill wouldn't affect the
16866 Native American tribes.
16867 Counsel. Right.
16868 Mr. Cardenas. Okay. And where are they covered in the
16869 current law?
16870 Counsel. 1905(b).
16871 Mr. Cardenas. 1905(b).
16872 Counsel. Yes, sir.
16873 Mr. Cardenas. Okay, thank you.
16874 I will yield my time to anybody on my side of the aisle
16875 who would like the remainder. Seeing none, okay, I yield
16876 back my time. Thank you.
16877 Mr. Barton. The gentleman yields back.
16878 Anybody on the majority seek recognition? Seeing no

16879 one, others on the minority side? You have got two. Which
16880 one do you want to go to?

16881 We go to the gentleman from New Mexico. For what reason
16882 does he seek recognition?

16883 Mr. Lujan. To strike the last word, Mr. Chairman.

16884 Mr. Barton. The gentleman is recognized for 5 minutes.

16885 Mr. Lujan. Thank you, Mr. Chairman.

16886 A question to counsel. What happens if, rather than
16887 January 1, 2020, these changes to Medicaid going into effect,
16888 if those changes get moved up to January 1, 2018? What does
16889 that mean?

16890 Counsel. Which changes are you referencing, sir?

16891 Mr. Lujan. What text in the bill references January 1,
16892 2020 as it talks about Medicaid?

16893 Counsel. So there are multiple dates that reference --
16894 or multiple issues that reference January 1, 2020, as it
16895 relates to Medicaid in the underlying bill. January 1, 2020
16896 is the freeze date for the expansion population and then also
16897 on that date the per capital allotment system would start.

16898 Mr. Lujan. So with both of those dates, if those moved
16899 up to January 1, 2018, what would happen?

16900 Counsel. If they were moved to January 1, 2018, they
16901 would start on January 1, 2018.

16902 Mr. Lujan. It would shorten the time period associated
16903 for the transition?

16904 Counsel. Yes, so if we moved to January 1, 2018, that
16905 would be a shorter time period.

16906 Mr. Lujan. Well, Mr. Chairman, I am glad everyone got a
16907 giggle out of that because I know that we don't believe
16908 everything that is tweeted but what is being tweeted is that
16909 the White House team indicated openness to move up Medicaid
16910 fix to January 1, 2018 instead of 2020 to entice
16911 conservatives. So I think it is an important question that
16912 we need asked. I don't know if there is an amendment that is
16913 coming or not, if this going to be done in conference. If
16914 the conference committees, if our Republic colleagues are
16915 going to demand that they are opened up to C-SPAN the way
16916 that they did before.

16917 I just think that here we are at 4:24 in the morning and
16918 tweets are coming out. So maybe someone is awake, maybe they
16919 are not. And as we are trying to get answers as to what
16920 policy is and what policy isn't, what that is going to mean
16921 to the American people.

16922 Because as we look at the impact specific to New Mexico,
16923 and we are looking at Medicaid and what these per capita caps
16924 are, I don't think there is any disagreement here that these

16925 per capita caps will result in Federal investments, Federal
16926 dollars to States to support Medicaid. Is there anyone that
16927 would disagree with that?

16928 Is there anyone that would disagree with me when I say
16929 that the result of this legislation would result in less
16930 Federal money going to Medicaid? Everyone agrees.

16931 Mr. Barton. No, I would -- is the gentleman asking --

16932 Mr. Lujan. Can you explain that Mr. Chairman?

16933 Mr. Barton. Does the gentleman want an answer or --

16934 Mr. Lujan. Oh, I would, Mr. Chairman.

16935 Mr. Barton. -- is that a rhetorical question?

16936 Under the pending proposal, money for Medicaid would
16937 grow. It just wouldn't grow at as fast a rate as it does
16938 under current law.

16939 Mr. Lujan. So, Mr. Chairman, you are saying that there
16940 would not be less Federal money going to States for Medicaid.

16941 Mr. Barton. They would, based on the base year of 2016,
16942 move forward to 2019. There would be more money but the
16943 additional growth in funding would be at a slower rate than
16944 under current law. That is my understanding.

16945 Mr. Lujan. Well, let me, I promised Ms. Eshoo I would
16946 yield a minute to her. If I have any time left, I will ask a
16947 follow-up question.

16948 Ms. Eshoo.

16949 Ms. Eshoo. I thank the gentleman.

16950 It is what, 4:30 or whatever in the morning. I want to
16951 raise a red flag here. And I know that we are all exhausted
16952 but I think that we are not really thinking how -- what a
16953 heavy, heavy impact this is going to have on long-term care.
16954 Approximately 60 percent of Medicaid goes to long-term care.

16955 Now, what is not being talked about is the tsunami that
16956 is not that far off in our future relative to dementia and
16957 Alzheimer's. AARP, in their letter, talk about the boomers,
16958 and when they start to turn 80 and older, the levels of
16959 service they would need.

16960 You know we are talking about these formulas like they
16961 are just tidy and neat --

16962 Mr. Barton. The gentlelady's time has expired -- or the
16963 gentleman's time has expired.

16964 Ms. Eshoo. I think this is going to be big trouble, I
16965 really do, and I think the majority doesn't realize what is
16966 coming on this.

16967 Mr. Barton. Does anybody on the majority seek
16968 recognition? Seeing none, the chairman recognizes the
16969 gentlelady from Michigan, Mrs. Dingell, for 5 minutes.

16970 Mrs. Dingell. Thank you, Mr. Chairman. I strike the

16971 last word but I just need help doing my math.

16972 So, I want to build on what my colleague from California
16973 and New Mexico were asking. My colleague from Michigan, who
16974 I love and is one of my dearest friends but I don't
16975 understand his math, earlier today he said that this bill was
16976 okay because it didn't jeopardize the success we have seen of
16977 the Healthy Michigan Plan and that it wasn't going to hurt
16978 it.

16979 But the way that I understand it, it puts an arbitrary
16980 date to ending expansion of 690 -- I am so tired, like the
16981 rest of you -- 695,000 people right now have coverage. But
16982 bam, 2019, anybody that comes after that is not going to be
16983 covered. But by the way you have got --

16984 Mr. Upton. No, if the gentlelady will yield, we are not
16985 --

16986 Mrs. Dingell. -- to stop -- let me finish asking it.
16987 I am going to keep asking it.

16988 Mr. Upton. No, no, but don't say that they are not
16989 going to be covered because they will be covered.

16990 Mr. Barton. The gentlelady from Michigan actually --

16991 Mrs. Dingell. They will be covered.

16992 Mr. Upton. Right.

16993 Mrs. Dingell. But anybody that comes after that is not

16994 going to be but then --

16995 Mr. Upton. No.

16996 Mrs. Dingell. Okay, let me finish my --

16997 Mr. Upton. If the gentlelady will yield, they will
16998 still be covered but they will be covered under a lower FMAP.

16999 Mrs. Dingell. Okay, they will be covered under a lower
17000 FMAP but I am going to now build on what Anna was also
17001 talking about because Medicaid is the largest payer of long-
17002 term care in this country, accounting for 42 percent of all
17003 spending. And as our population starts to age, which is
17004 going to happen, the demand for long-term care is going to
17005 double in the next 40 years. Among people 65 and over, it is
17006 estimated that 70 percent will need long-term care at some
17007 point. And people who are older than 85 are four times more
17008 likely to need these services than younger services.

17009 So all this math is coming together and yet you are
17010 telling me no, we are not going to have to ration, no we are
17011 not going to have to worry. I can't get the math to add up
17012 in my head and maybe because it is 4:30 in the morning but I
17013 don't think it is.

17014 Mr. Upton. Sorry, I had about three people talking to
17015 me at the same time.

17016 Does the Counsel want to -- if the gentlelady -- does

17017 the Counsel want to yield to the question that she was
17018 asking?

17019 Mrs. Dingell. I love my colleague but I just can't
17020 figure out his math tonight right now.

17021 Mr. Barton. I thought you loved another former member
17022 of this committee from Michigan.

17023 Mrs. Dingell. He's my love, true love.

17024 Mr. Barton. I just wanted to set the record straight on
17025 that.

17026 Mrs. Dingell. That's a good clarification.

17027 Mr. Barton. All right.

17028 Mrs. Dingell. He is probably asleep and not watching
17029 this either.

17030 Mr. Barton. If he has got sense, he is asleep.

17031 Mr. Upton. He's probably tweeting.

17032 Mr. Barton. It's somebody else.

17033 Mrs. Dingell. We need humor. We need it.

17034 Okay, could someone help me with my math? My staff is
17035 getting mad.

17036 Counsel. Sure, Mrs. Dingell. So, again, a question
17037 regarding how the Medicaid freeze would work and how it would
17038 affect expansion States?

17039 Mrs. Dingell. And how are we taking into account all

17040 this math that we are going to freeze the number, we are
17041 going to have more people -- we say we want people to be able
17042 to come into Healthy Michigan and then we have got all these
17043 seniors that are going to be needing more care. They weren't
17044 on Medicare because they had private insurance beforehand.
17045 Suddenly, they need Medicaid to help.

17046 Counsel. So the bill before us would allow expansion
17047 states to continue to enroll individuals on expansion until
17048 January 1, 2020. At that date, those individuals who stay on
17049 the Medicaid program, the state would continue to receive the
17050 enhanced match, as long as those individuals --

17051 Mrs. Dingell. But just for the old ones, not the new
17052 ones.

17053 Counsel. Correct. So for individuals enrolled after
17054 that date --

17055 Mrs. Dingell. That ends expansion then.

17056 Counsel. The State could continue to add enrollees at
17057 regular match.

17058 Mrs. Dingell. Okay, now what are we doing about these
17059 seniors whose numbers are growing and have to go into that
17060 number somehow and we are not going to hurt them? We are not
17061 going to ration care?

17062 Counsel. So the aged are a traditional Medicaid

17063 population, not --

17064 Mrs. Dingell. Well we are growing. We are doubling.

17065 Ten thousand of us are turning -- I am not 65 yet either, for
17066 the record. Fred's older than me.

17067 Mr. Upton. I am not 65 either.

17068 Mrs. Dingell. I know.

17069 Counsel. So Mrs. Dingell, I think that was a reference
17070 to how a growth in seniors in a State would intersect with
17071 the per capita allotment. So --

17072 Mrs. Dingell. And greater healthcare needs as well.

17073 Counsel. To the extent that more individuals enroll in
17074 the Medicaid program in any State, for any category, the
17075 Federal contribution to the State would increase under the
17076 per capita allotment.

17077 Mrs. Dingell. But is it going to keep up with
17078 inflation, with the cost of long-term care, especially when
17079 you hit 80 and over? How do they account for -- that is the
17080 population that has the greatest healthcare needs. How are
17081 we accounting for the increase in those that need coverage?

17082 Mr. Upton. I might ask the gentle lady have an
17083 additional 25 seconds. Unanimous consent?

17084 Mr. Barton. Oh, my, Lord, extra time.

17085 Mr. Upton. By the time you finish --

17086 Mr. Barton. Without objection, 25 seconds.

17087 Counsel. So the per capita allotment provision would
17088 grow at CPI medical.

17089 Mrs. Dingell. Not with the real rate of inflation.

17090 Counsel. Medical inflation.

17091 Mrs. Dingell. Thank you. And thank you for my extra
17092 time.

17093 Mr. Barton. The gentlelady's time has expired.

17094 Before I recognize somebody else I am going to ask
17095 Counsel a question, primarily just to keep myself awake.

17096 You have somebody in a Medicaid expansion State that is
17097 a healthy adult. You have somebody in a Medicaid State that
17098 is disabled, two different people. Under current law, they
17099 both sign up. The young adult signs up at the 95 percent
17100 match. Is that correct?

17101 Counsel. That is correct and that phases down to 90
17102 percent under the current law.

17103 Mr. Barton. The disabled individual signs up at the
17104 regular FMAP match, not the higher match.

17105 Counsel. That is correct, so traditional Medicaid
17106 populations receive a lower match.

17107 Mr. Barton. So under current law --

17108 Counsel. Under current law.

17109 Mr. Barton. -- Medicaid eligibles under the
17110 traditional categories are signed up at the normal FMAP but
17111 the new category of young adults are signed up at the super
17112 match. Is that correct?

17113 Counsel. That's correct, sir.

17114 Mr. Barton. Thank you.

17115 Does anybody on either side seek recognition? If not,
17116 the chair is prepared to call the question. Does the
17117 gentleman seek a roll call vote?

17118 All those in favor of the Pallone Amendment will vote
17119 aye. All those opposed will vote no. The chair will call --
17120 I mean the clerk will call the roll.

17121 The Clerk. Mr. Barton.

17122 Mr. Barton. Votes no.

17123 The Clerk. Mr. Barton votes no.

17124 Mr. Upton.

17125 Mr. Upton. Votes no.

17126 The Clerk. Mr. Upton votes no.

17127 Mr. Shimkus.

17128 Mr. Shimkus. No.

17129 The Clerk. Mr. Shimkus votes no.

17130 Mr. Murphy.

17131 [No response.]

17132	The Clerk.	Mr. Burgess.
17133	<u>Mr. Burgess.</u>	No.
17134	The Clerk.	Mr. Burgess votes no.
17135	Mrs. Blackburn.	
17136	[No response.]	
17137	The Clerk.	Mr. Scalise.
17138	[No response.]	
17139	The Clerk.	Mr. Latta.
17140	<u>Mr. Latta.</u>	No.
17141	The Clerk.	Mr. Latta votes no.
17142	Mrs. McMorris Rodgers.	
17143	[No response.]	
17144	The Clerk.	Mr. Harper.
17145	<u>Mr. Harper.</u>	No.
17146	The Clerk.	Mr. Harper votes no.
17147	Mr. Lance.	
17148	<u>Mr. Lance.</u>	No.
17149	The Clerk.	Mr. Lance votes no.
17150	Mr. Guthrie.	
17151	<u>Mr. Guthrie.</u>	No.
17152	The Clerk.	Mr. Guthrie votes no.
17153	Mr. Olson.	
17154	<u>Mr. Olson.</u>	No.

17155 The Clerk. Mr. Olson votes no.
17156 Mr. McKinley.
17157 Mr. McKinley. No.
17158 The Clerk. Mr. McKinley votes no.
17159 Mr. Kinzinger.
17160 Mr. Kinzinger. No.
17161 The Clerk. Mr. Kinzinger votes no.
17162 Mr. Griffith.
17163 Mr. Griffith. No.
17164 The Clerk. Mr. Griffith votes no.
17165 Mr. Bilirakis.
17166 Mr. Bilirakis. No.
17167 The Clerk. Mr. Bilirakis votes no.
17168 Mr. Johnson.
17169 Mr. Johnson. No.
17170 The Clerk. Mr. Johnson votes no.
17171 Mr. Long.
17172 Mr. Long. No.
17173 The Clerk. Mr. Long votes no.
17174 Mr. Bucshon.
17175 Mr. Bucshon. No.
17176 The Clerk. Mr. Bucshon votes no.
17177 Mr. Flores.

17178	<u>Mr. Flores.</u>	No.
17179	The Clerk.	Mr. Flores votes no.
17180	Mrs. Brooks.	
17181	<u>Mrs. Brooks.</u>	No.
17182	The Clerk.	Mrs. Brooks votes no.
17183	Mr. Mullin.	
17184	<u>Mr. Mullin.</u>	No.
17185	The Clerk.	Mr. Mullin votes no.
17186	Mr. Hudson	
17187	<u>Mr. Hudson.</u>	No.
17188	The Clerk.	Mr. Hudson votes no.
17189	Mr. Collins.	
17190	<u>Mr. Collins.</u>	No.
17191	The Clerk.	Mr. Collins votes no.
17192	Mr. Cramer.	
17193	<u>Mr. Cramer.</u>	No.
17194	The Clerk.	Mr. Cramer votes no.
17195	Mr. Walberg	
17196	<u>Mr. Walberg.</u>	No.
17197	The Clerk.	Mr. Walberg votes no.
17198	Mrs. Walters.	
17199	<u>Mrs. Walters.</u>	No.
17200	The Clerk.	Mrs. Walters votes no.

17201	Mr. Costello.	
17202	<u>Mr. Costello.</u>	No.
17203	The Clerk.	Mr. Costello votes no.
17204	Mr. Carter.	
17205	<u>Mr. Carter.</u>	No.
17206	The Clerk.	Mr. Carter votes no.
17207	Mr. Pallone.	
17208	<u>Mr. Pallone.</u>	Aye.
17209	The Clerk.	Mr. Pallone votes aye.
17210	Mr. Rush.	
17211	[No response.]	
17212	The Clerk.	Ms. Eshoo.
17213	<u>Ms. Eshoo.</u>	Aye.
17214	The Clerk.	Ms. Eshoo votes aye.
17215	Mr. Engel.	
17216	<u>Mr. Engel.</u>	Aye.
17217	The Clerk.	Mr. Engel votes aye.
17218	Mr. Green.	
17219	<u>Mr. Green.</u>	Aye.
17220	The Clerk.	Mr. Green votes aye.
17221	Ms. DeGette.	
17222	<u>Ms. DeGette.</u>	Aye.
17223	The Clerk.	Ms. DeGette votes aye.

17224 Mr. Doyle.

17225 Mr. Doyle. Yes.

17226 The Clerk. Mr. Doyle votes aye.

17227 Ms. Schakowsky.

17228 Ms. Schakowsky. Yes.

17229 The Clerk. Ms. Schakowsky votes aye.

17230 Mr. Butterfield.

17231 Mr. Butterfield. Aye.

17232 The Clerk. Mr. Butterfield votes aye.

17233 Ms. Matsui.

17234 Ms. Matsui. Aye.

17235 The Clerk. Ms. Matsui votes aye.

17236 Ms. Castor.

17237 Ms. Castor. Aye.

17238 The Clerk. Ms. Castor votes aye.

17239 Mr. Sarbanes.

17240 Mr. Sarbanes. Aye.

17241 The Clerk. Mr. Sarbanes votes aye.

17242 Mr. McNerney.

17243 Mr. McNerney. Aye.

17244 The Clerk. Mr. McNerney votes aye.

17245 Mr. Welch.

17246 Mr. Welch. Aye.

17247 The Clerk. Mr. Welch votes aye.
17248 Mr. Lujan.
17249 Mr. Lujan. Aye.
17250 The Clerk. Mr. Lujan votes aye.
17251 Mr. Tonko.
17252 Mr. Tonko. Aye.
17253 The Clerk. Mr. Tonko votes aye.
17254 Ms. Clarke.
17255 Ms. Clarke. Aye.
17256 The Clerk. Ms. Clarke votes aye.
17257 Mr. Loeb sack.
17258 Mr. Loeb sack. Aye.
17259 The Clerk. Mr. Loeb sack votes aye.
17260 Mr. Schrader.
17261 Mr. Schrader. Aye.
17262 The Clerk. Mr. Schrader votes aye.
17263 Mr. Kennedy.
17264 Mr. Kennedy. Aye.
17265 The Clerk. Mr. Kennedy votes aye.
17266 Mr. Cardenas.
17267 Mr. Cardenas. Aye.
17268 The Clerk. Mr. Cardenas votes aye.
17269 Mr. Ruiz.

17270 Mr. Ruiz. Aye.

17271 The Clerk. Mr. Ruiz votes aye.

17272 Mr. Peters.

17273 Mr. Peters. Aye.

17274 The Clerk. Mr. Peters votes aye.

17275 Mrs. Dingell.

17276 Mrs. Dingell. Aye.

17277 The Clerk. Mrs. Dingell votes aye.

17278 Chairman Walden.

17279 The Chairman. Walden votes no.

17280 The Clerk. Chairman Walden votes no.

17281 The Chairman. [Presiding.] Are there any members wishing

17282 to be recorded? The gentlelady from Tennessee? Is she

17283 recorded?

17284 The Clerk. Mrs. Blackburn votes no.

17285 The Chairman. The gentleman from Pennsylvania, Mr.

17286 Murphy?

17287 Mr. Murphy. No.

17288 The Chairman. Votes no.

17289 The Clerk. Mr. Murphy votes no.

17290 The Chairman. The gentleman from Louisiana.

17291 Mr. Scalise. No.

17292 The Clerk. Mr. Scalise votes no.

17293 The Chairman. The gentlelady from the great State of
17294 Washington.

17295 Mrs. McMorris Rodgers. No.

17296 The Clerk. Mrs. McMorris Rodgers votes no.

17297 The Chairman. Anybody else on our side not recorded?
17298 Turning to this side, anybody over here not recorded?
17299 We have everybody. So, the Clerk will report the tally.

17300 The Clerk. Mr. Chairman, on that vote, there were 23
17301 ayes and 31 noes.

17302 The Chairman. Twenty-three ayes, thirty-one noes; the
17303 motion -- the amendment is not agreed to.

17304 Are there other amendments? Are there other members
17305 seeking recognition?

17306 The chair recognizes the gentlelady from Florida for
17307 what purpose?

17308 Ms. Castor. Thank you, Mr. Chairman. I have an
17309 amendment at the desk.

17310 [The Amendment offered by Ms. Castor follows:]

17311

17312 *****COMMITTEE INSERT 29*****

17313 The Chairman. Can you describe that amendment for our
17314 clerk?

17315 Ms. Castor. It is on age rating.

17316 The Chairman. And do you have a number or a reference?

17317 I think you have got a cheat sheet there.

17318 Ms. Castor. I might. Yes, I do.

17319 The Chairman. Or do you have a copy of it?

17320 Ms. Castor. Yes, I do.

17321 The Chairman. It would just help our staff.

17322 Ms. Castor. This is at the end of the -- it is at the
17323 very end of the bill to Section 135.

17324 The Chairman. If you have the amendment itself, at the
17325 top it will give us a number.

17326 Ms. Castor. That is a different amendment.

17327 It is number eight.

17328 The Chairman. Eight? Okay. Let him get that and then
17329 we will proceed.

17330 Ms. Castor. Thank you.

17331 The Chairman. The Clerk will report the amendment.

17332 The Clerk. An amendment to the amendment in the nature
17333 of a substitute offered by Ms. Castor.

17334 The Chairman. The amendment, by unanimous is dispensed
17335 with -- the reading is dispensed with.

17336 The chair recognizes the gentlelady from Florida for 5
17337 minutes.

17338 Ms. Castor. Thank you, Mr. Chairman.

17339 Colleagues, my amendment changes the Republican's five-
17340 to-one age rating back to the three-to-one age rating, which
17341 is the current law. The three-to-one age rating that was
17342 adopted in the Affordable Care Act is a very important
17343 consumer protection that prohibits insurance companies from
17344 charging older adults more for their insurance and I am
17345 talking a whole lot more.

17346 In changing the age rating, the GOP is allowing
17347 insurance companies to charge our older neighbors more. So
17348 the affordability of insurance for our neighbors who are 50,
17349 age 50 and older up to going into Medicare gets dramatically
17350 more difficult.

17351 How difficult, you ask? The five-to-one age rating
17352 would disproportionately harm millions of hard-working
17353 Americans who are currently participating in the marketplace,
17354 40 percent of whom are over age 50. A report by RAND on the
17355 impact of a five-to-one age rating would increase premiums
17356 for older adults. It says that that age rating would
17357 increase premiums for older adults by up to \$3,200 a year.

17358 In a February 2017 letter to Chairman Burgess and

17359 Ranking Member Green, the AARP discussed how the ACA has
17360 helped drop the uninsured rate for Americans age 50 to 64 by
17361 half. The ACA helped drop it by half. That is a huge
17362 accomplishment. Think about these folks. They are working
17363 hard. They didn't have insurance through their employer.
17364 The Affordable Care Act and the marketplace was a lifeline
17365 for them and thank goodness, when they went in, they didn't
17366 have to pay exorbitant premiums and copays. It was kind of
17367 kept in check.

17368 Additionally a September of 2015 Commonwealth Fund
17369 analysis found that the change to five-to-one would cause
17370 400,000 of our older neighbors to lose coverage.

17371 Now remember what President Trump said. He promised
17372 numerous times that the Republican bill will have better
17373 health care for more people at a lesser cost. Well, the
17374 five-to-one age rating included in this Republican bill would
17375 fail that test. And I can't help but think of my friend,
17376 Kathy Palmer from Tampa, she was my guest to the Joint
17377 Session of Congress, the President's address to the Joint
17378 Session. She is 60 years old. She works two part-time jobs.
17379 She is a single mom. She is also going to school to get her
17380 accountant's degree. She has a teenager in high school. And
17381 before the ACA, she could not afford insurance.

17382 So thanks to the marketplace, and some help with the tax
17383 credit, and this age rating provision, she was able to afford
17384 care. And here is the story she told me and she has spoken
17385 out across my community back home in Tampa. In December, she
17386 had heart pains. She thought she was having a heart attack.
17387 She rushed to the emergency room. Thank goodness it was a
17388 false alarm. But you know what? Can you guess what her
17389 emergency room bill was? Seventy thousand dollars but,
17390 ultimately, she paid two hundred dollars because she had
17391 coverage.

17392 And that is one of the problems with the GOP bill. It
17393 doesn't commit to coverage. I know the new OMB Director
17394 today said on today this isn't about insurance coverage,
17395 again, going back to access. These are the things that are
17396 impeding, will really harm our neighbors back home and I urge
17397 you to support this important amendment to take the age
17398 rating back to an affordable level for our older neighbors
17399 back home.

17400 The Chairman. The gentlelady yields back the balance of
17401 her time. The chair recognizes the gentleman from Indiana,
17402 Dr. Bucshon, for 5 minutes to speak on this matter.

17403 Mr. Bucshon. Mr. Chairman, thank you.

17404 Initial estimates from analysts suggest for the

17405 possibility of success, the individual markets set up by
17406 Obamacare would need to consist of at least 40 percent of
17407 young adults. Today, that number sits near 30 percent, which
17408 has led to destabilized risk pools and driven insurers out of
17409 many areas of the country. In fact, patients in two-thirds
17410 of our country are limited to a choice of one or two
17411 insurers. Across five entire States, patients have only one
17412 option. The Department of Health and Human Services
17413 estimates a 25 percent average increase in premiums for the
17414 millions of Americans on exchanges.

17415 Under Obamacare, premiums may vary on the basis of an
17416 enrollee's age but by more than a three-to-one ratio. CBO
17417 suggests this policy inherently raises average premiums.
17418 Prior to passage to Obamacare, healthcare expenses for the
17419 elderly pre-Medicare age typically ran 4.8 times higher on
17420 average than younger patients. This artificial age ban
17421 inhibits the ability of insurers to provide actuarially sound
17422 plans driving younger, healthier individuals out of the
17423 insurance market, skewing risk pools and driving up premiums
17424 for everyone. The State Age Rating Flexibility Act of 2017,
17425 which I had introduced and is in this bill, gives control
17426 back to the States, allowing them to tailor their age rating
17427 standards to their specific population.

17428 Under this legislation, starting in 2018, States may set
17429 their age bands anywhere from five-to-one to one-to-one,
17430 depending on their State. Studies suggest this change would
17431 add almost 4.5 million individuals under the age of 47 to the
17432 marketplace and drop average premiums by 9.5 percent.

17433 This flexibility will allow young, healthy patients to
17434 join the health insurance marketplace, stabilize risk pools,
17435 allowing insurers to offer patients more options, breeding
17436 competition and driving down costs for everyone.

17437 And this has been done. In the State of Maine, the
17438 State where the healthcare market was facing a long-term
17439 death spiral even before Obamacare, they offered guaranteed
17440 issue and preexisting condition protections to stabilize
17441 their market. Maine had an Invisible High-Risk Pool that
17442 they loosened their age ratio from 1.5 to one to three-to-
17443 one. As a result of these changes, individuals in their
17444 early 20s were able to see premium savings of nearly \$5,000 a
17445 year, while individuals in their 60s saw savings of more than
17446 \$7,000.

17447 A board member of Maine's Invisible High-Risk Pool
17448 recently wrote in Health Affairs, as premiums drop, more
17449 young and healthy applicants entered the market, total
17450 enrollment increased for the primary insurer in the market

17451 and the individual market's multi-year death spiral was
17452 reversed.

17453 Mr. Chairman, our plan gives flexibilities to the
17454 States. It more adequately reflects the real cost of care
17455 and I urge my colleagues to reject this amendment. I yield
17456 back.

17457 The Chairman. The gentleman yields back. Are there are
17458 other members wishing to be heard on this matter?

17459 The chair recognizes the gentlelady from California, Ms.
17460 Eshoo, for 5 minutes to speak on the amendment.

17461 Ms. Eshoo. Thank you, Mr. Chairman. I move to strike
17462 the last word.

17463 I think that this is an age tax, in plain English. And
17464 I don't know what the thinking was in how this was
17465 constructed but while people over the age of 60 get twice as
17466 much as individuals under 30, the replacement bill also
17467 increases the age rating ratio from three-to-one to five-to-
17468 one. So, you end up with an age tax.

17469 And you are going to hear from a lot of people across
17470 the country on this. This is going to create some real big
17471 bills and hardships for people.

17472 Now, AARP says that their previous estimates on the age
17473 rating change showed the premiums for current coverage could

17474 increase by up to \$3,200 for a 64-year-old, while reducing
17475 premiums by only \$700 for a younger enrollee. But they say
17476 the change in structure of the bill will dramatically
17477 increase premiums for older consumers. And they estimate
17478 that the bill's changes to the current law's tax credits
17479 could increase premium costs for a 55-year-old earning
17480 \$25,000 by more than \$2,300 a year. For a 64-year-old
17481 earning \$25,000, that increase rises to more than \$4,400 a
17482 year and more than \$5,800 for a 64-year-old earning \$15,000.
17483 Why are you doing this? Why are you doing this?

17484 In so much of the conversation and debate this evening,
17485 one of the things that our Republican colleagues have
17486 highlighted were out-of-pocket costs for premiums. Well, if
17487 you objected to what you were describing before, this
17488 provision has older Americans being forced to pay higher out-
17489 of-pocket costs for their premiums because of this age-
17490 adjusted tax credit, given the increase in the adjustment
17491 ratio.

17492 So, this is an age tax. That is what you have got here.

17493 And I don't think that the -- I should put it this way.
17494 I think the impacts are really rather significant. If these
17495 numbers were much lower, at least some people would be able
17496 to absorb them but these are large amounts. These are large

17497 amounts of money and I just -- it is the opposite of what you
17498 were -- it is not the opposite of what you were describing
17499 before relative to higher out-of-pocket costs but now you
17500 have done a turnaround and you are applying it and you are
17501 applying it to older Americans and that is why it is an age
17502 tax.

17503 So I support the gentlewoman's amendment. And I don't
17504 know if you are going to all get in a huddle after this
17505 markup and start talking about some of the things that you
17506 have put into this bill but, if there were to be a huddle, I
17507 would think it would be around this one because this is going
17508 to be highly, highly objectionable legitimately by people
17509 across the country that are anywhere from what, 50 to 54 and
17510 older.

17511 So, I don't know if anyone would like my last 41 or 40
17512 seconds. No? All right.

17513 I will yield back. Thank you.

17514 The Chairman. The chair will recognize the chairman of
17515 the Subcommittee on Health, the gentleman from Texas, Mr.
17516 Burgess.

17517 Mr. Burgess. Thank you, Chairman, for the recognition.

17518 And Chairman, as you know, our committee has been
17519 focused on market reforms, market reforms without mandates.

17520 We have talked a lot in the subcommittee about giving States
17521 options through greater flexibility. Under the Affordable
17522 Care Act, not only are there mandates on the healthcare
17523 benefits that must be covered, there are also restrictions on
17524 cost factors. So focusing on one, the age-rating ratio, many
17525 states were using a five-to-one age ratio before 2010,
17526 meaning that the most expensive plan can only cost five times
17527 more than the least expensive plan, when it comes to
17528 patients' ages. The Affordable Care Act moved this three-to-
17529 one -- moved this ratio to three-to-one for all States, all
17530 States, regardless of their patient needs or circumstances.

17531 During a hearing last year, quoting from a witness from
17532 that hearing, quote, "making health insurance too expensive
17533 for healthier young people we want in the insurance pools
17534 drives them away, increasing the cost of insurance for
17535 everyone who remains." Closed quote.

17536 Again, looking to the Congressional Budget Office and
17537 quoting from them, average spending among people who are 64
17538 years old is about 4.8 times as high as average spending
17539 among people who are 21 years old.

17540 In a separate hearing, another witness suggested the
17541 cost for an average 64-year-old may be as much as six times
17542 that of a 21-year-old. Here is the witness in his own words:

17543 "The average 64-year-old consumes six times as much health
17544 care in dollar value as the average 21-year-old. Hence, in
17545 an underwritten insurance market, insurance premiums for 64-
17546 year-olds are roughly six times as costly as those for 21-
17547 year-olds. Under the Affordable Care Act, policies are age-
17548 rated. Insurers cannot charge their oldest policyholders
17549 more than three times what they charge their youngest
17550 customers. If every customer remains in the insurance
17551 market, this has the net effect of increasing premiums for
17552 21-year-olds by 71 percent and reducing them for 64-year-olds
17553 by 13 percent."

17554 Mr. Chairman, I don't think it is any secret we want to
17555 attract younger, healthier patients to healthcare plans.
17556 Making health insurance more affordable will encourage all
17557 patients to buy and to keep health insurance without a
17558 government mandate.

17559 As far back as 2013, the Kaiser Family Foundation argued
17560 that the percentage of young people necessary to balance the
17561 risk should be 40 percent. This report calls a scenario
17562 where young adults represent only 25 percent of enrollees
17563 what they called the worst-case scenario.

17564 And it goes on to say, quoting here, "but if this more
17565 extreme assumption of low enrollment among young adults

17566 holds, overall costs in the individual market plans would be
17567 about 2.4 percent higher than premium revenues. Today, the
17568 number of young, healthier enrollees is less than 30 percent.
17569 Initial estimates from analysts suggested for a possibility
17570 of success the individual markets set up in the Affordable
17571 Care Act would need to consist of at least 40 percent young
17572 adults." Forty percent young adults. Today, that number
17573 sits near 30 percent. So everyone here should be able to
17574 agree that we need more young, healthy individuals for a
17575 stable market. It is one of the strongest tools that we have
17576 to achieve that goal.

17577 Studies suggest that this change would add almost 4.5
17578 million individuals under 47 to the marketplace and drop
17579 average premiums by 9.5 percent.

17580 This policy gives control back to the States. It allows
17581 the States to tailor their age-rating standards to their
17582 specific population. Each State has different populations
17583 and they are allowed to set their age rating wherever it most
17584 advantages their citizens.

17585 Thank you, Mr. Chairman. I will yield back the balance
17586 of my time.

17587 The Chairman. The gentleman yields back.

17588 Are there other members wishing to be heard on this

17589 matter? The chair recognizes the gentlelady from Colorado,
17590 Ms. DeGette, for 5 minutes.

17591 Ms. DeGette. Thank you, Mr. Chairman.

17592 Mr. Chairman, when we passed the Affordable Care Act,
17593 one of the issues that we faced was the fact that older
17594 Americans who had, oftentimes, more complicated and greater
17595 healthcare issues and healthcare needs could not afford their
17596 insurance. And so what we did when we passed the ACA was we
17597 instituted a three-to-one ratio and that is because we want
17598 older people, people who are what did they call them earlier
17599 today, the younger or the almost elderly, the people from 50
17600 to 65, we want to make sure that people like that can
17601 actually get insurance that they can afford and get the
17602 health care that they need.

17603 Now prior to the Affordable Care Act, most States did
17604 not protect consumers from being charged higher premiums
17605 solely based on age. And so these older people, many of them
17606 could not afford to get insurance.

17607 The ACA's three-to-one ratio struck really a good
17608 balance because it shielded older Americans from paying
17609 vastly higher premiums than younger, healthier enrollees but
17610 it also did allow for some age rating. And what would happen
17611 would be if you did the five-to-one ratio, premiums for older

17612 adults would increase more substantially than premiums would
17613 decrease for younger enrollees.

17614 And so just for an example, the annual premium for a
17615 typical silver plan for a 64-year-old would grow from \$8,500
17616 under the ACA to \$11,000. A 24-year-old enrollee would see
17617 premiums fall from \$2,800 to \$2,100. And so what would
17618 happen if you went to a five-to-one ratio, you would actually
17619 overcharge older adults and undercharge younger adults.

17620 Now, my friends on the other side of the aisle say well,
17621 we want to encourage enrollment among the young and healthy
17622 and yes, we do but let's not forget that enrollment among the
17623 young and healthy has actually been relatively strong under
17624 the ACA. In 2016, 32 percent of the marketplace enrollees
17625 were ages 19 to 34, which is pretty comparable to their
17626 representation in the population. We can always do better.
17627 I am not suggesting that we have achieved everything we want
17628 with the young and healthy but to put it on the backs of
17629 older Americans would only make our situation worse because
17630 they wouldn't be able to afford insurance.

17631 In fact, if you changed the ratio to five-to-one, that
17632 would decrease coverage among healthy older adults by as many
17633 as 400,000 people over age 47.

17634 Now, this is why the AARP came out in opposition to this

17635 legislation. And I know that one of my colleagues has
17636 already put the letter into the record but what AARP is
17637 concerned about is for older adults, people who are not
17638 Medicare-eligible, they will not be able to afford insurance.
17639 And what AARP estimated is that for a 64 year old senior who
17640 makes \$15,000 to \$25,000 a year, premium increases could be
17641 as high as \$7,000 to \$8,000 a year. You tell me who they are
17642 going to afford that insurance at a salary of \$15,000 to
17643 \$25,000 a year.

17644 And so I really think this is a very backward way of
17645 thinking. It didn't work before and it is certainly not
17646 going to work now. If our goal is to get meaningful health
17647 insurance for every American, we should stick with our three-
17648 to-one ratio and fix some other things.

17649 With that, I yield back.

17650 The Chairman. The gentlelady yields back.

17651 The chair recognizes the gentleman from Georgia, our
17652 pharmacist.

17653 Mr. Carter. Thank you, Mr. Chairman. I am glad we
17654 finally got to this end of the dais. I appreciate that very
17655 much.

17656 Mr. Chairman, I want to talk about this real quickly.
17657 The plan that we are offering here will strengthen the

17658 healthcare market by loosening Obamacare's age-rating ratio,
17659 which is used to adjust premium amounts according to an
17660 individual's age.

17661 Obamacare mandated that the cost of the most generous
17662 plan for older patients can only be three times what younger
17663 consumers pay for the least generous plan. This unrealistic
17664 regulation led to insurance pools with older, less healthy
17665 individuals, while driving younger and healthier Americans
17666 from the insurance market. This ill-advised three-to-one
17667 policy led to artificially higher premiums for millions of
17668 Americans, especially younger and healthier patients.

17669 Loosening the age-rating restriction will help. My
17670 colleague, Dr. Bucshon, gave the example of Maine. Maine, a
17671 State where the healthcare market was facing a long-term
17672 death spiral. Even before Obamacare, they offered guaranteed
17673 issue and preexisting condition protections. To save lives
17674 through their market, Maine had an Invisible High-Risk Pool
17675 that loosened their age ratio from 1.5-to-1 to 3-to-1.

17676 As a result of these changes, individuals in their early
17677 20s were able to see premium savings of nearly \$5,000 per
17678 year, while individuals in their 60s saw savings of more than
17679 \$7,000 a year. As premiums drop, more young and healthy
17680 applicants entered the market.

17681 Now the plan that we are offering here, Mr. Chairman,
17682 states that the flexibility in resources experienced these
17683 same results as they had in Maine. We are told by the health
17684 economists that the cost of care by age is roughly 4.8-to-1;
17685 hence, that is where we get the 5-to-1 ratio.

17686 Our plan accepts this reality, loosening the ratio to
17687 five-to-one and gives the States the flexibility to set their
17688 own ratio. Obamacare failed to make health coverage more
17689 affordable for the majority of Americans. Instead, it
17690 increased costs, it reduced access, everything.

17691 Now, hear this and make sure we understand because we
17692 just heard it said that this was an age tax. Keep in mind
17693 that to protect older Americans, our plan will also provide a
17694 more generous tax credit to older Americans purchasing
17695 coverage in the individual market. So we are offsetting
17696 that. This is not an age tax. Keep that in mind. Our age-
17697 rating reform will help bring younger enrollees get health
17698 care and improve the deteriorating individual insurance
17699 market for everyone. This flexibility will allow young,
17700 healthy patients to join the Health Insurance Marketplace,
17701 stabilizing risk pools, allowing insurers to offer patients
17702 more options, breeding competition -- breeding competition
17703 and driving down costs for everyone.

17704 So four major points there, Mr. Chairman. First of all,
17705 the real cost of care by age is roughly 4.8-to-1, according
17706 to health economists. So our plan accepts this reality. It
17707 loosens the ration to five-to-one and it gives the States the
17708 flexibility to set their own ratio.

17709 Third, the third point is to protect older Americans.
17710 Our plan also provides a more generous tax credit to older
17711 Americans purchasing coverage in the individual market.

17712 So I think it is erroneous and I think it is misleading
17713 to say that this is an age tax. It is not. This is simply
17714 going to make the markets more competitive. So I hope that
17715 we will defeat this amendment because what we are offering
17716 here is going to achieve exactly what we are trying to trying
17717 to achieve and that is more competition in the marketplace.

17718 And I yield back.

17719 Mr. Bucshon. Will the gentleman yield?

17720 Mr. Carter. I do.

17721 Mr. Bucshon. Just a quick point also. This is one of
17722 the main reasons why the exchanges are spiraling and
17723 insurance companies are dropping out. Young, healthy people,
17724 the predicted percentage of 40 percent is around 28 to 30
17725 percent. Because of that, costs are going up for everyone,
17726 further driving even more people out of the marketplace and

17727 that is why the exchange is -- one of the main reason the
17728 exchanges are failing.

17729 This type of change will bring the cost down for
17730 everyone and encourage younger, healthier people to get into
17731 the market and, as they do, the costs will continue to come
17732 down, of course, because their risk is less.

17733 I yield back to the gentleman.

17734 Mr. Carter. Mr. Chairman, I will yield back the
17735 remainder of my time.

17736 The Chairman. The gentleman yields back. Are there
17737 other members seeking recognition?

17738 The chair recognizes the gentlelady from Illinois for
17739 purposes of debate on this amendment.

17740 Ms. Schakowsky. Thank you, Mr. Chairman.

17741 What I would say to my colleagues across the aisle, if
17742 you don't think that your town hall meetings are raucous
17743 enough, then I would definitely suggest that you vote against
17744 this amendment.

17745 It is just shocking to me that at the same time that
17746 your bill would give a \$600 billion tax cut to the richest
17747 Americans and corporations, that you are going to figure out
17748 a way -- and you have got it all figured out I know. You
17749 have all added it up. I know in the tax credit, well that is

17750 going to make all the difference in the world. The tax
17751 credit, which is not even based on income, it is just based
17752 on age, is going to fix everything here. And you are going
17753 to take it out on the backs of senior citizens. And the
17754 median annual income of a senior purchasing insurance on the
17755 exchange is \$25,000 -- \$25,000. And let's just figure out
17756 how we are going to make them pay more out-of-pocket for
17757 their health care. That is exactly what we were trying to
17758 address in the Affordable Care Act. How are we going to make
17759 it possible for seniors to get the health care they need?
17760 Never mind saving for retirement. We are talking now about
17761 the 50- to 64-year-olds, where we have a huge retirement
17762 crisis right now. People don't have a penny in the bank in
17763 order to retire, largely because they are paying so much
17764 money for their healthcare costs.

17765 Now we could figure out with \$600 billion how we might
17766 be able to figure out a scheme that would protect those
17767 senior citizens and would be able to attract the younger
17768 people. And I don't know if Maine is the only example of how
17769 this thing worked, if it has really been tested. AARP says
17770 seniors are going to pay \$3,000 more or even above that and
17771 the young people will see \$700 less that they pay. I am not
17772 sure how that actually works out.

17773 So you know I think this is an absolutely crazy thing to
17774 do. I agree with my colleagues who called this an age tax.
17775 That is exactly what we are dealing with right now.

17776 And I am just wondering. I want to ask my Republican
17777 colleagues, did you really come to Congress to take health
17778 care away from senior citizens? Because that is what
17779 happens. When you can't afford the care, you don't get the
17780 care. We have all heard the stories of seniors cutting their
17781 medication in half, taking a pill every other day, of not
17782 going to the doctor, of putting off the kind of preventative
17783 care that they need because they simply can't afford their
17784 health care.

17785 And you know just all this adding it up I think with
17786 very little evidence that this kind of thing is going to
17787 absolutely attract young people to come in. We do have a
17788 problem there. Let's sit down and figure that out and figure
17789 out maybe we can lower the cost for young people but to ask
17790 our seniors -- and by the way, it gives the States permission
17791 not just to go to five-to-one, they could go to six-to-one,
17792 or seven-to-one. In other words, insurers could charge any
17793 darn thing they want to the senior citizens at any level they
17794 want. As long as the State says that it is going to be okay,
17795 they could set that rate at any place.

17796 I just think this -- and it is not just me. The 35
17797 million members of AARP are not going to be greeting this
17798 message and your vote with glee here. They are not going to
17799 congratulate you for figuring out how to balance the
17800 healthcare market, I assure you.

17801 I have been working professionally with senior citizens
17802 long before I was one myself. And I know that this is going
17803 to be a real thorn in their side and is not necessary. We
17804 don't need to do this. You don't need to vote against this
17805 amendment. And I support the woman's amendment and would
17806 like to see it passed.

17807 I yield back.

17808 The Chairman. The gentlelady yields back.

17809 Other members seeking recognition? The chair recognizes
17810 the gentleman from Texas, Mr. Flores.

17811 Mr. Flores. Thank you, Mr. Chairman. One of the
17812 primary reasons, as you have heard already, for the death
17813 spiral that Obamacare exchanges are in is because of this
17814 artificial three-to-one ratio. If you think about it for a
17815 minute, if the cost to provide health care to a 60-year-old
17816 is \$500 a year but you only charge them \$300 a year and you
17817 are taking that \$200 difference and charging it to a younger
17818 population, that is an age tax but it is an age tax on the

17819 younger. It is an age tax on the 27-year-old who is just
17820 starting in their career, who has a lower income, who can't
17821 afford to buy as much as somebody who is farther along in
17822 their career can. And so it is an age tax. It hurts our
17823 millennial generation because it is an inter-generational
17824 transfer of funds of costs from one generation to a younger
17825 generation and that is what we shouldn't have.

17826 My first economics professor taught me something I have
17827 never forgotten. She said the laws of economics are like the
17828 laws of gravity. The more you violate them, the harder the
17829 impact at the end. By artificially setting the underwriting
17830 ratio at three-to-one instead of what the real costs are, you
17831 are causing a disruption. So you are causing younger people
17832 to not be able to afford their health care because it is more
17833 expensive than the product they are buying and so they don't
17834 buy it. And so then you wind up with an older population
17835 that is expensive that is not paying the full share of the
17836 cost on an underwriting basis and the whole system collapses.

17837 And that is what happened. And that is the reason why
17838 we have got younger, healthier Americans that are driven away
17839 from the insurance markets and that has caused prices to rise
17840 for all consumers. In fact, persons who purchased insurance
17841 through Obamacare's individual marketplace saw their monthly

17842 premiums increase by an average of 25 percent.

17843 So our plan, our proposal, accepts reality and it allows
17844 the States to set their own rate up to five-to-one. And our
17845 goal is to pull health insurance markets out of a death
17846 spiral by encouraging younger people to purchase health
17847 coverage and incur more health coverage options to help drive
17848 down costs for everyone.

17849 The gentlelady's amendment also, by having a three-to-
17850 one ratio says that older patients with the most generous
17851 plan are only charged three times what younger consumers pay
17852 for the least generous plan. So, there is a further
17853 violation of the laws of economics in that.

17854 I can understand why AARP doesn't like this is because
17855 they are not getting young people to subsidize the cost of
17856 care for their population. And look, I am part of that
17857 population so it seems to me like I ought to pay for my share
17858 of the cost of the coverage that I incur.

17859 And Mr. Chairman, I yield back.

17860 The Chairman. The gentleman yields back the balance of
17861 time.

17862 Mr. Carter. Would the gentleman yield? Can I --

17863 The Chairman. That would be up to Mr. Flores.

17864 Mr. Flores. I yield to Mr. Carter.

17865 Mr. Carter. Mr. Chairman, very quickly, the gentleman
17866 has just articulated it excellent and thank you for doing
17867 that. Because the point is even Obamacare, when Obamacare
17868 was proposed, this is what the idea was, to get more young
17869 people into the healthcare market, into the health insurance
17870 market. It didn't work. It didn't work at three-to-one. We
17871 give you an example of where it did work in Maine. It saved
17872 money. It saved 20-year-olds \$5,000 per year. It saved
17873 those in their 60s \$7,000 per year.

17874 This is not an age tax. We are giving a tax credit,
17875 more of a tax credit to those older people who need it. We
17876 get them in the market, along with the younger people. We
17877 increase competition and then the costs go down.

17878 Of all the things that we have done in this plan, this
17879 is one of the best things that we have done. I would submit
17880 to you that this is going to help competition as much as
17881 anything is going to.

17882 So I thank the gentleman from Texas for doing such a
17883 good job of articulating that. And I will submit again that
17884 three-to-one it didn't work in Obamacare. We are going to
17885 try it this way. It is not going to cost the older people
17886 any more. They are going to get a tax credit for it. This
17887 is going to increase competition.

17888 Mr. Chairman, I yield.

17889 The Chairman. The gentleman yields back the balance
17890 time to Mr. Flores. Mr. Flores --

17891 Mr. Flores. I yield back the balance of my time.

17892 The Chairman. -- yields back.

17893 Other members seeking recognition? The chair recognizes
17894 the gentleman from North Carolina.

17895 Mr. Butterfield. Mr. Chairman, I just have a brief
17896 question of Counsel. I can do this very quickly.

17897 Is the five-to-one ratio aspirational or is it actually
17898 a ceiling?

17899 Counsel. So, page 66 sets the ratio at five-to-one but
17900 states could narrow or expand that ratio.

17901 Mr. Butterfield. States could go beyond. And would you
17902 think a State like North Carolina would exceed the five-to-
17903 one ratio?

17904 The Chairman. That is not a --

17905 Mr. Butterfield. That is rhetorical. I withdraw the
17906 question.

17907 The Chairman. Yes, thank you.

17908 Mr. Butterfield. Thank you, Mr. Chairman, I yield back.

17909 The Chairman. Thank you. The gentleman yields back.

17910 Any members on this side of the aisle? Other members?

17911 I guess we go down here to Mr. Sarbanes. You are recognized
17912 to speak for 5 minutes to speak on the amendment.

17913 Mr. Sarbanes. Thank you, Mr. Chairman. I don't know
17914 that I need 5 minutes. I am very concerned about changing
17915 the age rating and I am even more concerned to hear that this
17916 five-to-one is sort of a guideline but States can go on
17917 either side of that because once you take down the
17918 guardrails, which is essentially what the age rating is, you
17919 begin to slice the insurance pool back up in ways that
17920 completely undermine the principle of broadening insurance
17921 pool, spreading risk in a way that can make the pool viable
17922 and also those who are benefitting from the coverage in the
17923 pool addressed in an effective way.

17924 So I worry that there is a combination effect occurring
17925 with respect to older Americans and that combination is
17926 negative and it comes from the age rating being changed,
17927 which is going to have a significant impact on the premiums
17928 that are being paid by older Americans in the health
17929 exchanges.

17930 The supports to help alleviate the burden of some of the
17931 deductibles and copayment assistance or copayments that are
17932 in the current ACA are also going away. So that extra
17933 support that is available will not be there anymore.

17934 And then the notion that the tax, these flat tax
17935 credits, you know there is a couple of tiers to them, but the
17936 idea that those, in any way, can substitute for the
17937 affordability credits that are being pulled away is nonsense.
17938 Every analysis that has been done so far suggests that,
17939 again, particularly for those adults who are in the higher
17940 age brackets within the insurance exchange, the health
17941 exchanges, the credits that are available to them under this
17942 proposed legislation don't come anywhere close to making up
17943 for the affordability credits that are being lost.

17944 And so you have the combination of the tax credits being
17945 less, essentially being downgraded. You have assistance with
17946 respect to deductibles and copayments going away and then
17947 taking these guardrails out of the picture, which are the age
17948 ratings. And those ratios further aggravate the impact on
17949 those in the higher age bracket who are getting their
17950 coverage through the health insurance exchanges.

17951 So you put all that together and it is really a
17952 significant burden on those folks in the health insurance
17953 exchanges. And for that reason, I don't think we should be
17954 changing the age rating, particularly in the context of all
17955 of these other things that are happening.

17956 I yield back.

17957 The Chairman. The gentleman yields back the balance of
17958 time.

17959 Other members seeking recognition on this amendment?

17960 The chair recognizes the gentleman from New Mexico for 5
17961 minutes for purposes of striking the last word.

17962 Mr. Lujan. Thank you, Mr. Chairman. Good morning, sir.

17963 The Chairman. Good morning.

17964 Mr. Lujan. Counsel responded to Mr. Butterfield's
17965 question in a way that caught my attention. I wasn't
17966 intending on asking anything during this round.

17967 Did I hear General Counsel say that the age rating is
17968 changed to five-to-one in this bill?

17969 Counsel. Five-to-one and States can expand or narrow
17970 the band.

17971 Mr. Lujan. So that is the part that I want to zero on.
17972 States can expand or narrow. What does that mean?

17973 Counsel. They could go below five-to-one. They could
17974 go above five-to-one.

17975 Mr. Lujan. It could be ten-to-one.

17976 Counsel. It would be at the State's discretion.

17977 Mr. Lujan. It could be twenty-to-one.

17978 Counsel. That's correct.

17979 Mr. Lujan. It could be two-to-one.

17980 Counsel. It could be two-to one.

17981 Mr. Lujan. So why put a number in there at all?

17982 Mr. Chairman, the Republicans in this bill chose to put
17983 a number in there that they have been bragging on that is
17984 five-to-one and I guess I didn't fully appreciate this.
17985 Maybe when Counsel was reading the bill yesterday morning
17986 they were going a little fast here so I didn't catch that, as
17987 I was going through it. Maybe it was when I went to the
17988 restroom, Mr. Chairman, and I got scolded for that one, too.

17989 The Chairman. There you go.

17990 Mr. Lujan. But help me understand that. Then is five-
17991 to-one a suggestion?

17992 Mr. Carter. Will the gentleman yield?

17993 Mr. Lujan. Sure.

17994 Mr. Carter. As we said before, health economists have
17995 said that cost of care by age is roughly 4.8-to-1. Hence,
17996 that is where we got the five-to-one.

17997 Mr. Lujan. You are not saying it shall be five-to-one
17998 and only be five-to-one. That is not what this bill says.
17999 Correct, Counsel?

18000 Counsel. It sets it at five-to-one but States can
18001 narrow or expand.

18002 Mr. Lujan. Do States need to apply for a waiver to

18003 expand or contract?

18004 Counsel. No.

18005 Mr. Lujan. States can on their own determine whatever
18006 ratio they want.

18007 Counsel. Yes.

18008 Mr. Lujan. So I go back to the question I asked before.
18009 Why are Republicans setting a number to begin with, just so
18010 they can feel good about themselves? I just don't understand
18011 that.

18012 Mr. Shimkus. Will the gentleman yield?

18013 Mr. Lujan. Mr. Shimkus.

18014 Mr. Shimkus. I mean just following up on what was
18015 stated earlier is that the desire to get the young, healthy
18016 people into the market.

18017 Mr. Lujan. But reclaiming my time, the point that I am
18018 trying to make here is while five-to-one has been talked
18019 about, maybe there is some numbers that people can cite, the
18020 bill does not require five-to-one. The bill says States can
18021 do whatever you want. So we suggest you do five-to-one is
18022 what the bill says but States can do whatever they want. It
18023 could be ten-to-one, eight-to-one, seven-to-one, whatever the
18024 States determine.

18025 I am sorry, Mr. Chairman, I guess I just caught that

18026 all.

18027 Mr. Green. Will the gentleman yield?

18028 Mr. Lujan. I yield to Mr. Green.

18029 Mr. Green. The five-to-one, is that -- so getting older
18030 is going to be a preexisting condition. So people 62, 63
18031 will have to pay that much more premium to draw in the young
18032 and invincibles. It sounds like a preexisting condition to
18033 me.

18034 Mr. Lujan. Mr. Sarbanes. I yield to Mr. Sarbanes.

18035 Mr. Sarbanes. Well, yes, just picking up on the theme
18036 here. I mean this is being stated as an effort to encourage
18037 the young and healthy to get in but if you get to ten-to-one
18038 or fifteen-to-one, I mean getting them in at a certain point
18039 doesn't offer you much benefit if they are getting in for a
18040 nickel and all of the premium costs are being loaded up to
18041 these folks who are in the higher age bracket.

18042 So there is a rationale to putting the ratio in a place
18043 where there is some connection there because, otherwise, you
18044 are not going to get people coming in who are young and
18045 healthy who are benefitting the pool with the premiums that
18046 they are paying. So, I yield back.

18047 Mr. Lujan. And Mr. Sarbanes, I guess the only thing
18048 that concerns me more than that is there is no protections

18049 for those that are older in here, none. That ratio can be as
18050 high as the State wants it. Our Republican colleagues can't
18051 even set a cap. Maybe we add an amendment --

18052 The Chairman. Will the gentleman yield?

18053 Mr. Lujan. -- that would say it can be no more than a
18054 hundred-to-one. At least that is a start.

18055 The Chairman. Will the gentleman yield?

18056 Mr. Lujan. Yes, sir, Mr. Chairman.

18057 The Chairman. Were you not on a public utility
18058 commission?

18059 Mr. Lujan. I was, Mr. Chairman.

18060 The Chairman. Didn't you set rates? How the heck can
18061 we trusted you to set rates at the State level?

18062 Mr. Lujan. Mr. Chairman, reclaiming my time.

18063 The Chairman. I don't get it.

18064 Mr. Lujan. Reclaiming my time. Mr. Chairman, you and I
18065 both know when you are establishing rates and you are looking
18066 at rates, you have a fixed rate in there. And so what you
18067 have done is you have said we will suggest a --

18068 The Chairman. The gentleman's time has expired.

18069 Mr. Lujan. Mr. Chairman, you took a little of my time
18070 there.

18071 The Chairman. Well, you yielded to me. The gentleman's

18072 time has expired.

18073 Mr. Lujan. Mr. Chairman, you are suggesting the utility
18074 should only pay whatever, five cents a kilowatt hour but you
18075 can feel whatever you feel like charging to that customer.

18076 The Chairman. No, that is not --

18077 Mr. Lujan. You are setting the range --

18078 The Chairman. The gentleman's time has expired.

18079 Mr. Lujan. Another thought it is why details matter in
18080 these legislations.

18081 The Chairman. The gentleman's time has expired. I am
18082 going to recognize myself to continue this discussion because
18083 I find it fascinating.

18084 Because we have a couple of former rate regulators from
18085 the State and I might ask my colleague, Mr. Cramer, who was
18086 an elected rate regulator.

18087 So why is it that only a Washington politician or
18088 bureaucrat knows the right rate and it is arbitrary and not
18089 based on the marketplace? Is there a reason that we wouldn't
18090 trust somebody at the State level to take care of their
18091 constituents?

18092 Mr. Cramer. My answer would not be as clear and
18093 articulate as your question. You answered the question with
18094 the question.

18095 The Chairman. Tell me about that.

18096 Mr. Cramer. Well, I was sitting here listening and I
18097 had the exact same thought as you asked. I was sitting here
18098 thinking what in the world would we be doing if turned North
18099 Dakota's utility rates over to the FERC. That would make no
18100 sense because we, in North Dakota, know the cost of the
18101 resource, the cost of the transmission, whether it is
18102 electricity or gas. We are the experts on the ground with
18103 the customer. And to somehow suggest that we should be
18104 confined by some Washington mandate violates really what is
18105 best for the people that we work for.

18106 So your question to Mr. Lujan is exactly what was
18107 running through my mind.

18108 Mr. Lujan. Will the gentleman yield?

18109 The Chairman. And the stunning thing --

18110 Mr. Lujan. Will the gentleman yield?

18111 The Chairman. The stunning thing to me is that Mr.
18112 Lujan, himself, was a public utility commissioner and they
18113 looked at the market. They looked at their resources. They
18114 looked at what mattered to New Mexico, and I assume didn't
18115 stick it to the consumer just because they could.

18116 Mr. Cramer. Well, if they did, you wouldn't be in the
18117 job very long.

18118 The Chairman. Okay and that would apply to any
18119 commissioner anywhere. I am not picking on Mr. Lujan here.

18120 Mr. Cramer. That's true.

18121 The Chairman. But I am just saying I am thinking
18122 through my days in the State legislature --

18123 Mr. Lujan. Mr. Chairman, since you have used my name a
18124 few times, would you yield to me?

18125 The Chairman. Of course I will, in just a second, to my
18126 good friend.

18127 Mr. Lujan. Thanks.

18128 The Chairman. But my point is this is the seminal
18129 difference between, I guess on this issue at least, between
18130 us on the Republican side and you all on the Democratic side,
18131 which is we actually trust people closer to the patient,
18132 closer to the consumer to make this decision better than some
18133 bureaucrat back here and I would just take you back to my
18134 comments from Governor Herbert in Utah, who had to plead with
18135 a bureaucrat in Washington to be able to use this new
18136 technology called email to email his Medicaid recipients who
18137 had email and he was turned down by the Federal bureaucrat by
18138 email. And it would have saved \$6 million for the State of
18139 Utah that could have gone into health care. But oh, no,
18140 Washington bureaucrat knew best and the Obama administration

18141 said no, you can't use this wild new, crazy technology that
18142 everybody else uses. You can't save your State \$6 million.
18143 You have got to continue to use snail mail.

18144 This makes no sense. So yes, I would now yield to my
18145 friend.

18146 Mr. Lujan. Mr. Chairman, I just hope all the seniors
18147 that are watching here understand that there is no
18148 protections for them against these rate increases.

18149 And as I reminded the Chairman earlier, your good
18150 Governor from Oregon said the Republic bill will increase
18151 costs for women and seniors. Now I see why.

18152 The Chairman. So I am reclaiming my time. The good
18153 Governor and I have a disagreement, too. Oregon voters voted
18154 to dedicate a whole bunch of lottery money to help our
18155 veterans and she took the money out of her budget from
18156 general fund that was there for veterans. They are feeling
18157 really sold out right now, I will tell you. So, the Governor
18158 and I have a little difference of opinion there.

18159 But the bottom line is we believe in the States and the
18160 closer we get these decisions back to the people who are
18161 right there in the communities, it is what we believe in with
18162 the CCOs. It is what we believe in in other parts of what we
18163 do. And for the life of me, I can't imagine why, if it were

18164 Mr. Cramer back in North Dakota, he would think it is in his
18165 best interest or the best interests of the consumers in North
18166 Dakota to come up with some cockamamie scare tactic rate that
18167 doesn't work for them. This makes no sense.

18168 And by locking in this arbitrary three-to-one, that is
18169 the arbitrary number here is what you all did to lock it in.
18170 You stuck it to the younger generation. Please. You stuck
18171 it to the younger generation --

18172 Mr. Lujan. Will the chairman yield?

18173 The Chairman. No, I will not yield. You stuck it to
18174 the younger generation and they said not buying what you are
18175 selling. That is why 19.2 million people under the age of 35
18176 -- 45 percent of whom are under the age of 35, said I will
18177 pay the IRS penalty, that is your enforcement mechanism, or I
18178 will get a waiver but I am not buying insurance so I am out
18179 of the pool.

18180 My time has expired.

18181 Other members seeking recognition? Sorry, I have got to
18182 go by seniority. Mr. Tonko.

18183 Mr. Tonko. Thank you, Mr. Chair.

18184 I rise in support of the gentlelady's amendment to
18185 eliminate the age tax. Older Americans are among the hardest
18186 hit by this Republican plan. Not only would the propose tax

18187 cuts drain away the Medicare Trust Fund to pay for a handout
18188 for the wealthy, this Republican plan also repeals a common
18189 sense protection within the Affordable Care Act that kept
18190 premiums under control for those in their 50s and 60s.
18191 Instead, under this Republican plan, older Americans will be
18192 forced to spend their pre-retirement years paying thousands
18193 more every year just to keep their health care. Then, we are
18194 hitting seniors with massive Medicaid cuts that will
18195 jeopardize their long-term care. I don't think it is a
18196 winning political strategy, for certain, to kick granny out
18197 of the nursing home.

18198 This entire bill is an attack on seniors. The Brookings
18199 Institute has estimated that this Republic repeal bill would
18200 not only impose a new age tax on seniors, it will hasten the
18201 insolvency of the Medicare Trust Fund by 2024.

18202 Earlier tonight or perhaps yesterday, I heard my
18203 colleagues talk about how the ACA raided billions of dollars
18204 from Medicare. I would ask Counsel does this Republican
18205 repeal bill return this funding to Medicare that my
18206 Republican colleagues care so deeply about? Does it return
18207 any dollars to the Trust Fund?

18208 Counsel. Mr. Tonko, the Energy and Commerce print
18209 doesn't have any provisions related to Medicare.

18210 Mr. Tonko. But you must know the elements or whether or
18211 not there is a plan to restore funds to the Medicare Trust
18212 Fund to make it more solvent.

18213 Counsel. Which trust fund are you referencing?

18214 Mr. Tonko. The Medicare Trust Fund.

18215 Counsel. Which Medicare Trust Fund?

18216 Mr. Tonko. Just in general.

18217 Counsel. There are multiple. There are two.

18218 Mr. Tonko. Does it return it to any of them?

18219 Counsel. There are two Medicare Trust Funds, the Part A
18220 Trust Fund and the Part B Trust Fund.

18221 Mr. Tonko. So does it return to either of those?

18222 Counsel. There are no Medicare provisions within the E
18223 and C bill.

18224 Mr. Tonko. But I hear there is all these buckets that
18225 you are going to. Is there a plan here to make that fund
18226 more solvent, based on what has happened to it here?

18227 Counsel. Which trust fund?

18228 Mr. Tonko. Either one of them.

18229 Mr. Shimkus. Will the gentleman yield? We are not
18230 addressing Medicare. Will the gentleman yield?

18231 We are not addressing Medicare in this bill. Our
18232 provisions are Medicaid.

18233 Mr. Tonko. Okay so I guess we don't make an effort here
18234 to make the trust fund more solvent and that is because this
18235 bill is simply a tax cut for the wealthy in healthcare bill
18236 clothing. Instead of investing in health care, we are
18237 investing in healthcare CEOs on the backs of the elderly.

18238 And with that, I yield back.

18239 The Chairman. The gentleman yields back the balance of
18240 time. Other members seeking recognition?

18241 The chair recognizes the gentleman from Illinois, Mr.
18242 Shimkus.

18243 Mr. Tonko. I yield to the gentleman from Maryland.

18244 The Chairman. You yielded back so I went to -- all
18245 right.

18246 Mr. Tonko. I didn't see his hand up.

18247 Mr. Sarbanes. I just wanted to --

18248 The Chairman. Let us reset the clock to 2 minutes.

18249 Mr. Sarbanes. Can I just ask Counsel --

18250 The Chairman. If the gentleman would suspend.

18251 Mr. Sarbanes. Yes.

18252 The Chairman. Yes, just hit it. We will stop at 3.

18253 Mr. Sarbanes. Yes, do you know if --

18254 The Chairman. Well no, wait a minute. Please stand by.

18255 We are experiencing technical difficulties.

18256 Just let it go. Okay, we will go until 2.

18257 Go ahead. Mr. Sarbanes is recognized for 2 minutes.

18258 Mr. Sarbanes. Does Counsel know whether it was the case
18259 that at the State level in various states there were
18260 situations where insurance companies were allowed to
18261 discriminate against patients based on a preexisting
18262 condition prior to the passage of the ACA?

18263 Counsel. Yes.

18264 Mr. Sarbanes. Okay, I just want to say thank God for
18265 wherever the pointy-headed Washington bureaucrat is who
18266 decided that States could no longer discriminate based on
18267 preexisting conditions. It is not always a good and a virtue
18268 to send it back to the States.

18269 One of the reasons we are here is to try to put some
18270 kind of constraints in place, bring some rational thinking
18271 based on expert testimony that we get here as to how these
18272 insurance products ought to be regulated and that extends to
18273 the rating guardrail systems as well.

18274 And we keep hearing about this bogeyman of this
18275 bureaucrat that is hidden away in Washington that is trying
18276 to run everybody's lives. There is a decent respect for the
18277 balance in a Federalist system between our perspective, a
18278 Federal perspective and what happens at the States. But when

18279 the practices get out of line in a way that harm people,
18280 there is an appropriate role to be played to step in and
18281 provide some kind of restrictions and requirements. And that
18282 is what we are talking about with age rating and that is what
18283 we are talking about in terms of a ban on discrimination
18284 based on preexisting conditions and other things.

18285 And I yield back.

18286 The Chairman. The gentleman's time has expired.

18287 The chair recognizes the gentleman from Illinois, Mr.
18288 Shimkus for 5 minutes.

18289 Mr. Shimkus. Thank you, Mr. Chairman.

18290 Just going back just on the -- well, this isn't Medicare
18291 but when Secretary Sebelius was testifying, and I mentioned
18292 this in a health care hearing a couple of weeks ago, she
18293 eventually admitted that they double counted \$500 billion.
18294 They counted \$500 billion as a pay-for for Obamacare and then
18295 she also admitted that they counted that same \$500 billion as
18296 a savings of the Medicare Trust Fund. So it was a momentous
18297 occasion to get her to agree that she double counted \$500
18298 billion.

18299 On this discussion about what the savings will be to
18300 encourage the young healthy back in the market, Standard &
18301 Poor's did an initial estimate of the bill before us and it

18302 projects increased affordability for the eligible younger
18303 population, resulting in an improved risk pool in the
18304 individual market. And that is what we want. We want an
18305 improved risk pool, a stronger one, a more youthful one.

18306 S&P projected that average premiums for 21-year-olds
18307 would decline by 20 percent as a result of the replacement
18308 plan. Using the national average national premium price from
18309 the 2016 marketplace, a 20 percent decrease would mean annual
18310 premiums of \$2,625 compared to average annual premiums of
18311 \$3,2081 for the 21-year-old.

18312 And with that, I will turn to see if anyone else wants
18313 additional time. And if not, I will yield back.

18314 Mr. Burgess. [Presiding.] The chair thanks the
18315 gentleman. The gentleman yields back.

18316 The chair recognizes the gentleman from Massachusetts --
18317 or for what purpose does the gentleman from Massachusetts --

18318 Mr. Kennedy. To strike the last word, Mr. Chairman.

18319 Mr. Burgess. The gentleman is recognized for 5 minutes.

18320 Mr. Kennedy. Thank you, Mr. Chairman.

18321 A couple of points that I just wanted to weigh in on.

18322 First, for our colleague from Texas, Mr. Flores, I
18323 appreciated the explanation that you gave and I thought it
18324 was a good one about the structure and the way that we bring

18325 people in for the insurance markets and why it is important
18326 to try to keep those costs low for younger Americans so that
18327 they will come in to those insurance pools and offset the
18328 risk and the importance of having those healthy risk pools.

18329 I think where you see some push back from Democrats on
18330 this is one, not the idea that there is some wealth transfer
18331 or that one age bracket is subsidizing the other but that in
18332 the structure of this bill is also a \$600 billion tax cut to
18333 the wealthy. And there is plenty of ways that that \$600
18334 billion could be used, rather than giving a tax cut for
18335 insurance company CEOs to increase their pay. It could be
18336 used to offset some of the costs for our seniors instead.

18337 And so look, in Massachusetts we have actually, as we
18338 talked about before, we have got healthy exchanges. We have
18339 got good insurance coverage. We have got a robust economy.
18340 One of the issues there is we actually have a better
18341 insurance product for people in the marketplace and we yes,
18342 actually have a stiffer penalty than the federal penalty was
18343 across the board. So it was a tougher penalty for you not to
18344 engage but it was a better product if you did.

18345 Now you all have structured this a bit differently with
18346 instead of saying a penalty to let your insurance lapse, it
18347 is a penalty to get back in. As we have well-established,

18348 there is no CBO score yet. We don't know how much this is
18349 going to cost. We don't know what the insurance implications
18350 are going to be about who gets in and who gets out. But the
18351 fact is is that structure is actually quite similar.

18352 The rhetoric around this happens to be that somehow
18353 paying that fine or fee or tax the Government is tyranny but
18354 paying it to an insurance company is somehow freedom, which
18355 is an interesting way of looking at it. I never looked at an
18356 insurance company so positively but I am open to the
18357 suggestion from our colleagues that somehow investing in the
18358 insurance market is an act of freedom.

18359 The second point I would like to make and Chairman
18360 Walden had talked about trusting those closest to the issue
18361 and I think that is a very valid point. I would point the
18362 chairman and other members of the committee to The New York
18363 Times piece today, another one, that pointed that in fact the
18364 American Hospital Association, the Association of American
18365 Medical Colleges, the Catholic Health Association of the
18366 United States, and the Children's Hospital Association, along
18367 with the American Nurses Association, the American Medical
18368 Association, and AARP have all come out against your bill.

18369 So, if we are talking about the medical community of
18370 nurses, hospitals, faith community, they have all looked at

18371 this and given what their position on the front lines. They
18372 don't like it. So it isn't just bureaucrats in Washington,
18373 which by the way we are elected to represent our constituents
18374 back home here and try to figure out the right way to
18375 legislate, these are those folks that are representing the
18376 people on the front lines and they don't like it either.

18377 I yield the balance of my time to the ranking member.

18378 Mr. Pallone. I just wanted to follow-up on a few of the
18379 points that Mr. Kennedy made.

18380 First of all, if the Federal Government didn't step in
18381 and these are things that you actually agree with now, we
18382 would still have preexisting conditions. We would still have
18383 lifetime caps. We would still have annual caps. We would
18384 still have -- we wouldn't have children up to 26 on a policy.
18385 So to say that there is no need somehow for the Federal
18386 Government and we are going to leave this to the old days
18387 when the States were dealing with these things, belies the
18388 fact that all of you now agree that some of these
18389 discriminatory practices have to be federalized and put into
18390 Federal law. Otherwise, we wouldn't have those protections.

18391 So I don't know why I should treat the age rating any
18392 differently than these other discriminatory practices and say
18393 they should be left up to the States, rather than be a

18394 Federal initiative.

18395 Secondly, as Mr. Kennedy said, when you talk about -- if
18396 I run out of time, Mr. Chairman, I will just take my own time
18397 after the Republicans.

18398 Mr. Kennedy points out that you are repealing all these
18399 taxes. Well one of the taxes that you are repealing from my
18400 understanding actually does impact Medicare and the Trust
18401 Fund and that is the one that is the, we call it the Medicare
18402 -- the payroll tax increase. So there is a payroll tax
18403 increase on the wealthiest American which currently amounts
18404 to 0.9 percent increase for individual workers with annual
18405 incomes of more than \$200,000 and couples with more than
18406 \$250,000. That increase helped --

18407 Mr. Burgess. The gentleman's time has expired. May I
18408 just ask if there is anyone on the majority side who seeks
18409 time?

18410 Seeing none, does the gentleman seek --

18411 Mr. Pallone. I will strike the last word, yes.

18412 Mr. Burgess. -- to strike the last word? The
18413 gentleman is recognized for 5 minutes.

18414 Mr. Pallone. So that, the repeal of that pay-for, if
18415 you will, it is my understanding will jeopardize the Medicare
18416 program, put it on less strong financial footing. Now I

18417 understand that is in the Ways and Means Committee, so that
18418 is why probably the Counsel didn't mention it but it is a
18419 fact. And this is part of the transfer, if you will where
18420 these higher income individuals are now going to get a tax
18421 break and money is not available to use for other things that
18422 will create more affordability here.

18423 Now look, we can do whatever we want here. My
18424 understanding is the reason why we went from five-to-one to
18425 three-to-one was because we were concerned that these people
18426 between 50 and 64, that there were a lot of them that were
18427 not insured maybe because when they get to be that age they
18428 lose their job or sometimes they fire people that are 50 to
18429 65 because they like to have younger people in the workforce
18430 and maybe a lot of them weren't able to get insurance. They
18431 weren't working. They weren't getting insurance on the job.
18432 And the ACA was very successful in cutting the number of
18433 uninsured in that age bracket in half. So that was the goal.

18434 The problem that I see is that not only are you
18435 increasing this age rating to five-to-one but your tax credit
18436 that you are substituting for, the subsidy that we have is
18437 not generous enough. So that is where if you weren't getting
18438 rid of some of these pay-fors you could have a more generous
18439 tax credit so you wouldn't force these people to go uninsured

18440 again.

18441 I mean the AARP in a letter that I know a number of
18442 people have cited says that changing the age rating limit to
18443 five-to-one would increase yearly premiums for an average 60-
18444 year-old by \$2,100. The combined impact of the provisions --
18445 in other words, even with the increased tax credit, which I
18446 guess goes up to almost \$4,000 for this age bracket, a 64-
18447 year-old earning \$15,000 would see an \$8,400 increase in
18448 premiums. So this is a person paying \$15,000. How are they
18449 going to afford \$8,400 increase in their premium? A lot of
18450 them will lose their insurance. In fact, the letter from the
18451 AARP says that 400,000 older Americans would lose their
18452 health coverage altogether.

18453 So look, you are making a decision here which we don't
18454 agree with. You think you are going to get some more young
18455 people but, again, if you look at the AARP letter and, again,
18456 this has been cited many times, there won't be many more
18457 young people that go into the system and that decide to have
18458 insurance, even though they are only going to save \$700,
18459 which may seem like a lot but it may not be, and apparently
18460 is not, enough of an incentive to get a lot of these young
18461 people to sign up.

18462 So the problem here is you are sacrificing a lot of

18463 these seniors because you want to get rid of this pay-for,
18464 including the one that is for the wealthy with the payroll
18465 tax. You are not getting enough of a generous tax credit to
18466 these lower income people that get a subsidy who are between
18467 50 and 64.

18468 So you are not going to sacrifice hundreds of thousands
18469 of these people who are going to lose their insurance because
18470 they can't afford it. And at same time, you are not getting
18471 many young people that are going to be added to the system to
18472 help finance this insurance pool.

18473 So my point, and I am not making this stuff up, I am
18474 pretty much citing the AARP letter, which is why they don't
18475 support the Republican bill here today, is that they have
18476 concluded that this isn't going to help much. It is going to
18477 take a lot more seniors off the rolls. It is not going to
18478 add more young people and this is just the wrong way to go,
18479 regardless of whether you think States make the right
18480 decision. You have already admitted that they don't make the
18481 right decisions in a lot of cases by keeping a lot of the
18482 anti-discriminatory practices that we have done in the ACA.

18483 So I think this new policy is a failure and it is a good
18484 reason not to support this legislation.

18485 I yield back.

18486 Mr. Burgess. The chair thanks the gentleman. The
18487 gentleman yields back.

18488 For what purposes does the gentleman from West Virginia
18489 seek recognition?

18490 Mr. McKinley. To strike the last word.

18491 Mr. Burgess. The gentleman is recognized for 5 minutes.

18492 Mr. McKinley. Just very quickly, Mr. Chairman.

18493 I have been listening to all this about the wealthiest
18494 people and how we are taking care of the wealthy. And I just
18495 get a little concerned about that.

18496 If you look at the list -- first let's go back and
18497 understand most corporations in the country are S corps and,
18498 therefore, it is not their take-home pay. This is what their
18499 corporation is making and we are penalizing those companies
18500 with it. So this gives -- there was \$117 billion associated
18501 with this repeal of the Medicare tax on the payroll tax.
18502 Also part of that, and I would think people would rally
18503 around this, is we are delaying the Cadillac tax. Now,
18504 unless someone really wants to go back and punish people for
18505 having quality insurance programs, I think that is a good
18506 reduction with that. The same thing with the repealing the
18507 prescription drug tax or the medical device tax. We have
18508 talked about that for years. We need to get rid of that

18509 because that is increasing our overall cost.

18510 What about the flexible spending accounts or increasing
18511 our health savings accounts? Those are how it all comes up
18512 to us for a pay-for when we take care of those issues with it
18513 that, overall, was intended to help out on our health care to
18514 keep our costs down but we should not be punishing our S
18515 corps out there by virtue of this nine-tenths of a percent on
18516 a payroll tax.

18517 So, I think it is one more divisive thing that I have
18518 seen from some folks here on the floor that like to drive
18519 this wedge by talking about we are just taking care of the
18520 wealthy and I get weary of that after a while, Mr. Chairman.
18521 And I just want people to understand there is a lot more to
18522 that \$600 million than what people were suggesting that there
18523 has been with that.

18524 If they would just take a little bit of time instead of
18525 just exaggerating, tell the truth. Tell the truth. Thank
18526 you.

18527 I yield back.

18528 Mr. Burgess. The gentleman yields back. The chair
18529 thanks the gentleman.

18530 Are there any members seeking time on the Castor
18531 Amendment? If not, the question then becomes on adoption,

18532 adoption of the Castor Amendment.

18533 Mr. Pallone. I would like a roll call, Mr. Chairman.

18534 Mr. Burgess. A roll call has been requested. The clerk

18535 will call the roll. The Clerk. Mr. Barton.

18536 Mr. Upton.

18537 Mr. Upton. Votes no.

18538 The Clerk. Mr. Upton votes no.

18539 Mr. Shimkus.

18540 Mr. Shimkus. No.

18541 The Clerk. Mr. Shimkus votes no.

18542 Mr. Murphy.

18543 [No response.]

18544 The Clerk. Mr. Burgess.

18545 Mr. Burgess. No.

18546 The Clerk. Mr. Burgess votes no.

18547 Mrs. Blackburn.

18548 [No response.]

18549 The Clerk. Mr. Scalise.

18550 Mr. Scalise. No.

18551 The Clerk. Mr. Scalise votes no.

18552 Mr. Latta.

18553 Mr. Latta. Votes no.

18554 The Clerk. Mr. Latta votes no.

18555 Mrs. McMorris Rodgers.
18556 Mrs. McMorris Rodgers. No.
18557 The Clerk. Mrs. McMorris Rodgers votes no.
18558 Mr. Harper.
18559 Mr. Harper. No.
18560 The Clerk. Mr. Harper votes no.
18561 Mr. Lance.
18562 Mr. Lance. No.
18563 The Clerk. Mr. Lance votes no.
18564 Mr. Guthrie.
18565 Mr. Guthrie. No.
18566 The Clerk. Mr. Guthrie votes no.
18567 Mr. Olson.
18568 Mr. Olson. No.
18569 The Clerk. Mr. Olson votes no.
18570 Mr. McKinley.
18571 Mr. McKinley. No.
18572 The Clerk. Mr. McKinley votes no.
18573 Mr. Kinzinger.
18574 Mr. Kinzinger. No.
18575 The Clerk. Mr. Kinzinger votes no.
18576 Mr. Griffith.
18577 Mr. Griffith. No.

18578	The Clerk.	Mr. Griffith votes no.
18579	Mr. Bilirakis.	
18580	<u>Mr. Bilirakis.</u>	No.
18581	The Clerk.	Mr. Bilirakis votes no.
18582	Mr. Johnson.	
18583	<u>Mr. Johnson.</u>	No.
18584	The Clerk.	Mr. Johnson votes no.
18585	Mr. Long.	
18586	<u>Mr. Long.</u>	No.
18587	The Clerk.	Mr. Long votes no.
18588	Mr. Bucshon.	
18589	<u>Mr. Bucshon.</u>	No.
18590	The Clerk.	Mr. Bucshon votes no.
18591	Mr. Flores.	
18592	<u>Mr. Flores.</u>	No.
18593	The Clerk.	Mr. Flores votes no.
18594	Mrs. Brooks.	Mrs. Brooks.
18595	<u>Mrs. Brooks.</u>	No.
18596	The Clerk.	Mrs. Brooks votes no.
18597	Mr. Mullin.	
18598	<u>Mr. Mullin.</u>	No.
18599	The Clerk.	Mr. Mullin votes no.
18600	Mr. Hudson	

18601	<u>Mr. Hudson.</u>	No.
18602	The Clerk.	Mr. Hudson votes no.
18603	Mr. Collins.	
18604	<u>Mr. Collins.</u>	No.
18605	The Clerk.	Mr. Collins votes no.
18606	Mr. Cramer.	
18607	<u>Mr. Cramer.</u>	No.
18608	The Clerk.	Mr. Cramer votes no.
18609	Mr. Walberg.	
18610	<u>Mr. Walberg.</u>	No.
18611	The Clerk.	Mr. Walberg votes no.
18612	Mrs. Walters.	
18613	<u>Mrs. Walters.</u>	No.
18614	The Clerk.	Mrs. Walters votes no.
18615	Mr. Costello.	
18616	<u>Mr. Costello.</u>	No.
18617	The Clerk.	Mr. Costello votes no.
18618	Mr. Carter.	
18619	<u>Mr. Carter.</u>	No.
18620	The Clerk.	Mr. Carter votes no.
18621	Mr. Pallone.	
18622	<u>Mr. Pallone.</u>	Aye.
18623	The Clerk.	Mr. Pallone votes aye.

18624 Mr. Rush.

18625 [No response.]

18626 The Clerk. Ms. Eshoo.

18627 Ms. Eshoo. Aye.

18628 The Clerk. Ms. Eshoo votes aye.

18629 Mr. Engel.

18630 [No response.]

18631 The Clerk. Mr. Green.

18632 Mr. Green. Aye.

18633 The Clerk. Mr. Green votes aye.

18634 Ms. DeGette.

18635 Ms. DeGette. Aye.

18636 The Clerk. Ms. DeGette votes aye.

18637 Mr. Doyle.

18638 Mr. Doyle. Yes.

18639 The Clerk. Mr. Doyle votes aye.

18640 Ms. Schakowsky.

18641 Ms. Schakowsky. Aye.

18642 The Clerk. Ms. Schakowsky votes aye.

18643 Mr. Butterfield.

18644 Mr. Butterfield. Aye.

18645 The Clerk. Mr. Butterfield votes aye.

18646 Ms. Matsui.

18647 Ms. Matsui. Aye.

18648 The Clerk. Ms. Matsui votes aye.

18649 Ms. Castor.

18650 Ms. Castor. Aye.

18651 The Clerk. Ms. Castor votes aye.

18652 Mr. Sarbanes.

18653 Mr. Sarbanes. Aye.

18654 The Clerk. Mr. Sarbanes votes aye.

18655 Mr. McNerney.

18656 [No response.]

18657 The Clerk. Mr. Welch.

18658 Mr. Welch. Aye.

18659 The Clerk. Mr. Welch votes aye.

18660 Mr. Lujan.

18661 Mr. Lujan. Aye.

18662 The Clerk. Mr. Lujan votes aye.

18663 Mr. Tonko.

18664 Mr. Tonko. Aye.

18665 The Clerk. Mr. Tonko votes aye.

18666 Ms. Clarke.

18667 Ms. Clarke. Aye.

18668 The Clerk. Ms. Clarke votes aye.

18669 Mr. Loeb sack.

18670 Mr. Loeb sack. Aye.

18671 The Clerk. Mr. Loeb sack votes aye.

18672 Mr. Schrader.

18673 Mr. Schrader. Aye.

18674 The Clerk. Mr. Schrader votes aye.

18675 Mr. Kennedy.

18676 Mr. Kennedy. Aye.

18677 The Clerk. Mr. Kennedy votes aye.

18678 Mr. Cardenas.

18679 Mr. Cardenas. Aye.

18680 The Clerk. Mr. Cardenas votes aye.

18681 Mr. Ruiz.

18682 Mr. Ruiz. Aye.

18683 The Clerk. Mr. Ruiz votes aye.

18684 Mr. Peters.

18685 [No response.]

18686 The Clerk. Mrs. Dingell.

18687 Mrs. Dingell. Aye.

18688 The Clerk. Mrs. Dingell votes aye.

18689 Chairman Walden.

18690 The Chairman. Walden votes no.

18691 The Clerk. Chairman Walden votes no.

18692 Mr. Murphy.

18693 Mr. Murphy. No.

18694 The Clerk. Mr. Murphy votes no.

18695 Mr. Barton.

18696 Mr. Barton. No.

18697 The Clerk. Mr. Barton votes no.

18698 Mrs. Blackburn.

18699 Mrs. Blackburn. No.

18700 The Clerk. Mrs. Blackburn votes no.

18701 Mr. McNerney.

18702 Mr. McNerney. Aye.

18703 The Clerk. Mr. McNerney votes aye.

18704 Mr. Burgess. Is there any other members seeking to

18705 vote? Seeing none, the clerk will report.

18706 The Clerk. Mr. Chairman, on that vote there were 21

18707 ayes and 31 noes.

18708 Mr. Burgess. Twenty-one ayes and thirty-one noes, the

18709 amendment is not adopted.

18710 The Chairman. [Presiding.] Okay, I am going to

18711 recognize myself now for an amendment which I believe the

18712 clerk has.

18713 [The Amendment offered by Mr. Walden follows:]

18714

18715 *****COMMITTEE INSERT 30*****

18716 The Chairman. And if the clerk would report the
18717 amendment.

18718 The Clerk. Amendment to the amendment in the nature of
18719 a substitute to committee print offered by Mr. Walden.

18720 The Chairman. The clerk will dispense with the reading
18721 of the amendment.

18722 For my colleagues on both sides of the aisle, this
18723 literally is a technical amendment. We have talked to the
18724 ranking member about it and it is a clarifying amendment to
18725 make sure that if there is a conflict when it comes to the
18726 Patient and State Stability Fund that the appropriated
18727 amount, what gets appropriated by Congress is actually the
18728 overriding number.

18729 The way it was worded, there was some question about it.
18730 We don't want to have any confusion out there. So this is a
18731 technical amendment that just makes clear that the total
18732 amount available is the amount obligated -- or is the amount
18733 appropriated by the Government.

18734 With that, Mr. Pallone, are you good with that?

18735 Mr. Pallone. No problem. It is a technical amendment.
18736 I would urge our support.

18737 The Chairman. With that, any member seeking to comment
18738 on the amendment?

18739 If not the question comes before us on approval of the
18740 amendment.

18741 Those in favor, say aye.

18742 Those opposed, nay.

18743 The ayes have it. The ayes have it and the amendment is
18744 approved.

18745 Now, are there other members that have amendments?

18746 We will now turn to Mr. Green. For what purpose do you
18747 seek recognition?

18748 Mr. Green. Mr. Chairman, I have an amendment at the
18749 desk, Amendment 45.

18750 [The Amendment offered by Mr. Green follows:]

18751

18752 *****INSERT 31*****

18753 The Chairman. Okay, we will get our clerks to find the
18754 amendment number four-five. It is actually four-six, 4
18755 before 6:00 A.M.

18756 Mr. Green. The cost-sharing?

18757 The Chairman. A.M.

18758 Mr. Green. Oh, yes.

18759 The Chairman. Does the clerk have the amendment? The
18760 clerk will report the amendment.

18761 The Clerk. Amendment to the amendment in the nature of
18762 a substitute to the committee print offered by Mr. Green.

18763 The Chairman. The clerk will dispense with the reading
18764 of the amendment.

18765 The gentleman from Texas is recognized to debate his
18766 amendment.

18767 Mr. Green. Thank you, Mr. Chairman.

18768 The amendment would strike the provision of the
18769 legislation that repeals the cost-sharing reduction program
18770 of the Affordable Care Act. It is mind-boggling to me that
18771 after all the talk we have heard calling the ACA a failure
18772 because many face high deductibles and can't afford to use
18773 their insurance this provision repeals a program designed to
18774 lower out-of-pocket costs for those who purchased insurance
18775 on the exchange.

18776 The Affordable Care Act requires insurers that cover
18777 marketplace enrollees to reduce cost-sharing for enrollees
18778 with incomes not exceeding 250 percent of the Federal poverty
18779 level. Cost-sharing reduction payments have been the subject
18780 of partisan legal challenges and sabotage efforts to
18781 destabilize the ACA and put a strain on the market. So, I
18782 guess it is not that shocking.

18783 House v. Burwell, although now House v. Price, is an
18784 ongoing legal challenge to the CRS payments. Now that it
18785 serves my colleagues to stop deliberately trying to make
18786 matters worse for political gain, I expect the appropriators
18787 will do their jobs and appropriate the money to cover these
18788 payments as was always intended. And I think that was an
18789 amendment that we adopted and agreed amendment.

18790 But the real reason to strike this provision is to
18791 eliminate the CSR program that is cost-sharing reductions
18792 exist to mitigate the very problem that Trumpcare would
18793 exacerbate affordability. Nothing in this plan addresses the
18794 problem of high deductibles, cost-sharing, or overall
18795 affordability. It makes matters changing to the financial
18796 assistance tax programs that will only put affordability
18797 further out of reach for millions of Americans.

18798 For example, under this plan, a 60-year-old in my

18799 district making \$30,000 a year would get 35 percent less
18800 financial assistance to purchase health insurance than they
18801 do under the Affordable Care Act now. Early estimates found
18802 that this plan would cost Americans an average of \$1,500 more
18803 each year than the ACA.

18804 And my colleagues are likely to point to the Patient and
18805 State Stability Fund as their response to limiting the cost-
18806 sharing reduction program, while States could devote, at
18807 least in part, the cost-sharing reduction subsidies, it would
18808 be hard to for a State to do this using just the Federal
18809 money and provide the outrageously expensive high-risk pool
18810 and other expensive initiatives to increase resources for
18811 health care.

18812 I oppose striking the CSR program, especially in light
18813 of the other provisions of the plan that will make health
18814 care more expensive for millions of Americans and I urge my
18815 colleagues to support this amendment.

18816 The Chairman. Does the gentleman yield back?

18817 Mr. Green. I yield back.

18818 The Chairman. The gentleman yields back the balance of
18819 his time.

18820 The chair recognizes the gentleman from Virginia, Mr.
18821 Griffith, for 5 minutes to speak on the amendment.

18822 Mr. Griffith. Thank you very much, Mr. Chairman. I
18823 hope folks will oppose the amendment. It may be well-
18824 intentioned but it is going in the wrong direction.

18825 Our program creates a credit program. We do fund the
18826 CSR, the cost-sharing reduction program during the transition
18827 period but this program has not been funded for several years
18828 and yet, the previous administration continued to find money.

18829 This committee, along with Ways and Means, launched an
18830 investigation on how they found that money in February of
18831 2015 and we believe they unconstitutionally funded the cost-
18832 sharing reduction program through a permanent appropriation
18833 for tax credits and refunds for which they weren't authorized
18834 to take the money from.

18835 Chairman Upton sent 15 letters over the course of the
18836 investigation and issued three subpoenas; one each to HHS,
18837 Treasury, and OMB. The staff of the two committees conducted
18838 13 transcribed interviews and one deposition of relevant
18839 officials and we are still waiting for some of that
18840 information to come in. We have, our staff has been able to
18841 look at some of it but not been able to bring it back and
18842 study it. And we are still waiting and hoping that the new
18843 administration will give us some of the documents that we
18844 have asked for.

18845 The committees published two reports about their
18846 findings in this investigation -- on this investigation in
18847 June and December of last year and we did find a lot of
18848 information out. We found that the Obama administration took
18849 a series of steps indicating knowledge that the CSR program
18850 needed to be funded through annual appropriations. For
18851 example, not only did President Obama's fiscal year 2014
18852 budget request funding for this program but HHS also included
18853 a request for an advanced appropriation to make payments for
18854 the CSR program in its fiscal year 2013 budget submission to
18855 OMB.

18856 With respect to fiscal year 2014 budget requests to fund
18857 the program, this investigation found that the Obama
18858 administration surreptitiously and informally withdrew its
18859 request for funding for fiscal year from their budget
18860 requests. Emails later revealed that only weeks after
18861 withdrawing the request, senior officials at HHS, Treasury,
18862 OMB and the White House discussed, by virtue of email,
18863 funding the CSR program from the permanent appropriation for
18864 tax credits and refunds and these official discussed using
18865 the permanent appropriations the source of funds in the
18866 context of the potential impact of sequestration on the
18867 program. These emails provide evidence that the

18868 administration withdrew request for an annual appropriation
18869 without yet knowing how the program would be funded.

18870 The legal analysis to fund the CSR program through the
18871 permanent appropriation for tax refunds and credits was
18872 approved at the highest levels of the Obama administration
18873 and according to some witnesses' testimony that said that
18874 former Attorney General Eric Holder approved of the analysis.

18875 Senior IRS officials raised concerns about the legality
18876 of the source of the funding for the CSR program to the IRS
18877 Legal Department, the Office of General Counsel, the
18878 Treasury, and other senior Treasury officials.

18879 Secretary Lew signed an unusual action memorandum
18880 recommending that the IRS administer the CSR payments in the
18881 same manner as the advanced premium tax credit payments
18882 through the permanent appropriation for tax credits and
18883 refunds.

18884 The committees faced unprecedented obstruction in the
18885 course of this investigation and, given the Obama
18886 administration refusal to produce the documents we requested,
18887 many questions remain yet unanswered.

18888 Given what we do know about the source of funding
18889 decision, you have to wonder what we still don't know about
18890 this decision and, in all fairness, we are going to fund it

18891 during the transition because we promised not to leave people
18892 out there without the coverage. But when you don't have the
18893 funding for it, and I don't remember the exact number but I
18894 want to say it is about 35 -- how much -- \$7 billion in the
18895 hole right now, we are looking at maybe 35 if we continued it
18896 on time.

18897 We are \$7 billion in the hole that was never funded. It
18898 is not on the books. It is not showing as a cost of
18899 Obamacare at this point. To come in and say we are going to
18900 continue this program I think is a mistake, particularly when
18901 we have already made arrangements to replace it with
18902 something else. And further, recognizing that it is not
18903 money that was already out there, it is not a program that
18904 has been successful in the sense that the Government isn't
18905 paying for it the way it is supposed to. It is just more
18906 Washington spending run amok.

18907 With that, Mr. Chairman, I yield back.

18908 The Chairman. The gentleman yields back.

18909 The chair recognizes the gentleman from New Jersey, Mr.
18910 Pallone, for 5 minutes to speak on the amendment.

18911 Mr. Pallone. Thank you, Mr. Chairman.

18912 You know it is just a continuation on the Republican
18913 side of budget-driven initiatives. And all I keep hearing is

18914 we can't afford it. It is unsustainable. It is not in the
18915 budget. I mean the bottom line is why is it that the
18916 Republicans don't talk about the impact of what they are
18917 doing in terms of improving health care, or making it more
18918 affordable, or less out of pocket?

18919 You know I would just like to remind my Republican
18920 colleagues that President Trump keeps promising -- Ms. Castor
18921 read so many of his tweets or quotes -- he keeps promising
18922 Americans over and over again that health insurance under the
18923 Republican repeal would be cheaper, better, that everyone
18924 would be covered. And repealing the CSRs and replacing them
18925 with nothing, because that is what you are doing, replacing
18926 them with nothing, goes directly against this promise that he
18927 keeps making to the American people. It is just budget-
18928 driven.

18929 Cost-sharing reductions are a critical part of the ACA's
18930 package of financial assistance to help individuals afford
18931 coverage. They lower out-of-pocket costs for individuals
18932 below 250 percent of the federal poverty level and they are
18933 vitally important to keep these people so they can afford
18934 health care.

18935 And you are talking about people I figure maybe between
18936 the \$25,000 and the \$30,000 category, particularly for sicker

18937 individuals who have to use more health care and incur
18938 greater out-of-pocket costs. As of March 2016, approximately
18939 6.4 million Americans across the country were benefiting from
18940 CSRs. When some of my colleagues on the other side say that
18941 this isn't helping anybody or is not doing anything, that is
18942 not true. These enrollees are disproportionately located in
18943 red states that did not expand Medicaid, particularly,
18944 Alabama, Florida, Georgia, Mississippi, South Carolina, and
18945 eliminating CSRs would unquestionably make health insurance
18946 more expensive for these millions of low-income Americans.

18947 And what is particularly galling to me is that the
18948 Republican repeal bill will simultaneously cut taxes for the
18949 rich. We just mentioned that. So while we are making cuts
18950 to the programs that help low-income individuals access
18951 health care with these cost-sharing initiatives, or you are
18952 eliminating them with your reductions, we are giving a huge
18953 tax cut to the wealthy.

18954 I just don't understand. You know I have been saying it
18955 all night that don't talk to me about you know just mention
18956 the budget, just mention unsustainability. This is the
18957 richest country in the world. We paid for these things for
18958 the most part. I know the gentleman is arguing that somehow
18959 they weren't but they were paid for. And all you are doing

18960 now is cutting out all the pay-fors, trying to find ways of
18961 cutting back on people who need help and it goes totally
18962 contrary to what the President keeps saying over and over
18963 again about how he promises to reduce costs with this
18964 Republican bill.

18965 If you are going to honor the promises that the
18966 President is making and not harm millions of your own
18967 constituents, then you would support Mr. Green's amendment.

18968 Unless someone wants the time, I will yield back.

18969 The Chairman. The gentleman yields back.

18970 The chair recognizes the gentleman from Oklahoma, Mr.
18971 Mullin.

18972 Mr. Mullin. Thank you, Mr. Chairman. I move to strike
18973 the last word.

18974 Let's put the fact that the Obama administration
18975 illegally funded this program aside and let's talk about the
18976 merits helping lower-income patients afford health care.

18977 First, our bill acknowledges the importance of
18978 supporting people who need help. Look no farther than the
18979 Patient and State Stability Fund. Not only does this program
18980 recognize the value of federalism, it encourages States to
18981 develop innovative ideas to improve care and lower cost.

18982 Under Section 2202, number 7, the use of funds reads,

18983 and I quote, "providing assistance to reduce out-of-pocket
18984 costs, such as copayments, coinsurance, and deductibles of
18985 individuals enrolled in health insurance coverage in the
18986 State."

18987 Let me read that again. Assistance to reduce -- reduce.
18988 We keep talking about raising the cost for those that need
18989 help. In this bill it says assistance to reduce out-of-
18990 pocket costs such as copayments, coinsurance, premiums, and
18991 deductible. It actually is spelled out in the bill under
18992 Section 202 -- or 2202, number 7. So, when we are talking
18993 about things, make sure we are talking about facts.

18994 There are two critically important differences in the
18995 Patient and State Stability Fund and the cost-sharing
18996 reductions. Our bill is paid for. Wow! Can you believe
18997 that, a bill coming out of here is paid for?

18998 Our bill is paid for. The Obama administration
18999 illegally funded cost-sharing reductions.

19000 We give States complete flexibility, recognizing that
19001 they know best how to care for their unique needs. So,
19002 unlike Obamacare, we recognize, acknowledge, and value
19003 federalism, promoting freedom, flexibility, and fairness.

19004 Now let's talk about numbers. CBO projects that Federal
19005 Government will spend \$13 billion annually on CSRs for years

19006 2020, 2021, and 2022. In comparison, the Patient and State
19007 Stability Fund spends \$10 billion annually over those same
19008 years with the State match helping increase the available
19009 funding. In no way is the Patient and State Stability Fund
19010 intended to replace CSRs. I simply point out that this is a
19011 way the States of flexibility. If you think CSRs are what
19012 your state needs, use this funding to stream them. But if
19013 you don't and you think that there is a condition-based,
19014 population-based, or geographically-based health concerns
19015 that need to be addressed, go for it.

19016 If someone else would like the time, I would yield to
19017 them.

19018 Mr. Griffith. I will take it.

19019 Mr. Mullin. I yield to Mr. Griffith.

19020 Mr. Griffith. Thank you very much and I agree with what
19021 you had to say.

19022 I noted with some interest, though, the gentleman from
19023 New Jersey said somehow it got paid for. Well, I was a
19024 criminal defense attorney for 28 years and somehow my clients
19025 sometimes got things paid for but if you take money out of an
19026 account which not set up for the purpose from which you are
19027 taking the money and you take it without authority from the
19028 people who are supposed to authorize that, that would be us

19029 in Congress, my client would be facing criminal charges. And
19030 my experience was, if I did a good job, they got home
19031 incarceration instead of jail time.

19032 So, the problem is is that we are trying to build a
19033 program that deals with these issues responsibly, that
19034 actually pays for them, that doesn't require us to rob Peter
19035 to pay Paul, constantly shifting money behind the scenes
19036 between Treasury and HHS and doing things of dubious legal
19037 merit. And so the replacement plan is much better than the
19038 CSR plan. You pointed out very well, I would say to the
19039 gentleman how if the State wants to continue CSR, they can do
19040 it with the money that they are going to receive. And what
19041 we are trying to do is to make sure that it is all
19042 aboveboard, that we know what we are doing, that we have got
19043 it paid for and that we are taking care of people at the same
19044 time.

19045 Now in the interim, notwithstanding the taint that is
19046 now on the funding stream, we are going to make sure it gets
19047 funded and that is part of this bill, too, because we
19048 promised we weren't going to have people have the rug pulled
19049 out from under them and we are not going to do that.

19050 This bill does that and I appreciate your comments and I
19051 yield your time back to you.

19052 Mr. Mullin. Mr. Chairman, I yield back.

19053 The Chairman. The gentleman yields back the balance of
19054 his time.

19055 The chair recognizes the gentlelady from Florida.

19056 Ms. Castor. Thank you, Mr. Chairman. I am pleased to
19057 yield my 5 minutes to Mr. Pallone.

19058 Mr. Pallone. Thank you, Ms. Castor.

19059 You know I just don't understand. I understand you keep
19060 wanting to talk about the budget, the legality. You are
19061 changing the law here in this bill. So, you know if you are
19062 worried about the previous bill doesn't include this funding
19063 or somehow providing this funding is not under the law, you
19064 can change it. You would change it now and say okay, we are
19065 going to do this cost-sharing.

19066 I don't understand how you are not worried about these
19067 people. These are the people, from my understanding, in this
19068 \$25,000-\$30,000 bracket who are not eligible for Medicaid
19069 because their income is a little too high and under the
19070 Affordable Care Act, they are getting a pretty high subsidy.
19071 I don't know if it is 70 or 80 percent because they can't
19072 afford to pay the premium and their subsidy is high.

19073 Now keep in mind what you are doing here. You are going
19074 to take away that subsidy, that 70 or 80 percent from these

19075 people. You are going to give them \$2,000 or maybe \$4,000
19076 credit if they are older. That is not going to make up for
19077 the subsidy. So you are basically away the way that they can
19078 buy the insurance because the subsidy -- the difference
19079 between the subsidy under the ACA and whatever you are giving
19080 them for a tax credit is going to make it very, very hard for
19081 them to even have the insurance to begin with.

19082 Then you are saying, oh, we are not going to give them
19083 cost-sharing for the out-of-pocket costs because of the
19084 deductibles or the copays that this CSR helps them pay for.
19085 I mean why are these people being -- why are they the brunt
19086 of your punishment? I just don't understand it.

19087 I mean and then I am telling you that they are primarily
19088 in the red states that you guys represent. These are your
19089 own constituents and these are the people that are going to
19090 have the hardest time paying for their coverage, paying for
19091 their health insurance if they have a lot of copays or they
19092 have go to a doctor so often.

19093 All the stories I heard all night long were about the
19094 people that are having a problem with their deductibles. I
19095 don't understand. These should be the first people, based on
19096 your stories that you should be trying to help and you are
19097 giving me this argument well, it wasn't set up so you could

19098 legally do this and this is going to cost money. Well you
19099 know you are getting rid of \$600 million in copays under the
19100 ACA. Take a little bit of it and help these people out,
19101 these working people. These are working people. They are
19102 not eligible for Medicaid. They are working. They are not
19103 getting health insurance on the job. They are barely making
19104 ends meet. It is outrageous that you don't talk about them
19105 and their health needs and you keep talking about the
19106 legality of it and the budget.

19107 It can't be that much money. I think I figured about \$6
19108 billion. You are taking \$600 billion in pay-fors away,
19109 mostly going to wealthy and corporate interests. You can't
19110 give these people \$6 billion, these working people? I just
19111 don't understand it and nobody is addressing it. You just
19112 keep talking about the law, which you could obviously change.

19113 I yield. Well, unless anybody else wants the time, I
19114 yield back.

19115 The Chairman. The gentleman yields back.

19116 Are there other members seeking recognition on this
19117 issue? If not -- I see no one else.

19118 The question now comes before us on approval of the
19119 amendment.

19120 Mr. Pallone. Roll call.

19121 The Chairman. All right, yes.

19122 Those in the favor of the amendment will vote aye.

19123 Those against will vote no. And the clerk will call the

19124 roll.

19125 The Clerk. Mr. Barton.

19126 Mr. Upton.

19127 [No response.]

19128 The Clerk. Mr. Shimkus.

19129 [No response.]

19130 The Clerk. Mr. Murphy.

19131 [No response.]

19132 The Clerk. Mr. Burgess.

19133 Mr. Burgess. No.

19134 The Clerk. Mr. Burgess votes no.

19135 Mrs. Blackburn.

19136 Mrs. Blackburn. No.

19137 The Clerk. Mrs. Blackburn votes no.

19138 Mr. Scalise.

19139 Mr. Scalise. No.

19140 The Clerk. Mr. Scalise votes no.

19141 Mr. Latta.

19142 Mr. Latta. No.

19143 The Clerk. Mr. Latta votes no.

19144 Mrs. McMorris Rodgers.
19145 [No response.]
19146 The Clerk. Mr. Harper.
19147 [No response.]
19148 The Clerk. Mr. Lance.
19149 Mr. Lance. No.
19150 The Clerk. Mr. Lance votes no.
19151 Mr. Guthrie.
19152 [No response.]
19153 The Clerk. Mr. Olson.
19154 Mr. Olson. No.
19155 The Clerk. Mr. Olson votes no.
19156 Mr. McKinley.
19157 Mr. McKinley. No.
19158 The Clerk. Mr. McKinley votes no.
19159 Mr. Kinzinger.
19160 [No response.]
19161 The Clerk. Mr. Griffith.
19162 Mr. Griffith. No.
19163 The Clerk. Mr. Griffith votes no.
19164 Mr. Bilirakis.
19165 Mr. Bilirakis. No.
19166 The Clerk. Mr. Bilirakis votes no.

19167	Mr. Johnson.	
19168	<u>Mr. Johnson.</u>	No.
19169	The Clerk.	Mr. Johnson votes no.
19170	Mr. Long.	
19171	<u>Mr. Long.</u>	No.
19172	The Clerk.	Mr. Long votes no.
19173	Mr. Bucshon.	
19174	<u>Mr. Bucshon.</u>	No.
19175	The Clerk.	Mr. Bucshon votes no.
19176	Mr. Flores.	
19177	[No response.]	
19178	The Clerk.	Mrs. Brooks.
19179	<u>Mrs. Brooks.</u>	No.
19180	The Clerk.	Mrs. Brooks votes no.
19181	Mr. Mullin.	
19182	<u>Mr. Mullin.</u>	No.
19183	The Clerk.	Mr. Mullin votes no.
19184	Mr. Hudson	
19185	<u>Mr. Hudson.</u>	No.
19186	The Clerk.	Mr. Hudson votes no.
19187	Mr. Collins.	
19188	<u>Mr. Collins.</u>	No.
19189	The Clerk.	Mr. Collins votes no.

19190	Mr. Cramer.	
19191	<u>Mr. Cramer.</u>	No.
19192	The Clerk.	Mr. Cramer votes no.
19193	Mr. Walberg	
19194	<u>Mr. Walberg</u>	No.
19195	The Clerk.	Mr. Walberg votes no.
19196	Mrs. Walters.	
19197	<u>Mrs. Walters.</u>	No.
19198	The Clerk.	Mrs. Walters votes no.
19199	Mr. Costello.	
19200	<u>Mr. Costello.</u>	No.
19201	The Clerk.	Mr. Costello votes no.
19202	Mr. Carter.	
19203	<u>Mr. Carter.</u>	No.
19204	The Clerk.	Mr. Carter votes no.
19205	Mr. Pallone.	
19206	<u>Mr. Pallone.</u>	Aye.
19207	The Clerk.	Mr. Pallone votes aye.
19208	Mr. Rush.	
19209	[No response.]	
19210	The Clerk.	Ms. Eshoo.
19211	<u>Ms. Eshoo.</u>	Aye.
19212	The Clerk.	Ms. Eshoo votes aye.

19213	Mr. Engel.	
19214	[No response.]	
19215	The Clerk.	Mr. Green.
19216	<u>Mr. Green.</u>	Aye.
19217	The Clerk.	Mr. Green votes aye.
19218	Ms. DeGette	
19219	<u>Ms. DeGette.</u>	Aye.
19220	The Clerk.	Ms. DeGette votes aye.
19221	Mr. Doyle.	
19222	<u>Mr. Doyle.</u>	Yes.
19223	The Clerk.	Mr. Doyle votes aye.
19224	Ms. Schakowsky.	
19225	<u>Ms. Schakowsky.</u>	Aye.
19226	The Clerk.	Ms. Schakowsky votes aye.
19227	Mr. Butterfield.	
19228	<u>Mr. Butterfield.</u>	Aye.
19229	The Clerk.	Mr. Butterfield votes aye.
19230	Ms. Matsui.	
19231	<u>Ms. Matsui.</u>	Aye.
19232	The Clerk.	Ms. Matsui votes aye.
19233	Ms. Castor.	
19234	<u>Ms. Castor.</u>	Aye.
19235	The Clerk.	Ms. Castor votes aye.

19236 Mr. Sarbanes.
19237 Mr. Sarbanes. Aye.
19238 The Clerk. Mr. Sarbanes votes aye.
19239 Mr. McNerney.
19240 Mr. McNerney. Aye.
19241 The Clerk. Mr. McNerney votes aye.
19242 Mr. Welch.
19243 Mr. Welch. Aye.
19244 The Clerk. Mr. Welch votes aye.
19245 Mr. Lujan.
19246 Mr. Lujan. Aye.
19247 The Clerk. Mr. Lujan votes aye.
19248 Mr. Tonko.
19249 Mr. Tonko. Aye.
19250 The Clerk. Mr. Tonko votes aye.
19251 Ms. Clarke.
19252 Ms. Clarke. Aye.
19253 The Clerk. Ms. Clarke votes aye.
19254 Mr. Loeb sack.
19255 Mr. Loeb sack. Aye.
19256 The Clerk. Mr. Loeb sack votes aye.
19257 Mr. Schrader.
19258 Mr. Schrader. Aye.

19259 The Clerk. Mr. Schrader votes aye.
19260 Mr. Kennedy.
19261 [No response.]
19262 The Clerk. Mr. Cardenas.
19263 Mr. Cardenas. Aye.
19264 The Clerk. Mr. Cardenas votes aye.
19265 Mr. Ruiz.
19266 Mr. Ruiz. Aye.
19267 The Clerk. Mr. Ruiz votes aye.
19268 Mr. Peters.
19269 Mr. Peters. Aye.
19270 The Clerk. Mr. Peters votes aye.
19271 Mrs. Dingell.
19272 Mrs. Dingell. Aye.
19273 The Clerk. Mrs. Dingell votes aye.
19274 Chairman Walden.
19275 The Chairman. Walden votes no.
19276 The Clerk. Chairman Walden votes no.
19277 The Chairman. Are there members not recorded? Mr.
19278 Barton?
19279 Mr. Barton. No.
19280 The Clerk. Mr. Barton votes no.
19281 The Chairman. Mr. Upton?

19282 Mr. Upton. Votes no.

19283 The Clerk. Mr. Upton votes no.

19284 The Chairman. The gentleman from Illinois.

19285 Mr. Shimkus. No.

19286 The Clerk. Mr. Shimkus votes no.

19287 The Chairman. The gentlelady from Washington State.

19288 Mrs. McMorris Rodgers. No.

19289 The Clerk. Mrs. McMorris Rodgers votes no.

19290 The Chairman. The gentleman from Kentucky?

19291 Mr. Guthrie. No.

19292 The Clerk. Mr. Guthrie votes no.

19293 The Chairman. The gentleman from Pennsylvania?

19294 Mr. Murphy. No.

19295 The Clerk. Mr. Murphy votes no.

19296 The Chairman. The gentleman from Mississippi?

19297 Mr. Harper. No.

19298 The Clerk. Mr. Harper votes no.

19299 The Chairman. The gentleman from Illinois?

19300 Mr. Kinzinger. No.

19301 The Clerk. Mr. Kinzinger votes no.

19302 The Chairman. The gentleman from Texas.

19303 Mr. Flores. No.

19304 The Clerk. Mr. Flores votes no.

19305 The Chairman. Oh, the gentleman, Mr. Kennedy from
19306 Massachusetts.
19307 Mr. Kennedy Aye.
19308 The Clerk. Mr. Kennedy votes aye.
19309 The Chairman. You have to have a tie on to vote but --
19310 no, just kidding. At this hour -- I know Kinzinger didn't
19311 either. No, it is fine.
19312 Any other members on their way that we need to wait for?
19313 Okay, if not, we are good to go.
19314 All right, clerk, if there are no other members -- oh,
19315 wait a minute. Mr. Carter, did you vote? Have you voted?
19316 Mr. Carter. Yes, I did.
19317 The Chairman. Okay, the clerk will -- did Mr. Welch
19318 vote? Is he recorded?
19319 The Clerk. Mr. Welch is recorded.
19320 The Chairman. He is recorded. Okay. Mr. Johnson?
19321 The Clerk. Mr. Johnson is recorded.
19322 The Chairman. Okay, we are just trying to make sure we
19323 didn't miss anybody that was on their way.
19324 The Clerk. Mr. Welch is recorded aye.
19325 The Chairman. You can change. I don't think that will
19326 happen.
19327 So, the clerk will report the tally.

19328 The Clerk. Mr. Chairman, on that vote there were 22
19329 ayes and 31 noes.
19330 The Chairman. Twenty-two ayes, thirty-one noes, the
19331 noes have it and the amendment is not agreed to.
19332 Are there other amendments?
19333 Mr. Lujan. Mr. Chairman?
19334 The Chairman. The chairman recognizes the gentleman --
19335 for what purpose does the gentleman from New Mexico seek
19336 recognition?
19337 Mr. Lujan. I have an amendment at the desk.
19338 [The Amendment offered by Mr. Lujan follows:]
19339
19340 *****COMMITTEE INSERT 32*****

19341 The Chairman. Could you describe your amendment?

19342 Mr. Lujan. It is a really good amendment, Mr. Chairman.

19343 The Chairman. Okay, we will look for that one. You
19344 generally do great amendments but if you want to do good
19345 amendments.

19346 Mr. Lujan. I believe it is either 55 or 208. It is
19347 entitled Sense of the House.

19348 The Chairman. Fifty-five or two-zero-eight?

19349 Mr. Lujan. Yes, so someone had shared with me it was
19350 208 but on the document it has 055.XML.

19351 The Chairman. Could you share that with just our clerks
19352 to make sure they get the right one? Is that it? Yes, we
19353 just want to make sure everybody is on the right place.

19354 Do we have the amendment? Okay, we will get it.

19355 Mr. Lujan. Kimberly, bring my coffee back.

19356 The Chairman. All right and does the clerk have the
19357 amendment? The clerk will report the amendment.

19358 The Clerk. An amendment to the amendment in the nature
19359 of a substitute to the committee print offered by Mr. Lujan.

19360 The Chairman. The reading of the amendment is dispensed
19361 with.

19362 The chair recognizes the gentleman from New Mexico to
19363 explain his amendment.

19364 Mr. Lujan. Mr. Chairman, Medicaid is a program that has
19365 a vital link to America's healthcare system and it should not
19366 be undermined as part of some partisan game to score
19367 political points at the expense of our most vulnerable
19368 citizens.

19369 Medicaid provides health coverage to more than 70
19370 million Americans, including families living check to check,
19371 children, pregnant women, senior citizens, elderly adults and
19372 people with disabilities.

19373 In New Mexico, as part of the Affordable Care Act,
19374 Medicaid expansion took Medicaid from a safety net to a
19375 ladder for the middle class. In fact, 235,400 individuals in
19376 New Mexico gained coverage through ACA's Medicaid expansion
19377 and could lose coverage if ACA Medicaid expansion is
19378 repealed.

19379 Medicaid is a health insurance program that fills a
19380 vital role in my state and for millions more across the
19381 country. Before passage of the ACA, the number one reason
19382 that middle class families declared bankruptcy, lost their
19383 houses, lost their cars, lost everything was medical debt.
19384 We should not go back to a time where the difference between
19385 being middle class and living in poverty is a cancer
19386 diagnosis. The difference between having a house and being

19387 homeless is one bad car accident. That is exactly what will
19388 happen if we do not reject these dangerously misguided
19389 efforts to cut Federal Medicaid spending, shift costs to
19390 States who cannot afford it, and take coverage away from
19391 hardworking Americans, children, seniors, and the elderly,
19392 and people living with disabilities.

19393 And let's talk for a moment about an important group of
19394 Americans who depend on the Medicaid program, senior
19395 citizens, our parents and grandparents.

19396 Medicaid is the only long-term care insurance program in
19397 this country, yet instead of having a real conversation about
19398 financing long-term care, Republicans want to make it harder
19399 for working and middle-class spouses to be financially
19400 secure, in the face of overwhelming and insurmountable
19401 nursing home costs.

19402 That is why I am introducing this resolution today that
19403 expresses the sense of Congress that this vital program
19404 should remain in place without making it harder for
19405 individuals and families who depend on this health coverage
19406 to get the insurance they need and deserve.

19407 It is that simple, a sense of Congress that states what
19408 is obvious. I urge my colleagues to vote yes on my
19409 amendment.

19410 I yield back the balance of my time.

19411 The Chairman. The gentleman yields back the balance of
19412 his time.

19413 Are there other members seeking recognition on this
19414 amendment? Well, is there anybody on our side? No.

19415 Okay, so we will go to Mr. Pallone for 5 minutes on the
19416 amendment.

19417 Mr. Pallone. Thank you, Mr. Chairman. I really
19418 appreciate the fact that the gentleman from New Mexico has
19419 introduced this sense of the House resolution, effectively,
19420 with regard to Medicaid. But I just -- and you know there is
19421 so much that we could talk about but I just want to focus on
19422 the long-term care. I know that he says that the Republican
19423 Medicaid proposal will make it harder and much more costly
19424 for families to find long-term care for elderly parents. He
19425 says capping the program reduces the funding available for
19426 nursing home care. And as the American population gets
19427 older, this will lead to long waiting lists for seniors.

19428 I mean this is true, and I know I have sort of hinted at
19429 it already at one point in the last 24 hours or whatever that
19430 we have been here, but I can't stress enough when did the
19431 Affordable Care Act, there were many of us who wanted to have
19432 a long-term care component, not only for home- and community-

19433 based care but also for nursing home care. And part of the
19434 reason that we didn't do that was because to create a new
19435 program outside of Medicaid would have been very costly and
19436 were confined by the pay-fors to approximately a trillion
19437 dollars for the overall ACA. But I always regretted the fact
19438 that we didn't find a new way, if you will, to cover long-
19439 term care, including nursing home care.

19440 And I would still hope at some point that we could
19441 because I don't particularly like the fact that people have
19442 to go on Medicare for a few weeks and then they have to spend
19443 down their assets before they are eligible for Medicaid. But
19444 as Mr. Lujan said, right now the only long-term care program
19445 available is under Medicaid and can't -- we have got to make
19446 sure that it is shored up, that it continues to be viable and
19447 pays for adequate care. And the problem is whether it is
19448 because of the capping or the phasing out of expanded
19449 Medicaid, the fear is that in the long-run, as states find
19450 that they have less money to pay for Medicaid programs, that
19451 they will start providing less money to nursing homes. And
19452 the consequence of that is that care is reduced.

19453 And I said before, I remember. I mean I wasn't a
19454 politician at the time but I remember in the 70s in my
19455 district, in my home town of Long Branch, we had a number of

19456 fires because the conditions of the nursing homes were so
19457 bad. And people in some of the fires throughout New Jersey
19458 will actually killed because they were bedridden and they
19459 burned actually in the nursing homes.

19460 And we also did things in New Jersey to try to increase
19461 the amount of nurses so that people had adequate care, there
19462 was good oversight with regard to their prescriptions. These
19463 are the types of things that will go by the wayside. The
19464 condition of these nursing homes will get worse. The care
19465 will get worse because the nursing home operators won't have
19466 sufficient funds.

19467 I remember the gentleman from Oklahoma, he is probably
19468 too young but there was a Senator Boren at one time and a
19469 Congressman Boren that was here for a few years. And Senator
19470 Boren had this amendment at the federal level that I think,
19471 if I remember, guaranteed that a certain level of funding had
19472 to go to nursing homes to make sure that they didn't get
19473 deplorable. And at one point, the Congress actually got rid
19474 of the Boren Amendment, which I thought was a terrible thing
19475 because of the consequences.

19476 Now fortunately, we have been able to keep up an
19477 adequate level of funding for nursing homes but that could
19478 all go by the wayside if we see the kind of major changes to

19479 the Medicaid program that the Republicans are proposing in
19480 this bill. There hasn't been a lot of attention to this in
19481 the discussion about the Affordable Care Act or the possible
19482 repeal and replacement but this is real and it is
19483 significant.

19484 So I really appreciate the fact that my colleague from
19485 New Mexico has brought this up and included this as a major
19486 component and I would urge that we support his resolution.

19487 The Chairman. The gentleman yields back the balance of
19488 his time. The Chair recognizes the Chair of the Subcommittee
19489 on Health, Dr. Burgess.

19490 Mr. Burgess. Thank you, Mr. Chairman.

19491 You know, talking about the CLASS Act one more time, and
19492 I do remember when the gentleman offered the language of the
19493 CLASS Act late in the evening as we were marking up H.R. 3200
19494 in July of 2009. It was placeholder language, it was new
19495 information that had never been seen or evaluated by the
19496 committee before. The problem was that the CLASS Act, which
19497 would have established a voluntary long-term care insurance
19498 program to pay for community-based services and supports for
19499 individuals with functional limitations, it was a laudable
19500 goal, but it was really the poster child for some of the
19501 common themes of the Affordable Care Act; bad policy,

19502 dishonest budgeting, and government that is way too big. So
19503 instead of focusing on reducing costs of long-term care
19504 insurance for Americans, the ACA exploited taxpayer
19505 confidence by creating a poorly structured program that was
19506 doomed to fail. And, in fact, this is one of those bipartisan
19507 changes to the Affordable Care Act that ultimately was
19508 supported by both sides. Congress did step in to rescue
19509 taxpayers by repealing the CLASS Act in the American Taxpayer
19510 Relief Act of 2012 signed by President Obama in January of
19511 2013.

Now, 19512 the issue of a per capita allotment, it's not a limiting -- a limit
19513 on funding for an individual Medicaid beneficiary. It's an
19514 aggregate limit that's calculated on a per capita basis on
19515 the amount of federal Medicaid funding that a state would
19516 receive. If an individual's care proved to be more expensive
19517 than average, federal funding could continue to be used to
19518 pay for it as long as the state had not exceeded their total
19519 aggregate allowable amount based on the capitated formula.

The 19520 per capita cap, the reform does not fundamentally alter Medicaid
19521 eligibility requirements. The policy sets a limit on the
19522 annual cost growth for per capita expenditures for which the
19523 states receive matching funds from the federal government.
19524 Funding would decline if Medicaid enrollment fell; for

19525 example, the state chose to restrict enrollment, or when
19526 enrollment fell as a result of an improving economy.

Hey, 19527's a valid point. You know, we've been for the last eight years
19528 kind of stuck between 1 and 2 percent GDP growth, but that
19529 could change. The household survey for employment for the
19530 month of February is actually looking pretty good. We'll get
19531 the numbers in 24 hours of what the employment figures are.
19532 You know, an improving economy would really help a lot of
19533 things.

19534 I'm reminded of former member of the Ways & Means
19535 Committee, who upon his retirement, I became the longest
19536 tenured doctor in the United States Congress, but Dr.
19537 McDermott, who was here long before I got here, when a sense
19538 of Congress resolution was offered once before he said, "A
19539 sense of Congress resolution? Well, why don't you just send a
19540 get well card to this problem and maybe we'll all feel
19541 better."

19542 Mr. Chairman, I don't think this sense of Congress
19543 resolution is well placed. I think we would be well advised
19544 to defeat it, and carry on with the other important business
19545 of the day. I yield back the balance of my time.

19546 The Chairman. The gentleman yields the balance of time.
19547 Any other member seeking recognition? The gentleman from New

19548 York, Mr. Tonko, is recognized for five minutes.

19549 Mr. Tonko. Thank you, Mr. Chair.

19550 I rise in support of the gentleman's amendment. The
19551 efforts of this bill certainly impact last year's activity
19552 when this committee in a bipartisan manner passed landmark
19553 legislation on substance use and mental health. These pieces
19554 of legislation invested in public health solutions to our
19555 nation's most pressing problems like the opioid epidemic and
19556 untreated mental illness, and were premised on the strong
19557 foundation that Medicaid and private health insurance
19558 coverage provides to our nation's mental health and substance
19559 use systems. The Medicaid stream here is critical to these
19560 outcomes.

19561 The underlying bill would erode those foundations to the
19562 core. We all know the numbers; 91 Americans die each day from
19563 an opioid overdose, and far too many individuals with mental
19564 illness do not get the care they need.

19565 The Affordable Care Act's coverage expansions resulted
19566 in significant increases in coverage and care among
19567 individuals with mental illness and substance use disorders.
19568 The percentage of adults with serious psychological distress
19569 who are uninsured fell by over 8 percent between 2012 and
19570 2015. Between 2010 and 2015, the number of people foregoing

19571 mental health care due to cost fell by about one-third for
19572 people below 400 percent of the federal poverty level.

19573 It is also important to recognize the considerable role
19574 that Medicaid plays in our behavioral health care system. In
19575 2014, Medicaid accounted for 25 percent of all mental health
19576 spending, and 21 percent of all substance use disorder
19577 expenditures in the nation. In fact, Medicaid is the single
19578 largest payer for mental health services in the United
19579 States. Medicaid is also a key financing source for
19580 medication-assisted treatment that assists individuals in
19581 breaking free from their opioid addiction.

19582 The evidence is clear; rolling back at the ACA coverage
19583 expansions and reducing traditional Medicaid will limit
19584 access to behavioral services at a time when our country can
19585 least afford it. I, therefore, most strongly urge my
19586 colleagues to support this amendment. And with that, I yield
19587 back.

19588 Mr. Barton. The gentleman yields back.

19589 Receives recognition, the gentleman from Kentucky, Mr.
19590 Guthrie.

19591 Mr. Guthrie. Thank you very much, Mr. Chairman. Thank
19592 you for the time.

19593 I just want to hit three quick points that I've talked

19594 about a few times. I just want to make sure I emphasize this.

19595 Under the per capita allotment reform, federal Medicaid
19596 spending will continue to increase every year under the
19597 policy, but at a rate that reflects the true cost of care.
19598 The per capita allotment reform protects the individual
19599 entitlement and does not change Medicaid rules regarding
19600 access to care. The policy protects the individual
19601 entitlement, but slows the rate of growth in the federal
19602 government's contribution to the Medicaid program to reflect
19603 real costs.

19604 And, moreover, a large portion of Medicaid spending is a
19605 long-term care, which is not medical care. In addition, long-
19606 term care's projected growth is much slower than the cost of
19607 medical care; meaning, that this population's growth over
19608 time would in no way be impacted by the growth rate chosen.

19609 I yield time to anyone on our side. Mr. Chairman, I
19610 yield back.

19611 Mr. Barton. The gentleman yields back.

19612 Does the gentlelady from Florida seek recognition? The
19613 gentlelady is recognized for five minutes.

19614 Ms. Castor. Thank you, Mr. Chairman.

19615 Just briefly, to support this important sense of the
19616 House amendment regarding Medicaid. It's not accurate to say

19617 that when you go to a radical restructuring of Medicaid and
19618 you put a cap on it, that it -- the cost will increase over
19619 time equal to the cost of care. That's simply -- I don't know
19620 of any reputable analyst who's looked at the impact of per
19621 capita caps on our families that can say that.

19622 To the contrary, what happens with a cap is that you
19623 have -- you're changing it to an amount. Yes, you set that
19624 cap one year, you have a little adjustment I see in the GOP
19625 bill, but over time what happens is that you can't -- you
19626 don't keep up with it. And what we fear will happen is, in
19627 the future the Congress then will ratchet it down even more,
19628 and that simply puts our families too much at risk,
19629 especially this older population.

19630 Let's, instead, work on reforms to control cost. There
19631 is a lot of flexibility in Medicaid and innovation, but when
19632 you go to the caps, you eliminate the ability of states to do
19633 those innovative things. That's what a lot of the analysts
19634 and experts say, so I would hope that we would at least say
19635 adopt this important sense of the Congress amendment. And I
19636 thank Mr. Lujan for filing this amendment. I yield to Mr.
19637 Lujan.

19638 Mr. Lujan. Mr. Chairman, what I don't understand about
19639 how many times that explanation has been given about not

19640 cutting federal money to the states. All last week and the
19641 week before, all I read and all that I heard from our
19642 colleagues was that Republicans were going to shift
19643 responsibility to the states when it came to Medicaid; that
19644 Republicans were going to shift costs to the states. Is that
19645 accurate, Mr. Chairman, or counsel?

19646 Mr. Barton. We're going to give the states more
19647 flexibility. That's a true statement.

19648 Mr. Lujan. Mr. Chairman, is it a true statement to say
19649 that under the Republican bill, that costs will shift to the
19650 states?

19651 Mr. Barton. I don't know that you could say we're going
19652 to shift costs to the states.

19653 Mr. Lujan. Do the states have to pick up more of the
19654 tab?

19655 Mr. Barton. Well, on the Medicaid expansion states,
19656 after the freeze kicks in for new enrollees, and you have the
19657 beginning of the ratchet down when they cannot add new
19658 enrollees, if a state chose to continue to add that
19659 population, they would have to -- they would only receive the
19660 normal non-super-FMAP, if that makes sense to you.

19661 Mr. Lujan. It does, Mr. Chairman, because I'm just --
19662 I'm trying to make sense why -- if I can find the article

19663 here. I'm trying to make sense why four U.S. Senators sent a
19664 letter to Mitch McConnell saying that they're concerned about
19665 the House Bill impact on Medicaid expansion in their states.
19666 And that's -- oh, goodness, where is it at here? Senators Rob
19667 Portman in Ohio, Shelley Moore Capito of West Virginia, Corey
19668 Gardner, Colorado, and Lisa Murkowski of Alaska.

19669 If it's as good as my colleagues are saying it is, then
19670 Portman, Capito, Gardner, and Murkowski should be screaming
19671 from the mountaintops on how they love this; yet, they wrote
19672 a letter with concerns to the impact of their constituents
19673 here.

I'm ~~just~~ 19674 trying to make sense of it, Mr. Chairman, but appreciate the
19675 response. That provided some clarity to me, and I yield back
19676 to the lady from Florida.

19677 Mr. Barton. We are here to serve.

19678 Mr. Lujan. Thank you, Mr. Chairman.

19679 Mr. Barton. Who seeks recognition? The gentleman from
19680 Maryland seeks recognition for what purpose?

19681 Mr. Sarbanes. I move to strike the word --

19682 Mr. Barton. The gentleman is recognized for five
19683 minutes.

19684 Mr. Sarbanes. Very quickly, Mr. Chairman. I just want to
19685 push back a little bit on this idea of flexibility, because

19686 that keeps being invoked as the basis for this fundamental
19687 restructuring of the Medicaid program, and that's what it is.
19688 It's not just going back to pre-ACA days, it's taking the
19689 program to a completely different place, which we think is
19690 going to damage the interests of Medicaid recipients.

But the fact of the matter is that we've had testimony in this committee
19691 since I've been here from people at CMS describing the waiver
19692 opportunities that different states have had to experiment
19693 with innovation in their Medicaid programs, including
19694 innovations that can result in some significant cost-savings.
19695 But they've all made the point that their ability to do that
19696 innovation is dependent on having a supportive partnership in
19697 place; in other words, you can't innovate effectively if
19698 you're under siege. And so, using the argument of providing
19699 the states with more flexibility as a way of justifying
19700 changing the formula so that less resources are going to
19701 flow, in fact, is producing a situation where many of these
19702 states who want to engage in some creative innovation around
19703 their programs, again, in ways that may save money over time,
19704 they're really going to be constrained from doing that
19705 because they're going to be under this attack where the
19706 partnership that's been there is going to be pulled out from
19707 under them. So the notion that we're giving them flexibility,
19708

19709 I think, can be called into question.

19710 You're putting pressure on the states, which makes it
19711 harder for them to do the kind of constructive and sensible
19712 innovation, and flexibility that I think we'd all like to
19713 see.

19714 I yield back, unless somebody wants some time.

19715 Mr. Barton. I want to compliment the gentleman from
19716 Maryland. I can't listen fast enough to Mr. Kennedy, but you
19717 speak slowly and clearly. I can understand and listen to you.

19718 Does anybody seek recognition for any purpose? If not,
19719 the Clerk will call the roll, and the Ranking Member has
19720 asked for a roll call vote. Those in favor of the Lujan
19721 amendment will vote yes, and those opposed will vote no.

19722 The Clerk. Mr. Barton.

19723 Mr. Barton. No.

19724 The Clerk. Mr. Barton votes no.

19725 Mr. Upton.

19726 Mr. Upton. No.

19727 The Clerk. Mr. Upton votes no.

19728 Mr. Shimkus.

19729 Mr. Shimkus. No.

19730 The Clerk. Mr. Shimkus votes no.

19731 Mr. Murphy. Mr. Burgess.

19732 Mr. Burgess. No.

19733 The Clerk. Mr. Burgess votes no.

19734 Mrs. Blackburn.

19735 Mrs. Blackburn. No.

19736 The Clerk. Mrs. Blackburn votes no.

19737 Mr. Scalise.

19738 Mr. Scalise. No.

19739 The Clerk. Mr. Scalise votes no.

19740 Mr. Latta.

19741 Mr. Latta. No.

19742 The Clerk. Mr. Latta votes no.

19743 Mrs. McMorris Rodgers.

19744 Mrs. McMorris Rodgers. No.

19745 The Clerk. Mrs. McMorris Rodgers votes no.

19746 Mr. Harper. Mr. Lance.

19747 Mr. Lance. No.

19748 The Clerk. Mr. Lance votes no.

19749 Mr. Guthrie.

19750 Mr. Guthrie. No.

19751 The Clerk. Mr. Guthrie votes no.

19752 Mr. Olson. Mr. McKinley.

19753 Mr. McKinley. No.

19754 The Clerk. Mr. McKinley votes no.

19755 Mr. Kinzinger.
19756 Mr. Kinzinger. No.
19757 The Clerk. Mr. Kinzinger votes no.
19758 Mr. Griffith.
19759 Mr. Griffith. No.
19760 The Clerk. Mr. Griffith votes no.
19761 Mr. Bilirakis.
19762 Mr. Bilirakis. No.
19763 The Clerk. Mr. Bilirakis votes no.
19764 Mr. Johnson.
19765 Mr. Johnson. No.
19766 The Clerk. Mr. Johnson votes no.
19767 Mr. Long.
19768 Mr. Long. No.
19769 The Clerk. Mr. Long votes no.
19770 Mr. Bucshon.
19771 Mr. Bucshon. No.
19772 The Clerk. Mr. Bucshon votes no.
19773 Mr. Flores.
19774 Mr. Flores. No.
19775 The Clerk. Mr. Flores votes no.
19776 Mrs. Brooks.
19777 Mrs. Brooks. No.

19778 The Clerk.
19779 Mrs. Brooks votes no.
19780 Mr. Mullin.
19781 Mr. Mullin No.
19782 The Clerk. Mr. Mullin votes no.
19783 Mr. Hudson.
19784 Mr. Hudson. No.
19785 The Clerk. Mr. Hudson votes no.
19786 Mr. Collins.
19787 Mr. Collins. No.
19788 The Clerk. Mr. Collins votes no.
19789 Mr. Cramer. Mr. Walberg.
19790 Mr. Walberg. No.
19791 The Clerk. Mr. Walberg votes no.
19792 Mrs. Walters.
19793 Mrs. Walters. No.
19794 The Clerk. Mrs. Walters votes no.
19795 Mr. Costello.
19796 Mr. Costello. No.
19797 The Clerk. Mr. Costello votes no.
19798 Mr. Carter.
19799 Mr. Carter. No.
19800 The Clerk. Mr. Carter votes no.

19801 Mr. Pallone.
19802 Mr. Pallone. Aye.
19803 The Clerk. Mr. Pallone votes aye.
19804 Mr. Rush. Ms. Eshoo.
19805 Ms. Eshoo. Aye.
19806 The Clerk. Ms. Eshoo votes aye.
19807 Mr. Engel. Mr. Green.
19808 Mr. Green. Aye.
19809 The Clerk. Mr. Green votes aye.
19810 Ms. DeGette.
19811 Ms. DeGette. Aye.
19812 The Clerk. Ms. DeGette votes aye.
19813 Mr. Doyle.
19814 Mr. Doyle. Yes.
19815 The Clerk. Mr. Doyle votes aye.
19816 Ms. Schakowsky.
19817 Ms. Schakowsky. Aye.
19818 The Clerk. Ms. Schakowsky votes aye.
19819 Mr. Butterfield.
19820 Mr. Butterfield. Aye.
19821 The Clerk. Mr. Butterfield votes aye.
19822 Ms. Matsui.
19823 Ms. Matsui. Aye.

19824 The Clerk. Ms. Matsui votes aye.
19825 Ms. Castor.
19826 Ms. Castor. Aye.
19827 The Clerk. Ms. Castor votes aye.
19828 Mr. Sarbanes.
19829 Mr. Sarbanes. Aye.
19830 The Clerk. Mr. Sarbanes votes aye.
19831 Mr. McNerney. Mr. McNerney.
19832 Mr. McNerney. Aye.
19833 The Clerk. Mr. McNerney votes aye.
19834 Mr. Welch.
19835 Mr. Welch. Aye.
19836 The Clerk. Mr. Welch votes aye.
19837 Mr. Lujan.
19838 Mr. Lujan. Aye.
19839 The Clerk. Mr. Lujan votes aye.
19840 Mr. Tonko.
19841 Mr. Tonko. Aye.
19842 The Clerk. Mr. Tonko votes aye.
19843 Ms. Clarke.
19844 Ms. Clarke. Aye.
19845 The Clerk. Ms. Clarke votes aye.
19846 Mr. Loeb sack.

19847 Mr. Loeb sack. Aye.
19848 The Clerk. Mr. Loeb sack votes aye.
19849 Mr. Schrader.
19850 Mr. Schrader. Aye.
19851 The Clerk. Mr. Schrader votes aye.
19852 Mr. Kennedy.
19853 Mr. Kennedy. Aye.
19854 The Clerk. Mr. Kennedy votes aye.
19855 Mr. Cardenas.
19856 Mr. Cardenas. Aye.
19857 The Clerk. Mr. Cardenas votes aye.
19858 Mr. Ruiz.
19859 Mr. Ruiz. Aye.
19860 The Clerk. Mr. Ruiz votes aye.
19861 Mr. Peters.
19862 Mr. Peters. Aye.
19863 The Clerk. Mr. Peters votes aye.
19864 Mrs. Dingell.
19865 Mrs. Dingell. Aye.
19866 The Clerk. Mrs. Dingell votes aye.
19867 Chairman Walden.
19868 The Chairman. No.
19869 The Clerk. Chairman Walden votes no.

19870 Mr. Barton. Ask their vote, gentleman from Pennsylvania.

19871 The Clerk. Mr. Murphy votes no.

19872 Mr. Barton. The gentleman from North Dakota.

19873 The Clerk. Mr. Cramer votes no.

19874 Mr. Barton. The gentleman from Texas.

19875 The Clerk. Mr. Olson votes no.

19876 Mr. Barton. Gentleman from --

19877 The Clerk. Mr. Harper votes no.

19878 Mr. Barton. Any members on the Minority side that

19879 haven't cast their vote? Seeing no other members present that

19880 wish to cast their vote, the Clerk will tally the vote and

19881 report it.

19882 The Clerk. Mr. Chairman, on that vote there were 22 ayes

19883 and 31 nos.

19884 Mr. Barton. 22 ayes and 31 nos. The amendment is not

19885 agreed to.

19886 The Chair would point out that it's dawn. If the

19887 Minority would be willing to move all their amendments en

19888 bloc and accept a no vote on a voice vote, and if the

19889 Majority would accept the Barton-Blackburn-Hudson amendment,

19890 we could end this, and I will buy Waffle House for everybody

19891 in the committee. Can't do it; worth a shot.

19892 Are there other members who wish to offer amendments?

19893 Gentleman from Vermont seeks recognition; for what purpose?

19894 The gentleman has an amendment at the desk. The clerk will

19895 report the amendment. Would the gentleman identify his

19896 amendment?

19897 Mr. Welch. Thank you. Yes, it is 202.

19898 Mr. Barton. Amendment 202.

19899 Mr. Welch. To strike Section 112C.

19900 Mr. Barton. The clerk will report the amendment and the

19901 clerk will pass out the amendment. We will consider the

19902 amendment as read, without objection, and the gentleman from

19903 Vermont --

19904 The Clerk. An amendment to the amendment in the nature

19905 of a substitute to the committee offered by Mr. Welch.

19906 Mr. Barton. The gentleman is recognized for five --

19907 Mr. Welch. Thank you very much.

19908 Mr. Chairman, before I start on the amendment, I'd like

19909 to just make an observation. I cannot believe the staff and

19910 what a job the staff has done for us all night both sides.

19911 Thank you very much. And CSPAN, thank you. Thank you all very

19912 much.

19913 One of the things, I believe, that we all agree on is

19914 that whatever health plan people have, it's excellent if they

19915 have essential health benefits covered. It's prevention, it's

19916 mental health and substance abuse, it's prescription drugs,
19917 it's maternal and child health, it's lab tests, it's the
19918 emergency room, it's prevention services that we've got
19919 several physicians on our committee both sides of the aisle.
19920 It gives people confidence that when they have something they
19921 think is wrong with them they can get a medical opinion and
19922 get medical advice in a timely way to address it.

19923 It's a combination of giving people peace of mind that
19924 it's not going to bust the bank if they go see a physician,
19925 and it's also really good for any people who may be sick to
19926 get the help they need sooner rather than later, and to start
19927 having regular interaction with their physician. And I
19928 believe all of us believe that's a good idea. Whatever you
19929 think about the Medicaid expansion, whatever you think about
19930 private pay, whatever you think about what the subsidy should
19931 be, the health care plan that provides people with essential
19932 services is a very good thing.

19933 So my question is, why in the world would you eliminate
19934 those essential health services from the Medicaid provisions
19935 in your bill? Why not keep them in? That's going to -- the
19936 Medicaid expansion we oppose. We're having that debate, but
19937 now under your provision, those folks who are in the Medicaid
19938 expansion are going to lose those essential health benefits.

19939 That's absolutely wrong; it's wrong medically, and it's wrong
19940 as a matter of policy, and we shouldn't do it. It's really
19941 that simple. And, obviously, now with all of us, in every one
19942 of our districts we have a heroin and opioid problem, every
19943 single one of us. It's the scourge of our times. And under
19944 the bill as it is now written, people who need substance
19945 abuse services are going to be denied the opportunity to get
19946 those services.

19947 This is something that should be changed, and I hope
19948 that whatever you think about the other provisions of the
19949 bill, knowing that there is mutual concern about the opioid
19950 crisis, and knowing that there's a mutual desire to have
19951 Americans get access in a timely way to the essential health
19952 care services that we require, that there would be an
19953 openness to changing this provision and restoring those
19954 essential health benefits.

19955 And I'd like to yield my time now to Mr. Kennedy.

19956 Mr. Kennedy. I thank my colleague from Vermont.

19957 I, obviously, wholeheartedly agree with the way you
19958 characterized this amendment and the intent of it. And I
19959 think it actually speaks to a bit of the discussion we were
19960 having earlier on both sides of the aisle here, and the
19961 belief, my interpretation, anyway, that some of these

19962 protections are actually already in place in the bill.

19963 I know that these protections are, or my understanding
19964 is that those protections are in place for the individual
19965 market, that these aren't in place for other aspects of
19966 insurance coverage, so just to echo what Mr. Welch has said,
19967 trying to make sure it remains available, those essential
19968 protections remain available for the 11 or so million people
19969 that are on the Medicaid expansion. It would seem to make
19970 sense given the fact that they are a vulnerable population
19971 and are going to need access to those benefits; and the
19972 debate that we had earlier around insuring that there is one,
19973 coverage, but then the benefits are also available so that
19974 people can actually avail themselves of the care that they
19975 are going to need and be able to afford it.

19976 I don't think there's actually -- I could be wrong on
19977 this. I don't mean to speak for my colleagues. I don't
19978 believe there's any real disagreement on the value of those
19979 services. I would urge my colleagues; and, again, I think
19980 under the -- I was under the impression, I think that some
19981 believe that these protections were already in place in the
19982 bill. And given that, I would urge their support for this
19983 amendment.

19984 I yield back to Mr. Welch.

19985 Mr. Barton. Does the gentleman yield back his time? The
19986 gentlelady is recognized for the last 20 seconds. We're going
19987 to have somebody in our side before we come back.

19988 I want to ask the counsel before we go to Dr. Murphy,
19989 what exactly does this Section 112C do? It says, "Sunset of
19990 essential health benefits requirement." Explain what that
19991 does. Page 8, line 3 through 7.

Counsel 19992 Mr. Barton, it just removes the application of the essential health
19993 benefit plans mandated requirement that all states have
19994 alternate benefit plans, must cover the essential health
19995 benefits. It removes that mandate.

19996 Mr. Barton. For all of the categories, or for the --
19997 Counsel. For alternate benefit plans, the benchmark
19998 plans in Medicaid.

19999 Mr. Barton. I'm still not clear, but I'm sure everybody
20000 else is.

20001 Does the gentleman from Pennsylvania seek recognition?

20002 Counsel. So benchmark plans were created in the DRA, and
20003 they kind of evolved to use over time. In 2012, there were
20004 about 12 states that used them, and then all expansion
20005 enrollees are covered in alternative benefit plans, so it's a
20006 benchmark that states get to choose from the Blue Cross/Blue
20007 Shield option for Congress, for the state employee coverage,

20008 or the largest statewide HMO, or to work with the secretary
20009 to determine appropriate coverage. So that's the idea, that
20010 you get to pick amongst benchmarks. That's functionally how
20011 they work.

20012 Mr. Kennedy. Mr. Chairman, if I may. I believe it's
20013 essentially the Medicaid expansion plans. Right?

20014 Mr. Barton. Okay. I'm about half-asleep, so I'm going to
20015 recognize Dr. Murphy. He understands it, and he can --

20016 Mr. Murphy. We can start the day with the Star Spangled
20017 Banner, if you wish. It will wake us all up.

20018 Mr. Barton. That would.

20019 Mr. Murphy. Thank you, Mr. Chairman.

20020 First, just to be clear, counsel, alternate benefit
20021 plans also -- mental health parity also applies to them. Am I
20022 correct?

20023 Counsel. Yes, sir.

20024 Mr. Murphy. Okay. All right. So let me go through a few
20025 things here.

20026 First of all, this provision does not modify a mandatory
20027 benefit for Medicaid beneficiaries, but under this bill the
20028 states could still choose to cover mental health benefits and
20029 other health care services to Medicaid patients served by the
20030 alternative benefit plans. It would have to apply -- would

20031 have the ability to better design solutions to meet the needs
20032 of patients. And I go back to the point that we have put \$100
20033 billion into this that states could use those funds for
20034 mental health benefits.

20035 We've heard from both Red and Blue states they need to
20036 be more -- they need more flexibility from Washington to
20037 craft solutions that work for their patients. I'm going to
20038 describe how they can do this in a minute, but alternative
20039 benefit plans were created by the Deficit Reduction Act of
20040 2005. This law gives states the option to enroll Medicaid
20041 beneficiaries in these benchmark plans.

20042 ABPs, as they're known, give states flexibility to
20043 basically benchmark coverage to one of four categories. As
20044 you said, the Blue Cross/Blue Shield standards provider plan
20045 under the Federal Employees Health Benefit Program, or a plan
20046 offered to and generally available to state employees, or the
20047 largest commercial health maintenance organization state or
20048 coverage approved by the Secretary appropriate to meet the
20049 needs of the targeted populations. But ABP coverage must have
20050 the same actuarial value as those -- as one of these
20051 benchmark options.

20052 I want to be clear, this bill does not change the
20053 federal mental health parity requirements established. And I

20054 want to say that over and over again, because those laws
20055 still apply. These requirements mandate that under a given
20056 insurance plan, coverage of mental health and addiction
20057 services, if offered, should be on par with coverage of
20058 medical and surgical services in terms of treatment
20059 limitations, the amount, the duration, scope of benefits,
20060 financial requirements, beneficiary co-payments, in and out
20061 of network covered benefits, annual lifetime dollar limits;
20062 though, does not change the 2016 CMS rule which required
20063 managed care plans both traditional, Medicaid and Medicaid
20064 alternative benefit plans, as well as CHIP to comply with
20065 mental health parity again.

20066 The reason for the provision in the bill is to give
20067 governors and state legislatures more tools to better design
20068 solutions for their patients. Now think about this; mandating
20069 ABPs to alternative benefit plans, Congress is respectfully
20070 saying they no better, don't trust the governors. Now, let me
20071 describe how this can work.

20072 Five percent of Medicaid beneficiaries are responsible
20073 for 55 percent of Medicaid spending. States have begun to
20074 figure this out, about 1 percent of beneficiaries, about 15,
20075 20 percent of spending. Eight out of ten people going to the
20076 emergency room have at least some mental health issue

20077 associated with it that had that been addressed they wouldn't
20078 be in the ER.

20079 As programs such as Geisinger, UPMC, and Kaiser, and
20080 Intermountain, and other programs do this, they have finally
20081 figured out that by providing services to people on Medicaid,
20082 they can actually provide better service and lower cost.
20083 Examples would be, let's say a woman with migraines, or
20084 someone with inflammatory bowel disease, or someone with
20085 schizophrenia or a heart problem have a lot more ER
20086 admissions because in many cases they double or triple their
20087 risk for depression, anxiety, panic disorders, or other
20088 mental health disorders.

20089 States recognizing that they do better to treat these by
20090 having easier access to physicians, and nurses, and nurse
20091 practitioners, and many of them are now hiring within their
20092 practice licensed counselors, psychologists, psychiatrists,
20093 actually recognize that providing these services to their
20094 beneficiaries, they lower cost; about 40 percent reduction.
20095 They help keep people out of emergency rooms. They help keep
20096 people out of inpatient, or I might say one of the goals and
20097 stated plans of the Affordable Care Act was to increase
20098 outpatient care and decrease emergency care and inpatient
20099 care. It actually had the opposite effect. There's been more

20100 inpatient admissions, more emergency admissions because the
20101 system wasn't working, because states were not collecting
20102 data.

20103 This bill, by the way, requires states to collect data
20104 and look at what is happening so that they recognize if they
20105 provide these whole wrap-around services for persons with
20106 chronic illness, with other psychological problems, or to
20107 people with a primary mental health disorder who oftentimes
20108 have other chronic illnesses. In other words, you can't be
20109 treating physical illness without behavioral illness, as
20110 well. And states are figuring this out, but they need the
20111 flexibility to design these plans. These emerging things, not
20112 something that Washington can work out, but something the
20113 states have to have the knowledge and flexibility to move
20114 forward on.

20115 This is getting into the weeds a lot and technical, and
20116 I will make sure we have a hearing in Oversight &
20117 Investigations so members can work on this together and come
20118 up with some solid solutions for Medicaid reform.

20119 I yield back, Mr. Chairman.

20120 The Chairman. I thank the gentleman, and his time has
20121 expired. Would members on this side like to respond? So I now
20122 recognize the gentlelady from California, Ms. Eshoo, for five

20123 minutes on the amendment.

20124 Ms. Eshoo. Thank you, Mr. Chairman. Strike the last
20125 word.

20126 Something comes to mind as I was looking at the list of
20127 essential health benefits. Actually, two things came to mind.
20128 Let me read what these benefits are. And what we're, of
20129 course, debating is the bill phases these benefits out of
20130 Medicaid coverage. The outpatient care a patient gets without
20131 being admitted to a hospital, emergency services,
20132 hospitalization like surgery and overnight stays, pregnancy,
20133 maternity, newborn care, mental health and substance use
20134 disorder services, prescription drugs, rehabilitative and
20135 habilitative services and devices, laboratory services,
20136 preventive and wellness services, and chronic disease
20137 management, and pediatric services including oral and vision
20138 care for infants and children.

20139 So, members of Congress, how about if someone informs
20140 you right now that you and your family's policy, all of these
20141 things are going to be ripped out of it? Just think of what
20142 you would think. So, I think one of the first things we need
20143 to think about is, is this fair?

20144 The other thing I thought of was what my father always
20145 used to say. He used to say, "Honey, you know what? The best

20146 thing about citizenship in the United States is there's only
20147 one class, first class." But you know what, if he was here
20148 tonight, he would say uh-oh, people are not being -- this is
20149 not first class citizenship here. Why are you doing this? Why
20150 are you ripping these -- they are aptly named. These are
20151 essential health benefits. Essential is probably the
20152 operative word.

20153 Now, you want to use the word "flexibility," use the
20154 word flexibility, but you know what, under Medicaid per
20155 capita caps, once these essential health benefits are
20156 repealed, the states are not going to have any incentive to
20157 protect their Medicaid populations or provide them with the
20158 kind of care that's built into these essential benefits.
20159 They're just not. So, you know, don't tell us that this is
20160 about flexibility.

20161 What governor came in and said let's get rid of
20162 essential benefits? I don't think there is a Republican
20163 governor or Democratic governor that would come in the door
20164 and say that. So, this is lowering citizenship; just because
20165 people don't have maybe all that some of us have, does not
20166 make them lesser beings. And they desire essential benefits.
20167 And if you're smart in terms of dollars, these are the best
20168 dollars to spend because this is about prevention when you

20169 have these benefits, instead of waiting until people get
20170 sicker, and sicker, and sicker and the care, of course,
20171 becomes more complex, and it's costlier.

20172 So, obviously, I'm not for what's being proposed in the
20173 bill, but it's -- I don't know; it has like a sense of -- I'm
20174 embarrassed by it, that something like this would even be
20175 considered. We're better than this.

20176 Mr. Welch, you want to take the rest of the time?

20177 Mr. Welch. Thank you very much.

20178 There's an abstraction that is infusing this debate,
20179 flexibility. Does that mean, this is a serious question, that
20180 a woman who's pregnant in Vermont can be denied maternal
20181 health benefits, but a woman in New Hampshire can't be? We're
20182 leaving that decision up to other people, as opposed to
20183 making the decision on the basis of the need? That's
20184 essentially what we're saying; it's pick and choose.

20185 And this talk about having it go back to the states,
20186 we're talking about human beings, and last I knew they're the
20187 same in Louisiana as they are in Vermont. If you're a
20188 pregnant woman anywhere in this country, we don't want that
20189 woman to have maternal and child health? That's what we're
20190 saying with this amendment. It's really unnecessary, and it's
20191 really stupid.

20192 I yield back.

20193 The Chairman. The Chair recognizes the gentleman from
20194 Texas, Mr. Flores.

20195 Mr. Flores. Thank you, Mr. Chairman.

20196 I want to build on the comments that Mr. Murphy had
20197 earlier, and I'd like to start out by saying that there is
20198 precedent for this already. If we think about the PACE Act
20199 that Mr. Guthrie championed recently, the PACE Act removed
20200 the application of essential health benefits to the large
20201 group market. Every Democrat in Congress supported the PACE
20202 Act. It was voice voted off the House floor, it was voted off
20203 the Senate floor, and President Obama signed into law. Chuck
20204 Schumer was a co-sponsor, so there's precedent.

20205 Now, the reason for the provision in the bill is to give
20206 governors and state legislatures more tools to better design
20207 solutions for their patients. Think about it; by mandating
20208 essential health benefits to alternative benefit plans,
20209 Congress is effectively saying that they know better, that
20210 they don't trust 50 governors or 50 state legislators.

20211 Why is the federal government setting this benchmark?
20212 Why do we assume that allowing states to benchmark to what
20213 Congress or state employees have for health care is
20214 deficient? We believe that the states will continue to cover

20215 these services as most did before the ACA.

20216 One other thing; this change doesn't take effect until
20217 December 31st of 2019, so if states still want to offer some
20218 essential health benefits and alternative benefit plans in
20219 Medicaid, they can work with the Secretary to design an
20220 alternative benefit plan that works for their states. States
20221 can tailor the benefits to the unique mental health benefits
20222 of their state. States are much closer to their
20223 beneficiaries, and are far better than Washington, D.C. at
20224 knowing these needs and providing appropriate coverage.

20225 Also, it's important to note that our patient state,
20226 excuse me, patient and state's ability fund give states the
20227 ability to use those funds to promote access to preventative
20228 services, including dental care services, whether preventive
20229 or medically necessary, or any combination of such services.
20230 And I want to highlight, as well as mental health and
20231 substance use disorders.

20232 This meets the needs we heard from the states to allow
20233 them to govern their own unique Medicaid populations, but
20234 they have to follow the benchmark provisions. And just to
20235 repeat what Mr. Murphy said, here what the benchmark
20236 provisions are, again, just to remind everybody, it's either,
20237 one, the Blue Cross/Blue Shield Standard Provider Plan under

20238 the Federal Employees Health Benefit Program, which we used
20239 to be able to enjoy as members of Congress. Number two, a
20240 plan offered to and generally available to state employees.
20241 Those usually aren't too skimpy. Number three is the largest
20242 commercial health maintenance organization in the state.
20243 Again, that's not a fly-by-night plan. Or, four, the coverage
20244 approved by the Secretary appropriate to meet the needs of
20245 the targeted population.

20246 And again to repeat what Mr. Murphy said again one more
20247 time, the alternative benefit equivalent coverage must have
20248 the same actuarial value as one of those benchmark options.
20249 So I think if you really look at what we're doing, we're
20250 giving the states flexibility, but we haven't reduced the
20251 ability of the states to meet their populations' needs.

20252 If there's another Republican that would like the rest
20253 of my time, they can have it.

20254 The Chairman. Well, I might pick up on that a bit,
20255 because basically what you said is that the PACE Act passed
20256 unanimously. Right? And it did the same thing for large group
20257 plans to give that flexibility. People recognized the
20258 importance of that. It's not that we don't believe in these
20259 things should be covered; it's you've got to have flexibility
20260 in these plans for them to survive. And with the individual

20261 market crashing, everything else, we're trying overall to
20262 work on all these different pots, and let the states have the
20263 flexibility they need to work through this. So we did it for
20264 a group of the bigger plans, we're saying we'll do it here.
20265 It's worked before. Everybody agreed to that. President Obama
20266 signed that into law.

20267 Mr. Flores. Right. Mr. Chairman --

20268 The Chairman. Am I missing something here, Mr. Flores?

20269 Mr. Flores. No, you're not. And, again, remember the
20270 alternative benefit plans, where the state sets one up, have
20271 to meet those minimum benchmarks that are not that easy to
20272 meet. So I think --

20273 The Chairman. Again, those -- can you go through what
20274 those minimum benchmarks are with these plans?

20275 Mr. Flores. Sure. The first one is the Blue Cross/Blue
20276 Shield Standard Provider Plan under Federal Employees Health
20277 Benefits --

20278 The Chairman. It's got to meet that.

20279 Mr. Flores. Right.

20280 The Chairman. Or?

20281 Mr. Flores. Two, a plan offered to and generally
20282 available to state employees.

20283 The Chairman. All right. Those are usually pretty

20284 generous. Right?

20285 Mr. Flores. Usually, that's correct. The largest
20286 commercial health maintenance organization in the state. And
20287 they wouldn't be the largest if they're offering substandard
20288 benefit packages. Or number four, the coverage approved by
20289 the Secretary appropriate to meet the needs of the targeted
20290 population. And, lastly, in the aggregate, the alternative
20291 benefit plan has to meet the same actuarial value as one of
20292 those benchmark options.

20293 The Chairman. All right.

20294 Mr. Flores. I yield back.

20295 The Chairman. The gentleman yields back. The Chair
20296 recognizes the Ranking Member, Mr. Pallone, for five minutes
20297 on the amendment.

20298 Mr. Pallone. Thank you, Mr. Chairman.

20299 I listened to the gentleman from Texas say that, you
20300 know, this should be left up to the states, but the State of
20301 Texas doesn't even provide expanded Medicaid. So, I mean, if
20302 you leave it up to the states, in the case of his state,
20303 people wouldn't even have Medicaid coverage in this expanded
20304 category. So I don't even understand why in the world you'd
20305 want to say that, you know, it should be left up to the
20306 states.

20307 You know, I made this argument earlier this evening with
20308 regard to a lot of the discriminatory practices. If we left
20309 it up to the states or the way things used to be, you would
20310 still have the problems of preexisting conditions, annual
20311 caps, lifetime caps on insurance, you know, not having kids
20312 on their policy up to the age of 26.

20313 I mean, the reason that the federal government stepped
20314 in; and, of course, the intention was that states would adopt
20315 expanded Medicaid. And the reason that the federal government
20316 stepped in and dealt with so many of these issues, and didn't
20317 leave it to the states, was because it wasn't working, and
20318 they weren't providing benefits, so they had discriminatory
20319 practices.

20320 So, you know, I just have to disagree with the general
20321 premise that the gentleman from Texas is stating about
20322 leaving it --

20323 Mr. Mr. Sarbanes. Would the gentleman yield?

20324 Mr. Pallone. -- up to the states. No, if I have time
20325 left, I will. I just want to finish with my points here now.

20326 The essential benefits package, which we put in place
20327 with the ACA for both expanded Medicaid, as well as the
20328 private insurance market, for those buying insurance on the
20329 Exchange, the individual market, was really -- was crucial.

20330 In other words, we not only wanted to cover people who had no
20331 insurance, but we also wanted to make sure that they didn't
20332 continue to have these skeletal plans, because beforehand,
20333 you know, people go out and buy these skeletal plans, didn't
20334 include hospitalization, didn't include doctor's visit. You
20335 know, they basically could do whatever they want, and we
20336 needed to have the guarantee of essential benefit package to
20337 make sure that when people bought their insurance, it was
20338 basically as good as you would get, you know, for a decent,
20339 good Blue Cross/Blue Shield plan so that people didn't buy,
20340 you know, gold star insurance and find out later that they
20341 didn't even have hospitalization.

20342 So in the same way that we put it into the private
20343 insurance market on the Marketplace, we also wanted to
20344 include it for people that were in expanded Medicaid because,
20345 first of all, a lot of those people go back and forth between
20346 the two, depending on whether they're working, and what kind
20347 of job they have. But the problem is that if you take this
20348 away and you start cutting back on the amount of money that's
20349 available under Medicaid, it's inevitable, in my opinion,
20350 that the things that are more high cost, benefits that are
20351 more high cost are going to be eliminated. And, you know,
20352 this is a group that's disproportionately childless adults,

20353 many subject to opioid addiction. Behavioral health would be
20354 the first thing that goes. We've already explained that, and
20355 even though Mr. Murphy talks about parity, parity doesn't
20356 help you if you don't have a package that includes behavioral
20357 health or mental health care. It's not going to help you.
20358 It's not going to cure that problem.

20359 Other things that were often dropped in the past were
20360 maternal care, again because this childless adult population
20361 was disproportionately male, so oftentimes it included
20362 maternal care. Another thing that was often dropped were
20363 prescription drugs because they tend to be very expensive. So
20364 this is what you're going to see. You're going to see this
20365 population, which has a high incidence of opioid addiction no
20366 longer having any insurance to deal with their substance
20367 abuse problem, many cases not having access to prescription
20368 drugs. And all this talks about flexibility and leaving it up
20369 to the states isn't going to do these people any good when
20370 they don't have these benefits that are so crucial.

20371 So, you know, I just want to urge members to support
20372 this amendment, and I yield to the gentleman from Maryland.

20373 Mr. Sarbanes. I thank the gentleman for yielding.

20374 I just want to reinforce your comments about treatment
20375 services available for families who are suffering, and

20376 individuals who are suffering from opioid addiction. If you
20377 look at it through a different lens you could say that, you
20378 know, we could be doing even better up here than we have been
20379 in responding to this crisis across the country. But it was
20380 fortuitous that the Medicaid expansion was kind of coming in
20381 in its full measure at that moment when the crisis was
20382 accelerating, because those treatment services are there. So
20383 the worst thing we could do right now by changing the
20384 essential health benefits would be to pull those resources
20385 away from people who need them, and are in this dire
20386 situation.

20387 I yield back.

20388 The Chairman. The gentleman's time has expired.

20389 The Chair recognizes the gentleman from Texas, Mr.
20390 Barton, for five minutes.

20391 Mr. Barton. Thank you.

20392 I must admit, Mr. Chairman, I don't totally understand
20393 the essential benefits package because of all the complexity
20394 of the traditional Medicaid, and then the expanded Medicaid,
20395 and then the private market, all that. So I'm going to try to
20396 create an analogy that I do understand, Mr. Chairman.

20397 Let's say that this committee passed the Federal
20398 Election Campaign Act for members of Congress, Federal

20399 Election Campaign Act. Anybody who is a current member or
20400 wanting to run for Congress had to follow this, and the
20401 Federal Election Commission was empowered to put out an
20402 essential campaign element. And you had to do -- if you were
20403 going to run for Congress, you had to have these essential
20404 campaign elements in your campaign plan, had to have bumper
20405 stickers, had to have yard signs, had to have a billboard
20406 program, had to have a four by eight program, and a four by
20407 four program, had to have a radio program, had to have a TV
20408 program, had to do neighborhood walk program, had to go on
20409 talk radio, had to have a social media campaign, and had
20410 minimum requirements for all that. And because they were
20411 worried that some of the people that were in Congress, or
20412 that were thinking about running for Congress couldn't afford
20413 it, Federal Election Commission would pay 100 percent of the
20414 cost for the first six years.

20415 Now, we all know how silly that would be. None of us
20416 when we decided to run for Congress went to the Federal
20417 Election Commission and found out how to run for Congress.
20418 Some of us loved bumper stickers, some of us didn't. Some of
20419 us used social media, some of us didn't. Some of us walked
20420 neighborhoods, some of us didn't. Somehow we all got here. We
20421 all used our own ingenuity to run the best campaign that we

20422 could have to put our best foot forward to get people to
20423 elect us.

20424 My friends on the Democrat side seem to think that the
20425 only way to guarantee that people are going to be covered is
20426 if the federal government mandates it, got to have all these
20427 mandates. Now, on our side we think well, there may be a few
20428 mandates that you have to have, but generically we think --
20429 we believe in markets. We believe that if we eliminate some
20430 of the mandates in the Affordable Care Act, give the states
20431 flexibility to run their Medicaid programs, that by golly,
20432 they'll figure out how to provide the best health care they
20433 can for their populations. And we basically believe in
20434 freedom, and flexibility, and delegation back to the states,
20435 but we're still going to have to pay for a lot of it.

20436 The Chairman. Would the gentleman yield?

20437 Mr. Barton. I'll yield to the Chairman, sure.

20438 The Chairman. I appreciate it, because you and I were
20439 both here when we created Medicare Part D for Senior
20440 Citizens, because there wasn't a pharmaceutical benefit
20441 program. And we had the same set of arguments from the
20442 Democrats, and we had to lock everything into the statute,
20443 and we resisted that because we believed markets could work,
20444 if given the flexibility.

20445 Mr. Barton. Right.

20446 The Chairman. And today that program is 40 percent,
20447 roughly, below what the Congressional Budget Office thought
20448 it would cost, seniors have about an 85 percent satisfaction
20449 rate, which is pretty good, and there aren't bus trips to
20450 Canada to get drugs.

20451 And my point of saying all that is, if you do -- if you
20452 create the right market forces and empower -- start with the
20453 consumer, empower the consumer, which we did in Medicare Part
20454 D, it works.

20455 Mr. Barton. Right.

20456 The Chairman. And that's really what you're saying, is
20457 rather than mandate a certain set of benefits, we allow
20458 flexibility, and create a competitive market, these things
20459 work. If you go the other way, you get what's happening in
20460 the individual market right now; too many Washington mandates
20461 drives the cost up, drives the people out you need in because
20462 the prices are too high, the market fails. That's what we're
20463 inheriting right now trying to fix in other parts of our
20464 effort in insurance reform, health care reform. Some of that
20465 we're doing here, some of it we'll do through Dr. Price, some
20466 of it will be in regular legislating.

20467 Mr. Barton. I don't think, Mr. Chairman, that the

20468 essential benefits that are highlighted are necessarily bad,
20469 or unnecessary.

20470 The Chairman. Right.

20471 Mr. Barton. I simply say, I think you can repeal them,
20472 give the states flexibility, and require that the money we
20473 send to the states be spent on health care for that
20474 population.

20475 The Chairman. Right.

20476 Mr. Barton. And in most cases, they're going to adopt to
20477 the needs of their constituency in that state.

20478 The Chairman. The gentleman's time has --

20479 Mr. Barton. That's my point.

20480 The Chairman. -- expired. Just going to work down, as
20481 we're supposed to do here. Mr. Doyle is recognized for five
20482 minutes.

20483 Mr. Doyle. Thank you, Mr. Chairman.

20484 Yes, I was around for that Medicare Part D debate, and
20485 as I recall, Democrats wanted to negotiate with Pharma for
20486 lower rates for seniors to use our buying power as this large
20487 group, and I would say if you compare what seniors are paying
20488 under Medicare Part D with what veterans are paying under VA
20489 where they negotiated for pharmaceutical prices, the veterans
20490 are getting a much better deal than our senior citizens are.

20491 So, you know, you say the market works; well, the market is
20492 working a lot better in VA than it's working for senior
20493 citizens in Medicare Part D, and it doesn't have a donut
20494 hole.

20495 Let's get back to this other thing. The people that find
20496 themselves in the Medicaid expansion group, and in
20497 Pennsylvania over 80,000 people are in Medicare expansion
20498 that have mental illness or substance use disorders. And
20499 what's going to happen to these folks because the essential
20500 benefit package doesn't apply there, is the guarantee is
20501 gone. That's really what we're talking about here.

20502 Will they maybe get psychiatric care, or will they maybe
20503 get care for their opioid disorder? They might, if
20504 Pennsylvania decides they have the money to do it; although,
20505 that money gets cut in the expansion group, or they may find
20506 out that the money is just not there to do it, so the service
20507 just can't be provided.

20508 They're going to have to make tough choices, and as my
20509 governor said in the letter to us, is that we're pitting
20510 people against one another, groups against one another for
20511 the scarce dollars that will be available to provide these
20512 benefits. So, all Democrats are saying is, there's a
20513 guarantee in the regular Medicaid, but there's not a

20514 guarantee in the Medicaid expansion. And maybe people will
20515 get coverage, and maybe they won't.

20516 And I think that's the difference, and that's the
20517 distinction that we're trying to make. It's not a function of
20518 the market working, or governors having flexibility. My
20519 governor is going to be forced to make very tough choices
20520 about who gets help and who doesn't as those dollars get
20521 scarcer and scarcer. So, that's what we're talking about.

20522 And, you know, it seems to me in business since we
20523 always talk about the market around here, is that most
20524 business people I know when they're going to go out and buy
20525 something, they negotiate for the best price. And maybe they
20526 get two or three different bids on something they want.

20527 We didn't do that in Medicare Part D. We just basically
20528 said to Pharma, you know, you're going to charge what you're
20529 going to charge, and told seniors there's a donut hole. VA,
20530 we negotiated. To me, that's how the market works. You go out
20531 and you negotiate for things and get the best price.

20532 So I will gladly yield my remaining one minute and 30
20533 seconds to anyone -- to Mr. Schrader.

20534 Mr. Schrader. Thank you, appreciate that.

20535 Yes, I think the idea the market always works has proven
20536 dramatically wrong in 2008. We had a little thing called the

20537 Great Recession. It's important, I think, from time to time
20538 for us to have a light hand of regulation and talk about how
20539 to protect people from maybe shortsighted economic decisions
20540 that cost them their health care, maybe their home over the
20541 long haul. That's what the essential benefits package is
20542 really all about.

20543 You can buy a catastrophic health care plan and get by
20544 on the cheap, and think you're doing the right thing, only to
20545 find out, you know, it doesn't maybe cover your catastrophic
20546 problem, and maybe more importantly, as you get older doesn't
20547 take care of your aging process where you're going to need
20548 more health care.

20549 The whole idea behind any insurance product is that
20550 you're paying over your lifetime commensurate with what your
20551 needs are going to be at the end of the day. That's what
20552 we're talking about. The essential benefits, more
20553 importantly, keep you healthy. We're losing track. We're
20554 always talking about insurance, and market. I mean, I like
20555 that, but the main thing is, let's make sure these people are
20556 healthy going forward, and that's what the essential benefits
20557 do, they take care of a person's basic health care needs in
20558 total. The other references to oh, it's already included, and
20559 it's got to be like this plan, this Blue plan, that plan;

20560 then there's that says, you know, whatever the Secretary
20561 wants. You can drive a truck through that, folks. Let's
20562 protect these people. Let's help them make good lifetime
20563 decisions, the essential benefits.

20564 I yield back.

20565 The Chairman. The gentleman's time has expired. Are
20566 there other members seeking recognition on this amendment on
20567 the Republican side? If not, we'll look this way, and Ms.
20568 Schakowsky, you're recognized for five minutes on the
20569 amendment.

20570 Ms. Schakowsky. Thank you, Mr. Chairman.

20571 Regarding this issue of being able to have the guarantee
20572 that we can treat opioid addiction, I wanted to put into the
20573 record, ask unanimous consent, a letter from the American
20574 Society of Addiction Medicine that raises a number of
20575 concerns. May I have unanimous consent to put this in the
20576 record?

20577 The Chairman. Answer your question. Yes, of course.

20578 Ms. Schakowsky. Yes, okay.

20579 The Chairman. Without objection.

20580 Ms. Schakowsky. Thank you.

20581 So, here's what they say, in part. "We are concerned
20582 that rolling back the Medicaid expansion, sun setting the

20583 essential health benefits requirement for Medicaid expansion
20584 plans, and capping federal support for Medicaid benefits will
20585 reduce coverage for and access to addiction treatment
20586 services, changes that will be particularly painful in the
20587 midst of the ongoing opioid addiction -- the opioid epidemic.
20588 The Medicaid expansion, in particular, has led to significant
20589 increases in coverage and treatment access for persons with
20590 addiction. And to be sure, the American Society of Addiction
20591 Medicine supports flexibility in the Medicaid program, and
20592 has supported several states' applications for 1115 waivers
20593 to transform their addiction treatment systems to offer all
20594 levels of care described by the ASAM criteria, treatment
20595 criteria for addictive substance-related and co-occurring
20596 conditions; however, the Society has seen for decades how
20597 states under-funded addiction treatment services, and waste
20598 federal dollars on inefficient and ineffective care when they
20599 are left to decide how to manage their federal Medicaid
20600 dollars without mandates for parity and accountability to
20601 cover appropriate care."

20602 So, the experts, the medical association that deals with
20603 opioid addictions has some very serious concerns about this
20604 idea of just leaving it to the states. And it seems like, as
20605 many people have already said, a really bad time to start

20606 messing around with opportunities to treat this epidemic that
20607 is occurring in so many states right now.

20608 So, if anybody wants my time, I'll put this in the
20609 record and I will yield to the lady from -- the Honorable
20610 lady from Florida.

20611 Ms. Castor. I thank Ms. Schakowsky for yielding the
20612 time.

20613 You know, it's become more and more clear as this long
20614 markup has gone along, the threat to Medicaid as we know it,
20615 it is now crystal clear, especially if you're tuning in now,
20616 here it's 7:30ish, the GOP Bill seeks to dismantle Medicaid
20617 as we know it in a couple of ways.

20618 A lot of the debate overnight was on how it's funded,
20619 and how we take care of seniors in nursing homes and
20620 children, and a lot of our disabled neighbors. So we talked
20621 about per capita caps. That's one way they go and really sock
20622 it to the gut of our neighbors back home.

20623 The other way they're doing it besides the cuts is
20624 they're now going to go to what is the -- really the meat of
20625 it, is how we take care. There are a few basic fundamental
20626 health services that are provided under Medicaid, the
20627 essential health benefits. So on one hand they're going to
20628 say we're going to cut the money, and on the other hand we're

20629 going to take away the health services that are meaningful to
20630 our families.

20631 And if you listen closely you'll hear the word
20632 "flexibility, flexibility, flexibility," used over and over
20633 again, and it's a euphemism for cuts, because already
20634 Medicaid is very flexible. States can innovate, they can get
20635 waivers from federal, from CMS, but what it is, they're
20636 trying -- let me translate it for you. It's a euphemism for
20637 cuts and dismantling Medicaid as we know it that serves our
20638 neighbors so well. In fact, it's a canard, and it would be
20639 comical if it wasn't so serious to the way we take care of
20640 each other in this country.

20641 The Chairman. The gentlelady's time has expired. Are
20642 there others seeking recognition on this amendment? The
20643 gentleman from Illinois is recognized for five minutes on the
20644 amendment.

20645 Mr. Shimkus. Yes, I won't take that long. I appreciate
20646 it.

20647 I think we all have dealt with providers in our
20648 district, and so I take great exception at my colleague from
20649 Florida's portrayal, because I've been asked by health care
20650 providers for flexibility. And I've been asked for
20651 flexibility from health care providers in the space that

20652 we've been talking about, drugs, mental illness, and the
20653 like. Because what they want to do is they want to wraparound
20654 those services with the medical ability when a lot of times
20655 they immediately access the emergency room, and then they
20656 need to get inpatient for a couple of days, and then they
20657 need to get counseling. So, I would say that to make the
20658 blanket statement as she has is not truly indicative of the
20659 people who are on the ground providing services to those in
20660 need.

20661 And I will yield back my time.

20662 The Chairman. Thank you. Would the gentleman yield?

20663 Mr. Shimkus. I would yield to you.

20664 The Chairman. Yes. So I want to pick up on that because
20665 I've been in these meetings with governors, Republicans and
20666 Democrats. And overall on the issue of Medicaid, this is what
20667 many of them ask for. It's no euphemism, it's the reality
20668 that's too often ignored by those who -- I'll leave it at
20669 that.

20670 The issue is, they've asked us for flexibility. They say
20671 -- I've had governors say to me why is it if Oregon gets a
20672 waiver, I can't ask for the same waiver without having to go
20673 through a whole big bureaucratic process? They said that in
20674 the meeting. They said if California gets a waiver, this

20675 state gets a waiver, why can't I just apply and get the same
20676 waiver? Instead, they have to go through an enormous and
20677 expensive process that they argue they shouldn't have to.

20678 I mean, there's just one example after another, after
20679 another that they gave to us, and so we listen to it. We
20680 actually asked for their input. We wrote to every governor,
20681 wrote to the insurance commissioners. We said tell us what's
20682 your frustration? What can we help you fix here? We extended
20683 the, I know it's unique, legislative hand of the federal
20684 government to say we want to hear from you, and then we'll do
20685 what we can here. Even trying to do minor things is very
20686 difficult. Change is hard for some, but if we don't get
20687 flexibility of the states we won't get innovation for the
20688 states.

20689 Mr. Shimkus. Will the gentleman yield?

20690 The Chairman. And, again, it gets back to -- I'll just
20691 give you, because we're now in this morning hour, my example
20692 of my new friend, Governor Herbert of Utah. I mean, can you
20693 imagine having to come to a person, some person in HHS CMS to
20694 ask for a waiver to be able to email with people that email,
20695 and then nine months later getting an email from the federal
20696 government saying no? And Governor Herbert of Utah told me
20697 that's \$6 million wasted.

20698 This is the kind of flexibility, it's just one example,
20699 we can get you a lot of them. I'm sure your states can give
20700 you those; that says we want flexibility. So when somebody
20701 says flexibility is just a code word for something else, I
20702 don't know. I guess I'm --

20703 Mr. Shimkus. Will the gentleman yield?

20704 The Chairman. I've listened to Governor Scott from
20705 Florida, I've listened to Governor Walker of Wisconsin, I
20706 talked to Governor Baker of Massachusetts, I've been on the
20707 phone with Governor Kasich. I mean, they have different views
20708 on these matters, but to almost a single one of them they
20709 said please, give us some flexibility, but they also said we
20710 want accountability, and there's a reason. Because anybody
20711 that sat through the hearings we've done, the Oversight
20712 hearings, we know from the GAO and the OIG, their own report
20713 said there's all this problem with reporting. There's \$36.3
20714 billion last year identified by the GAO in Medicaid of
20715 improper payments. That doesn't mean it's all waste, fraud,
20716 and abuse. It means improper payments, and they can't tell us
20717 what -- how it's working.

20718 There are serious issues with Medicaid and the
20719 accountability. There's a lot of work we're trying to get
20720 through here. And, in fact, part of what we do in this bill

20721 is try to get at that information so we can take Medicaid off
20722 the high risk list of the GAO.

20723 Mr. Shimkus. Would the Chairman yield?

20724 The Chairman. I yield back -- well, it's not my time.

20725 Mr. Shimkus. It's my time, and I'd like to finish with

20726 30 seconds, because we've had a long day and a half, or at

20727 least a full day, 24 hours, but please don't end this in a

20728 rancorous, accusatory tone where you make claims, when you

20729 know that many of us are dealing with these very issues.

20730 We're dealing with -- we all said we've got the opioid -- and

20731 there may be family members involved in this. And to say that

20732 we're not involved dealing with health care providers and

20733 listening to the need for flexibility, I just reject.

20734 I yield back my time.

20735 The Chairman. Sorry, the gentleman's time has expired.

20736 Are there other members seeking recognition? I believe Mr.

20737 Sarbanes would be next in seniority, if he is not --

20738 Mr. Sarbanes. Yes, I'll be real quick, and then I can

20739 yield to somebody.

20740 The Chairman. For five minutes.

20741 Mr. Sarbanes. Yes. I mean, flexibility is fine. We're

20742 not against flexibility, we're against flexibility that's a

20743 Trojan Horse for these cuts that are being put in place. When

20744 you ask the governors what do they need, and they say we need
20745 flexibility, and we want the opportunity to do these 1115
20746 waivers and so forth, terrific. Let's have those proposals
20747 come forward. Some of them are extremely creative. Let's give
20748 them the flexibility through that process that exists at CMS
20749 to try out some new things, many of which not only provide --
20750 can provide better care, but can also reduce costs over time,
20751 so there is a mechanism for offering the flexibility.

20752 What we're concerned about is that you use the
20753 flexibility offer to camouflage coming in with these cuts to
20754 the resources that the states need, and so we're not against
20755 flexibility. I think we would all support flexibility and
20756 innovation, but let's not offer that to the states with one
20757 hand, and then take away the kind of resources they need to
20758 actually do that in an effective way with the other hand.

20759 And I'll yield to anybody who wants the time. Okay, I
20760 yield back.

20761 The Chairman. The gentleman yields back his time. The
20762 Chair recognizes the gentlelady from Tennessee for five
20763 minutes.

20764 Mrs. Blackburn. Thank you. Mr. Chairman, when it comes
20765 to the issue of the 1115 waiver system and flexibility, the
20766 reason we are doing this is because our states, like my state

20767 of Tennessee, who spends hundreds of thousands of dollars and
20768 months, and months trying to get CMS to adjust a waiver so
20769 that they can do things more effectively, so that they can be
20770 more efficient, so that the delivery is better, so that the
20771 access is better.

20772 And I think it is so important as we look at the changes
20773 in the delivery systems for health care, many which we
20774 discussed and worked on when we did 21st Century Cures. As
20775 this changes, as there's new technology, as there's more
20776 opportunities that move into the delivery of health care, of
20777 course our states want to be able to provide a better quality
20778 of care, greater access, and address these issues, such as
20779 the opioid addiction which affects so many of our
20780 constituents, but if you will not let them have that space to
20781 innovate, they're not going to be able to do it.

20782 Plus, just think about the number of man hours and the
20783 amount of money that goes into applying for a waiver, working
20784 through the changes of the waiver, and that could be going
20785 into patient care.

20786 Mr. Chairman, I yield back.

20787 The Chairman. The gentlelady yields back the balance of
20788 her time. The Chair recognizes the gentleman from New Mexico,
20789 Mr. Lujan.

20790 Mr. Lujan. Thank you, Mr. Chairman. Strike the last
20791 word.

20792 Mr. Chairman, what we've learned over the last 18 or 20
20793 hours is that our Republican colleagues in the bill that's
20794 before us, the Republican Repeal Bill, will shift
20795 responsibility to states for Medicaid. Let me see if I can
20796 translate what that means. That means that when Republicans
20797 are going to shift responsibility to states, that means
20798 they're going to shift costs to states. And when they're
20799 shifting costs to states, that means they're passing costs on
20800 to states.

20801 Now, specific to mental and behavioral health issues,
20802 and opioid issues, and addiction, while the Republican
20803 proposal does not repeal any federal parity requirements from
20804 law, the Republican proposal will kill mental health parity
20805 for millions of Americans and eliminate access to mental
20806 health and substance use disorder services that is meant to
20807 provide to them. Mental health parity is about insuring that
20808 individuals with health insurance have coverage for the
20809 behavioral health services that they need. Insuring that for
20810 plans that cover mental health and substance abuse disorder
20811 services, those services will be covered at parity to medical
20812 and surgical services.

20813 The Republican draft will kick millions of Americans off
20814 of insurance coverage, but leave them with this parting gift,
20815 that they can't rest assured that if they are able to afford
20816 coverage in the future, including paying the 30 percent
20817 penalty because they were previously unable to afford
20818 coverage, they could get health coverage that provides for
20819 benefits for mental health and substance use disorder service
20820 at parity to medical and surgical services.

20821 In addition to kicking millions of people off coverage,
20822 the Republicans are repealing the requirement that states
20823 provide coverage for mental health and substance use disorder
20824 services to their Medicaid expansion population; meaning,
20825 individuals covered by Medicaid expansion will no longer be
20826 guaranteed coverage for mental health and substance use
20827 disorder services.

20828 Therefore, although the parity requirements remain in
20829 effect, there will be no guarantee that they will be offered
20830 coverage for any mental health or behavioral health services.
20831 Even worse, the Republicans are repealing Medicaid expansion
20832 so they eventually won't even have coverage for their other
20833 medical needs either. This is despite the fact that almost 30
20834 percent of the persons who receive health insurance coverage
20835 through the Medicaid expansion either have a mental health

20836 condition or substance use disorder; that more than 1.6
20837 million people with substance use disorders, including opioid
20838 use disorders gain coverage to the Medicaid expansion.

20839 This amendment is nothing more than an illusion. That's
20840 what's wrong with the Republican repeal plan. The Republicans
20841 are hoping that the behavioral health community will ignore
20842 the devastating effect their proposal will have on access to
20843 behavioral health services, including services to respond to
20844 the opioid crisis. And instead of applauding Republicans for
20845 not repealing any federal mental health parity requirements,
20846 individuals with mental health and substance use disorders
20847 and their families cannot afford to applaud such empty
20848 action, or support the harmful Republican proposal.

20849 Mr. Chairman, it's my understanding that as soon as we
20850 finish these amendments, we'll be -- there'll be a vote
20851 before this committee on final passage of the draft/bill of
20852 the Republican repeal effort. Again, this bill was posted at
20853 6:00 p.m. Monday night. It wasn't too long ago when the
20854 Chairman of our committee went before then-Speaker Pelosi and
20855 demanded 72 hours that a bill be posted before there be a
20856 vote. And if that wasn't good enough, there was a request --

20857 The Chairman. Would the gentleman yield?

20858 Mr. Lujan. I will not.

20859 The Chairman. Because that was seven years ago.

20860 Mr. Lujan. Seven years ago; seems like yesterday, Mr.
20861 Chairman. And if that wasn't enough, there was another letter
20862 that was a request signed by members of this committee on the
20863 other side of the aisle demanding 14 days that a bill be
20864 posted before it's voted on.

20865 I'm just saying, Mr. Chairman, how times have changed
20866 seven years ago. It's good to see that it's morning in
20867 America, Mr. Chairman. The people are watching, and I'm glad
20868 they're tuning in right now.

20869 I yield back.

20870 The Chairman. The Chair recognizes himself, because you
20871 brought this up earlier in this same markup, and I thought we
20872 sort of had that figured out. That was an initial proposal of
20873 72 hours, three days. We're trying to do reforms because of
20874 what had happened under the Democrats' watch, and I go back
20875 to Speaker Pelosi told the National Association of Counties,
20876 the big speech, we've got to pass Obamacare so you can find
20877 out what's in it. And there were these multi-thousand page
20878 bills that were being done in the dark at night, hundreds of
20879 pages of amendments up in Rules. We would vote on it 9:00 the
20880 next morning. This place was broken.

20881 And as you know, when Obamacare was considered in the

20882 House, Republicans had upwards of some 60 amendments at the
20883 Rules Committee which we hoped to offer on the floor, and
20884 were denied the opportunity to offer a single amendment, not
20885 one, not one.

20886 You've gotten to the point of restricting amendments on
20887 Appropriation Bills. You limited those, so we were trying to
20888 open this thing up. There was a debate whether 72 hours or
20889 three days, we settled on three days to give the House
20890 flexibility. And so that's -- you know, we could re-litigate
20891 all that but there is a reason this place needed a cleaning
20892 and an airing.

20893 And, by the way, we brought cameras into the Rules
20894 Committee so that the American people could see what was
20895 going on up there. We tried to get you all to do that; you
20896 wouldn't do it. Once we were in the majority, we opened it
20897 up, we brought about regular order, we devolved the
20898 authorities back here to the committees. And I'm proud of
20899 that.

20900 Mr. Shimkus. Mr. Chairman, will you yield?

20901 The Chairman. I would certainly yield.

20902 Mr. Shimkus. Am I mistaken? Did they take away the
20903 ability to do a motion to recommit for a while on the floor?

20904 The Chairman. I think that might have -- I'd have to

20905 consult with --

20906 Mr. Shimkus. I think that --

20907 The Chairman. -- an historian at this hour in the
20908 morning, but I think that might have been the case.

20909 Mr. Shimkus. I think that's true, which we --

20910 The Chairman. Re-established, absolutely. And so, I
20911 mean, we can re-litigate all that history. It's in the books,
20912 people can look it up, but that's not what the American
20913 people really want.

20914 What they want is us to fix these problems that have
20915 come before us, and that's what we're doing today. And when
20916 we asked the governors to give us input on what would work
20917 best for the people of our states, these are the ideas they
20918 brought forward. Now, we're not incorporating every idea of
20919 every governor. They're in conflict in some cases about what
20920 they want or don't want. We tried to find the best, and
20921 that's what's represented in this bill; flexibility.

20922 And for Medicaid, remember if you're age, blind,
20923 disabled, what Obamacare did. Obamacare said we're going to -
20924 - the Democrats said we're going to give states 100 percent
20925 funding to put a single able bodied adult, or an able bodied
20926 adult onto Medicaid, and we'll put them on at 100 percent
20927 federal funding, but if your age, blind, and disabled we

20928 might only pay 50 percent. And, by the way, there are states
20929 with waiting lists for those most in need, and those states
20930 decided well, I'll take the 100 percent because that's free,
20931 put those people on, we'll make those most in need wait.

20932 That's a moral question that you all decided to go down
20933 that road. And then they say to the states you've got to
20934 maintain that effort, but we're going to pull the money back.
20935 That's a little sleight of hand, and it's left some states
20936 wondering what they bought into here, because then it goes
20937 down to 90 percent but states have to keep a maintenance of
20938 effort at 100 percent.

20939 And so what they did was prioritize this population over
20940 those most in need. And all we're saying in this, the grand
20941 change here is, should the federal government pay 90 percent
20942 for aged, blind, and disabled, and 50 to 73 percent for
20943 somebody that's -- or for the new eligibles, or 50 to 73
20944 percent for aged, blind, and disabled? And we're just trying
20945 to get back to where we take care of those most in need
20946 first. That's what this is about; flexibility to the states.
20947 And then fix this broken insurance market.

20948 The young people have fled from -- 19.2 million people,
20949 45 percent of which are -- can we have order, please?

20950 Committee will come to order.

20951 Forty-five percent of which whom are under 35-years of
20952 age. So when you look at the death spiral of the individual
20953 market, it's because young people said I'll pay the IRS the
20954 penalty you forced on me, or I'll get a waiver. Twice as many
20955 of those did that as signed up. We're trying to reverse that;
20956 get people back into the insurance market with affordable
20957 insurance, more choices, better rates, and help for those who
20958 really need it.

20959 And with that, I yield back the balance of my time. Are
20960 there others seeking recognition? The gentleman from New
20961 York, Mr. Tonko.

20962 Mr. Tonko Move to strike the last word, Mr. Chair.

20963 The Chairman. The gentleman is recognized.

20964 Mr. Tonko. Thank you.

20965 I rise in support of Mr. Welch's amendment. We've heard
20966 a lot of talk yesterday and today about freedom. I still
20967 haven't found the exact section of the bill that promises
20968 more freedom, but I'll keep looking. But maybe it comes by
20969 freedom by passing responsibilities to the states, or maybe
20970 freedom from parity by not requiring coverage for mental
20971 health services and the illness of addiction. Whatever it is,
20972 we'll keep looking for freedom.

20973 But I wanted to talk about another kind of freedom; the

20974 freedom of finally being able to break the death grip of
20975 addiction. Millions of our constituents have been able to
20976 taste that freedom for the first time due to the reforms put
20977 in place by the Affordable Care Act. The members of the
20978 recovery community are, for me, personal heroes. As you get
20979 to know these individuals, as I have on many occasions, the
20980 last being to serve them on Super Bowl Sunday at one of their
20981 centers. You know their journey is difficult enough, the
20982 conversations will certainly prove that. The road to recovery
20983 is already filled with far too many potholes, why would we
20984 want to put another obstacle in people's way by playing with
20985 their health insurance?

20986 Before the Affordable Care Act, if you bought coverage
20987 on the individual or small group markets, mental health
20988 parity was often not the reality for you. Because of this
20989 expansion, more than 62 million Americans were able to access
20990 mental health and substance use benefits for the first time.
20991 Think about that, 62 million.

20992 Repealing the Medicaid expansion, as this bill does,
20993 maybe not tomorrow but the benefit will wither away, would
20994 rip coverage away from an estimated 1.6 million newly insured
20995 individuals who are struggling with opioid abuse. What about
20996 their freedom? What about their choice to recover?

20997 I can tell you this, when you put up barrier after
20998 barrier, first making it harder to get insurance, then
20999 fighting tooth and nail for the medication to make them
21000 better, these people are not going to benefit from this
21001 Republican repeal plan. If we're serious about not pulling
21002 the rug out from folks, I don't see why we couldn't make this
21003 promise so that my constituents don't have to worry about the
21004 government interfering with their recovery. They deserve
21005 better.

21006 And in closing, I would ask my Republican colleagues why
21007 their bill keeps the essential health benefits for the
21008 Marketplace, but not for Medicaid? Either you are
21009 intentionally discriminating against the most vulnerable, or
21010 you simply plan to pull the essential benefit rug out from
21011 the Marketplace beneficiaries at a later date. Which is it?

21012 With that, I yield back.

21013 Mr. Guthrie. The gentleman yields back. Is there anyone
21014 on the Majority side seeking -- the gentleman from Louisiana,
21015 Mr. Scalise, is recognized for five minutes.

21016 Mr. Scalise. Thank you, Mr. Chairman.

21017 And I really want to go back to why we're here, and that
21018 is because, first of all, Obamacare has failed the people of
21019 this country. When you look at the skyrocketing premiums, I

21020 know throughout the night, we're here on I guess our 22nd
21021 consecutive hour going through, and I want to thank the
21022 Chairman for his patience because it's been a lot of the same
21023 rehashed arguments recycled over and over again. I mean, we
21024 understand that our friends on the other side of the aisle
21025 want to hold on to Obamacare. Now at least throughout the
21026 middle of the night a number of members on the other side
21027 have recognized and acknowledged that Obamacare isn't working
21028 for families. We haven't seen the kind of support for them to
21029 join with us to repeal the law, but we're moving forward with
21030 repeal anyway because it's something that we're committed to
21031 doing, because the people that we represent, like the people
21032 in my district when I said send me your stories about how
21033 Obamacare has worked for you. And look at all these stories
21034 of families, real people. Here's one, "Prior to the
21035 implementation of Obamacare, my family of three had health
21036 care coverage that fit our family at a market-driven
21037 competitive price. Since Obamacare, our premiums have
21038 skyrocketed. We have less meaningful coverage, we have
21039 superfluous coverage like maternity care for my teenage son,
21040 an additional bureaucracy that makes it almost impossible to
21041 use."

21042 Here's another constituent of mine, "Premiums increased

21043 by 16 percent for 2016, and has now increased by an
21044 additional 30 percent for 2017, and I'm never sick. I'm a 57-
21045 year old divorced woman with no children. How many other
21046 people am I paying for? I enjoy helping other people, but not
21047 at the expense of being able to help myself."

21048 So what are we doing in our bill that not only repeals
21049 Obamacare, but replaces it? Let's start with freedom. The
21050 freedom in our bill is throughout the entire package that we
21051 filed. Now, some people might not see freedom the same way.
21052 To me, freedom is letting families make their own choices in
21053 health care, and not on elected bureaucrats here in
21054 Washington. Obamacare was look at the individual mandate, the
21055 Employer Mandate that basically said if some unelected
21056 bureaucratic here in Washington doesn't like your plan, then
21057 you can't keep it. That's not freedom, so in our bill we
21058 actually zero that out. We say there's no Employer Mandate
21059 penalty, there's no individual mandate penalty, which means
21060 people, families have the freedom to choose the health care
21061 plan that they like. That's the ultimate freedom in health
21062 care.

21063 Now, maybe some people don't view that as freedom
21064 because they don't think people should be able to make that
21065 choice for themselves, and there's clearly a philosophical

21066 difference we have. But you know what, if those are the two
21067 definitions of freedom, I'm going to be on the side of giving
21068 families the freedom to choose their own plan, not saying you
21069 have to go through some unelected bureaucrat in Washington.
21070 And if that bureaucrat, who you don't even know the name of,
21071 says you can't buy the plan, then you're not allowed to do
21072 it, or the IRS is going to penalize you. We get rid of that
21073 penalty.

21074 Medicaid reform; the program hasn't been reformed since
21075 the 1950s, so you look at what we do here, the 1960s, we
21076 actually give states the flexibility, a majority of governors
21077 in this country have said give us flexibility where we don't
21078 have to come and beg CMS. We've heard from governors who say
21079 it might take them over 1,000 pages to file a request for a
21080 waiver from CMS, and usually they get rejected. In many
21081 cases, it costs maybe a half a million dollars to file that
21082 waiver. Why should they have to come and plead to the federal
21083 government to do something innovative for their state where
21084 they can actually provide better health care for their
21085 citizens? That's freedom.

21086 And so the real question is, who do you trust? Do you
21087 trust people, or do you think that the federal government
21088 through unelected bureaucrats are the only people that can

21089 tell you what you can and can't do? So yes, we have a real
21090 big difference of opinion on what that freedom is, but at
21091 least in our bill we're not only gutting all of those
21092 elements of Obamacare that take away your freedom, not to
21093 mention all the job losses that come with it, all the
21094 skyrocketing costs of health care premiums that come with it
21095 that are real, that are going on today, people paying over
21096 \$10,000 for deductibles, so they can't even use the little
21097 card that they have. It's useless for them. Let's give them
21098 their freedom back. Let families make their choices for
21099 health care.

21100 I yield back the balance of my time.

21101 Mr. Barton. The gentleman yields back. Who seeks
21102 recognition? The gentleman from Massachusetts is recognized
21103 for five minutes.

21104 Mr. Kennedy. Thank you, Mr. Chairman. I'll try to keep
21105 my typical pace without the Boston accent.

21106 A couple of things, and I know we've been going on a
21107 while on this. I appreciate everybody's patience.

21108 Chairman Walden was talking about his conversations with
21109 a number of governors. I know my governor from Massachusetts,
21110 Governor Baker, was down here a while ago. I know I submitted
21111 his letter that was done at the request of Leader McCarthy

21112 back in for the record, and I would just highlight again that
21113 the letter states the importance of Medicaid. It states yes,
21114 some requests for added flexibility, but not at the expense
21115 of funding. And I think that's critical as we move forward
21116 because we've heard an awful lot as this amendment, bringing
21117 it back down to the text before the committee at the moment,
21118 is about the essential health benefits for Medicaid
21119 population. And we've heard from our colleagues that there's
21120 a \$100 billion fund that could be used by states to provide
21121 for those benefits because they are no longer guaranteed
21122 under this new law with the repeal of the Affordable Care
21123 Act. \$100 billion sounds like a lot of money; a couple of
21124 caveats here.

21125 One, it's over nine years. Two, the first year is \$15
21126 billion, the second year is \$15 billion, and then it's \$10
21127 billion a year. Two, that goes to all 50 states. Three, 85
21128 percent of that state-by-state allocation is done based off
21129 of claims data, 15 percent is done based off of another
21130 calculation. So when we start actually thinking about this,
21131 the actual money allocation that goes to an individual state
21132 is far less than saying hey, there's \$100 billion here that
21133 states have to play with. Four, that funding goes to a wide
21134 variety -- it can be used for a wide variety of different

21135 reasons. We've heard our colleagues reference that a bit over
21136 the past 24 hours. One, reinsurance. Two, high-risk pools.
21137 Three, covering additional benefits like the essential health
21138 benefits.

21139 That's great, that's fine, that's what the money is
21140 supposed to be used for. Wonderful. I'd point out, though,
21141 that estimates show that for -- to adequately fund high-risk
21142 pools, some estimates out there are saying you need \$180
21143 billion just for a high-risk pool, and you've appropriated
21144 \$100 billion over nine years, not the 180, so now all of a
21145 sudden if we're trying to actually say this funding is going
21146 to be available to do all of these things, we are double
21147 counting it in a just absurd way to try to think that it's
21148 going to meet all the obligations that is then rolled back by
21149 the other provisions of this legislation.

21150 So I do think it's critically important as we go forward
21151 that people understand what this -- how much money is there,
21152 what it can be used for. It is not spelled out at least
21153 initially all that clearly about how this funding is going to
21154 go to each state. I understand that those figures are
21155 ascertainable, again based off of some claims data, but it's
21156 not inherently clear from the text. So, I think it's
21157 important to recognize that the funds are far less than might

21158 be anticipated. And I would also point out that as we try to
21159 get a sense for how much money these various reforms might
21160 cost, a quick Google search here; Texas' Medicaid program in
21161 2013, the quickest stuff that I could find, was itself \$25
21162 billion. So the idea that somehow this is money that is going
21163 to be able to be flushed out across the spectrum here is just
21164 not true.

21165 This brings me back to the reason for the amendment in
21166 the first place, which is -- we went through this 12, 14, 16,
21167 18 hours ago when counsel acknowledged that the essential
21168 health benefits package for the Medicaid expansion and some
21169 of those benchmark plans is going to be repealed under this
21170 legislation, period.

21171 I appreciate my colleagues walking through the 21st
21172 Century Cures are still in place, and Mental Health Parity
21173 Act is still in place. That does nothing when it comes to how
21174 those laws interact and how those protections are actually
21175 provided. Aside from the fact that if you erode the essential
21176 health benefits package and in this instance, particularly
21177 for mental health benefits, those guarantees are no longer
21178 put in place. And so to try to say that all is well and that
21179 there's additional funding that if you listen carefully to my
21180 colleagues' testimony said that money could be used to do

21181 this. It doesn't say it will, it doesn't say it shall, he
21182 said it could, because of flexibility. Flexibility, again, is
21183 great, but if there's no funding to get there, that's not
21184 flexibility. And I would say that's not freedom.

21185 If your idea of freedom is choosing between health care
21186 and rent, that's not freedom. If it's health care and
21187 mortgage, that's not freedom. And if it is, welcome to the
21188 United States of America.

21189 I yield back.

21190 Mr. Barton. The gentleman yields back. Anybody seek
21191 recognition on the Majority side? Oh, the gentleman from
21192 Oklahoma is recognized for five minutes for purposes of
21193 debate only.

21194 Mr. Mullin. I am -- move to strike the last word.

21195 I am not going to take my five minutes, but I do want to
21196 point out some things. You know, we hear our colleagues on
21197 the other side, and my good friend from Massachusetts just
21198 brought it up, that if a person is having to choose between
21199 paying their health care or rent, then that's not freedom.
21200 We've heard the price is going through the roof right now.

21201 Earlier, I don't know, it may have been 21 hours ago, I
21202 brought up the fact that premiums across the board have
21203 raised by 25 percent, double digits. Oklahoma, premiums have

21204 raised by 76 percent, in Arizona 116 percent. That isn't
21205 freedom. That's not choice when we're driving insurers out of
21206 the market, and the majority of the counties across the
21207 country only have one insurer to choose from. Oklahoma only
21208 has one insurer on the Exchange to choose from. That's not
21209 freedom. You're stuck.

21210 This is about bringing down the price, and when we start
21211 talking about Medicaid, it has four purposes, is to take care
21212 of the child, the single mother that's pregnant, the blind
21213 and the disabled. That's what it was intended for. That was
21214 what it was intended for. It was also intended for the states
21215 to run it, because the states know their population the best.
21216 All we're talking about is returning that freedom back to the
21217 states.

21218 You're telling me that people here in Washington, D.C.
21219 that's surrounded by concrete and have a misrepresentation of
21220 what the rest of the country is like can tell my parents what
21221 kind of health care they should have. They've never been on
21222 our place. We've lived in the same place for -- well, since
21223 before statehood, literally. Washington, D.C. has no reason
21224 to be making those decisions. That's why Medicaid was set up
21225 to be pushed down to the states' level and let the states run
21226 them. We can do it more efficiently, and we can do it more

21227 effectively.

21228 I have personally met with over 30 governors. I don't
21229 know how many of my colleagues over here have met with more
21230 than 30 governors, and what they keep saying on Medicaid,
21231 give us flexibility, give us flexibility. We can run it more
21232 efficiently and provide better service.

21233 We're talking about rural health centers where I live.
21234 There's 36 rural hospitals, and all of them are almost going
21235 broke right now because they can't afford to take the
21236 reimbursement rates that they're required to take the way the
21237 ACA, Obamacare, has it set up.

21238 Yes, Joe, I'll yield to you.

21239 Mr. Kennedy. I'll be quick. I'll give it back to you.

21240 Mr. Mullin, I can see from somebody --

21241 Mr. Mullin. Mr. Mullin, wow, we're getting official
21242 here.

21243 Mr. Kennedy. -- who has not been to Oklahoma, that I
21244 cannot possibly indicate to you or your family what your
21245 health choices should be. And I do concede --

21246 Mr. Mullin. I agree.

21247 Mr. Kennedy. -- that flexibility would be good, and I
21248 would concede that there's challenges with the implementation
21249 of the Affordable Care Act. Now, we can go back and forth

21250 about as to why that is, and why that happened, all the rest
21251 of it. I don't mean to get into that argument now.

21252 I will say one of -- a couple of points. One, we've
21253 heard an awful lot out of your caucus that the Affordable
21254 Care Act is not working in your states and in your districts.
21255 I take that --

21256 Mr. Mullin. Joe, in all due respect, we've heard a lot
21257 of that from you all, too.

21258 Mr. Kennedy. So, I take you at your word for that,
21259 clearly. I would also say that on all of the graphs that you
21260 put up, that your caucus has put up, there's not a single one
21261 that says what your plan is going to do to those premiums.
21262 This has been a referendum on the ACA without any discussion
21263 as to how your's is going to make it better other than --

21264 Mr. Mullin. Reclaiming my time. Just from the business
21265 experiences that I have because that's all I've done.
21266 Politics is new to my, guys, but I think it plays --

21267 Mr. Kennedy. I think you were a fighter at one point.

21268 Mr. Mullin. Well, it plays -- that actually is good for
21269 up here.

21270 It plays just commonsense, the more I can get government
21271 out of my companies, the more I can get the mandates away
21272 from me, the easier it is to provide service to my customers

21273 which allows me to have larger revenues, which allows me to
21274 hire and expand, which is the backbone of our economy. Fifty
21275 percent of this country's economy is driven by small business
21276 owners, S Corps, 50 percent.

21277 Mr. Butterfield. Would the gentleman --

21278 Mr. Mullin. And we're talking about getting rid of those
21279 mandates, bringing the market back alive, allowing
21280 entrepreneurs who built this country to come back alive,
21281 reinvest in the insurance market, and creating an atmosphere
21282 for that to be conducive. If we can create an atmosphere for
21283 entrepreneurs to come alive, we will.

21284 We don't create anything but barriers here in
21285 Washington, D.C. When we create an environment for
21286 entrepreneurs to come alive, that alone, competition, will
21287 drive down the cost.

21288 I'm sorry, I'm out of time. I yield back.

21289 Mr. Barton. The gentleman's time is expired. Who seeks
21290 recognition on the Minority side? The gentleman from
21291 California. The one who raised his hand first was Mr. Ruiz,
21292 but it looks like Mr. Cardenas is going to take over, so
21293 we'll recognize him.

21294 Mr. Cardenas. Thank you, Mr. Chairman.

21295 Mr. Barton. Five minutes.

21296 Mr. Cardenas. I just want to remind the American public
21297 what's going on -- what's been going on over the last 24
21298 hours in this committee. Talk about entrepreneurship;
21299 basically, what we're doing -- what is being attempted by the
21300 Republican bill is to unleash the insurance industry on the
21301 American people the way it was before the Affordable Care Act
21302 was enacted.

21303 Once again, some of us have said this earlier in this
21304 committee, and I'll say it again. What the Republicans are
21305 not reminding the American public, is that we had year-over-
21306 year increases in insurance premiums that were going up, and
21307 up, and up, and out of control. However, what the Republicans
21308 refuse to talk about, as my colleague, Mr. Kennedy, just
21309 pointed out, that they refuse to paint the entire picture of
21310 what the American public, small businesses, families were
21311 having to deal with, and what they were having to deal with
21312 was premiums were going up while the coverage was less and
21313 less, which meant that you were getting less for your money,
21314 and you were getting higher premiums with coverage that
21315 really wasn't coverage because, basically, what people were
21316 getting was, if your child had asthma, they would turn down
21317 your right to get insurance from Company X. And then
21318 eventually when you found Company Y that would actually

21319 insure you, they'd say well, your son or daughter's asthma is
21320 not covered.

21321 That doesn't make any sense. If I wanted to buy some car
21322 insurance and they said but when you drive your car if
21323 there's an accident, we're not covering you. Well, then why
21324 am I getting insurance? Well, because unlike buying a car,
21325 you have a family. Your wife needs insurance, you need
21326 insurance, but you're going to have to forego having
21327 insurance for your precious child that happens to have
21328 asthma.

21329 That was the life of the American family, that was the
21330 experience of the American family before the Affordable Care
21331 Act. Now with the Affordable Care Act, unequivocally,
21332 insurance companies are not allowed to do that to one family
21333 in America. They are just not allowed to do that.

21334 In addition to that, before the Affordable Care Act, you
21335 paid higher and higher premiums year, over year, over year in
21336 every state in the Union, and what happened was you didn't
21337 have the right to control the fact that they could take away
21338 your home if somebody in your family had a catastrophic
21339 illness. So you paid the premiums, if you're lucky you got
21340 away with your life because you actually got health care, and
21341 you got the operations, and the cancer was cured, but they

21342 took away your home. They devastated you financially.

21343 And that was the journey, that was the life of American
21344 families all across America. Small businesses were having to
21345 deal with it, families were having to deal with it, single
21346 mothers were having to deal with it, and nobody would do a
21347 darned thing about it until the Affordable Care Act came
21348 along, and it is not perfect, but for the last seven years
21349 the Republicans have been saying that they want to get rid of
21350 the Affordable Care Act, otherwise known by them by
21351 Obamacare.

21352 And what we're doing today is not good for the American
21353 families, so I just want to warn the American people today,
21354 the Republicans are likely going to get what they want
21355 because they run both Houses and they now have the
21356 Presidency, but I'm letting the American public know right
21357 here, right now the premiums will continue to go up just like
21358 they were before the Affordable Care Act, the premiums will
21359 continue to go up with less and less coverage every single
21360 year, the insurance companies' profits will go up year over
21361 year more than they did over the last seven years, and the
21362 American public is going to see more of their dollars come
21363 out of their wallet with less coverage, and on top of that,
21364 they're going to be losing their homes like they did before.

21365 That's what today is about.

21366 Yes, the Republicans control the gavel. They will win
21367 the argument, they will win the vote at the end of the day in
21368 this committee, they will win the vote on the floor of the
21369 House, they will try to figure out how they're going to get
21370 the Republicans, enough Republicans to stick with them in the
21371 Senate. They'll probably make that happen by buying them off
21372 with some, I don't know what, but the bottom line is this;
21373 the American public will lose, lose, lose, lose at every
21374 front. And that's the truth; it's as simple as that. Mark my
21375 words a year from now, two years from now, three years from
21376 now the American public is going to be thinking what the heck
21377 did Washington do to me?

21378 I yield back.

21379 Mr. Barton. The gentleman's time has expired. Anybody on
21380 -- oh, we have folks on the Majority side. Subcommittee
21381 Chairman, Dr. Burgess, is recognized for five minutes.

21382 Mr. Burgess. Thank you, Mr. Chairman.

21383 Mr. Barton. For purposes of debate only.

21384 Mr. Burgess. Thank you.

21385 Well, you know, it's interesting in light of the
21386 discussion we just heard, it's interesting because when you
21387 ask the people who actually have insurance under the

21388 Affordable Care Act about their satisfaction levels, have
21389 actually gone way down over the last year. And here's the
21390 Investor's Business Daily from last Friday. It says, "The new
21391 coverage -- the news coverage of the Affordable Care Act
21392 these days has been all about protests against repeal and the
21393 increase in public support for the law, but an actual survey
21394 of actual Affordable Care Act customers released this week
21395 paints an entirely different picture."

21396 Now this is interesting. They found that just 22 percent
21397 of 44,000 Obamacare enrollees polled rate their health care
21398 plan as good to excellent. That's down from a higher percent
21399 that gave it high marks last year. The reason for the sharp
21400 decline, continuing to quote from the article, "is higher
21401 premiums, worse service, and lack of choice."

21402 Mr. Ruiz. Would the gentleman yield? It's hard to hear
21403 you. Can you repeat that, again?

21404 Mr. Burgess. Yes, I'll be -- I'm sorry. I'll get closer
21405 to the microphone. "The reason for the sharp decline was
21406 higher premiums, worsening service, and lack of choice." They
21407 found that 98 percent reported decline in customer service
21408 support, 90 percent noted premium increases, 80 percent said
21409 their plans had narrower provider networks, that's doctors,
21410 narrower provider networks, and 77 percent said their plan's

21411 benefits had been trimmed, nearly two-thirds, 61 percent
21412 complained about lack of competitors in their market. In
21413 other words, "the collapse of competition in the Affordable
21414 Care Act Exchanges which left five states and a third of U.S.
21415 counties --

21416 Mr. Ruiz. Would the gentleman yield for a question?

21417 Mr. Burgess. -- with only one insurer has led to a
21418 rapid deterioration in quality." Mr. Ruiz. Would the
21419 gentleman yield for a question?

21420 Mr. Burgess. I need to finish this first. Again, this is
21421 from the Investor's Business Daily from last Friday, so it's
21422 relatively recent information.

21423 Mr. Ruiz. It's a question about the poll. What is the
21424 sample size? Where was that poll conducted, in which states
21425 was it --

21426 Mr. Burgess. I actually did not yield to the gentleman,
21427 but since the question has been posed, the sample size was
21428 44,200 Affordable Care Act enrollees, polled -- who rated --
21429 22 percent of 44,000 enrollees rated their health care plans
21430 as good to excellent.

21431 I'd like to yield time to the gentlelady from Tennessee.

21432 Mrs. Blackburn.. Thank you, Mr. Chairman.

21433 As we talk about freedom and what the satisfaction is,

21434 let me just read you this one email. "My family insurance
21435 coverage is increasing 43 percent. We do not qualify for a
21436 health care subsidy. We can purchase a non-qualified health
21437 care plan with a separate dental plan for over \$300 cheaper
21438 than the cheapest qualified plan without the dental
21439 insurance. That comes to over \$3,600 a year. My question is,
21440 why would we have to pay a tax penalty for purchasing more
21441 affordable and better coverage? What can we, and many other
21442 families like us do to avoid this penalty?"

21443 Now, when you talk about giving people freedom and their
21444 right to choose a plan that's going to fit them, I want you
21445 to think about this. You want to give them -- you want to
21446 restrict them and not allow them to have an insurance plan
21447 that is better, costs less, fits their need, and it leaves
21448 them with \$3,600 a year in their pocket that they can use for
21449 other things, maybe even pay co-pays for their insurance. And
21450 to my colleagues that are saying, you know, there was nothing
21451 before the Affordable Care Act, if I may remind you, in 2009
21452 in this committee we had the Health Care Reform Act which had
21453 been brought forward by Dave Camp who was Chairman of Ways
21454 and Means, and it included many of the provisions that we all
21455 in a bipartisan manner support today.

21456 I will also remind you, in 2006, this committee had a

21457 week dedicated to health care reform. Health care reform;
21458 right here.

21459 Mr. Barton. The gentlelady's time has expired.

21460 Mrs. Blackburn. I yield back.

21461 Mr. Burgess. Mr. Chairman, just before yielding back, I
21462 would ask unanimous consent to put this Investor's Business
21463 Daily editorial in the record, please.

21464 Mr. Barton. Without objection, so ordered.

21465 The doctor -- you know, we need a per California cap on
21466 the Minority. We've got six Californians on the committee.
21467 The doctor from California, Dr. Ruiz.

21468 Mr. Ruiz. Thank you very, very much. We've been here for
21469 22 hours. I want to take us back to the nature of this
21470 amendment, which is the essential benefits that patients will
21471 lose under this bill.

21472 There's been a lot of disagreement in these 22 hours. I
21473 want to talk about something that I agree with my colleagues
21474 on the other side, especially Dr. Murphy from Pennsylvania. I
21475 agree about the rise of mental health patients in the
21476 emergency department, and the need to do something about it.
21477 How do I know? Well, I work in the emergency department. I've
21478 worked in emergency departments at Harvard, at Pittsburgh, in
21479 the Coachella Valley. I have visited emergency departments

21480 across the nation. I have taken care of those sick patients
21481 that are opioid dependent, that are either in withdrawals or
21482 practically in respiratory distress, and I had to resuscitate
21483 them. I have taken care of patients who are thinking of
21484 suicide, who attempted suicide, and who, unfortunately,
21485 completed suicide. I have had to commit patients for
21486 psychiatric evaluations who oftentimes have to stay in the
21487 emergency department for three or more days taking up a
21488 valuable resource of a hospital bed in an overcrowded
21489 emergency department, and I can tell you why that's the case.
21490 It's not Obamacare, it's because there has been repeated
21491 assaults to our mental health services with poor funding. It
21492 is because we have more people who have essential benefits
21493 with more health insurance, and it's because we have a
21494 shortage of mental health specialists, a shortage of
21495 physicians to take care of those patients.

21496 So now, in this bill mental health is no longer
21497 guaranteed as an essential benefit. It's optional. It gives
21498 the states the flexibility not to offer care. And I can tell
21499 you --

21500 The Chairman. Would the gentleman yield?

21501 Mr. Ruiz. Not yet; I will later.

21502 The Chairman. Okay.

21503 Mr. Ruiz. There is no physician who prefers patients who
21504 don't have mental health coverage. It is the difference
21505 between the words "may" versus "shall" in this bill. There is
21506 parity with other provisions of health insurance that are
21507 offered, but parity doesn't equate with access. So some of my
21508 colleagues really focus on the market concept. And, you know,
21509 there's a supply/demand curve. In this supply/demand curve
21510 you set a price, and then you accept people who can't afford
21511 the insurance and can't get care. And you might be okay with
21512 that, but I'm not.

21513 The Chairman. Would the gentleman yield?

21514 Mr. Ruiz. No, not yet. I don't accept, and we don't
21515 accept that there are people who suffer needlessly simply
21516 because they can't afford care. They need the care, and we
21517 want to guarantee that care for them.

21518 And listen, I'm not an ideologue here. I didn't grow up
21519 in a partisan world. I'm a doctor. I care about giving care
21520 to my patients. I care about preventing suicide. I care about
21521 making sure patients are no longer addicted to opioids. I
21522 care that they get the treatment and the follow-up that they
21523 need and that they are not lost to follow-up. And it's not
21524 just me, it's the American Medical Association, the doctors
21525 all over the nation.

21526 Mr. Chairman, I ask unanimous consent to submit the
21527 following letter by the AMA for the record.

21528 Mr. Barton. Without objection, so ordered.

21529 The Chairman. Will the gentleman yield?

21530 Mr. Ruiz. At this point, I will yield.

21531 The Chairman. Thank you. I appreciate your yielding,
21532 because I know you're a medical provider. I know you care
21533 deeply about these issues. By the way, I'm not a medical
21534 provider, but I also care deeply about them. And I want to
21535 make sure I understand the crux of your argument, which is
21536 that you think it is completely wrong for us to vote to
21537 eliminate any of these essential health benefits. Is that
21538 what you're saying?

21539 Mr. Ruiz. What I am saying is that I believe it is wrong
21540 to not provide in the word "shall" in the essential benefits
21541 --

21542 The Chairman. Right.

21543 Mr. Ruiz. -- mental health while giving tax breaks to
21544 corporations and millionaires.

21545 The Chairman. Here's --

21546 Mr. Ruiz. That's wrong.

21547 The Chairman. Here's why I ask, because you were a
21548 cosponsor of the bill that President Obama signed that

21549 eliminated essential health benefits for millions of
21550 Americans. You were a cosponsor --

21551 Mr. Ruiz. No, I'm going to have to recheck that.

21552 The Chairman. H.R. 1624, there are five Democrats on
21553 this committee who cosponsored this bill, that did exactly
21554 that. And it passed --

21555 Mr. Ruiz. You know, I want to reclaim my time.

21556 The Chairman. The President signed it into law.

21557 Mr. Ruiz. I want to reclaim my time. I'm going to look
21558 at that bill. I'm going to look at that bill in detail, and I
21559 want to give my time to Mr. Lujan.

21560 Well, this is the key element. The key element is that
21561 we need to provide mental health services for patients who
21562 need it; otherwise, we're just playing partisan ideological
21563 games at the expense --

21564 Mr. Barton. The gentleman's time has expired.

21565 Mr. Ruiz. -- of our patients.

21566 Mr. Barton. The gentleman's time has expired. Who seeks
21567 recognition on the Majority side? Seeing no one, oh.

21568 The Chairman. Somebody will.

21569 Mr. Barton. Mr. Olson of Texas is recognized for
21570 purposes of debate only for five minutes.

21571 Mr. Olson. Strike the last word. Yield my time to Mr.

21572 Murphy from Pennsylvania.

21573 Mr. Murphy. I thank the gentleman for yielding. Look, I
21574 want to clear something up here.

21575 First, the good news. I am pleased that this committee
21576 is talking so much about mental health. When you look at
21577 where we were a few years ago on this issue, nobody wanted to
21578 touch it. It is --

21579 The Chairman. Mr. Chairman, the committee is not in
21580 order.

21581 Mr. Barton. The Chairman is --

21582 The Chairman. It's back behind you, Mr. Chairman.

21583 Mr. Barton. I'm not as tough as you, Mr. Chairman. We
21584 get regular order back here.

21585 Mr. Murphy. Thank you. So, I am pleased that this
21586 committee is discussing in such detail and with such passion
21587 mental health services, because for the longest time we
21588 couldn't get anything moving. It took over four years, and
21589 dozens of hearings, and hundreds of meetings, and thousands
21590 of hours of work to get -- for helping Families With Mental
21591 Health Crisis bill passed. But I want to point out something
21592 that's happened here, too.

21593 In the last few years, while the Affordable Care Act has
21594 been in effect, suicide rates have continued to soar, they've

21595 climbed. Homicides have continued high, victimization of the
21596 mentally ill has continued high, and drug overdose deaths
21597 have now surpassed in a year almost, or we're close to it the
21598 number of combat deaths in the entire Vietnam War. It's not
21599 working.

21600 Mr. Kennedy. Would the gentleman yield?

21601 Mr. Murphy. Not yet; I just got started.

21602 The issue here is parity is parity of benefits, and what
21603 we have is other problems that have to be dealt with.

21604 Unfortunately, some things we couldn't get through in this
21605 bill to make sure we had more providers. We need more
21606 psychiatrists, and psychologists, and social workers. Half
21607 the counties in America don't have them. We need a mechanism
21608 to provide student loan forgiveness, too, for psychiatrists,
21609 and for primary care physicians, other people --

21610 Mr. Murphy. Not yet. I just got started.

21611 The issue here is parity is parity benefits and what we
21612 have is other problems that have to be dealt with.

21613 Unfortunately, some things we couldn't get through in this
21614 bill to make sure we had more providers. We need more
21615 psychiatrists and psychologists and social workers. Half the
21616 counties in America don't have them. We need a mechanism to
21617 provide school loan forgiveness, student loan forgiveness for

21618 psychiatrists and for primary care physicians and other
21619 people who are doing this.

21620 But here is something else that has happened, very real
21621 from the therapists that I know that are in this field. And
21622 that is because people buy plans and have such high
21623 deductibles, many times people will say to their therapist, I
21624 can't come see you in January and February and March because
21625 I have so much to pay in a deductible, I can't afford
21626 psychotherapy services. Our goal here is not just to have
21627 plans available and coverage available but to have ones where
21628 people are not in a position where they say I can't afford to
21629 be sick and I can't afford to get treatment.

21630 The goal here is having plans that people can choose
21631 from. And as I stated earlier, Governors and other people
21632 need to pay attention that even though they have Medicaid
21633 coverage that covers some of this now, people aren't getting
21634 the care. Look what also happens with people with mental
21635 health problems. They have a high likelihood of being in
21636 prison, ten times more likely to be in jail than in a
21637 hospital when they have problems such as severe mental
21638 illness such as schizophrenia. And that is the existing
21639 conditions of having services involved for the Medicaid
21640 population. It is not working there because the cost is so,

21641 so high.

21642 So then Medicaid, Governors and State Legislatures need
21643 to be putting other services in place so they wrap around and
21644 understand there is massive cost savings by being
21645 compassionate, by doing these things. We will work on this
21646 and I am eager to work with anybody on the other side of the
21647 aisle to make these things happen.

21648 Mr. Kennedy. Would the gentleman yield?

21649 Mr. Murphy. Not yet. Not yet.

21650 Especially my friend, Mr. Kennedy, in terms of working
21651 with you on these, I know you and I share an intense passion
21652 for wanting to fix this. But what we have got to do is not
21653 just have meetings but really work on solid legislation for
21654 this so that we are able to come up with these solutions.

21655 But still, it isn't just a matter of saying well, we are
21656 going to have these things available on your healthcare plans
21657 if you still can't afford to have it because problems still
21658 occur. We should be allowing, for example, psychologists to
21659 bill under Medicare, which they can't do. So a lot of people
21660 in the elderly population can't get access to services.

21661 So many other things we could be doing and I hope this
21662 committee will take these things up in the future but for
21663 now, we have got to make health care affordable and it is not

21664 and that is why so many people put off mental health care.

21665 I will yield a few seconds to my friend from

21666 Massachusetts.

21667 Mr. Kennedy. Thank you, Dr. Murphy. I know this is
21668 something obviously you care very passionately about and, as
21669 you know, as do I.

21670 I struggled to understand. Medicaid is largest payer of
21671 mental health services in the country. It is one of the
21672 first times I have heard that Medicaid pays doctors too much.

21673 Mr. Murphy. The gentleman, I did not say Medicaid pays
21674 doctors too much.

21675 Mr. Kennedy. No, I think my understanding is it is just
21676 the expense of Medicaid is too much.

21677 Mr. Murphy. Oh, no. I am sorry. Thank you. I will
21678 clarify that. What I was saying, for an individual patient
21679 who has to reach a high deductible, they will not have an
21680 appointment because they haven't met the deductible yet.

21681 Because if they have an \$8,000 deductible, a \$5,000
21682 deductible, they can't afford to do that sort of thing.

21683 Now under Medicaid, however, what happens is there is
21684 not providers there. And what this committee did and I think
21685 many of you oppose, when we had an amendment to try and
21686 create more hospital beds, that was opposed.

21687 Mr. Barton. The gentleman's time has expired.

21688 Mr. Kennedy. A \$600 billion offset could go a long way
21689 for those beds.

21690 Mr. Barton. Who seeks recognition? The gentleman from
21691 California, Mr. McNerney.

21692 Mr. McNerney. Thank you. Thank you.

21693 You know in the wee hours of the night, there was a tone
21694 of bipartisanship and that is gone now. So I am going to say
21695 this. In health care, words like freedom, empowerment, and
21696 flexibility are code words for shifting costs to individuals.
21697 You will end up paying more for this plan, if you can get
21698 coverage at all.

21699 So I want to yield a minute to the gentleman from
21700 Vermont.

21701 Mr. Welch. Thank you. You know I have been sitting
21702 here wondering why this debate has engaged us so much and I
21703 think it is because of something -- hold on. You are not in
21704 order.

21705 I think it is because, Mr. Barton, of something you said
21706 early on. Yes, it is. You indicated that your personal
21707 preference, orientation is towards less regulation and an
21708 individual being able to make decisions. A lot of folks
21709 agree with you. And you don't like mandates, by and large.

21710 But I think all of us have to acknowledge that whether
21711 you are on the side of preference against mandates, and
21712 Markwayne Mullin spoke very well about this, or you are
21713 another side where you think more mandates may be better, the
21714 fact is we need some mandates. And in this legislation we
21715 have a mandate on age 26. We have a mandate on preexisting
21716 conditions. We have a mandate on no lifetime cap.

21717 So you don't answer the question about what we should do
21718 by taking the position that if it is a mandate it is good or
21719 the position that if it is a mandate it is bad.

21720 And I believe that when it comes to something as
21721 universally important as health care to all of our citizens,
21722 a bedrock of our discussion has to be what are the things
21723 that we can do that promote unity, that promote an embrace of
21724 a common good. And when one of the essential health benefits
21725 is maternal and child health, I don't have a problem with a
21726 mandate that says women in Vermont, or women in Texas, or
21727 women everywhere, will be assured that in the insurance
21728 coverage they get, whether it is Medicaid or private policy,
21729 there has to be included that kind of coverage.

21730 The absence of mandates has a price. Too much mandates
21731 has a price. It gets in the way. It creates inefficiency.
21732 That is true. But the absence of mandates can do much the

21733 same.

21734 Look at what happens in prescription drugs. Some actors
21735 in the market abuse their market power. Look at what Martin
21736 Shkreli did. He didn't invent a drug. He had a hedge fund
21737 that bought a company that had a drug and he raised the price
21738 from \$15 to \$1,500. That is an area where some state action
21739 has to be taken, or debatable, in order to protect the public
21740 from price gouging.

21741 So my request is that instead of us talking as though
21742 you are being for a mandate or against a mandate, it doesn't
21743 answer the question about what is good policy on something
21744 that is universally important to all of the people we
21745 represent and what are the limits of what we should do and
21746 what are the limits of what we shouldn't do.

21747 I yield back.

21748 Mr. Barton. Will the gentleman yield for a question
21749 before he yields back?

21750 Mr. Welch. Yes.

21751 Mr. Barton. Do you think that if we eliminated the
21752 essential benefit package and let the States decide what to
21753 cover and what not to cover that there wouldn't be some
21754 carrier who would offer maternal benefits for young women?
21755 Do you think the market would fail and that there would be no

21756 one willing to -- there is going to be a demand for maternal
21757 benefits.

21758 Mr. Welch. Here is what --

21759 Mr. Barton. Some States are going to recognize that
21760 they have women and men they have to cover and the companies
21761 they contract with to provide the coverage are going to say,
21762 for certain classes, we have to have maternal benefits.

21763 Mr. Welch. I do believe that there would be some
21764 companies that would do that. But I also believe that, in
21765 certain circumstances, it makes sense to have standards so
21766 that the companies that are competing are competing on a
21767 level playing field.

21768 Mr. Barton. Would the gentleman yield?

21769 Mr. Welch. I gave the story late last night about my
21770 neighbor, Shorty Sawyer. He wanted insurance. He didn't
21771 have a lot of skill in figuring out what the coverage was.
21772 So having a baseline where there can be confidence the women
21773 in your State and the women in mine can have access to
21774 maternal health and then the companies compete on that level
21775 playing field, I think is a worthwhile public policy debate.

21776 Mr. Barton. Well, the key is what you talked about is
21777 competition. If there is no competition, you mentioned the
21778 drug company, if there is a monopoly or an oligopoly, I think

21779 most Republicans would say there should be regulation. But
21780 if you have true competition, in most cases, the competitive
21781 nature will suffice to provide the benefit.

21782 We are on the majority side now. Anybody seek time on
21783 the majority?

21784 If not, I believe the gentlelady from I believe New York
21785 seeks recognition.

21786 Ms. Clarke. Yes, thank you, Mr. Chairman. I would like
21787 to yield to Mr. Lujan of New Mexico.

21788 Mr. Lujan. Thanks, Ms. Clarke.

21789 I have a question for Chairman Walden. Mr. Chairman,
21790 has the Republican Governors Association endorsed this bill?

21791 General Counsel, can you answer my question? Has the
21792 Republican Governors Association endorsed this bill?

21793 The Chairman. As you know, sir, that is not a question
21794 properly before the --

21795 Mr. Lujan. Mr. Chairman, I apologize.

21796 The Chairman. Yes, I figured that you may have known
21797 that but I guess not.

21798 So I am not aware that the RGA has endorsed this bill,
21799 no.

21800 Mr. Lujan. Mr. Chairman, has the National Governors
21801 Association endorsed the bill?

21802 The Chairman. I am not aware of that.

21803 Mr. Lujan. Thank you, Mr. Chairman, reserving my time.

21804 I just heard a lot of talk about all the Governors that
21805 everyone has been talking to.

21806 The Chairman. [Presiding.] Reserve your time or reclaim
21807 your time?

21808 Mr. Lujan. I am sorry, reclaiming my time, sir. I
21809 apologize. Thank you for the correction. After 23 hours,
21810 Mr. Chairman, not only the voice goes, the mind goes a little
21811 bit, sir.

21812 But with all the talk of the Governors' work our
21813 Republican colleagues on this, I am surprised that not even
21814 the Republican Governors Association has endorsed this bill
21815 and I am not surprised that the National Governors
21816 Association has not endorsed this bill.

21817 I won't even ask if the Democratic Governors Association
21818 has endorsed this bill. I will take a guess on that one.

21819 But I also have found that these organizations also
21820 oppose the bill as it is currently written: America's
21821 Essential Hospitals, American Hospital Association,
21822 Association of American Medical Colleges, Catholic Health
21823 Association of the United States, Children's Hospital
21824 Association, Federation of American Hospitals, National

21825 Association of Psychiatric Health Systems, the AMA, that is
21826 the American Medical Association, the Nurses Union, AARP.

21827 At 5:53 this morning, one of our colleagues in the
21828 Senate, Tom Cotton, posted House Healthcare Bill can't pass
21829 Senate without major changes. To my friends in House: pause,
21830 start over. Get it right, don't get it fast.

21831 And then there is this other article that was just
21832 written that reads House GOP leadership released the text of
21833 their plan to repeal and replace Obamacare last night and
21834 they are getting quite a bit of push back on their own side
21835 of the aisle, not to mention from the American Cancer
21836 Society.

21837 Here is a running list of conservative organizations and
21838 politicians across speaking out against the American Health
21839 Care Act: Americans for Prosperity, Freedom Partners, Cato
21840 Institute, Club for Growth, FreedomWorks, Heritage Action for
21841 America, Republican Study Committee, Tea Party Patriots,
21842 Justin Amash, Dave Brat, Senator Shelley Moor Capito, Senator
21843 Cory Gardner, Lisa Murkowski, Rob Portman. And they are
21844 opposing it right now because we will not support a plan that
21845 does not include stability for Medicaid expansion,
21846 populations, or flexibility of States. Senator Ted Cruz,
21847 Representative Tom Garrett, Representative Louie Gohmert,

21848 Representative Jim Jordan, Senator Mike Lee, Governor Paul
21849 LePage, Mark Meadows, Rand Paul, Mark Sanford.

21850 And so with that, Mr. Chairman, because we have been
21851 here for 23 hours, there are still a lot of amendments on
21852 that table, I would ask unanimous consent that we adjourn
21853 today and return at 10:00 a.m. tomorrow morning so we can
21854 continue this important hearing.

21855 Mr. Welch. I second. I second.

21856 Mr. Barton. I object.

21857 The Chairman. There is an objection.

21858 Mr. Lujan. I tried, Mr. Chairman. With that, I yield
21859 back to Ms. Clarke from New York.

21860 Ms. Clarke. Mr. Chairman, I would like to yield the
21861 remaining time to Dr. Ruiz. Oh, you don't need the time.

21862 Then, I yield to Anna Eshoo of California.

21863 Ms. Eshoo. I thank the gentlewoman from New York.

21864 I don't know what time we are going to end this morning
21865 but I just want to say a couple of things. First of all, Mr.
21866 Chairman, I think that you have been enormously --

21867 The Chairman. Would the gentlelady -- I just want to
21868 get order.

21869 Ms. Eshoo. Sure.

21870 The Chairman. If members would -- I want to make sure

21871 that everyone can hear my friend from California. You may
21872 proceed.

21873 Ms. Eshoo. Thank you, Mr. Chairman. I want to salute
21874 you because I think that you have really comported yourself
21875 in an admiral way. These are highly emotional issues that we
21876 are talking about. And we have strong opinions about what we
21877 think is the right thing to do.

21878 I don't agree with this bill but I thank you for the way
21879 you have conducted yourself, the way the ranking member has
21880 and I have to tell you, in listening to members for the last
21881 how many hours, we don't want to count, on both sides of the
21882 aisle, I think it shows that the members of the Energy and
21883 Commerce Committee have really gone deep in terms of
21884 substance.

21885 So I salute all of you. I mean we have missed a whole
21886 night's sleep but this has been a worthy exercise.

21887 I would just like to close on this note. There is an
21888 awful lot to talk about about freedom. And I don't think
21889 there is anyone who doesn't have this in their DNA.

21890 The Chairman. The gentlelady's time has expired.

21891 Ms. Eshoo. Okay but to say that I think that my
21892 constituents have enjoyed the freedom of what insurance
21893 companies did to them.

21894 And with that, I will --

21895 The Chairman. The gentlelady's time has expired.

21896 Ms. Eshoo. Yes.

21897 The Chairman. Thank you. Are there other members
21898 wishing to speak on this amendment or could we go to a vote
21899 so we can move on to other amendments?

21900 The chair recognizes the gentlelady from Florida, Ms.
21901 Castor, for 5 minutes to speak on the amendment.

21902 Ms. Castor. And I yield my time to Ranking Member
21903 Pallone.

21904 Mr. Pallone. Thank you. I am just going to use a
21905 minute or so here.

21906 I just wanted to say this. I want to go back to this
21907 basic amendment, the idea of essential benefit package. I
21908 think there has been a great debate about this this evening
21909 or this morning because we feel so strongly about it. I mean
21910 the bottom line is when we pass the ACA, we wanted to cover
21911 as many people as possible. We wanted to keep costs
21912 affordable but we also wanted to have great benefits. We
21913 wanted to make sure people got a good benefit package. And
21914 that is why we feel so strongly about this. And the main
21915 thing was to get rid of these skeletal plans.

21916 I have heard a number of colleagues on the other side

21917 talk about people should have freedom of choice, freedom to
21918 have skeletal plans, freedom to have a plan maybe that
21919 doesn't include hospitalization, freedom to have no
21920 insurance, you know get rid of the mandate.

21921 But what they forget is this is not like freedom of
21922 speech. If you have the freedom to not have health insurance
21923 or to have a lousy plan, then that burden falls on everybody
21924 else because if you get sick, you go to the emergency room,
21925 you don't have -- you are not compensated. And who pays?
21926 The hospital and ultimately everyone else who has insurance
21927 or the taxpayers.

21928 So it is not like other freedoms. Health care is
21929 different. Somebody has to pay. Somebody takes on the
21930 burden and it really isn't fair to say okay, I don't have to
21931 have health insurance or I can have a skeletal plan and pay
21932 practically nothing while everyone else takes the burden.

21933 And the last thing I wanted to say is you know Mr.
21934 Scalise said earlier that last night all of us agreed on the
21935 Democratic side that Obamacare was broken or needed major
21936 changes. That isn't true. Basically, we said that we
21937 thought that Obamacare has done a lot of great things but if
21938 the Republicans think that they can do better, they have to
21939 show how. And we don't believe that this bill makes things

21940 better in terms of covering more people, reducing prices, or
21941 providing better benefits or care. And the burden is on you
21942 when you put a bill up like this to show how you are going to
21943 do those things. And I think the burden has not been met and
21944 that is the reason why we don't agree and the reason why we
21945 never actually indicated in any way that we think that what
21946 you are proposing in any way is better than the Affordable
21947 Care Act.

21948 I yield back.

21949 The Chairman. The gentleman yields back the balance of
21950 his time. Are there other members seeking recognition?

21951 If not, we will go to a vote on the amendment. Those in
21952 favor will vote aye; those opposed, no. And the clerk will
21953 call the roll.

21954 The Clerk. Mr. Barton.

21955 [No response.]

21956 The Clerk. Mr. Upton.

21957 Mr. Upton. No.

21958 The Clerk. Mr. Upton votes no.

21959 Mr. Shimkus.

21960 Mr. Shimkus. No.

21961 The Clerk. Mr. Shimkus votes no.

21962 Mr. Murphy.

21963	<u>Mr. Murphy.</u>	No.
21964	The Clerk.	Mr. Murphy votes no.
21965	Mr. Burgess.	
21966	<u>Mr. Burgess.</u>	No.
21967	The Clerk.	Mr. Burgess votes no.
21968	Mrs. Blackburn.	
21969	<u>Mrs. Blackburn.</u>	No.
21970	The Clerk.	Mrs. Blackburn votes no.
21971	Mr. Scalise.	
21972	<u>Mr. Scalise.</u>	No.
21973	The Clerk.	Mr. Scalise votes no.
21974	Mr. Latta.	
21975	<u>Mr. Latta.</u>	No.
21976	The Clerk.	Mr. Latta votes no.
21977	Mrs. McMorris Rodgers.	
21978	<u>Mrs. McMorris Rodgers.</u>	No.
21979	The Clerk.	Mrs. McMorris Rodgers votes no.
21980	Mr. Harper.	
21981	<u>Mr. Harper.</u>	No.
21982	The Clerk.	Mr. Harper votes no.
21983	Mr. Lance.	
21984	<u>Mr. Lance.</u>	No.
21985	The Clerk.	Mr. Lance votes no.

21986	Mr. Guthrie.	
21987	<u>Mr. Guthrie.</u>	No.
21988	The Clerk.	Mr. Guthrie votes no.
21989	Mr. Olson.	
21990	<u>Mr. Olson.</u>	No.
21991	The Clerk.	Mr. Olson votes no.
21992	Mr. McKinley.	
21993	<u>Mr. McKinley.</u>	No.
21994	The Clerk.	Mr. McKinley votes no.
21995	Mr. Kinzinger.	
21996	<u>Mr. Kinzinger.</u>	No.
21997	The Clerk.	Mr. Kinzinger votes no.
21998	Mr. Griffith.	
21999	<u>Mr. Griffith.</u>	No.
22000	The Clerk.	Mr. Griffith votes no.
22001	Mr. Bilirakis.	
22002	<u>Mr. Bilirakis.</u>	No.
22003	The Clerk.	Mr. Bilirakis votes no.
22004	Mr. Johnson.	
22005	[No response.]	
22006	The Clerk.	Mr. Long.
22007	<u>Mr. Long.</u>	No.
22008	The Clerk.	Mr. Long votes no.

22009	Mr. Bucshon.	
22010	<u>Mr. Bucshon.</u>	No.
22011	The Clerk.	Mr. Bucshon votes no.
22012	Mr. Flores.	
22013	<u>Mr. Flores.</u>	No.
22014	The Clerk.	Mr. Flores votes no.
22015	Mrs. Brooks.	<u>Mrs. Brooks.</u> No.
22016	The Clerk.	Mrs. Brooks votes no.
22017	Mr. Mullin.	
22018	[No response.]	
22019	The Clerk.	Mr. Hudson.
22020	<u>Mr. Hudson.</u>	No.
22021	The Clerk.	Mr. Hudson votes no.
22022	Mr. Collins.	
22023	<u>Mr. Collins.</u>	No.
22024	The Clerk.	Mr. Collins votes no.
22025	Mr. Cramer.	
22026	<u>Mr. Cramer.</u>	No.
22027	The Clerk.	Mr. Cramer votes no.
22028	Mr. Walberg.	
22029	<u>Mr. Walberg.</u>	No.
22030	The Clerk.	Mr. Walberg votes no.
22031	Mrs. Walters.	

22032 Mrs. Walters. No.

22033 The Clerk. Mrs. Walters votes no.

22034 Mr. Costello.

22035 Mr. Costello. No.

22036 The Clerk. Mr. Costello votes no.

22037 Mr. Carter.

22038 Mr. Carter. No.

22039 The Clerk. Mr. Carter votes no.

22040 Mr. Pallone.

22041 Mr. Pallone. Aye.

22042 The Clerk. Mr. Pallone votes aye.

22043 Mr. Rush.

22044 [No response.]

22045 The Clerk. Ms. Eshoo.

22046 Ms. Eshoo. Aye.

22047 The Clerk. Ms. Eshoo votes aye.

22048 Mr. Engel.

22049 Mr. Engel. Aye.

22050 The Clerk. Mr. Engel votes aye.

22051 Mr. Green.

22052 Mr. Green. Aye.

22053 The Clerk. Mr. Green votes aye.

22054 Ms. DeGette.

22055 Ms. DeGette. Aye.

22056 The Clerk. Ms. DeGette votes aye.

22057 Mr. Doyle.

22058 Mr. Doyle. Yes.

22059 The Clerk. Mr. Doyle votes aye.

22060 Ms. Schakowsky.

22061 Ms. Schakowsky. Aye.

22062 The Clerk. Ms. Schakowsky votes aye.

22063 Mr. Butterfield.

22064 Mr. Butterfield. Aye.

22065 The Clerk. Mr. Butterfield votes aye.

22066 Ms. Matsui.

22067 Ms. Matsui. Aye.

22068 The Clerk. Ms. Matsui votes aye.

22069 Ms. Castor.

22070 Ms. Castor. Aye.

22071 The Clerk. Ms. Castor votes aye.

22072 Mr. Sarbanes.

22073 Mr. Sarbanes. Aye.

22074 The Clerk. Mr. Sarbanes votes aye.

22075 Mr. McNerney.

22076 Mr. McNerney. Aye.

22077 The Clerk. Mr. McNerney votes aye.

22078 Mr. Welch.

22079 Mr. Welch. Aye.

22080 The Clerk. Mr. Welch votes aye.

22081 Mr. Lujan.

22082 Mr. Lujan. Aye.

22083 The Clerk. Mr. Lujan votes aye.

22084 Mr. Tonko.

22085 Mr. Tonko. Aye.

22086 The Clerk. Mr. Tonko votes aye.

22087 Ms. Clarke.

22088 Ms. Clarke. Aye.

22089 The Clerk. Ms. Clarke votes aye.

22090 Mr. Loeb sack.

22091 Mr. Loeb sack. Aye.

22092 The Clerk. Mr. Loeb sack votes aye.

22093 Mr. Schrader.

22094 Mr. Schrader. Aye.

22095 The Clerk. Mr. Schrader votes aye.

22096 Mr. Kennedy.

22097 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

22098 Mr. Cardenas.

22099 Mr. Cardenas. Aye.

22100 The Clerk. Mr. Cardenas votes aye.

22101 Mr. Ruiz.

22102 Mr. Ruiz. Aye.

22103 The Clerk. Mr. Ruiz votes aye.

22104 Mr. Peters.

22105 Mr. Peters. Aye.

22106 The Clerk. Mr. Peters votes aye.

22107 Mrs. Dingell.

22108 Mrs. Dingell. Aye.

22109 The Clerk. Mrs. Dingell votes aye.

22110 Chairman Walden.

22111 The Chairman. Votes no.

22112 The Clerk. Chairman Walden votes no.

22113 The Chairman. I want to make sure members have time to

22114 get here.

22115 Mr. Barton, how would you like to vote?

22116 Mr. Barton. No.

22117 The Clerk. Mr. Barton votes no.

22118 The Chairman. Mr. Mullin?

22119 Mr. Mullin. No.

22120 The Clerk. Mr. Mullin votes no.

22121 The Chairman. Johnson?

22122 Mr. Johnson. No.

22123 The Clerk. Mr. Johnson votes no.

22124 The Chairman. Are there any other Republicans not
22125 recorded? How about on the Democratic side?

22126 Are there any members not recorded who wish to be
22127 recorded? Have we got everybody? I just want to make sure
22128 at this hour.

22129 Is Mr. Lujan recorded?

22130 The Clerk. Mr. Lujan is recorded aye.

22131 The Chairman. Okay. All right, then the clerk will
22132 report the roll.

22133 The Clerk. Mr. Chairman, on that vote, there were 23
22134 ayes and 31 noes.

22135 The Chairman. Twenty-three ayes, thirty-one noes. The
22136 amendment is not approved.

22137 Are there other amendments? Seeing none -- seeing none.
22138 Does anyone else want to offer -- I assume someone -- there
22139 we go. I assumed somebody down there.

22140 And so Mr. Butterfield, for what purpose do you seek
22141 recognition?

22142 Mr. Butterfield. I have an amendment at the desk,
22143 number 26.

22144 [The Amendment offered by Mr. Butterfield follows:]

22145

22146 *****INSERT 33*****

22147 The Chairman. Twenty-six. We will let our staff find
22148 it among the many amendments at the desk.

22149 The clerk will report the amendment.

22150 The Clerk. An Amendment to the Amendment in the Nature
22151 of a Substitute to the Committee Print Offered by Mr.
22152 Butterfield.

22153 Mr. Butterfield. Mr. Chairman, can I reserve a point of
22154 order?

22155 The Chairman. The gentleman reserves a point of order.
22156 The amendment will be considered as read and the chair
22157 recognizes his friend from North Carolina, Mr. Butterfield,
22158 to speak on his amendment.

22159 Mr. Butterfield. Thank you very much, Mr. Chairman, and
22160 good morning to all of my colleagues. It has been an
22161 interesting 22 hours.

22162 Mr. Chairman, my amendment will strike, if passed,
22163 Section 133 of the bill regarding continuous coverage.
22164 President Donald Trump has promised Americans with
22165 preexisting conditions that they will continue to have the
22166 same access to health coverage under the GOP repeal plan. My
22167 colleagues on the other side of the aisle have also, at least
22168 some of them, make such promises. However, the bill that we
22169 are marking up today fails to live up to these promises.

22170 The bill unravels the ACA's protections for individuals
22171 with preexisting conditions in many ways. First, the bill
22172 puts low-income individuals and individuals with serious
22173 preexisting conditions at risk for being financially
22174 penalized by insurers with a 30 percent -- a 30 percent what
22175 I would call a cancer tax and locked out of coverage. For
22176 instance, according to the American Cancer Society, cancer
22177 patients are likely to have gaps in coverage beyond their
22178 control and would, therefore, be disproportionately penalized
22179 by the continuous coverage requirement. And I want to quote,
22180 research suggests that between 40 and 85 percent of cancer
22181 patients stop working. They stop working while receiving
22182 cancer treatment with absences ranging from 45 days to 6
22183 months, depending on the treatment. Penalties imposed on
22184 people in these situations may adversely impact access to
22185 care, interrupt lifesaving treatment and make insurance
22186 unaffordable when they attempt to regain coverage. End of
22187 quote.

22188 Similarly, enrollees with serious medical conditions,
22189 such as chronic illnesses and disabilities could find
22190 themselves, quote, again, permanently locked out of coverage.
22191 Individuals living with chronic illnesses and disabilities
22192 are most vulnerable to the penalties of the continuous

22193 coverage requirements. End of quote.

22194 Additionally, Mr. Chairman, this bill will result in a
22195 death spiral in the ACA Marketplaces, which will raise
22196 premiums even more, even more for individuals with
22197 preexisting conditions. This penalty, colleagues, will,
22198 while onerous to those who are sick and need care, is
22199 unlikely to incentivize healthy Americans to purchase
22200 coverage. Many economists think they will gamble. They will
22201 simply stay out of the market. They will stay out of the
22202 market until and unless they get sick.

22203 As the young and healthy pull out of the pool, premiums
22204 will go up. They won't go down. Premiums will go up for
22205 those left in the market.

22206 I believe when we get the CBO score on Monday, or
22207 whenever it is going to be, it is going to be a rude
22208 awakening for my Republican friends. We will see it when it
22209 comes.

22210 I would like to enter into the record The New York Times
22211 articles that describes a phenomenon called Why Even Some
22212 Republicans are Rejecting the Replacement Bill. I ask
22213 unanimous consent that it be submitted and received.

22214 The Chairman. Without objection.

22215 [The information follows:]

22216

22217

*****COMMITTEE INSERT 34*****

22218 Mr. Butterfield. Thank you.

22219 In conclusion, Mr. Chairman, this bill does not protect
22220 Americans with preexisting conditions. It penalizes the
22221 sickest and the poorest when they most need health insurance
22222 coverage.

22223 I urge my colleagues to support, please support this
22224 amendment and give Americans a true guarantee of meaningful
22225 coverage as we did under the Affordable Care Act. Let us
22226 strike the continuous coverage provision from this bill.

22227 Does anyone desire any time? Thank you. I yield back.

22228 The Chairman. The gentleman yields back.

22229 The chair recognizes the gentlelady from Indiana, Ms.
22230 Brooks, for 5 minutes.

22231 Mrs. Brooks. Mr. Chairman, I strike the last word.

22232 Republicans believe that strong patient protections are
22233 about fairness. We support banning lifetime or annual caps,
22234 ending the practice of excluding benefits based on
22235 preexisting conditions and stopping the practice of health
22236 status underwriting as we have talked about off and on for
22237 the last 22 hours. We also understand that in order to have
22238 these important patient protections, there must be an
22239 incentive to enroll in health care.

22240 The Obama administration chose otherwise. They chose to

22241 mandate coverage and enforce penalties on every single
22242 American that chose not to buy a Washington-mandated product.

22243 As we heard from one of our colleagues, the gentleman
22244 from Pennsylvania, earlier, who has been involved in the
22245 healthcare industry, when someone buys health insurance, they
22246 are buying membership -- membership to a healthcare plan that
22247 delivers the benefits they choose. Our plan protects members
22248 of health insurance and it is a thoughtful solution that
22249 focuses on the needs of health insurance consumers.

22250 So when the Obama administration forced and mandated
22251 coverage, economists have told us that -- have sold Obamacare
22252 on an inaccurate estimate that the individual mandate would
22253 lead to 21 million people enrolling in the plans created in
22254 Obamacare but that is not what happened. The reality is that
22255 the enrollment hasn't even reached half that number and their
22256 plans were based on that number; 19.2 million people have
22257 actually paid the individual mandate tax or claimed an
22258 exemption, which is actually to the enrollment projections.
22259 And Democrats and the economists can't have it both ways.

22260 We don't believe in mandating things and we don't intend
22261 on mandating things now. So, continuous coverage means
22262 encouraging and incentivizing individual responsibility in
22263 health care.

22264 We aren't here to tell people how to make decisions
22265 about their health. We trust them to make the right
22266 decisions when it comes to deciding what health care works
22267 and doesn't work for them.

22268 The important thing, though, is that when we talk about
22269 continuous coverage, this is not a new concept in our
22270 country. We already do it with both Medicare Part B and D.
22271 For Medicare Part B, there is a ten percent surcharge on base
22272 premiums. For Part D, there is a one percent surcharge
22273 placed on base premiums for each month that a beneficiary is
22274 not enrolled.

22275 Continuous coverage is working effectively for our
22276 seniors and it will work well for the rest of us. It has a
22277 proven track record with Medicare. It has led to stable
22278 markets that have delivered meaningful results for Americans.

22279 And with respect to my colleague's comment with respect
22280 to the 30 percent surcharge which is in our bill, I find it
22281 interesting that the same colleague who has been involved for
22282 much of his career in insurance actually found the 30 percent
22283 surcharge to be laughable as if it wasn't enough and wouldn't
22284 encourage individuals to continue their coverage.

22285 And so in order to make insurance plans affordable,
22286 which is what we are trying to do, make sure that we can

22287 cover preexisting conditions, which is critically important,
22288 we have heard from our constituents all across the country
22289 that that is very important. We have to have an insurance
22290 market that encourages and incentivizes people to continue
22291 their coverage.

22292 And so with that, I will yield any other time, my time
22293 remaining to any other members on my side of the aisle.

22294 With that, I yield back.

22295 The Chairman. All right. Other members seeking
22296 recognition?

22297 If not, the vote is on the Butterfield Amendment. Those
22298 in favor vote aye; those opposed, no. And the clerk will
22299 call the roll.

22300 The Clerk. Mr. Barton.

22301 [No response.]

22302 The Clerk. Mr. Upton.

22303 Mr. Upton. No.

22304 The Clerk. Mr. Upton votes no.

22305 Mr. Shimkus.

22306 Mr. Shimkus. No.

22307 The Clerk. Mr. Shimkus votes no.

22308 Mr. Murphy.

22309 [No response.]

22310 The Clerk. Mr. Burgess.

22311 [No response.]

22312 The Clerk. Mrs. Blackburn.

22313 Mrs. Blackburn. No.

22314 The Clerk. Mrs. Blackburn votes no.

22315 Mr. Scalise.

22316 [No response.]

22317 The Clerk. Mr. Latta.

22318 Mr. Latta. No.

22319 The Clerk. Mr. Latta votes no.

22320 Mrs. McMorris Rodgers.

22321 Mrs. McMorris Rodgers. No.

22322 The Clerk. Mrs. McMorris Rodgers votes no.

22323 Mr. Harper.

22324 Mr. Harper. No.

22325 The Clerk. Mr. Harper votes no.

22326 Mr. Lance.

22327 Mr. Lance. No.

22328 The Clerk. Mr. Lance votes no.

22329 Mr. Guthrie.

22330 [No response.]

22331 The Clerk. Mr. Olson.

22332 Mr. Olson. No.

22333 The Clerk. Mr. Olson votes no.
22334 Mr. McKinley.
22335 [No response.]
22336 The Clerk. Mr. Kinzinger.
22337 [No response.]
22338 The Clerk. Mr. Griffith.
22339 Mr. Griffith. No.
22340 The Clerk. Mr. Griffith votes no.
22341 Mr. Bilirakis.
22342 [No response.]
22343 The Clerk. Mr. Johnson.
22344 [No response.]
22345 The Clerk. Mr. Long.
22346 Mr. Long. No.
22347 The Clerk. Mr. Long votes no.
22348 Mr. Bucshon.
22349 Mr. Bucshon. No.
22350 The Clerk. Mr. Bucshon votes no.
22351 Mr. Flores.
22352 Mr. Flores. No.
22353 The Clerk. Mr. Flores votes no.
22354 Mrs. Brooks.
22355 Mrs. Brooks. No.

22356	The Clerk.	Mrs. Brooks votes no.
22357	Mr. Mullin.	
22358	<u>Mr. Mullin.</u>	No.
22359	The Clerk.	Mr. Mullin votes no.
22360	Mr. Hudson.	Mr. Hudson.
22361	<u>Mr. Hudson.</u>	No.
22362	The Clerk.	Mr. Hudson votes no.
22363	Mr. Collins.	
22364	<u>Mr. Collins.</u>	No.
22365	The Clerk.	Mr. Collins votes no.
22366	Mr. Cramer.	
22367	<u>Mr. Cramer.</u>	No.
22368	The Clerk.	Mr. Cramer votes no.
22369	Mr. Walberg.	
22370	[No response.]	
22371	The Clerk.	Mrs. Walters.
22372	<u>Mrs. Walters.</u>	No.
22373	The Clerk.	Mrs. Walters votes no.
22374	Mr. Costello.	
22375	[No response.]	
22376	The Clerk.	Mr. Carter.
22377	<u>Mr. Carter.</u>	No.
22378	The Clerk.	Mr. Carter votes no.

22379 Mr. Pallone.

22380 Mr. Pallone. Aye.

22381 The Clerk. Mr. Pallone votes aye.

22382 Mr. Rush.

22383 [No response.]

22384 The Clerk. Ms. Eshoo.

22385 Ms. Eshoo. Aye.

22386 The Clerk. Ms. Eshoo votes aye.

22387 Mr. Engel.

22388 Mr. Engel. Aye.

22389 The Clerk. Mr. Engel votes aye.

22390 Mr. Green.

22391 Mr. Green. Aye.

22392 The Clerk. Mr. Green votes aye.

22393 Ms. DeGette.

22394 Ms. DeGette. Aye.

22395 The Clerk. Ms. DeGette votes aye.

22396 Mr. Doyle.

22397 Mr. Doyle. Votes aye.

22398 The Clerk. Mr. Doyle votes aye.

22399 Ms. Schakowsky.

22400 Ms. Schakowsky. Aye.

22401 The Clerk. Ms. Schakowsky votes aye.

22402 Mr. Butterfield.

22403 Mr. Butterfield. Aye.

22404 The Clerk. Mr. Butterfield votes aye.

22405 Ms. Matsui.

22406 [No response.]

22407 The Clerk. Ms. Castor.

22408 Ms. Castor. Aye.

22409 The Clerk. Ms. Castor votes aye.

22410 Mr. Sarbanes.

22411 Mr. Sarbanes. Aye.

22412 The Clerk. Mr. Sarbanes votes aye.

22413 Mr. McNerney.

22414 [No response.]

22415 The Clerk. Mr. Welch.

22416 [No response.] The Clerk. Mr. Lujan.

22417 Mr. Lujan. Aye.

22418 The Clerk. Mr. Lujan votes aye.

22419 Mr. Tonko.

22420 Mr. Tonko. Aye.

22421 The Clerk. Mr. Tonko votes aye.

22422 Ms. Clarke.

22423 Ms. Clarke. Aye.

22424 The Clerk. Ms. Clarke votes aye.

22425 Mr. Loeb sack.

22426 Mr. Loeb sack. Aye.

22427 The Clerk. Mr. Loeb sack votes aye.

22428 Mr. Schrader.

22429 Mr. Schrader. Aye.

22430 The Clerk. Mr. Schrader votes aye.

22431 Mr. Kennedy.

22432 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

22433 Mr. Cardenas.

22434 Mr. Cardenas. Aye.

22435 The Clerk. Mr. Cardenas votes aye.

22436 Mr. Ruiz.

22437 Mr. Ruiz. Aye.

22438 The Clerk. Mr. Ruiz votes aye.

22439 Mr. Peters.

22440 Mr. Peters. Aye.

22441 The Clerk. Mr. Peters votes aye.

22442 Mrs. Dingell.

22443 Mrs. Dingell. Aye.

22444 The Clerk. Mrs. Dingell votes aye.

22445 Chairman Walden.

22446 The Chairman. Chair Walden votes no.

22447 The Clerk. Chairman Walden votes no.

22448 The Chairman. I know we have members coming back
22449 because that was a shorter debate than some anticipated.
22450 The gentleman from Texas.
22451 Mr. Barton. Votes no.
22452 The Clerk. Mr. Barton votes no.
22453 The Chairman. Mr. Johnson.
22454 Mr. Johnson. No.
22455 The Clerk. Mr. Johnson votes no.
22456 The Chairman. Dr. Murphy.
22457 Mr. Murphy. Murphy votes no.
22458 The Clerk. Mr. Murphy votes no.
22459 The Chairman. Mr. Guthrie.
22460 Mr. Guthrie. No.
22461 The Clerk. Mr. Guthrie votes no.
22462 The Chairman. Mr. Kinzinger.
22463 Mr. Kinzinger. Kinzinger no.
22464 The Clerk. Mr. Kinzinger votes no.
22465 The Chairman. Mr. Bilirakis.
22466 Mr. Bilirakis. No.
22467 The Clerk. Mr. Bilirakis votes no.
22468 The Chairman. Mr. Walberg.
22469 Mr. Walberg. No.
22470 The Clerk. Mr. Walberg votes no.

22471 The Chairman. Dr. Burgess.

22472 Mr. Burgess. Votes no.

22473 The Clerk. Dr. Burgess votes no.

22474 The Chairman. All right, we have got members over here.

22475 Ms. Matsui.

22476 Ms. Matsui. Aye.

22477 The Clerk. Ms. Matsui votes aye.

22478 The Chairman. Is Mr. Sarbanes recorded?

22479 The Clerk. Mr. Sarbanes is recorded as aye.

22480 The Chairman. Oh, he is. Okay.

22481 The Clerk. Mr. Welch is not recorded.

22482 Mr. Welch. Aye.

22483 The Clerk. Mr. Welch votes aye.

22484 Mr. McNerney. Aye.

22485 The Clerk. Mr. McNerney votes aye.

22486 The Chairman. Are there other members wishing to be

22487 recorded? If not, the clerk will report the result.

22488 The Clerk. Mr. Chairman, on that vote there were 23

22489 ayes and 28 noes.

22490 The Chairman. Twenty-three ayes, twenty-eight noes.

22491 The amendment is not adopted.

22492 Are other members seeking recognition to offer an

22493 amendment? If not, we go over to Mrs. Dingell.

22494 For what purpose do you seek recognition?

22495 Mrs. Dingell. I have an amendment at the desk, Mr.

22496 Chairman.

22497 [The Amendment offered by Mrs. Dingell follows:]

22498

22499 *****INSERT 35*****

22500 The Chairman. Could you describe that for the clerks?

22501 Mrs. Dingell. 136.

22502 The Chairman. One-three-six.

22503 The clerk will report the amendment.

22504 The Clerk. Amendment to the Amendment in the Nature of
22505 a Substitute to Committee Print Offered by Mrs. Dingell.

22506 The Chairman. And the amendment will be considered as
22507 read.

22508 The chair recognizes the gentlelady from Michigan to
22509 speak under amendment.

22510 Mrs. Dingell. Thank you, Mr. Chairman. This amendment
22511 simply states --

22512 The Chairman. Wait. I am going to have the gentlelady
22513 suspend until we get order in the committees. Members, thank
22514 you.

22515 The gentlelady may proceed.

22516 Mrs. Dingell. Thank you, then, Mr. Chairman.

22517 This amendment simply states that the rationing of
22518 Medicaid, which my colleagues call a per capita cap, will not
22519 take effect if they would negatively impact seniors' access
22520 to long-term services and supports under Medicaid.

22521 And also we authorized several critical long-term care
22522 provisions that were part of the ACA, including the Balancing

22523 Incentives Program and the Money Follows the Person Program.

22524 We all spent many hours of the night talking about what
22525 the potential impact could be and we were reassured that we
22526 were not going to hurt our seniors. So this amendment should
22527 be common sense and it is essential. Medicaid is the largest
22528 payer of long-term in this country, accounting for 42 percent
22529 of all spending. And as our population continues to age, the
22530 demand for long-term care is expected to double in the next
22531 40 years. Among people 65 and over, it is estimated that 70
22532 percent will need long-term care at some point. And people
22533 who are older than 85 are four times more likely to need
22534 those services than younger seniors. And those age 85 and
22535 over are also likely to triple in that same next 40 years.

22536 And while all of that is happening, there is also a
22537 decline in the informal caregiving. Families have gotten
22538 smaller, people are living further way, and we are in the
22539 sandwich generation.

22540 So we are worried and we just want to make sure our
22541 seniors are okay. The truth is, we need to reform our entire
22542 long-term care financing system, which is completely broken
22543 and in need of a complete overhaul. That is why this
22544 amendment also requires the Secretary to submit a report to
22545 Congress analyzing possible option for developing a

22546 comprehensive long-term care financing system. But since
22547 this will take time, we had better make sure we do no harm to
22548 people currently receiving these services under Medicaid.

22549 And that is all this amendment is asking. Let's look
22550 before we leap and let's make an informed decision so we
22551 don't leave people out in the cold. I know what I am worried
22552 about. I am worried that rationing care under Medicaid means
22553 that States will have to do more with less, that home- and
22554 community-based services will likely be one of the first
22555 major program areas that would be cut, since it is an
22556 optional services. States are going to have to ration care
22557 somewhere, if the caps do not adequately keep up with
22558 inflation and do not adequately account for aging population
22559 and the increased services seniors will need as they age.

22560 So it should be no problem to adopt this amendment
22561 because I know my colleagues on the other side of the aisle
22562 share the goal of ensuring that not a single senior or person
22563 with disabilities is negatively impacted by the rationing of
22564 Medicaid. And I know none of us wants to go home to our
22565 constituents telling them that we voted for something that
22566 would mean the most vulnerable among us, seniors and the
22567 disabled, could be without the services they need.

22568 So this amendment would simply be insurance for seniors

22569 that they will be able to afford the care they need as they
22570 age.

22571 Thank you, Mr. Chairman, and I yield back the balance of
22572 my time.

22573 The Chairman. The gentlelady yields back. I will
22574 recognize --

22575 Mrs. Dingell. I will yield my time to --

22576 The Chairman. Oh, I am sorry. I thought you were
22577 yielding back. Did you yield to somebody, Mrs. Dingell?

22578 Mrs. Dingell. The ranking member.

22579 The Chairman. Okay, Mr. Pallone. It is her time to
22580 yield. He did not want it.

22581 Mrs. Dingell. Ms. Schakowsky. I yield to Ms.
22582 Schakowsky.

22583 Ms. Schakowsky. I am going to go as fast as I can. I
22584 wanted to strike the last word but I strongly support
22585 Congresswoman Dingell's amendment.

22586 Accessible and affordable long-term care assistance has
22587 long been an unresolved problem our in healthcare system and
22588 has had devastating impacts, not just for patients but, as
22589 she mentioned, also for families who often must assume
22590 caregiving responsibilities when a loved one requires long-
22591 term care.

22592 We need to improve the quality of our long-term care
22593 facilities. We need to increase the access to community- and
22594 home-based services. We need to drastically expand our
22595 caregiving workforce and, most importantly, we need to have a
22596 serious discussion about a universal social insurance for
22597 long-term care, instead of a patchwork system that would
22598 still allow people to fall through the cracks. I strongly
22599 believe that we need to have a universal long-term care
22600 system that works for everyone. The Republican repeal bill
22601 takes us in the opposite direction.

22602 I urge my colleagues to support this amendment.

22603 The Chairman. The gentlelady's time has expired.

22604 The chair recognizes the gentleman from Illinois. No.
22605 I am sorry. New York. New York, Mr. Collins.

22606 Mr. Collins. Thank you, Mr. Chairman. Let's see. I
22607 think I was asleep. Sorry about that.

22608 You know when we were talking about per capita caps and
22609 what we do know is if we don't do something to fix Medicaid,
22610 it is going to bankrupt our country. And we have taken all
22611 the steps we need to take to make sure that as our Governors
22612 can make the decisions that they need to make, which is what
22613 we are doing, we are transitioning to our Governors the
22614 ability to design Medicaid programs that work for them. We

22615 are giving them the flexibility. And when we look at our
22616 base year of 2016 and then say we are going to have cost
22617 adjustments equal to the CPI medical, that is the
22618 inflationary impact, as measured for medical, there is no
22619 reason any State should worry about funding.

22620 And so when we hear the doom and the gloom, which we
22621 hear all the time, the sky is not falling. And I think most
22622 Governors would relish the ease versus what they have today,
22623 trying to get a waiver, all that they have to go through now,
22624 they can design plans that work.

22625 New York, which has the most ambitious Medicaid program
22626 is going to continue. We are actually holding New York
22627 harmless when it comes to the per capita caps. We spend 44
22628 percent more money in New York than any other State in the
22629 nation and, guess what? That becomes our base. We send taxi
22630 cabs to people's houses to pick them to take them to their
22631 Medicaid appointment. I don't know of any other State that
22632 does that. If New York wants to continue that, they can do
22633 that.

22634 So, we are giving Governors the choice to design plans
22635 that work for them. They are being held harmless as to the
22636 initial funding rates. They are going to grow at an
22637 inflationary rate for the CPI medical.

22638 I don't know what anyone else could ask, other than what
22639 we have today, which is Washington calling the shots and,
22640 frankly, States like New York gaming the system. And in
22641 gaming the system, passing so much of the cost down to our
22642 counties, it is choking off our ability to fix our roads and
22643 bridges.

22644 So this is very welcomed changes I know for those of us
22645 in New York, who would say we have had enough of Albany
22646 telling us what we are going to do at the county level.

22647 So for us, the per capita caps, the protecting New York
22648 as it is, and hopefully our State Legislature and our
22649 Governor in New York, with flexibility can improve the
22650 program, make it more cost-effective for all of us in New
22651 York.

22652 The Chairman. Would the gentleman yield to the
22653 Chairman?

22654 Mr. Collins. Yes, I yield.

22655 The Chairman. Yes, because as I read through this
22656 amendment, which is about 24 hours old now, it says the
22657 provisions of Section 121 and the amendment made by such
22658 section shall not take effect if such provisions or
22659 amendments negatively impact seniors' access to long-terms
22660 services and supports under the Medicaid program, et cetera,

22661 et cetera.

22662 It doesn't say who is going to make that determination,
22663 which I think raises, should raise legitimate policy issues
22664 because we don't know who makes this decision and that really
22665 causes problems. It is pretty ambiguous in that respect.
22666 And then everything waits for a study that takes place in a
22667 year but this is, really, I think the ambiguous part of this
22668 amendment because it never identifies who would make these
22669 decisions.

22670 So with that, I yield back and will oppose the
22671 amendment.

22672 Mr. Collins, do you yield back your time?

22673 Mr. Collins. Yes, I urge everyone to vote no and yield
22674 back.

22675 The Chairman. Thank you.

22676 Now, I recognize my friend from New Jersey, Mr. Pallone.

22677 Mr. Pallone. Thank you, Mr. Chairman. Strike the last
22678 word.

22679 The way I read this amendment, it simply says that it
22680 should not take effect if such provisions or amendments
22681 negatively impact seniors' access to long-term services and
22682 supports under the Medicaid program.

22683 So I mean basically what it is saying is that we want a

22684 guarantee that the existing Medicaid program still provides
22685 adequate long-term services. So, I don't really see a
22686 problem with it.

22687 I support Congresswoman Dingell's amendment because I
22688 think Medicaid plays such an important role in ensuring that
22689 Americans get the long-term care services and supports that
22690 they need.

22691 Now, contrary to private belief, private health
22692 insurance and Medicare only cover very limited long-term
22693 services and supports. Additionally, most Americans are
22694 unable to afford to cover their long-term care needs out of
22695 pocket. So most Americans rely on Medicaid to access these
22696 services and Medicaid pays for more than 50 percent of all
22697 long-term services and supports in America and we are
22698 talking, primarily, nursing home care.

22699 And it is for that reason why I am concerned with the
22700 Republican proposal to change Medicaid as we know it. Such
22701 changes could restrict access to these important services and
22702 leave seniors with nowhere to turn. And family caregivers
22703 are already stretched to capacity in providing services to
22704 their loved ones. In fact across the country, 17 percent of
22705 working adults provide unpaid care for family members or
22706 friends.

22707 With approximately 10,000 seniors turning 65 each day
22708 and with projections that more than 70 percent of individuals
22709 over the age of 65 will need long-term care, it is clear that
22710 the burdens of long-term care will only increase. And so
22711 that is why we have to protect the services provided by
22712 Medicaid, as well as identify another reliable catastrophic
22713 option to pay for long-term coverage.

22714 Mrs. Dingell and myself have talked a lot and we have
22715 actually put together some proposals to provide for long-term
22716 care without having to go through the spend-down provision
22717 which we both abhor. And that is why, in addition to
22718 ensuring the Republican plan does not harm seniors, this
22719 amendment calls for a study on a comprehensive long-term
22720 services and support financing system in this country.

22721 So this amendment would reauthorize critical programs
22722 that incentivize states to provide more services in the home,
22723 help change the balance to allow more seniors to access home-
22724 and community-based services so they can age in the home.
22725 And I urge my colleagues who feel that we must provide not
22726 only long-term services in nursing homes that are good and
22727 beneficial, but also home care alternatives. If you believe
22728 in that, I think you should support this amendment and
22729 support protecting the health and retirement security for

22730 seniors and their families.

22731 I will yield to the gentleman from Maryland.

22732 Mr. Sarbanes. And just very quickly, I thank the
22733 gentleman for yielding.

22734 I want to support the amendment. Oftentimes when we
22735 think of the services that are available and the benefits
22736 that are available to our seniors, we think about the
22737 Medicare program and, obviously, that is a fundamental
22738 support but, as you just described, the Medicaid program is
22739 absolutely critical in terms of skilled nursing care that is
22740 offered to our seniors in nursing homes. There are millions
22741 of families across the country who understand this because
22742 they have a parent or two parents that are in a nursing home
22743 and rely very heavily on Medicaid funding for the services
22744 that are provided there. So we have to keep the program
22745 strong and I want to commend Mrs. Dingell for emphasizing
22746 that with her amendment.

22747 And anything that would imperil the Medicaid program or
22748 begin to create a kind of domino effect of diminishing
22749 resources that would negatively impact the services of
22750 available to our seniors in nursing homes across the country
22751 is something we should work hard to avoid.

22752 I yield back my time. Thank you.

22753 Mr. Pallone. Did you want the time, Mr. Engel?

22754 All right. Will you strike the last word, then?

22755 I yield back.

22756 The Chairman. The gentleman yields back the time. Are
22757 there other members seeking recognition?

22758 The chair recognizes the gentleman from Texas, the
22759 chairman of the Subcommittee on Health, Dr. Burgess, for 5
22760 minutes.

22761 Mr. Burgess. Thank you, Mr. Chairman.

22762 I just thought it might be worthwhile to point out that
22763 the transition toward per capita allotments will not impact
22764 an individual's ability to access long-term care under
22765 Medicaid. We have discussed the mechanism of per capita
22766 allotment several times already but it is worth repeating.

22767 A State's total allowable allotment will be calculated
22768 from the State's sum of enrollees across eligibility groups.
22769 From here, a State's total allotment will grow on an annual
22770 basis as the rate of CPI medical. CPI medical is an
22771 important growth rate that has been factored into the bill
22772 because it will help the program grow at a rate that will
22773 cover the needs of those enrolled in the program.

22774 So what does this mean for long-term care?

22775 Beneficiaries will not see disruptions in care and will not

22776 lose access to benefits because of the flexibility of the
22777 allotments. The allotments will not only grow at an
22778 accommodating rate but they also offer additional flexibility
22779 to the states by allowing states to address the needs of
22780 their specific high-risk patients.

22781 Not every individual on Medicaid will consume services
22782 on an annual basis that exceeds allotments for their
22783 respective allotment. Because of this, States will have the
22784 flexibility to utilize those unused dollars to address the
22785 needs of high-risk beneficiaries who need extra care. The
22786 per capita allotments in the bill are designed to accommodate
22787 all beneficiaries.

22788 I do note that down towards the bottom of the first page
22789 the amendment addresses a reauthorization for the Money
22790 Follows the Person Program. The majority has been supportive
22791 of this program in the past and we look forward to working
22792 with you in a bipartisan manner when we get to regular order
22793 bills. This is not the time to do this but, in general,
22794 there would be a favorable disposition to that when we get to
22795 regular order.

22796 And I will yield to or yield back my time.

22797 The Chairman. Is there anybody on the regular time that
22798 wants to the time from Mr. Burgess?

22799 Seeing none.

22800 Mr. Burgess. I yield back.

22801 The Chairman. Are you yielding to Mrs. Dingell?

22802 Mr. Burgess. Yes.

22803 The Chairman. Oh, okay.

22804 Mrs. Dingell. Oh, thank you and I will take you up on

22805 that because I think it is very serious and we need to do

22806 things like that.

22807 I would like to read to you from a letter from the

22808 National Committee to Preserve Social Security and Medicare

22809 which says the House's bill per capital cap structure limits

22810 federal funding to State Medicaid programs to an arbitrary

22811 per beneficiary funding level. This will, ultimately, shift

22812 costs to States by eliminating the guarantee of additional

22813 federal funds if State costs increase because of the

22814 underlying healthcare costs, the demography, or complexity of

22815 care.

22816 For example, as the baby boom generation nearly doubles

22817 the senior population, State Medicaid programs will be unable

22818 to keep up with the demands for long-term services and

22819 support.

22820 Mr. Burgess. Briefly reclaiming my time, would you

22821 clarify the agency that you just cited?

22822 Mrs. Dingell. Yes, it is the National Committee to
22823 Preserve Social Security and Medicare.

22824 Mr. Burgess. Well, again, reclaiming my time, I would
22825 just point out that this bill that we are doing today
22826 actually does not impact the Medicare. The Medicaid is where
22827 the per capita allotment is being considered. So this bill
22828 would not impact Medicare.

22829 Mrs. Dingell. With all due respect for my colleague,
22830 and I will tell you this is something -- I am lucky. I don't
22831 need Medicaid. But when John Dingell 2 years ago, I quickly
22832 learned what a bureaucratic mess Medicare is and that after
22833 you have been sick for 90 days, I met person after person who
22834 was in trouble, needed help, didn't know how to work the
22835 system, and then they needed long-term care. They needed
22836 skilled nursing and they had to go to Medicaid to help them.

22837 So over time to keep reading this, the States will be
22838 forced to make up the funding themselves.

22839 Mr. Burgess. Reclaiming my time again, briefly.

22840 Mrs. Dingell. Yes.

22841 Mr. Burgess. I do not disagree that Medicaid can be
22842 difficult from a bureaucratic standpoint and I think that the
22843 majority has been focused on that to the degree that we have.

22844 And I will yield back my time at this point.

22845 The Chairman. The gentleman yields back his time.

22846 Others seeking recognition? The gentleman from New
22847 York, Mr. Engel, is recognized to speak on the amendment for
22848 5 minutes.

22849 Mr. Engel. Thank you, Mr. Chairman. I move to strike
22850 the last word.

22851 I urge my colleagues to support this amendment. I have
22852 already spoken about the problems that will be created by per
22853 capita caps. By putting an arbitrary cap on Medicaid, my
22854 Republican colleagues' bill is going to force States to make
22855 draconian cuts. There is no way around it. Medicaid is an
22856 administratively-lean program. There is simply no fat to
22857 cut. The only possible way for states to deal with these
22858 funding caps is to cap care. We don't want that, obviously.

22859 Medicaid is the primary payer for long-term care in this
22860 country and the only real long-term care option for millions
22861 of seniors. Medicaid also fills the gap for low-income
22862 seniors enrolled in Medicare who do not have private
22863 insurance to cover long-term services and supports, a service
22864 that Medicare, remember, does not cover.

22865 So I can't see any reason why any member of this
22866 committee shouldn't want to ensure this bill's draconian caps
22867 don't harm seniors. So I urge my colleagues to support this

22868 amendment.

22869 Anybody want the rest of my time?

22870 Mrs. Dingell. Yes.

22871 Mr. Engel. Mrs. Dingell.

22872 Mrs. Dingell. Thank you, Mr. Engel.

22873 I would like to just finish reading some of the
22874 observations here. States that have expanded their Medicaid
22875 programs under the Affordable Care Act will be hit especially
22876 hard by cuts to both its expansion and non-expansion
22877 population. They also go on to observe that millions of
22878 Medicare beneficiaries rely on Medicaid to help fill in
22879 Medicare's coverage gaps. Medicare does not pay for most
22880 long-term services and supports. Consequently, Americans who
22881 work during their pre-retirement years often rely on Medicaid
22882 for long-term services and supports when they exhaust their
22883 savings.

22884 Nearly two-thirds of all nursing home residents' care is
22885 financed in part by Medicaid. In addition, Medicaid provides
22886 home- and community-based services that allow seniors to stay
22887 in their homes.

22888 Now, they have calculated that Medicaid will be cut by
22889 nearly \$369 billion and that States will have to make up that
22890 lost funding or, more likely --

22891 The Chairman. The committee shall be in order.

22892 Mrs. Dingell. -- or more likely cut eligibility or
22893 benefits, including long-term care coverage. And the way the
22894 States are going to do it? Limit the number of individuals
22895 it serves, scaling back nursing home quality, service --

22896 The Chairman. Will the gentlelady please suspend.

22897 Members, please. Thank you.

22898 Mrs. Dingell. Thank you, Mr. Chairman.

22899 The Chairman. The gentlelady may proceed.

22900 Mrs. Dingell. I know everybody is tired. We are now
22901 past the 23 hour but this is important. This is impacting
22902 seniors back home. We have a moral obligation to them.

22903 States may have to scale back nursing home quality,
22904 service and safety protections, ask patients' spouses,
22905 children, or other family members to cover the cost of
22906 nursing home care, exhausting much or all of their savings.
22907 And I cannot tell you how many families I meet every day that
22908 are having to do this. And then to tighten the eligibility
22909 criteria for home- and community-based services, resulting in
22910 more individuals moving into nursing homes.

22911 It is already a mess. We are going to cut it more and
22912 we have go more seniors, not less. We have got a crisis and
22913 this is going to make it worse.

22914 Thank you.

22915 Mr. Engel. Reclaiming my time, I yield the rest of my
22916 time to Mr. Pallone.

22917 Mr. Pallone. Mr. Chairman, I just want to correct
22918 something that Chairman Burgess said. I heard him say, and
22919 we already went through this earlier in the evening, that
22920 this bill does not impact Medicare.

22921 Now, I guess if you want to narrowly focus on the piece
22922 of the bill that is before this committee, but the larger
22923 bill that the Republicans have put forth to repeal the
22924 Affordable Care Act, and this part is probably in the Ways
22925 and Means Committee, actually repeals the Medicare tax, if
22926 you will, the payroll tax, if you will, that helps finance
22927 and make the Medicare Trust Fund more solvent.

22928 So we have this payroll tax on the wealthiest Americans
22929 which currently amounts to 0.9 increase for individual
22930 workers with high incomes and that helps make the Medicare
22931 Trust Fund more solvent over the long-term.

22932 You have repealed that and you are helping the wealthy
22933 and that is going to hurt the Medicare Trust Fund and,
22934 ultimately, programs under Medicare. So, this bill does
22935 negatively impact Medicare and the Trust Fund. Indeed, it
22936 does a lot of damage, in my opinion, to the Medicare Trust

22937 Fund and, ultimately, to Medicare programs.

22938 The Chairman. The gentleman's time has expired.

22939 The chair recognizes the gentleman from Texas, Mr.

22940 Barton.

22941 Mr. Barton. I would like seek recognition to strike the
22942 last word.

22943 The Chairman. So recognized.

22944 Mr. Barton. I would like to yield to the subcommittee
22945 chairman, Dr. Burgess.

22946 Mr. Burgess. Thank you, Mr. Chairman.

22947 The Medicare payroll tax was passed as a consequence of
22948 the Affordable Care Act. It was broadly recognized that
22949 money, while collected and going into the Medicare Trust
22950 Fund, did not stay there to grow the Trust Fund. It was
22951 immediately diverted to pay off, setoff other costs for the
22952 subsidies in the exchanges.

22953 So perhaps if I could ask Counsel for some clarification
22954 on the destination of the dollars that represent the 0.9
22955 percent Medicare payroll tax that was passed as part of the
22956 Affordable Care Act.

22957 Counsel. Those dollars were deposited in the Medicare
22958 Part A Trust Fund and then -- which is not under our
22959 jurisdiction.

22960 Mr. Burgess. Correct. That is under the jurisdiction
22961 of the Ways and Means.

22962 Counsel. That is correct.

22963 Mr. Burgess. Has there been an accumulation of dollars
22964 because of the 0.9 percent Medicare Trust Fund payroll tax
22965 that was enacted under the Affordable Care Act?

22966 Counsel. That question is not before us in our title of
22967 the bill.

22968 Mr. Burgess. Recalling the time in 2009 when the
22969 Affordable Care Act was passed, it was, I think, broadly
22970 recognized that those dollars would not accumulate in that,
22971 and I recognize that Part A Trust Fund is not under our
22972 jurisdiction, but that those dollars made a short stop in the
22973 Trust Fund and, while there may be IOUs, as there will be in
22974 other Trust Funds, the monetization of that debt is still
22975 going to have a significant impact on the program.

22976 I thank the gentleman from Texas for yielding and I
22977 yield back.

22978 Mr. Pallone. Could I ask the gentleman to yield just
22979 for a minute on this issue?

22980 Mr. Barton. I will yield to the gentleman from New
22981 Jersey.

22982 Mr. Pallone. Look, the bottom line is that these pay-

22983 fors for the Affordable Care Act, including this payroll tax,
22984 helped, according to CBO, in reducing the debt and also in
22985 expanding the solvency of the Medicare Trust Fund.

22986 You can talk about the IOUs. Of course, money is
22987 borrowed from the Trust Funds all the time but the bottom
22988 line is that overall the ACA actually reduced the debt and it
22989 actually made the solvency of the Medicare Trust Fund further
22990 out. In other words, it made for the trust fund to last
22991 longer, essentially. And by taking this money out and
22992 eliminating that pay-for, you jeopardize the trust fund and
22993 you actually increase the debt. Now of course you are going
22994 to say there is no CBO score. We will wait and see but it is
22995 very likely that the CBO score will actually show that that
22996 is the case and it may actually show that this overall bill
22997 costs more money and puts us further into debt. And that is
22998 a serious issue that impacts Medicare and impacts everything
22999 we are talking about in the context of the ACA.

23000 Mr. Barton. I have to reclaim my time, Mr. Pallone.

23001 I want to yield to Mr. Guthrie for a different point of
23002 view.

23003 Mr. Guthrie. I just want to correct what was said by a
23004 couple of people just a minute ago.

23005 Per capita allotment is not an arbitrary number. I

23006 heard that twice. It is the federal money that goes to every
23007 State allowed to grow by medical CPI. And so it is a Federal
23008 program every State currently receives allowed to grow into
23009 the future by medical CPI.

23010 Over 40 percent of the money is spent on long-term care.
23011 Long-term care is expected to grow slower than medical CPI.
23012 So you have got 42 percent of the people and their allotment,
23013 which is a global allotment grow is going -- their use of the
23014 money will be slower than medical CPI. So, therefore, it is
23015 actually going to create more opportunities for people for
23016 long-term or not have the pressure that I believe that other
23017 people see is coming.

23018 So just remember, it is not an arbitrary number. It is
23019 the current Medicaid program that grows at medical CPI.
23020 Thank you and I yield back to my friend from Texas.

23021 Mr. Barton. And Dr. Burgess.

23022 Mr. Burgess. Thank you, Chairman, for yielding the
23023 final seconds.

23024 I would also point out that with the passage of the SGR
23025 repeal, we will have to look at every extender that used to
23026 be, used to catch a ride on the doc fix as it was moving
23027 through the floor of the House late every year. Those will
23028 be things that come through regular order. There will be

23029 ample opportunities to work on those as we get into the
23030 regular order part of our agenda after the FDA
23031 reauthorization in July.

23032 So, thank you, Mr. Chairman. I will yield back.

23033 Mr. Barton. I yield back.

23034 The Chairman. The gentleman yields back.

23035 Other members seeking recognition? No other members
23036 seeking recognition? All right.

23037 Mr. Pallone. Roll call.

23038 The Chairman. Then the question is before us on the
23039 amendment. Those in favor -- and I will ask for a roll call.
23040 Don't worry.

23041 Those in favor vote aye, those no. And the clerk will
23042 call the roll.

23043 The Clerk. Mr. Barton.

23044 Mr. Barton. No.

23045 The Clerk. Mr. Barton votes no.

23046 Mr. Upton.

23047 Mr. Upton. No.

23048 The Clerk. Mr. Upton votes no.

23049 Mr. Shimkus.

23050 Mr. Shimkus. No.

23051 The Clerk. Mr. Shimkus votes no.

23052	Mr. Murphy.	
23053	[No response.]	
23054	The Clerk.	Mr. Burgess.
23055	<u>Mr. Burgess.</u>	No.
23056	The Clerk.	Mr. Burgess votes no.
23057	Mrs. Blackburn.	
23058	[No response.]	
23059	The Clerk.	Mr. Scalise.
23060	<u>Mr. Scalise.</u>	No.
23061	The Clerk.	Mr. Scalise votes no.
23062	Mr. Latta.	
23063	<u>Mr. Latta.</u>	No.
23064	The Clerk.	Mr. Latta votes no.
23065	Mrs. McMorris	Rodgers.
23066	<u>Mrs. McMorris</u>	<u>Rodgers.</u> No.
23067	The Clerk.	Mrs. McMorris Rodgers votes no.
23068	Mr. Harper.	
23069	<u>Mr. Harper.</u>	No.
23070	The Clerk.	Mr. Harper votes no.
23071	Mr. Lance.	
23072	<u>Mr. Lance.</u>	No.
23073	The Clerk.	Mr. Lance votes no.
23074	Mr. Guthrie.	

23075	<u>Mr. Guthrie.</u>	No.
23076	The Clerk.	Mr. Guthrie votes no.
23077	Mr. Olson.	
23078	<u>Mr. Olson.</u>	No.
23079	The Clerk.	Mr. Olson votes no.
23080	Mr. McKinley.	
23081	<u>Mr. McKinley.</u>	No.
23082	The Clerk.	Mr. McKinley votes no.
23083	Mr. Kinzinger.	
23084	<u>Mr. Kinzinger.</u>	No.
23085	The Clerk.	Mr. Kinzinger votes no.
23086	Mr. Griffith.	
23087	<u>Mr. Griffith.</u>	No.
23088	The Clerk.	Mr. Griffith votes no.
23089	Mr. Bilirakis.	
23090	<u>Mr. Bilirakis.</u>	No.
23091	The Clerk.	Mr. Bilirakis votes no.
23092	Mr. Johnson.	
23093	<u>Mr. Johnson.</u>	No.
23094	The Clerk.	Mr. Johnson votes no.
23095	Mr. Long.	
23096	<u>Mr. Long.</u>	No.
23097	The Clerk.	Mr. Long votes no.

23098	Mr. Bucshon.	
23099	<u>Mr. Bucshon.</u>	No.
23100	The Clerk.	Mr. Bucshon votes no.
23101	Mr. Flores.	
23102	<u>Mr. Flores.</u>	No.
23103	The Clerk.	Mr. Flores votes no.
23104	Mrs. Brooks.	
23105	<u>Mrs. Brooks.</u>	No.
23106	The Clerk.	Mrs. Brooks votes no.
23107	Mr. Mullin.	
23108	<u>Mr. Mullin.</u>	No.
23109	The Clerk.	Mr. Mullin votes no.
23110	Mr. Hudson.	
23111	<u>Mr. Hudson.</u>	No.
23112	The Clerk.	Mr. Hudson votes no.
23113	Mr. Collins.	
23114	<u>Mr. Collins.</u>	No.
23115	The Clerk.	Mr. Collins votes no.
23116	Mr. Cramer.	
23117	<u>Mr. Cramer.</u>	No.
23118	The Clerk.	Mr. Cramer votes no.
23119	Mr. Walberg.	
23120	<u>Mr. Walberg.</u>	No.

23121 The Clerk. Mr. Walberg votes no.

23122 Mrs. Walters.

23123 Mrs. Walters. No.

23124 The Clerk. Mrs. Walters votes no.

23125 Mr. Costello.

23126 Mr. Costello. No.

23127 The Clerk. Mr. Costello votes no.

23128 Mr. Carter.

23129 [No response.] The Clerk. Mr. Pallone.

23130 Mr. Pallone. Aye.

23131 The Clerk. Mr. Pallone votes aye.

23132 Mr. Rush.

23133 [No response.]

23134 The Clerk. Ms. Eshoo.

23135 Ms. Eshoo. Aye.

23136 The Clerk. Ms. Eshoo votes aye.

23137 Mr. Engel.

23138 Mr. Engel. Aye.

23139 The Clerk. Mr. Engel votes aye.

23140 Mr. Green.

23141 Mr. Green. Aye.

23142 The Clerk. Mr. Green votes aye.

23143 Ms. DeGette.

23144 Ms. DeGette. Aye.

23145 The Clerk. Ms. DeGette votes aye.

23146 Mr. Doyle.

23147 Mr. Doyle. Votes yes.

23148 The Clerk. Mr. Doyle votes aye.

23149 Ms. Schakowsky.

23150 [No response.]

23151 The Clerk. Mr. Butterfield.

23152 Mr. Butterfield. Aye.

23153 The Clerk. Mr. Butterfield votes aye.

23154 Ms. Matsui.

23155 Ms. Matsui. Aye.

23156 The Clerk. Ms. Matsui votes aye.

23157 Ms. Castor.

23158 Ms. Castor. Aye.

23159 The Clerk. Ms. Castor votes aye.

23160 Mr. Sarbanes.

23161 Mr. Sarbanes. Aye.

23162 The Clerk. Mr. Sarbanes votes aye.

23163 Mr. McNerney.

23164 [No response.]

23165 The Clerk. Mr. Welch.

23166 Mr. Welch. Yes.

23167 The Clerk. Mr. Welch votes aye.
23168 Mr. Lujan.
23169 Mr. Lujan. Aye.
23170 The Clerk. Mr. Lujan votes aye.
23171 Mr. Tonko.
23172 Mr. Tonko. Aye.
23173 The Clerk. Mr. Tonko votes aye.
23174 Ms. Clarke.
23175 Ms. Clarke. Aye.
23176 The Clerk. Ms. Clarke votes aye.
23177 Mr. Loeb sack.
23178 Mr. Loeb sack. Aye.
23179 The Clerk. Mr. Loeb sack votes aye.
23180 Mr. Schrader.
23181 Mr. Schrader. Aye.
23182 The Clerk. Mr. Schrader votes aye.
23183 Mr. Kennedy.
23184 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.
23185 Mr. Cardenas.
23186 Mr. Cardenas. Aye.
23187 The Clerk. Mr. Cardenas votes aye.
23188 Mr. Ruiz.
23189 Mr. Ruiz. Aye.

23190 The Clerk. Mr. Ruiz votes aye.

23191 Mr. Peters.

23192 Mr. Peters. Aye.

23193 The Clerk. Mr. Peters votes aye.

23194 Mrs. Dingell.

23195 Mrs. Dingell. Aye.

23196 The Clerk. Mrs. Dingell votes aye.

23197 Chairman Walden.

23198 The Chairman. Walden votes no.

23199 The Clerk. Chairman Walden votes no.

23200 The Chairman. Are there members wishing to be recorded?

23201 Mr. Murphy.

23202 Mr. Murphy. No.

23203 The Clerk. Mr. Murphy votes no.

23204 The Chairman. Mrs. Blackburn?

23205 Mrs. Blackburn. No.

23206 The Clerk. Mrs. Blackburn votes no.

23207 The Chairman. Mr. Carter?

23208 Mr. Carter. No.

23209 The Clerk. Mr. Carter votes no.

23210 The Chairman. Any other members over here? Are there

23211 any Democratic members?

23212 Yes, Mr. McMerney.

23213 Mr. McNerney. Votes aye.

23214 The Clerk. Mr. McNerney votes aye.

23215 The Chairman. Any other members? If not, the clerk
23216 will report the roll.

23217 The Clerk. Mr. Chairman, on that vote, there were 22
23218 ayes and 31 noes.

23219 The Chairman. Twenty-two ayes, thirty-one noes. The
23220 amendment is not agreed to.

23221 Are there other amendments for consideration? I don't
23222 know -- okay. Well, now Mr. Green.

23223 Mr. Lujan, the ranking member says you are next. I will
23224 let you two take it up.

23225 Mr. Lujan. Mr. Chairman I have an amendment at the
23226 desk. I believe it is numbered 131. It is titled Protecting
23227 Veterans' Access to Care.

23228 [The Amendment offered by Mr. Lujan follows:]

23229

23230 *****INSERT 36*****

23231 The Chairman. All right, number 131. We will let our
23232 able-bodied staff get the amendment and the clerk will report
23233 the amendment.

23234 Mr. Barton. Reserving the right to make a point of
23235 order.

23236 The Chairman. Reserving the right to object?

23237 Mr. Barton. To object, yes, sir.

23238 The Chairman. Thank you. The clerk will report the
23239 amendment.

23240 The Clerk. Amendment to the Amendment in the Nature of
23241 a Substitute to the Committee Print.

23242 The Chairman. The reading of the amendment is dispensed
23243 with and the gentleman is recognized to speak on his
23244 amendment for 5 minutes.

23245 Mr. Lujan. Thank you, Mr. Chairman. My amendment would
23246 protect veterans by certifying that this Republican repeal
23247 bill will not take effect if the uninsured rate of veterans
23248 is projected to rise. Our nation's veterans and military
23249 servicemen and women are the defenders of our freedom. We
23250 made a commitment with these servicemembers when they swore
23251 to put their lives on the line in defense of our nation.

23252 If those of us entrusted with the public trust have a
23253 shred of decency, we must keep that promise. We must honor

23254 the sacrifices made by those who have served our country so
23255 bravely. The Affordable Care Act and its Medicaid expansion
23256 provisions extended coverage to half a million previously
23257 uninsured veterans and many of their spouses.

23258 It is a common misconception that all of our veterans
23259 receive their health care through the Department of Veteran
23260 Affairs. In reality, priority is determined by service-
23261 related disabilities, income, veteran discharge status, and
23262 other factors. In addition, many low-income veterans
23263 eligible for VA care may not have a VA facility near their
23264 home or may not be aware that VA services are available to
23265 them.

23266 Mr. Chairman, the committee is in order.

23267 The Chairman. You are correct. The gentleman will
23268 suspend. We will get those doors closed.

23269 Mr. Lujan. If they could stop the clock as well, Mr.
23270 Chairman.

23271 The Chairman. There. If we could get order in the
23272 committee room. It is a little noisy out in the hallway.
23273 They are coming in.

23274 Okay, I think the gentleman can proceed.

23275 Mr. Lujan. There are an estimated 1.3 million uninsured
23276 veterans in the United States. The largest population of

23277 uninsured veterans is mainly from southern states, where
23278 leaders decided to put partisanship over patriotism and chose
23279 not to embrace Medicaid expansion as part of the ACA. There
23280 are 120,000 uninsured veterans in Texas, 54,000 uninsured
23281 veterans in North Carolina, and 36,000 in Virginia.
23282 Uninsured veterans are more likely to be younger, African
23283 American, and low-income and to have deployed to Iraq or
23284 Afghanistan. And nearly half of uninsured veterans have
23285 incomes below 138 percent of the poverty level.

23286 Spouses of veterans often are not eligible for VA care
23287 and many also do not qualify for traditional Medicaid. These
23288 veteran families, more often, report problems accessing care
23289 compared with counterparts who have health insurance.

23290 Among the 645,000 uninsured spouses of veterans, more
23291 than one-quarter could be eligible for coverage under
23292 Medicaid if their state implemented the ACA's Medicaid
23293 expansion.

23294 The Chairman. Would the gentleman suspend for a moment
23295 until we get order in the committee? Thank you, you may
23296 proceed.

23297 Mr. Lujan. Thank you, Mr. Chairman.

23298 In States that have not expanded Medicaid, the ACA's
23299 insurance subsidies have helped veterans afford coverage

23300 through the marketplace. However, Medicaid plays a crucial
23301 role in filling in gaps and coverage. In States that have
23302 not expanded Medicaid, veterans with incomes between 100 and
23303 138 percent of the federal poverty line could qualify for
23304 subsidies to purchase insurance through their State's Health
23305 Insurance Marketplace if they do not have access to
23306 affordable employer-sponsored insurance.

23307 An estimated 66,000 veterans and 35,000 spouses with
23308 incomes between 100 and 138 percent of the FPL live in non-
23309 expansion States, making them potentially eligible for
23310 marketplace subsidies.

23311 Researchers found that in States that have not expanded
23312 Medicaid under the ACA, only 39 percent of uninsured veterans
23313 will qualify for financial assistance for coverage in the
23314 ACA's Marketplace but nearly four in ten will fall into the
23315 assistance gap and would only qualify for Medicaid if their
23316 State were to expand.

23317 In addition, two-thirds of veterans' spouses who could
23318 be eligible for expanded Medicaid have incomes below 100
23319 percent of FPL and, therefore, would only be eligible if
23320 their State expands Medicaid. The ACA is already making
23321 quality healthcare coverage more accessible for veterans and
23322 their families.

23323 Between 2013 and 2015, the rate of non-elderly uninsured
23324 veterans dropped by an estimated 42 percent, declining from
23325 nearly 12 percent in 2013 to 8.5 in 2014 and further
23326 decreasing to 6.8 in 2015, according to the National Health
23327 Interview Survey. The uninsured rate for veteran family
23328 members also declined.

23329 During the same time frame, veterans also experienced a
23330 reduction in unmet health needs, suggesting that increased
23331 insurance coverage led to improved access to care.

23332 Declines in veteran uninsured rates were larger in
23333 Medicaid expansion States than in non-expansion States.
23334 Medicaid and the ACA plays an essential role in closing
23335 coverage gaps for America's veterans and their families. If
23336 the ACA or its Medicaid expansion are repealed, veterans will
23337 lose a source of coverage and many will become uninsured.

23338 If the Republican repeal bill were to become law,
23339 millions of our nation's vets stand to lose their health
23340 insurance. The choice for my Republican friends today is
23341 simple and actions speak louder than words. If my Republican
23342 colleagues were serious about protecting veterans, they will
23343 vote for this amendment and if it is as I suspect, this whole
23344 exercise is just one more round of partisan gamesmanship and
23345 protecting the health and welfare of our nation's veterans is

23346 not important, then reject this amendment and vote for the
23347 underlying bill, which does very little for veterans, does
23348 nothing for veteran families and breaks those promises our
23349 country gave to the brave men and women who gave up
23350 everything to put the uniform on to defend our nation.

23351 I urge my colleagues to support this amendment.

23352 The Chairman. The gentleman's time has expired.

23353 The chair recognizes the gentleman from Oklahoma, Mr.
23354 Mullin for 5 minutes to speak on the amendment.

23355 Mr. Mullin. You know I guess what have we been here 23
23356 hours, 24 hours? And I will say that I have heard all kinds
23357 of stuff coming over from the other side of the committee
23358 room but this is one of the most disgusting ones that I have
23359 heard.

23360 To think that we are going to throw out the veterans and
23361 use it for gamesmanship -- you are saying we are using
23362 something like this for gamesmanship and dare us to vote
23363 against it when this committee has limited jurisdiction over
23364 that anyways but we will happily have a discussion with you.
23365 But if you actually wanted to have a discussion, you would
23366 have gave it to us before we even got here, not since we have
23367 been in the hearing.

23368 For my colleague from New Mexico to make that assumption

23369 literally goes all through me to think that I wouldn't want
23370 to take care of my veterans.

23371 Let me ask you. Have you been shot at before? Then why
23372 would you set here and make an assumption to think that we
23373 wouldn't, I wouldn't be looking for our veteran's best
23374 interests, when we know --

23375 Mr. Lujan. Will the gentleman yield?

23376 Mr. Mullin. No, I will not -- when we know -- when you
23377 know that we have limited jurisdiction. If they are eligible
23378 for Medicaid currently, they will still be eligible for
23379 Medicaid. Our per capita makes sure of that. The
23380 reimbursement that we give to the States will make sure of
23381 that.

23382 You are going to sit there and shake your head and say
23383 no but truthfully, at the end of the day --

23384 Mr. Lujan. Will the gentleman yield?

23385 Mr. Mullin. No.

23386 At the end of the day, you have been over there for last
23387 24 hours and made accusation, after accusation, after
23388 accusation and then act like that you are somebody that is
23389 actually interested in bipartisan talk. Not on an issue this
23390 important. Not an issue that is this important to me.

23391 No, absolutely not. If you are serious about it, then

23392 tell me what your legitimate concern is, not talking points
23393 for you to go out there and put some statement to your
23394 constituents.

23395 But I can assure that rests in my mind every single day
23396 how we are going to take care of the population that
23397 represents less than one percent of the American population
23398 that protects 100 percent of our freedom each and every day
23399 and gives us the opportunity to set here and either get along
23400 or not get along. I can promise you I will do everything I
23401 can to protect them because they protect us.

23402 I will yield the remainder of my time to --

23403 Mr. Lujan. Will the gentleman yield?

23404 Mr. Mullin. -- the gentleman from Illinois, Mr.
23405 Shimkus.

23406 Mr. Shimkus. Thank you and thank you for highlighting
23407 that we are the one percenters. We are the one percenters.
23408 And so the veterans here, please raise your hand. I know we
23409 have a couple here and we have a couple there that are
23410 missing.

23411 Mr. Shimkus. And the chief of staff, years ago, said
23412 you know the real threat to our country is the national debt.
23413 The debt is the threat. So I have spent a lot of this time
23414 talking about the mandatory spending programs, driving the

23415 debt that is \$19 trillion.

23416 But I would agree with my colleague from Oklahoma.

23417 There is a line that we should draw. There is a line that we
23418 should draw in respecting our colleagues. And this amendment
23419 placed by you, the chair of the DCCC is solely designed to
23420 cast a vote to use in political coverage. And I take, as a
23421 veteran, who has served not just 5 years' active duty --

23422 Mr. Lujan. Will the gentleman yield?

23423 Mr. Shimkus. No, I will not -- but 23 years as a
23424 reservist. I, personally, take great offense.

23425 And I am embarrassed for you and I am embarrassed for
23426 your side and I embarrassed for your party to make the
23427 accusation that we do not care for our veterans and to use
23428 this politically, I am just -- I knew after many hours we
23429 would kind of devolve and we would lose that comity and we
23430 would go for the jugular on things like this.

23431 So, I am sorry for getting angry. I just thought our
23432 committee was better than this. And --

23433 Mr. Butterfield. Will the gentleman yield?

23434 Mr. Shimkus. No. Well, I will to my fellow veteran.

23435 Yes, I will.

23436 Mr. Butterfield. Thank you. Thank you, for yielding.

23437 You seem to be taking this argument to an illogical

23438 conclusion.

23439 Mr. Shimkus. Reclaiming my time.

23440 Mr. Butterfield. The amendment --

23441 Mr. Shimkus. Reclaiming my time. What the gentleman
23442 from New Mexico was saying we do not care for our veterans
23443 and we have talked for 23 hours --

23444 Mr. Butterfield. That is not what this amendment says.

23445 Mr. Burgess. [Presiding.] The gentleman from Illinois
23446 controls the time. The gentleman from Illinois controls the
23447 time.

23448 Mr. Shimkus. And I would just say the per capita
23449 allotments protect Medicaid and that is what this debate is
23450 about and that is what this amendment does.

23451 And I apologize. I am sorry that we now devolve for
23452 political expediency.

23453 Mr. Burgess. The gentleman's time has expired. The
23454 gentleman from Oklahoma yields back.

23455 Mr. Mullin. Yes, I do.

23456 Mr. Burgess. For what purpose does the gentlelady from
23457 California seek recognition?

23458 Ms. Eshoo. Thank you, Mr. Chairman, to strike the last
23459 word.

23460 Mr. Burgess. The gentlelady is recognized for 5

23461 minutes.

23462 Ms. Eshoo. Thank you very much. So, 24 hours and it is
23463 showing -- and it is showing. I think we all need to take a
23464 very deep breath. I think Mr. Shimkus has done the right
23465 thing by apologizing for what he said.

23466 I am equally proud that this committee has had two of
23467 its strongest members, one on the Republican side, the chair
23468 of the Republican Congressional Campaign Committee, the other
23469 on our side, Mr. Lujan.

23470 But we are talking about a healthcare bill and we all
23471 worship at the altar of our veterans but I worship at the
23472 altar of all of the American people as well. They are in
23473 service to our country.

23474 And so the debate about health care and how this
23475 legislation is going to affect them has been the debate for
23476 24 hours. So, you know I mean it seems to me that I wish
23477 there were more that felt a sense of rawness over what might
23478 become of people with a per capita cap, at least in my view.

23479 So but let's just take a deep breath and be respectful
23480 of one another. All right? Let's not leave this room with a
23481 bitterness, a bitter cloud hanging over us. We are better
23482 than that.

23483 And I would be happy to yield the rest of my time to Mr.

23484 Lujan.

23485 Mr. Lujan. Thank you, Ms. Eshoo.

23486 And I very much respect the words of my colleague Mr.
23487 Mullins and Mr. Shimkus. I did not enlist and have the
23488 courage to put on a uniform like millions of others, like my
23489 grandfather who served in World War II and other family
23490 members that served in Vietnam and other conflicts. I know
23491 that but I am also a representative that also believes like
23492 you that we should fight for our veterans, that we should
23493 make sure that we hold to that commitment. That is all we
23494 are trying to do.

23495 And if you look at this language, and Mr. Mullins, I
23496 apologize that I didn't submit it respectfully earlier in the
23497 day. You are absolutely correct, sir, but it was submitted 2
23498 hours, at least 2 hours ago. It may have been longer. This
23499 is not a long read but you are absolutely correct.

23500 But if you read the provision of this legislation, all
23501 that it is saying is that it doesn't take affect if there is
23502 -- that this results in reduced access and care for our
23503 veterans. That is all that it says.

23504 And so, again, I apologize if I insulted my colleagues
23505 who have served. That is not what this is about.

23506 Mr. Barton. Would the gentleman yield --

23507 Mr. Lujan. I will not, Mr. Barton, at this time. I
23508 will in just a second, sir.

23509 But again, I respect the words of my colleagues here but
23510 I certainly hope that none of us take away another's
23511 responsibilities to stand up and fight for their veterans who
23512 I clearly know that freedom is not free and the ultimate
23513 price is often paid in many, many ways.

23514 Ms. Eshoo. Can I reclaim my time?

23515 Mr. Lujan. I would yield back to Ms. Eshoo.

23516 Ms. Eshoo. All right. I just would like to add
23517 something else to this that I just thought of. For the last
23518 24 hours, we have been going amendment by amendment and we
23519 have spoken of, on both sides of the aisle, about particular
23520 populations in our country.

23521 We have talked about women that are pregnant. We have
23522 talked about the disabled. We have talked about the elderly.
23523 We have talked about those that are in long-term care or may
23524 need someday to go into long-term care. We have talked about
23525 those that need mental health services. And, in this case,
23526 veterans.

23527 So, I think that that is the community of America and
23528 there are special needs in each one of those communities of
23529 interest. For a whole variety of reasons, the health

23530 services that one group really needs another group needs
23531 another type of service.

23532 So, I hope that we can keep that in mind and not --
23533 let's stay on a very respectful plane.

23534 And with that, I will yield back my 9 seconds.

23535 Mr. Burgess. The gentlelady yields back. The chair
23536 thanks the gentlelady.

23537 The chair recognizes the gentleman from Pennsylvania,
23538 Mr. Murphy, going in seniority. For what purposes does the
23539 gentleman from --

23540 Mr. Murphy. I would like to strike the last word and I
23541 will also yield to my fellow military veterans here.

23542 Mr. Burgess. The gentleman is recognized for 5 minutes.

23543 Mr. Murphy. Thank you. And I want to associate myself
23544 with the words of Colonel Shimkus, United States Army and
23545 West Point graduate on this.

23546 A lot is being said and done here but in the end more is
23547 being said than done in this committee. And I agree with him
23548 that when things like this are put out, I do not believe it
23549 is done in earnest to say hey, let's help veterans. That is
23550 why we have a Veterans Administration. There are more
23551 employees in the Veterans Administration than there are U.S.
23552 Marines and can't get a job done. But the whole purpose of

23553 much of this, despite what people have said, hey let's work
23554 together, there is problems with the Affordable Care Act, I
23555 haven't seen an amendment to say here is how to fix it. It
23556 is more like here is how to stick to the other side.

23557 And I also am offended to using veterans this way. I
23558 didn't join until I was a member of Congress, without
23559 fanfare, but did it because I felt, as a psychologist, the
23560 Navy needed psychologists to help people with traumatic brain
23561 injury and PTSD.

23562 And one of the things that people who are serving
23563 appreciate is simply being quietly appreciated, to make sure
23564 they have the services available. What they don't appreciate
23565 is people using them for political purposes.

23566 And I know Mr. Shimkus apologized for some of the mood
23567 he had but he didn't apologize, and he shouldn't, for what he
23568 said because that is very important.

23569 And so I would like to yield now I guess -- or I will go
23570 to Mr. Olson first and then got to Mr. Kinzinger.

23571 Thank you.

23572 Mr. Olson. I thank my friend from Pennsylvania. I want
23573 my colleague from New Mexico to know you didn't just hurt
23574 veterans. You hurt veteran's families.

23575 I deployed for 6 months twice in 3 years, flying P-3s

23576 out of Hawaii. The second time, I left my new bride at home
23577 all alone. After 7 months of being married, I left for 6
23578 long months. We could not call. No internet at that time,
23579 1994. She was alone. She just moved there and I left her
23580 for 7 months. While I was flying in the Persian Gulf, every
23581 day I flew, Iran locked missiles on my plane. We had the
23582 fire control radar tell us they were tracking us to shoot us
23583 down like that.

23584 I came home safely. I was home for less than 2 weeks.
23585 I thought I would be home for 3 months before I moved on.
23586 They sent me to D.C. right before Christmas. My wife, who
23587 hadn't seen me for 7 months had to move our family -- not our
23588 family our furniture, what we had, all by herself all across
23589 the Pacific, all across the country to Washington, D.C.

23590 Families make such sacrifices for their veterans, men
23591 and women. And your comments today hurt just not me, hurt my
23592 wife, every veteran, and every family member.

23593 We do this because we love our country, not because we
23594 want the glory, some acclaim, or some healthcare benefits.
23595 We love America so much we want to defend her.

23596 And my friend, I accept your apologies but, again, it
23597 was very wrong what you said.

23598 And I would like to yield to Mr. Kinzinger, Air Force

23599 veteran.

23600 Mr. Kinzinger. Thank you and even though you are a Navy
23601 guy, I am proud to follow you on this. Thank you.

23602 Mr. Olson. That hurt.

23603 Mr. Kinzinger. Look, I get it. I mean let's just be
23604 honest with this. It is a messaging amendment and I think we
23605 have all probably done something similar in a messaging
23606 amendment, whether it is let's protect baby formula and then
23607 if you vote against it you are against baby formula or
23608 whatever that is.

23609 Look, I think being a veteran doesn't necessarily make
23610 you right in every opinion. So nobody argues -- I mean there
23611 is veterans on the other side of the aisle and on our side of
23612 the aisle and I think both sides love veterans. I mean that
23613 is just a fact. I think the Democrats love their veterans
23614 and Republicans do. We respect the service.

23615 The only thing I would caution against and you know I am
23616 not particularly angry about this, but I would just caution
23617 against saying you know I think whenever you throw veterans
23618 into something like this, it can be seen as using them as a
23619 tool and look, these are folks that have sacrificed a whole
23620 lot for the country, so not just in this case but in,
23621 frankly, the next 19 months going forward until the election

23622 -- there may be legitimate veterans' issues that people can
23623 use, if it is a VA bill or a DoD bill or something like that
23624 but just on these like messaging things on bills like this, I
23625 would just strongly discourage both sides of the aisle from
23626 using this in the future.

23627 So with that, I will yield back to the originator, Mr.
23628 Murphy.

23629 Mr. Murphy. Thank you and I would just suggest, for the
23630 sake of comity and mood in this committee, I would request
23631 the gentleman simply withdraw his amendment so that we don't
23632 vote on that.

23633 I yield back.

23634 Ms. DeGette. Mr. Chairman.

23635 The Chairman. [Presiding.] Okay.

23636 Ms. DeGette. Mr. Chairman, point of order.

23637 The Chairman. Just a second. I was meeting with
23638 Governor Scott. So I apologize for not being here. And --

23639 Ms. DeGette. I have a point of order.

23640 The Chairman. You know kids, I am gone for 5 minutes.

23641 And so whose time is it?

23642 Ms. DeGette. I have a point of order, Mr. Chairman.

23643 The Chairman. I believe it is Mr. Murphy's time, which
23644 has now run out.

23645 Does the gentlelady seek a point of order?

23646 Ms. DeGette. Yes, sir.

23647 The Chairman. Okay. To the point of order.

23648 Ms. DeGette. Under Rule 17 of the House Rules, it is
23649 against the rules to characterize a member's motives or
23650 intentions. The last two speakers both questioned Mr.
23651 Lujan's motives or intentions for bringing up this amendment.

23652 And I have got to say I would move to take their words
23653 down but it has been now almost 24 hours. I don't think that
23654 is a very good use of our time.

23655 The Chairman. Yes, thank you.

23656 Ms. DeGette. But I would caution the members of this
23657 and I would ask them to please apologize to Mr. Lujan and to
23658 keep their comments towards the substance of his amendment.

23659 The Chairman. Okay.

23660 Ms. DeGette. Both of the last two speakers said that he
23661 was doing this for political reasons.

23662 The Chairman. All right, if I could respond to the
23663 gentlelady's point of order. I appreciate -- if we can have
23664 -- settle down.

23665 I didn't hear any of it. So, let me start with that. I
23666 appreciate -- I know that. I appreciate that the fact that
23667 we have been here now almost 24 hours so tempers are probably

23668 fraying a little and we are all a little tired. And so the
23669 extent to which we could move on from here -- and I believe
23670 Mr. Lujan is not asking for an apology, if I read your -- so
23671 if he is okay with that, then we will try and all of us take
23672 breath and then --

23673 Ms. DeGette. I will tell you if someone else on your
23674 side does that, I will move to take their words down because
23675 they are questioning his motives. I think you can argue with
23676 the amendment just like you did all the other ones but I am
23677 serious here.

23678 The Chairman. I know the seriousness of the member.
23679 So, I appreciate that.

23680 So, I think we are on this side. Have you been
23681 recognized Frank?

23682 All right, then I will go to the ranking member, Mr.
23683 Pallone, and you are recognized for 5 minutes on the
23684 amendment.

23685 Mr. Pallone. Thank you, Mr. Chairman. I would hope
23686 that the gentleman would not withdraw his amendment because I
23687 do think it is an important amendment and I certainly don't
23688 question his motives.

23689 Look, the bottom line is, as we know, even though this
23690 committee doesn't have jurisdiction over the VA or the VA

23691 hospitals, the fact of the matter is that there are many
23692 veterans, because they are not service-connected, because the
23693 VA clinic or hospital isn't close by, can't take advantage of
23694 the VA Healthcare System. And so they take advantage of
23695 Medicaid if they are eligible. They may go on the exchange
23696 and buy insurance through the exchange.

23697 So all the things that we are discussing today with the
23698 Affordable Care Act clearly apply to veterans, given the
23699 circumstances, as well as their spouses. So I think it is
23700 very important to have this amendment in order because we
23701 want to make sure that veterans, like any other group, or any
23702 other particular group are not impacted by changes that might
23703 be made to the ACA that are detrimental to them or
23704 detrimental to the larger population.

23705 You know I heard Mr. Murphy say that the Democrats
23706 aren't talking about how to fix it. The fact of the matter
23707 is, we think the ACA is working. We think it has actually
23708 covered a tremendous amount of people, up to 95 percent of
23709 the people, Americans, now have health insurance. We think
23710 it has resulted in affordable premiums because of the
23711 subsidies and the other provisions we have put into place.
23712 We think it has provided better benefits and better health
23713 care.

23714 We are not saying it should be fixed. You are the ones
23715 with this legislation that are suggesting, and certainly the
23716 President has suggested, that all kinds of wonderful things
23717 are going to happen to improve the ACA because of your
23718 legislation. And I think we have spent the last 24 hours
23719 saying quite clearly that we don't agree. We think fewer
23720 people are going to be insured. We think that premiums are
23721 going to go up and insurance is going to become less
23722 affordable. We think that benefits are going to be reduced.
23723 We see all terrible things happening with the legislation
23724 that you have put forward. So don't suggest to us that it is
23725 our obligation to fix it. We feel that the Affordable Care
23726 Act has done a good job.

23727 Now the problem here with regard to veterans is they are
23728 subject to the same problems. If in fact their insurance
23729 premiums go up because of the legislation before us, if in
23730 fact they are not eligible for Medicaid expansion because of
23731 the legislation that is before us, if they become uninsured
23732 because of the legislation before us, Mr. Lujan is simply
23733 saying we don't want them to be negatively impacted. I don't
23734 know why that is any different than most of what we have been
23735 saying for the last 24 hours, which is that we feel that this
23736 legislation is going to be very destructive to a lot of

23737 Americans and veterans, hopefully not, but may be part of
23738 that.

23739 So I think his amendment is very much in order. I would
23740 hope he would pursue it and I would urge my colleagues to
23741 support it.

23742 Mr. Barton. Would the gentleman yield for a question?

23743 Mr. Pallone. Yes.

23744 Mr. Barton. And I will either ask the ranking member or
23745 the author.

23746 In his opening statement, the author of the amendment
23747 said that potentially there were 66,000 veterans and 35,000
23748 spouses that might be covered. Do you have any idea how many
23749 actually would be impacted? Because, as Mr. Pallone pointed
23750 out, you would have to be a veteran who was not employed
23751 after he got out, who was not service-connected, and you are
23752 not eligible for Medicare but you were low-income and so you
23753 were eligible for Medicaid. Out of that potential pool, do
23754 you have any data on how many people actually --

23755 Mr. Pallone. Well, I do have this information with
23756 regard to the non-expansion states which would, of course,
23757 include Texas. In the non-expansion states, there are 66,000
23758 veterans and 35,000 spouses with incomes between 100 and 138
23759 percent of the federal poverty line who qualify for subsidies

23760 to purchase insurance through the marketplace if they don't
23761 have access to affordable employer-sponsored insurance.

23762 Mr. Barton. But again, that is a different data set
23763 than the author --

23764 Mr. Pallone. Well look, I mean you guys don't even have
23765 a CBO score here. We have been asking for 24 hours if we
23766 should even proceed because you don't have a CBO score. And
23767 as a result, the CBO hasn't indicated to what extent --

23768 Mr. Barton. What is the source of the data that you did
23769 use?

23770 Mr. Pallone. The source of the data that I gave you is
23771 the -- let's see -- it looks like it is a document by
23772 Jennifer Haley and Genevieve Kennedy called Uninsured
23773 Veterans and Family Members State and National Estimates of
23774 Expanded Medicaid.

23775 Mr. Barton. And who might those stellar individuals be?

23776 Mr. Pallone. Well, again, I am not -- all Mr. Lujan is
23777 saying is veterans may be impacted. And we have been saying
23778 for the last 24 hours that a lot of people may be impacted.
23779 We are very concerned about what you are doing here for
23780 veterans, for seniors, for children. There is nothing new
23781 here about what we are saying.

23782 And I know you think you are doing a great thing but you

23783 are not. So, that is the point.

23784 The Chairman. Pardon me. The gentleman's time has
23785 expired.

23786 Are there other members seeking recognition on this
23787 amendment?

23788 Mr. Butterfield, you are recognized to strike the last
23789 word on the amendment.

23790 Mr. Butterfield. Thank you, Mr. Chairman. I won't take
23791 the full 5 minutes but let me just say I thank you, Mr.
23792 Kinzinger, for your remarks a few moments ago. There is not
23793 a single member of this committee who does not support our
23794 veterans. We have millions of veterans in this country and
23795 all of us collectively support them.

23796 The sad part about it is that in the non-expansion
23797 States, such as North Carolina where I live, and Mr. Barton's
23798 State of Texas, these States have failed to expand the
23799 Medicaid program. And that means that a lot of our veterans
23800 who have fought for our great country have been left on the
23801 sidelines and not been able to get health insurance in these
23802 expansion States.

23803 And Mr. Pallone is absolutely correct. In the non-
23804 expansion States, there are 66,000 veterans, 35,000 spouses
23805 with incomes between 138 percent of the federal poverty line

23806 who qualify for subsidies to purchase insurance through the
23807 marketplace if they don't have access to employer-sponsored
23808 insurance.

23809 Let me give you another statistic. Nearly four in ten
23810 uninsured veterans will fall into the coverage gap and would
23811 only qualify for Medicaid if their State were to expand.

23812 Another statistic, two-thirds of our veterans' spouses
23813 have incomes of below 100 percent of the federal poverty
23814 line. Therefore, they are only eligible if their State
23815 expands Medicaid.

23816 So colleagues, here if we are really concerned about our
23817 veterans, let's join together in a bipartisan way to try to
23818 expand Medicaid in all of the States so that our veterans can
23819 benefit from this coverage.

23820 Thank you. I yield back.

23821 The Chairman. The gentleman yields back.

23822 Are there other members seeking recognition? Seeing
23823 none, the clerk will call the roll on -- I am sorry.

23824 Who is seeking recognition? Mr. Green? Has Mr. Green
23825 already spoken? He has not.

23826 Mr. Green. I move to strike the last word.

23827 The Chairman. The gentleman is recognized for 5
23828 minutes. He yields to Mr. Lujan.

23829 Mr. Lujan. Chairman, thank you very much. Thank you,
23830 Mr. Green.

23831 Look, I know that when I go home, I will be able to look
23832 the veterans I represent in the eye and just tell them I used
23833 every tool that I could as well on the committees of
23834 jurisdiction that I represent in communities like Gallup, New
23835 Mexico, Taos, and Raton.

23836 And Mr. Chairman, I very respectfully take heart to what
23837 Dr. Murphy said with asking me to withdraw that amendment
23838 but, if I did that, I couldn't go home and face my veterans
23839 in the eye.

23840 And so with that, I just wanted to make sure I explained
23841 that to you all as well.

23842 Mr. Shimkus. Would the gentleman yield for 1 second? I
23843 would just say veterans don't like to be used. And I yield
23844 back. I am just -- he allowed me the time. I am not
23845 screaming. I am just saying.

23846 The Chairman. Whoa, whoa, whoa.

23847 Mr. Green. I yield back my time.

23848 The Chairman. The gentleman has yielded back his time.

23849 Mr. Bucshon. Mr. Chairman?

23850 The Chairman. All right, if you really need to.

23851 Mr. Bucshon. I just wanted to --

23852 The Chairman. Wait a minute. We will recognize you in
23853 regular order. The gentlemen seeks 5 minutes to strike the
23854 last word and speak on the amendment.

23855 Mr. Bucshon. Mr. Chairman, I would just like to yield
23856 to Mr. Shimkus, if he would like the time.

23857 Mr. Shimkus. No, I am done.

23858 Mr. Bucshon. Okay, I yield back.

23859 The Chairman. The gentleman yields back.

23860 The ranking member has asked for a roll call. The clerk
23861 will call the roll. Those in favor of the amendment will
23862 vote aye; those opposed, no. The clerk will call the roll.

23863 The Clerk. Mr. Barton.

23864 Mr. Barton. No.

23865 The Clerk. Mr. Barton votes no.

23866 Mr. Upton.

23867 Mr. Upton. No.

23868 The Clerk. Mr. Upton votes no.

23869 Mr. Shimkus.

23870 Mr. Shimkus. No.

23871 The Clerk. Mr. Shimkus votes no.

23872 Mr. Murphy.

23873 Mr. Murphy. No.

23874 The Clerk. Mr. Murphy votes no.

23875 Mr. Burgess.

23876 Mr. Burgess. No.

23877 The Clerk. Mr. Burgess votes no.

23878 Mrs. Blackburn.

23879 Mrs. Blackburn. No.

23880 The Clerk. Mrs. Blackburn votes no.

23881 Mr. Scalise.

23882 [No response.]

23883 The Clerk. Mr. Latta.

23884 Mr. Latta. No.

23885 The Clerk. Mr. Latta votes no.

23886 Mrs. McMorris Rodgers.

23887 [No response.]

23888 The Clerk. Mr. Harper.

23889 Mr. Harper. No.

23890 The Clerk. Mr. Harper votes no.

23891 Mr. Lance.

23892 Mr. Lance. No.

23893 The Clerk. Mr. Lance votes no.

23894 Mr. Guthrie.

23895 Mr. Guthrie. No.

23896 The Clerk. Mr. Guthrie votes no.

23897 Mr. Olson.

23898	<u>Mr. Olson.</u>	No.
23899	The Clerk.	Mr. Olson votes no.
23900	Mr. McKinley.	
23901	<u>Mr. McKinley.</u>	No.
23902	The Clerk.	Mr. McKinley votes no.
23903	Mr. Kinzinger.	
23904	<u>Mr. Kinzinger.</u>	No.
23905	The Clerk.	Mr. Kinzinger votes no.
23906	Mr. Griffith.	
23907	<u>Mr. Griffith.</u>	No.
23908	The Clerk.	Mr. Griffith votes no.
23909	Mr. Bilirakis.	
23910	<u>Mr. Bilirakis.</u>	No.
23911	The Clerk.	Mr. Bilirakis votes no.
23912	Mr. Johnson.	
23913	<u>Mr. Johnson.</u>	No.
23914	The Clerk.	Mr. Johnson votes no.
23915	Mr. Long.	
23916	<u>Mr. Long.</u>	No.
23917	The Clerk.	Mr. Long votes no.
23918	Mr. Bucshon.	
23919	<u>Mr. Bucshon.</u>	No.
23920	The Clerk.	Mr. Bucshon votes no.

23921	Mr. Flores.	
23922	<u>Mr. Flores.</u>	No.
23923	The Clerk.	Mr. Flores votes no.
23924	Mrs. Brooks.	
23925	<u>Mrs. Brooks.</u>	No.
23926	The Clerk.	Mrs. Brooks votes no.
23927	Mr. Mullin.	
23928	<u>Mr. Mullin.</u>	No.
23929	The Clerk.	Mr. Mullin votes no.
23930	Mr. Hudson.	
23931	<u>Mr. Hudson.</u>	No.
23932	The Clerk.	Mr. Hudson votes no.
23933	Mr. Collins.	
23934	<u>Mr. Collins.</u>	No.
23935	The Clerk.	Mr. Collins votes no.
23936	Mr. Cramer.	
23937	<u>Mr. Cramer.</u>	No.
23938	The Clerk.	Mr. Cramer votes no.
23939	Mr. Walberg.	
23940	<u>Mr. Walberg.</u>	No.
23941	The Clerk.	Mr. Walberg votes no.
23942	Mrs. Walters.	
23943	<u>Mrs. Walters.</u>	No.

23944 The Clerk. Mrs. Walters votes no.
23945 Mr. Costello.
23946 Mr. Costello. No.
23947 The Clerk. Mr. Costello votes no.
23948 Mr. Carter.
23949 Mr. Carter. No.
23950 The Clerk. Mr. Carter votes no.
23951 Mr. Pallone.
23952 Mr. Pallone. Votes aye.
23953 The Clerk. Mr. Pallone votes aye.
23954 Mr. Rush.
23955 [No response.]
23956 The Clerk. Ms. Eshoo.
23957 Ms. Eshoo. Aye.
23958 The Clerk. Ms. Eshoo votes aye.
23959 Mr. Engel.
23960 [No response.]
23961 The Clerk. Mr. Green.
23962 Mr. Green. Aye.
23963 The Clerk. Mr. Green votes aye.
23964 Ms. DeGette.
23965 Ms. DeGette. Aye.
23966 The Clerk. Ms. DeGette votes aye.

23967 Mr. Doyle.

23968 Mr. Doyle. Yes.

23969 The Clerk. Mr. Doyle votes aye.

23970 Ms. Schakowsky.

23971 Ms. Schakowsky. Aye.

23972 The Clerk. Ms. Schakowsky votes aye.

23973 Mr. Butterfield.

23974 Mr. Butterfield. Aye.

23975 The Clerk. Mr. Butterfield votes aye.

23976 Ms. Matsui.

23977 Ms. Matsui. Aye.

23978 The Clerk. Ms. Matsui votes aye.

23979 Ms. Castor.

23980 Ms. Castor. Aye.

23981 The Clerk. Ms. Castor votes aye.

23982 Mr. Sarbanes.

23983 Mr. Sarbanes. Aye.

23984 The Clerk. Mr. Sarbanes votes aye.

23985 Mr. McNerney.

23986 [No response.]

23987 The Clerk. Mr. Welch.

23988 Mr. Welch. Aye.

23989 The Clerk. Mr. Welch votes aye.

23990 Mr. Lujan.
23991 Mr. Lujan. Aye.
23992 The Clerk. Mr. Lujan votes aye.
23993 Mr. Tonko.
23994 Mr. Tonko. Aye.
23995 The Clerk. Mr. Tonko votes aye.
23996 Ms. Clarke.
23997 Ms. Clarke. Aye.
23998 The Clerk. Ms. Clarke votes aye.
23999 Mr. Loeb sack.
24000 Mr. Loeb sack. Aye.
24001 The Clerk. Mr. Loeb sack votes aye.
24002 Mr. Schrader.
24003 Mr. Schrader. Aye.
24004 The Clerk. Mr. Schrader votes aye.
24005 Mr. Kennedy.
24006 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.
24007 Mr. Cardenas.
24008 Mr. Cardenas. Aye.
24009 The Clerk. Mr. Cardenas votes aye.
24010 Mr. Ruiz.
24011 Mr. Ruiz. Aye.
24012 The Clerk. Mr. Ruiz votes aye.

24013 Mr. Peters.

24014 Mr. Peters. Aye.

24015 The Clerk. Mr. Peters votes aye.

24016 Mrs. Dingell.

24017 Mrs. Dingell. Aye.

24018 The Clerk. Mrs. Dingell votes aye.

24019 Chairman Walden.

24020 The Chairman. Walden votes no.

24021 Are there members who are not recorded who wish to be

24022 recorded?

24023 The Clerk. Mr. McNerney.

24024 Mr. McNerney. Aye.

24025 The Clerk. Mr. McNerney votes aye.

24026 The Chairman. Are there any other members while we are

24027 waiting for -- is Mr. Engel on his way?

24028 Mr. Welch are you recorded?

24029 Mr. Welch. I am.

24030 The Chairman. Okay.

24031 Mr. Welch. Aye.

24032 The Clerk. Mr. Welch is recorded.

24033 The Chairman. Mr. Engel.

24034 Mr. Engel. Votes aye.

24035 The Chairman. Perfect.

24036 Mr. Engel. Thank you.

24037 The Clerk. Mr. Engel votes aye.

24038 The Chairman. Mr. Engel votes aye.

24039 Okay, now, the clerk will report the tally.

24040 The Clerk. Mr. Chairman, on that vote, there were 23

24041 ayes and 29 noes.

24042 The Chairman. Twenty-three to twenty-nine. The

24043 amendment is not adopted.

24044 Are there further amendments for consideration?

24045 The gentleman from Texas seeks recognition for what

24046 purpose?

24047 Mr. Green. Strike the last word. I have an amendment

24048 at the desk, number 128.

24049 [The Amendment offered by Mr. Green follows:]

24050

24051 *****COMMITTEE INSERT 37*****

24052 The Chairman. Number one-two-eight. We will let our
24053 clerks find the amendment so we are all on the same page.

24054 The clerk will report the amendment.

24055 The Clerk. Amendment to the Amendment in the Nature of
24056 a Substitute to the Committee Print.

24057 The Chairman. Reading of the amendment is dispensed
24058 with and the chair recognizes his friend from Texas to speak
24059 on his amendment for 5 minutes.

24060 Mr. Green. Thank you, Mr. Chairman and members.

24061 This amendment, and I have heard for the last 24 hours
24062 flexibility, I am asking for some flexibility. The House
24063 plan would effectively end the Affordable Care Act's Medicaid
24064 expansion. The ACA offered States the opportunity to expand
24065 Medicaid coverage to low-income adults with incomes up to 138
24066 percent the federal poverty level.

24067 Currently 31 States and the District of Columbia have
24068 expanded their Medicaid programs. Unfortunately, a number of
24069 States, including my home Texas, has not and therefore,
24070 almost 50,000 of my constituents who would otherwise have
24071 Medicaid remain uninsured.

24072 For States that took up the option, the Federal
24073 Government has covered 100 percent of the cost of the first 3
24074 years and, under current law, would cover 90 percent of the

24075 cost on a permanent basis. The House plan would end Medicaid
24076 expansion in 2020. This would mean that 11 million Americans
24077 who gained access through Medicaid thanks to the ACA, would
24078 lose it.

24079 This amendment would strike the provision to end the
24080 Medicaid expansion and replace it with a bill I introduced
24081 last Congress. The legislation would allow States that have
24082 yet to expand Medicaid get their full 3 years of 100 percent
24083 federal match. So the States that didn't join, Texas,
24084 Florida, North Carolina would have a chance to do that.

24085 And Mr. Chairman, I would be glad to yield to my
24086 colleague from North Carolina.

24087 Mr. Butterfield. Thank you very much, Mr. Green, and
24088 thank you for offering this amendment because it is very
24089 appropriate and it is very timely.

24090 Under this new legislation, colleagues, we must ensure
24091 that States are able to continue to expand their Medicaid
24092 program and to enable States to receive the full amount, not
24093 a partial amount, but a full amount of federal funding for
24094 the expansion that we passed 7 years ago. Under this harmful
24095 bill, Medicaid expansion would be curbed and new States could
24096 no longer expand after the year 2020.

24097 My constituents overwhelmingly supported North Carolina

24098 Governor Roy Cooper, who has been a strong advocate to expand
24099 Medicaid. I represent one of the poorest districts in the
24100 country, where nearly one in four people live in poverty. My
24101 constituents would greatly benefit from Medicaid expansion;
24102 650,000 North Carolinians stand to gain coverage through
24103 Medicaid expansion if it happens. Representative Green's
24104 amendment would preserve Medicaid expansion and provide full
24105 funding stipulated in the ACA for new States that choose to
24106 expand. North Carolinians already contribute to this funding
24107 through their taxes and they deserve to be able to have
24108 health coverage under Medicaid. And that goes for the State
24109 of Texas and the other States as well.

24110 This amendment would enable my Governor and other
24111 Governors of my constituents to continue to pursue Medicaid
24112 expansion. Thank you, Mr. Green, for your very timely
24113 amendment. I support it. I ask my colleagues to vote aye.

24114 I yield back.

24115 The Chairman. The gentleman yields back.

24116 Mr. Butterfield. I yield back to you, sir.

24117 The Chairman. Oh, I am sorry.

24118 Mr. Green. To continue on my time, Mr. Chairman, these
24119 States that didn't do it may not do it but we will give the
24120 Governors and the State Legislatures, and in Texas they are

24121 in session right now, to see if they want to cover these
24122 folks, like the other 31 jurisdictions did. And that is all
24123 we are asking the flexibility for these States who didn't
24124 make that decision, give them some time so maybe they can do
24125 it and realize that like in my case, almost 50,000 of my
24126 constituents in urban Houston were to get Medicaid if it was
24127 expanded.

24128 With that, I will be glad to yield back my time and ask
24129 for a yes vote on the amendment.

24130 The Chairman. The gentleman yields back his time.

24131 The chair recognizes another gentleman from Texas, the
24132 chair of the Subcommittee on Health, Dr. Burgess, for 5
24133 minutes.

24134 Mr. Burgess. I thank the chairman for yielding.

24135 Mr. Chairman, the balance that the subcommittee is -- or
24136 the full committee is striking between expansion and non-
24137 expansion States actually gives both expansion and non-
24138 expansion States the tools that they need to manage their
24139 healthcare markets.

24140 For expansion States, the current proposal would
24141 grandfather all Medicaid enrollees enrolled in the expansion
24142 population as of December 31, 2019. Those people would stay
24143 in the program. After that date, expansion States could

24144 continue to keep the Enhanced FMAP under current law for
24145 those grandfathered expansion enrollees, as long as these
24146 individuals remain on the program. This is a significant
24147 improvement for non-expansion States from the reconciliation
24148 bill that was passed in December of 2015.

24149 If a State keeps an expansion program beyond January 1,
24150 2020, the State will receive the State's regular federal
24151 matching rate for any new expansion enrollee who is
24152 determined eligible and enrolled in the program on or after
24153 the date. This strategy is both fiscally responsible and
24154 fair, ensuring that the proposal does not suddenly
24155 discontinue anyone while also ending the Obamacare expansion
24156 that unfairly prioritizes able-bodied working adults over the
24157 most vulnerable.

24158 When the ACA passed in 2010, current law, the ACA passed
24159 in 2010 and it repeals payments for Disproportionate Share
24160 Hospitals because, of course, everyone at the time felt that
24161 Medicaid expansion would meet the needs of every hospital but
24162 we know that the Medicaid expansion was deemed to be
24163 unconstitutional.

24164 So in comparison, we line up the restoration of the
24165 Disproportionate Share cuts for expansion States at the same
24166 time that the grandfathering policy begins, January 1st of

24167 2020, ensuring we have parity between expansion and non-
24168 expansion States. Also expansion States, just like non-
24169 expansion States will be given the State's Patient and State
24170 Flexibility Fund in calendar year 2018. Before the
24171 Affordable Care Act, State-specific high-risk pools were
24172 program-specific, limiting the flexibility of innovative
24173 local officials to meet the unique needs of diverse
24174 communities. This new fund will help repair State markets
24175 damaged by the Affordable Care Act and generally favors non-
24176 expansion States.

24177 Again under current law, in non-expansion States, the
24178 Disproportionate Share funds are scheduled to be reduced on
24179 October 1st of this year, of 2017. In non-expansion States,
24180 there will be a restoration of those Disproportionate Share
24181 funds so that that cut will not occur in States that did not
24182 expand Medicaid.

24183 And for all we talk about helping patients, I haven't
24184 really heard an articulation of why the other side thinks it
24185 is fair for the Federal Government to pay 90 percent for the
24186 cost of care for low-income able-bodied adults above the
24187 federal poverty line, while paying a fraction of that for
24188 traditional Medicaid populations.

24189 The Medicaid expansion, thus, is inherently unfair,

24190 prioritizing able-bodied adults over those for whom Medicaid
24191 was designed in the first place. The base bill would right
24192 that disparity by allowing States to maintain a Medicaid
24193 Program for low-income adults but to do so in a more
24194 responsible and equitable manner.

24195 I would be happy to yield to anyone else on the majority
24196 side. If not, I can yield back the balance of my time.

24197 The Chairman. The gentleman yields back the balance of
24198 his time.

24199 The chair recognizes the ranking member of the full
24200 committee, Mr. Pallone, for 5 minutes to strike the last
24201 word.

24202 Mr. Pallone. Thank you, Mr. Chairman.

24203 The Medicaid expansion has been an overwhelming success,
24204 providing health insurance to more than 14 million
24205 individuals in 31 States and the District of Columbia who,
24206 otherwise, could not have afforded coverage and would have
24207 remained uninsured. And those individuals who have enrolled
24208 as a result of Medicaid expansion have been overwhelmingly
24209 satisfied with their coverage with 86 percent of new Medicaid
24210 enrollees optimistic about their new health insurance ability
24211 to help them access the care that they need.

24212 And expansion has also been a benefit to our healthcare

24213 system in general, leading to a \$1,000 per person reduction
24214 in medical debt and reducing the uncompensated care burden
24215 for hospitals by \$10 billion.

24216 Now contrary to the statements from my colleagues on the
24217 other side of the aisle, rolling back Medicaid expansion
24218 would do great harm to patients, hospitals, and State
24219 budgets. Evidence has shown that States that have expanded
24220 Medicaid generate greater savings and revenue, which they can
24221 then use to finance other state initiatives. And those same
24222 States have also benefited from an increase of jobs in the
24223 healthcare sector.

24224 So it is for all these reasons that I support the
24225 amendment offered by my colleague, Mr. Green, which would
24226 repeal the rollback of Medicaid expansion included in the GOP
24227 bill today and, instead, incentivize the remaining States to
24228 expand their Medicaid program.

24229 When we passed the ACA, the idea was that every State
24230 would expand Medicaid. And because of Supreme Court
24231 decisions and other actions, that hasn't been the case, but
24232 it is something that we would like to do. There has been a
24233 lot of talk about what can be done to improve the ACA. This
24234 incentivized program that Mr. Green is proposing is one way
24235 to do that. Contrary to all the concerns that we have about

24236 the Republican bill here and the Republican replacement bill,
24237 this is something that we know will increase the number of
24238 people who are insured. We are up to like 95 percent insured
24239 now because of the Affordable Care Act but there is still
24240 about, I think there is still about four million individuals
24241 who could gain access to healthcare coverage if the
24242 additional 19 States utilized this incentive to expand
24243 Medicaid.

24244 Now, I just want to take this home to Dr. Burgess
24245 because he may remember a few years ago we went to this
24246 Commonwealth Fund health seminar for a couple days in
24247 Houston. And I took a break from that at one point or maybe
24248 the day after and Mr. Green and I believe Sheila Jackson Lee,
24249 took me to the Texas Children's Hospital at the Texas Medical
24250 Center. And we bemoaned the fact that when we went to the
24251 lobby of this beautiful Texas Children's Hospital, which was
24252 next to the emergency room, there were so many people that
24253 were waiting in line at the emergency room, many of them on
24254 cots and different things in the lobby of this beautiful
24255 facility waiting in the emergency room. And we know a lot of
24256 those people would be eligible for Medicaid expansion if only
24257 the State of Texas would do what it should do and expand
24258 Medicaid. But the way to do that is to provide some sort of

24259 incentive and that is exactly what Mr. Green is trying to do
24260 here.

24261 So it is my hope that my Republican colleague are
24262 probably not going to support this amendment but I would
24263 certainly urge the Democrats to do so because we need to make
24264 the point that Medicaid expansion is one way to or this
24265 incentivizing is one way to make sure that the goal -- I
24266 would like to see 100 percent coverage in this country but to
24267 add another four million people will certainly make a
24268 difference in adding more people who are insured and
24269 eliminating a lot of people now that are uninsured.

24270 So I would urge passage of the amendment, Mr. Chairman.

24271 And I don't know if anybody wants my time. Mr. Green?

24272 Mr. Green. I thank the ranking member for yielding.

24273 For the next 2 years, these States, these entities, 19
24274 of them, would have the opportunity to say we know that we
24275 could cover more people and they would be in the program,
24276 just like the 31 who did accept it.

24277 Now there is an issue because this bill actually
24278 requires States now to do 6 months resigning people on
24279 Medicaid. Now in Texas, we already have 6 months.
24280 Congressman Barton and I have legislation to try and change
24281 that to a year but this bill does the 6-month renewal. But

24282 it would give these States who didn't do it to realize those
24283 folks could be covered, the poorest of the poor, the
24284 children, the disabled, and even veterans because we have
24285 veterans in the Houston area, too, who could get that
24286 coverage from the Medicaid expansion. And I thank my
24287 colleague.

24288 Mr. Pallone. And I would yield back the balance of my
24289 time.

24290 Mr. Upton. [Presiding.] The gentleman yields back. The
24291 chair will recognize himself for 5 minutes to strike the last
24292 word.

24293 I was going to make the same point, Mr. Green, that you
24294 just did, that the States that did not expand still have the
24295 ability, the right to do that, just as Michigan expanded
24296 their Medicaid number by passing through legislation through
24297 the State House, State Senate, signed by the Governor and
24298 Michigan is now one of those 31 States.

24299 So the States that did not take advantage of that, still
24300 have the ability to do it before January 1st of 2020, is my
24301 understanding. Is that not correct?

24302 Mr. Green. Mr. Chairman, if you would yield.

24303 Mr. Upton. I yield, sure.

24304 Mr. Green. I think we need to actually allow those --

24305 Mr. Upton. But could not Texas, as a State that didn't
24306 expand, still pass a bill?

24307 Mr. Green. Well my goal with this is --

24308 Mr. Upton. You are going to reach back.

24309 Mr. Green. -- I want the legislature and the Governor
24310 to know the door is closing.

24311 Mr. Upton. Well --

24312 Mr. Green. And for the next 3 years, we could do the
24313 expansion and then we would fit in with everyone else.

24314 Mr. Upton. I think the Governor knew that the door was
24315 closing down to 90 percent anyway. It is not something new.
24316 They still have the ability to do that, though, let's face
24317 it, they are not probably likely to do that under the current
24318 --

24319 Mr. Green. Well, I don't think any State -- if you
24320 would continue to yield -- I don't think any State likes to
24321 leave money on the table. I don't want Texas to leave money
24322 on the table.

24323 Mr. Upton. But that, in fact, is what is happening and
24324 knowing that in fact they could pursue the same course that
24325 Michigan did.

24326 But what we have done in this bill I think has been a
24327 careful balance. We have provided a transition period to

24328 allow not only insurance companies to take into account those
24329 that may be no longer eligible under the 138 percent formula
24330 number. We are able to hold harmless those folks that are on
24331 there until they are off, for whatever reason, whether they
24332 get a job, whether they move to a different State, they are
24333 held harmless. And we reward the States, like Texas, and
24334 Florida, and the other States that did not choose to expand
24335 by reversing, by not allowing the DSH cuts that otherwise
24336 were going to come into play, which provide some balance,
24337 some equity in that.

24338 And therefore, because we think that it is the right
24339 balance, my sense is that the majority on this side of the
24340 aisle would oppose that provision. But I appreciate your
24341 interest.

24342 Let me yield to my friend from Colorado, Ms. DeGette.

24343 Ms. DeGette. Thank you so much, Mr. Chairman. So, of
24344 course, what the Green Amendment is addressing is this phase-
24345 out of the Medicaid expansion in 2020. Right now, the
24346 Medicaid expansion covers 11 million people in 32 States and
24347 the District of Columbia. So when you phase it out, what
24348 this repeal bill is going to do is it is going to break that
24349 commitment to our States.

24350 You might want to reset the clock.

24351 Mr. Upton. No, it is still my time.

24352 Ms. DeGette. Oh, no, I thought --

24353 Mr. Upton. You asked me to yield to you.

24354 Ms. DeGette. No, no, I asked to strike the last word.

24355 Mr. Upton. No, it is still my time.

24356 I will take back my time that I yielded to you.

24357 Are there other members on my side that would like to
24358 speak?

24359 With that, I yield back the balance of my time and to
24360 strike the last word to the gentlelady from Colorado for 5
24361 minutes.

24362 Ms. DeGette. Thank you. Sorry about that. It has been
24363 a long day. I won't, however, what I just said.

24364 Let me just say that my State of Colorado is a good
24365 example. In my State of Colorado, people who are in the
24366 Medicaid program will be in very bad shape if the repeal bill
24367 becomes law because we expanded Medicaid in 2014. We were
24368 one of the original states to do it. And since then, nearly
24369 588,000 Coloradans have enrolled. So, therefore, after 202,
24370 hundreds of thousands of people will not have Medicaid unless
24371 Colorado somehow comes up with the money.

24372 What this bill also does is it shifts \$253 billion onto
24373 States under the provisions that get the expansion alone.

24374 And so to continue covering the expansion population, States
24375 are going to have to pay three to five times more than they
24376 do under the Affordable Care Act.

24377 In Colorado, our federal payment rate will drop by 40
24378 percent for the expansion population. Federal payments will
24379 be slashed to a similar extent in California, New York, New
24380 Jersey, Illinois, Pennsylvania, Washington, and other States.
24381 And these are draconian cuts that our States simply can't
24382 handle. That is why our Governors are pleading with Congress
24383 to keep the commitments on the expansion.

24384 For example, on January 24th, the National Governors
24385 Association wrote, quote, in considering changes to Medicaid
24386 financing, it is critical that Congress continued to maintain
24387 a meaningful federal role in this partnership and does not
24388 shift costs onto States.

24389 Now, if we have got the Medicaid expansion, this also
24390 places an extreme burden on our hospitals, especially those
24391 in rural areas that are already hanging on by a thread. And
24392 this is one of many reasons why groups like the American
24393 Hospital Association and, virtually, all of the major
24394 hospital groups, have come out in opposition to this bill.

24395 So you know Republicans in the Senate are already
24396 figuring this out. My Senator, Cory Gardner, Republican of

24397 Colorado, joined Senators Portman, and Capito and Murkowski
24398 in a letter to Republican leadership opposing this approach.
24399 They said, and I quote, the draft proposal from the House
24400 does not meet the test of stability for individuals currently
24401 enrolled in the program. Senator Gardner knows that Colorado
24402 is not going to be able to make up this difference.

24403 I want to talk about one more issue that Dr. Burgess
24404 talked about and that is this DSH issue because the DSH is
24405 not going to fix this. What this Manager's Amendment says
24406 for the non-expansion States, then they will get their DSH
24407 restored. Well, that is all well and good but -- and also in
24408 Section 115 of the Manager's Amendment, it also gives safety
24409 net funding. So rewards those States that didn't take the
24410 Medicaid expansion but then for the States that did take the
24411 Medicaid expansion, 39 of them, what it says is that the DSH
24412 restoration will have a 2-year delay. So you are actually
24413 punishing States that have taken the Medicaid expansion and
24414 that is not going to be acceptable either.

24415 I will yield to the vice ranking member of the
24416 committee, Ms. Castor, the balance of my time.

24417 Ms. Castor. Well, I want to thank Ms. DeGette and just
24418 point out two things. The goal really is coverage for the
24419 families across America. Coverage. And when you don't

24420 expand Medicaid in some States, you are really missing out.
24421 And then to go back to a very inefficient system, where you
24422 are always going to have to have some safety fund and
24423 Disproportionate Share is kind of a wobbly formula, but that
24424 doesn't serve us. That is a very expensive, inefficient
24425 system. What you want, the goal for everyone across the
24426 country is to have coverage. And that is why a lot of the
24427 discussion has been about, in our committee, because of what
24428 is happening in the individual market doesn't serve our
24429 families. The goal is coverage, not access. Is very
24430 expensive to provide health care to our folks who show up
24431 into the emergency room. Those costs are shifted back onto
24432 people's employer-based health insurance.

24433 So you think you might not be paying but actually, you
24434 are picking up a larger cost.

24435 I yield back my time.

24436 Ms. DeGette. And I yield back.

24437 Mr. Lance. Mr. Chairman.

24438 Mr. Upton. The gentlelady yields back.

24439 The chair would recognize -- can I recognize Mr. Lance
24440 first to strike the last word for 5 minutes?

24441 Mr. Lance. Thank you, Mr. Chairman. I move to strike
24442 the last word.

24443 When the legislation went before the Supreme Court, as
24444 everyone on the committee knows, it was not declared
24445 constitutional under the Commerce Clause. And there was the
24446 thought by the administration and certainly by the Solicitor
24447 General that it was constitutional based upon the Commerce
24448 Clause. Obviously, this is the Commerce Committee. In the
24449 alternative, the Solicitor General argued that it was
24450 constitutional under the Tax Clause and that is why the law
24451 stood.

24452 But at the same time, the Supreme Court said, as the
24453 committee knows, that the forced expansion of Medicaid was
24454 unconstitutional. I thought, at the time when the Supreme
24455 Court ruled, that that was an internal tension and dichotomy
24456 that somehow eventually would result in this very fine
24457 discussion we are having today. I bet a friend of mine that
24458 it was going to be declared unconstitutional under the
24459 Commerce Clause and that we would have to rewrite the law. I
24460 was wrong. The Solicitor General argued in a subsidiary
24461 argument that it was a tax. President Obama repeatedly said
24462 it was not a tax. That is the only way it was declared
24463 constitutional, as you know, in a five-to-four vote.

24464 It seems to me that it is unrealistic to think that
24465 those states that did not expand Medicaid would be willing,

24466 ultimately, to permit the rest of us, including New Jersey
24467 which expanded right away and I think it was the right
24468 decision, and I am proud of New Jersey and I wish every State
24469 had done it, but it is unrealistic in my political judgment
24470 to think that those States that did not expand would
24471 ultimately permit a 90 percent match. And I think that is
24472 unfortunate and I wish that every State had expanded,
24473 including the great States of Texas and Florida, and North
24474 Carolina, and the others.

24475 But the Supreme Court, in an anomalous decision ruled it
24476 as constitutional, based upon a Taxation Clause but then
24477 ruled, several paragraphs later that the forced expansion was
24478 unconstitutional. That is a dichotomy and a tension that
24479 results in what we are trying to do today and we are
24480 obviously trying to be fair to both classification of States.
24481 In a perfect world, I would prefer to see continued 90
24482 percent payment to those States that expanded, including New
24483 Jersey, with a Republican Governor and a Democratic
24484 Legislature. These are now matters being discussed in the
24485 Senate by Senator Gardner and others but I believed as an
24486 attorney then and I believe now that this tension exists
24487 based upon what I consider is an inconsistent decision by the
24488 Supreme Court not ruling it constitutional under the Commerce

24489 Clause and yet saying that States are not forced to expand
24490 based upon federalism arguments and the Tenth Amendment.

24491 Thank you.

24492 Mr. Upton. Would the gentleman yield?

24493 Mr. Lance. Yes, of course, I would yield.

24494 Mr. Upton. I just want to make the point that as all of
24495 us look at this issue and there was a report today, I want to
24496 say it was in Roll Call this morning, that there are a number
24497 of Republicans, obviously on my side of the aisle that think,
24498 in fact, the provision in the underlying bill is too generous
24499 and they are looking to scale it back rather dramatically.
24500 And that is why a number of us like the balance that is
24501 there, not only a period of transition, grandfathering those
24502 folks that are on, until they are naturally off, and
24503 providing some assistance to States that in fact did not move
24504 forward on expanding Medicaid.

24505 Mr. Lance. Reclaiming my time. I am not one of those
24506 Republicans and I do not think this is too generous.

24507 Mr. Upton. No, I know that. No, no, no. I know that.
24508 But I am saying that there are a number of folks --

24509 Mr. Lance. Yes, yes.

24510 Mr. Upton. -- that would like to whittle this further
24511 down and we may have that vote at some point, maybe on this

24512 committee, maybe on the House floor, maybe whatever.

24513 So, I yield back to the gentleman.

24514 Mr. Lance. I do and I yield to Ms. Eshoo.

24515 Ms. Eshoo. All right, thank you. I thank the gentleman
24516 from New Jersey and I thank him for his remarks that we just
24517 all paid very close attention to, intelligent remarks.

24518 I just want to say one thing about the underlying bill.
24519 To actually penalize a State that has expanded by disallowing
24520 the DSH for 2 years, I mean I think that States that expanded
24521 are part of the honor roll in the country because they are
24522 providing such marvelous services to people across the
24523 country. So I object to that.

24524 I don't think it is a bragging point, most frankly, of
24525 the bill that is being considered. And I thank the gentleman
24526 for yielding to me and I yield back.

24527 Mr. Upton. Actually, the gentleman's time has now
24528 expired and I will go to this side of the aisle, if anyone
24529 want to strike the last word.

24530 If not, I recognize the gentleman from Georgia, Mr.
24531 Carter for 5 minutes.

24532 Mr. Carter. Mr. Chairman I ask to strike the last word.

24533 I just wanted to point out I keep hearing that they are
24534 saying that the DSH, restoring the DSH cuts for the next 2

24535 years is penalizing the expansion States and that is not what
24536 it is doing at all. In fact, what it is doing is to reward
24537 those that did not expand, like my State of Georgia, to make
24538 them whole. This is a three-tier program. We have got the
24539 Medicaid safety supplemental funding that is going to be \$10
24540 billion over the next 5 years and, depending on your ratio of
24541 those people between 100 and 138 percent, that that is how
24542 much you get of that.

24543 Then, we have got the Patient State Stability Fund
24544 which, again, has modifiers in that.

24545 But the DSH payments and not suspending them for the
24546 non-expansion States, that is a reward to help to bring them
24547 up and make them whole with the expansion states.

24548 Ms. DeGette. Will the gentleman yield?

24549 Mr. Carter. I yield.

24550 Ms. DeGette. That is not what we are saying. What we
24551 are saying is that you are giving the States that did not do
24552 the Medicaid expansion the DSH plus an additional fund under
24553 Section 115, the safety net funding.

24554 But then what you are doing to the States that did
24555 expand, the 39 States, you are penalizing them because once
24556 they phase out in 2020, it is a 2-year delay to get their DSH
24557 funds. That is what we are saying.

24558 Mr. Carter. That is exactly right. Reclaiming my time,
24559 that is exactly right. And the reason for that is to get it
24560 even for the non-expansion States like the State of Georgia.

24561 Ms. DeGette. Again, if the gentleman will yield, what
24562 will happen, though, is because of that 2-year delay, all the
24563 expansion States are going to fall off the cliff and their
24564 hospitals aren't going to be able to get those DSH funds for
24565 2 years.

24566 Mr. Carter. Reclaiming my time. What the lady doesn't
24567 understand is that you expanded and you are able to cover
24568 those --

24569 Ms. DeGette. Excuse me, don't call me lady.

24570 Mr. Carter. -- able-bodied adults who are now in the
24571 Medicaid expansion.

24572 Mr. Barton. Would the gentleman yield?

24573 Mr. Carter. I yield.

24574 Mr. Barton. I want to ask Counsel a question.

24575 If you are a non-expansion State under current law and
24576 you are watching this State and your Governor and Legislature
24577 has this lightbulb go on and say hey, I want to expand, under
24578 current law, is that automatic or do they have to petition
24579 HHS and get approval from either the Secretary or CMS?

24580 If the Governor of Texas sent an email today saying we

24581 have changed our mind, we want to expand, would they be
24582 allowed to automatically or would there be an approval
24583 process?

24584 Counsel. A State could expand Medicaid under current
24585 law that has not. So the non-expansion States could --

24586 Mr. Barton. It is not subject to approval or
24587 disapproval. It would be automatic.

24588 Counsel. They could do it under a waiver but they don't
24589 have to do it under a waiver.

24590 Mr. Barton. That doesn't make sense: they could do it
24591 under a waiver but they don't have to do it under a waiver.

24592 Counsel. They could expand Medicaid under current law.
24593 They could also do it under a waiver as well, under different
24594 terms.

24595 Mr. Barton. So essentially, a State could join the
24596 parade late without having to get approval from the Trump
24597 administration.

24598 Counsel. That is right. They could expand without
24599 approval.

24600 Mr. Carter. Reclaiming my time. But staff, is that not
24601 why we got this formula here is to try to make them whole, as
24602 whole as we could?

24603 Counsel. For the non-expansion States, there are

24604 essentially three benefits included within the underlying --

24605 Mr. Carter. Exactly.

24606 Counsel. So the first is the safety net supplemental
24607 that was addressed for Medicaid providers.

24608 The second benefit is the ACA Medicaid DSH cuts are
24609 immediately repealed for the non-expansion States.

24610 Mr. Carter. Right.

24611 Counsel. For the expansion States, those DSH cuts are
24612 restored 2 years later.

24613 Mr. Carter. Right.

24614 Counsel. And Mr. Carter, as you mentioned earlier,
24615 there is additional funding through the Patient and State
24616 Stability Program a modifier that would help non-expansion
24617 states.

24618 Mr. Carter. Right. I yield to Mr. Griffith.

24619 Mr. Upton. The gentleman's time has actually expired.
24620 We had a clock issue. So it actually has expired.

24621 Mr. Carter. I yield.

24622 Mr. Upton. Yield back.

24623 Members on this side? The gentlelady from Florida, the
24624 vice chair, ranking vice chair is recognized for 5 minutes.

24625 Ms. Castor. Thank you, Mr. Upton. On the Section 115
24626 that relates to the safety net payments, this new safety net

24627 fund that would go to non-expansion States, I notice in the
24628 subsection A, it uses the word "may." So this appears to
24629 send down some funds to a non-expansion State but not have a
24630 requirement that it actually goes to safety net providers.

24631 Why isn't there direct language that says yes, if we are
24632 sending this safety net funding, that it actually has to go
24633 to the safety net providers? Because sometimes what States
24634 do, they do a little shell game. The Feds send them money
24635 and it goes into the State budget, the State general revenue.

24636 Counsel. Can you restate your question so that we are
24637 clear on that?

24638 Ms. Castor. Yes, so we in Section 115, Safety Net
24639 Funding for Non-Expansion States, it provides a new fund is
24640 created to send money to non-expansion States and I would
24641 assume the general intent is that it go to hospitals and
24642 providers that serve the uninsured, that were not covered by
24643 Medicaid through the expansion. But it appears to be too
24644 permissive.

24645 So money would be sent to a State but there is no --
24646 using the word "may" it would appear that there is no real
24647 requirement that it goes to those safety net providers that
24648 are providing uncompensated care.

24649 Counsel. So the "may" lets them not take the money if

24650 they don't want.

24651 Ms. Castor. And then where in the language can you
24652 point me to that -- of course they are going to take the
24653 money, right? Where in the language does it require that it
24654 go to the safety net providers and not just into the general
24655 revenue of a State budget?

24656 Counsel. So on page 23, there is limitation language
24657 that would limit the funds to not exceed providers' costs
24658 incurred for furnishing healthcare services.

24659 Ms. Castor. So can you speak up a little bit?

24660 Counsel. Yes, ma'am. On page 23 there is language
24661 similar to how there are --

24662 Mr. Upton. Order.

24663 Ms. Castor. Can you read that language so that everyone
24664 can hear it?

24665 Counsel. Limitation on payment adjustment amount for
24666 individual providers. The amount of a payment adjustment
24667 under subsection A for an eligible provider may not exceed
24668 the provider's cost incurred in furnishing healthcare
24669 services as determined by the Secretary and net of payments
24670 under this title, other than under this section, and by
24671 uninsured patients --

24672 Ms. Castor. That doesn't say that it has to go to the

24673 providers. It just says the payment adjustment may not
24674 exceed the provider's costs.

24675 Counsel. That is what that language says.

24676 Ms. Castor. So, it is permissive. I think it is not
24677 clear in the --

24678 Counsel. Ms. Castor, it is permissive. The State
24679 doesn't have to take the money.

24680 Ms. Castor. But I mean they are going to take the money
24681 but what we want to see is that it actually goes to the
24682 providers, the hospitals and others that are providing
24683 uncompensated care.

24684 Counsel. So it would have to go to the provider for the
24685 State to get the incentive that is on page 22 related to the
24686 match. So if you take a look at --

24687 Ms. Castor. Can you read that language, please?

24688 Counsel. Sure, so page 22, line 3 provides an
24689 additional match for the States.

24690 Ms. Castor. Can you read that explicitly because I --

24691 Counsel. Sure.

24692 Ms. Castor. I am on page 22.

24693 Counsel. It actually starts on page 21.

24694 Ms. Castor. Okay.

24695 Counsel. So, it reads increase in applicable FMAP.

24696 Ms. Castor. Can you speak up again, too, please?

24697 Counsel. Notwithstanding Section 1905(b), the Federal
24698 Medical Assistance Percentage applicable with respect to
24699 expenditures attributable to a payment adjustment under
24700 subsection A for which payment is permitted under subsection
24701 C shall be equal to: paragraph 1) 100 percent for calendar
24702 quarters in calendar years 2018, 2019, 2020, and 2021; and
24703 paragraph 2) 95 percent for calendar quarters in calendar
24704 year 2022.

24705 Ms. Castor. And again, that language does not require
24706 that the money that comes from the safety net, this new
24707 safety fund actually go to the providers.

24708 Maybe we can work on an amendment, although I know we
24709 want to bring this in for a landing. But do you have another
24710 clarification?

24711 Counsel. Yes, ma'am, we have been advised by
24712 Legislative Counsel that the "may" is permissive for States
24713 to accept the money and in subsection B, if they receive the
24714 money then the rules apply on the top of page 22, which
24715 payment is permitted under Subsection C may be equal to you
24716 have the match, the amount, the formula, and then the
24717 limitation on providers.

24718 So the mechanics is that it is a State option to take

24719 the money. If a State takes it, here is the formula for the
24720 spend, the match, and the parameters for that funding.

24721 Ms. Castor. So is it clear to the committee that --

24722 Mr. Barton. If we were awake, it might be.

24723 Ms. Castor. Yes.

24724 Mr. Barton. Some of us are still half asleep.

24725 Mr. Upton. The gentlelady's time has expired.

24726 Ms. Castor. Well, this is an issue --

24727 Mr. Upton. The chair would recognize the gentleman from
24728 Texas, Mr. Barton, to strike the last word.

24729 Mr. Barton. Thank you. I would like to ask a question
24730 of the Counsel. Under current law of the Medicaid expansion
24731 enrollees, able-bodied adults, what is the approximate cost
24732 per year to the Federal Government for that expansion
24733 population? My back of the envelope is about \$80 billion a
24734 year but I could be off as much as CBO probably will be.

24735 Counsel. Chairman, that sounds right. I don't have the
24736 exact figure.

24737 Mr. Barton. It is multiple billions.

24738 Counsel. Yes.

24739 Mr. Barton. I mean it is somewhere between \$50 billion
24740 and \$100 billion.

24741 Counsel. That is right.

24742 Mr. Barton. Somewhere in that range.

24743 Counsel. We think the per capita cost is approximately
24744 \$6,000.

24745 Mr. Barton. So it is a big number. It is a big number.

24746 We have been having a little bit of a kumbaya moment
24747 here, where everybody that is for the expansion on both sides
24748 of the aisle, and there are some Republicans that support it,
24749 have been almost hugging each other about what a great thing
24750 it is.

24751 Keep in mind it is able-bodied adults, most of whom are
24752 under the age of 40. These are not sick, frail, elderly.

24753 Now some of us don't share that enthusiasm. And all
24754 those manila folders down there, there are two of them have
24755 my name on them. And at the appropriate time, when Chairman
24756 Walden gives me the green light, and I am not going to do
24757 anything until he says it is appropriate to do so, I am going
24758 to offer an amendment that tweaks the current bill in a
24759 different direction than Mr. Green does.

24760 My amendment would say the States that have expanded, or
24761 maybe some States that haven't but want to, can keep
24762 expanding for this calendar year, not for 3 more years, but
24763 for this year, 1 more year.

24764 Then, because the current bill, as it is currently

24765 drafted, does not ever definitively end this 90 percent
24766 match, although this year it is 95 but it does go to 90, that
24767 theoretically goes in perpetuity. With Mrs. Blackburn and
24768 Mr. Hudson, I am going to offer a second amendment that would
24769 end that super-match by date certain, which right now under
24770 my amendment is 2023.

24771 If you take \$80 billion a year and start multiplying it
24772 out and we don't change the program, friends, that is a lot
24773 of money. And Republican Study Committee agrees with myself
24774 and Mrs. Blackburn, and Mr. Hudson. They just officially
24775 endorsed our amendments in their Steering Committee. The
24776 Freedom Caucus supports it. The Trump administration is open
24777 to it.

24778 So, as Chairman Upton has pointed out, at some point in
24779 time, we are going to have a come-to-Jesus moment and see
24780 whether we might not can shorten that expansion period and
24781 put some definitive certainty to when it will end. And then
24782 the majority will rule. We will find out whether we have the
24783 votes to tweak it a little bit or whether we don't.

24784 So with that, Mr. Chairman, I thank you for your
24785 courtesy and yield back.

24786 Mr. Carter. Would the gentleman yield?

24787 Mr. Upton. Are there other members -- do you want to

24788 yield?

24789 Mr. Carter. Would the gentleman yield?

24790 Mr. Barton. I will yield to Mr. Carter and then Mr.
24791 Griffith.

24792 Mr. Carter. I thank the gentleman for yielding.

24793 Mr. Chairman, I just want to point out Georgia was one
24794 of those States that did not expand our Medicaid. If you
24795 look at Obamacare, it really should have been called
24796 ObamaCaid. I mean out of 20 million lives that were covered,
24797 14.5 million of them went onto the expansion of Medicaid.
24798 Able-bodied adults went into a safety net program that was
24799 never intended, never intended to be for able-bodied adults.
24800 It is a safety net program for the aged, the blind, the
24801 disabled, for children.

24802 I am proud that Georgia did not expand that program and
24803 I think we ought to be treated fairly and I am going to do
24804 everything I can to make sure we are treated fairly, just
24805 like the expansion States.

24806 And I yield back.

24807 Mr. Barton. Mr. Griffith.

24808 Mr. Griffith. Thank you, I appreciate that.

24809 Two things, one I think that Mr. Lance did a great job
24810 in explaining the balance, I thought he did a nice job on

24811 that.

24812 And then Mr. Barton said earlier, he asked the Counsel
24813 if the Governor sent an email could they expand. The Counsel
24814 answered correctly the State could expand but that depends on
24815 the laws of each individual state and in my home State, the
24816 Commonwealth of Virginia, which still retains some of its
24817 sovereignty, the legislature has to go along with that. So
24818 it is not just the Governor. It is the Governor and the
24819 legislature.

24820 And I wanted to be clear so that nobody thought that the
24821 Governor in Virginia could just get us into it if we didn't
24822 want to be in it.

24823 Mr. Barton. I appreciate the correction. The same
24824 thing in Texas, I think the legislature would have to --

24825 Mr. Griffith. I yield back.

24826 Mr. Upton. The gentleman's time has expired.

24827 Other members wishing to speak on the amendment? Seeing
24828 none, a roll call has been requested and our debate has
24829 ended.

24830 Those in favor of the amendment offered by the gentleman
24831 from Texas, Mr. Green, will vote aye; those opposed will vote
24832 no. The clerk will call the roll.

24833 The Clerk. Mr. Barton.

24834 Mr. Barton. No.

24835 The Clerk. Mr. Barton votes no. Mr. Upton.

24836 Mr. Upton. No.

24837 The Clerk. Mr. Upton votes no.

24838 Mr. Shimkus.

24839 [No response.]

24840 The Clerk. Mr. Murphy.

24841 Mr. Murphy. No.

24842 The Clerk. Mr. Murphy votes no.

24843 Mr. Burgess.

24844 Mr. Burgess. No.

24845 The Clerk. Mr. Burgess votes no.

24846 Mrs. Blackburn.

24847 Mrs. Blackburn. No.

24848 The Clerk. Mrs. Blackburn votes no.

24849 Mr. Scalise.

24850 Mr. Scalise. No.

24851 The Clerk. Mr. Scalise votes no.

24852 Mr. Latta.

24853 Mr. Latta. No.

24854 The Clerk. Mr. Latta votes no.

24855 Mrs. McMorris Rodgers.

24856 Mrs. McMorris Rodgers. No.

24857 The Clerk. Mrs. McMorris Rodgers votes no.
24858 Mr. Harper.
24859 Mr. Harper. No.
24860 The Clerk. Mr. Harper votes no.
24861 Mr. Lance.
24862 Mr. Lance. No.
24863 The Clerk. Mr. Lance votes no.
24864 Mr. Guthrie.
24865 Mr. Guthrie. No.
24866 The Clerk. Mr. Guthrie votes no.
24867 Mr. Olson.
24868 Mr. Olson. No.
24869 The Clerk. Mr. Olson votes no.
24870 Mr. McKinley.
24871 Mr. McKinley. No.
24872 The Clerk. Mr. McKinley votes no.
24873 Mr. Kinzinger.
24874 Mr. Kinzinger. No.
24875 The Clerk. Mr. Kinzinger votes no.
24876 Mr. Griffith.
24877 Mr. Griffith. No.
24878 The Clerk. Mr. Griffith votes no.
24879 Mr. Bilirakis.

24880	<u>Mr. Bilirakis.</u>	No.
24881	The Clerk.	Mr. Bilirakis votes no.
24882	Mr. Johnson.	
24883	<u>Mr. Johnson.</u>	No.
24884	The Clerk.	Mr. Johnson votes no.
24885	Mr. Long.	
24886	<u>Mr. Long.</u>	No.
24887	The Clerk.	Mr. Long votes no.
24888	Mr. Bucshon.	
24889	<u>Mr. Bucshon.</u>	No.
24890	The Clerk.	Mr. Bucshon votes no.
24891	Mr. Flores.	
24892	<u>Mr. Flores.</u>	No.
24893	The Clerk.	Mr. Flores votes no.
24894	Mrs. Brooks.	
24895	<u>Mrs. Brooks.</u>	No.
24896	The Clerk.	Mrs. Brooks votes no.
24897	Mr. Mullin.	
24898	<u>Mr. Mullin.</u>	No.
24899	The Clerk.	Mr. Mullin votes no.
24900	Mr. Hudson.	
24901	[No response.]	
24902	The Clerk.	Mr. Collins.

24903	<u>Mr. Collins.</u>	No.
24904	The Clerk.	Mr. Collins votes no.
24905	Mr. Cramer.	
24906	<u>Mr. Cramer.</u>	No.
24907	The Clerk.	Mr. Cramer votes no.
24908	Mr. Walberg.	
24909	<u>Mr. Walberg.</u>	No.
24910	The Clerk.	Mr. Walberg votes no.
24911	Mrs. Walters.	
24912	<u>Mrs. Walters.</u>	No.
24913	The Clerk.	Mrs. Walters votes no.
24914	Mr. Costello.	
24915	<u>Mr. Costello.</u>	No.
24916	The Clerk.	Mr. Costello votes no.
24917	Mr. Carter.	
24918	<u>Mr. Carter.</u>	No.
24919	The Clerk.	Mr. Carter votes no.
24920	Mr. Pallone.	
24921	<u>Mr. Pallone.</u>	Aye.
24922	The Clerk.	Mr. Pallone votes aye.
24923	Mr. Rush.	
24924	[No response.]	
24925	The Clerk.	Ms. Eshoo.

24926 Ms. Eshoo. Aye.

24927 The Clerk. Ms. Eshoo votes aye.

24928 Mr. Engel.

24929 [No response.] The Clerk. Mr. Green.

24930 Mr. Green. Aye.

24931 The Clerk. Mr. Green votes aye.

24932 Ms. DeGette.

24933 Ms. DeGette. Aye.

24934 The Clerk. Ms. DeGette votes aye.

24935 Mr. Doyle.

24936 Mr. Doyle. Yes.

24937 The Clerk. Mr. Doyle votes aye.

24938 Ms. Schakowsky.

24939 Ms. Schakowsky. Aye.

24940 The Clerk. Ms. Schakowsky votes aye.

24941 Mr. Butterfield.

24942 Mr. Butterfield. Aye.

24943 The Clerk. Mr. Butterfield votes aye.

24944 Ms. Matsui.

24945 Ms. Matsui. Aye.

24946 The Clerk. Ms. Matsui votes aye.

24947 Ms. Castor.

24948 Ms. Castor. Aye.

24949 The Clerk. Ms. Castor votes aye.
24950 Mr. Sarbanes.
24951 Mr. Sarbanes. Aye.
24952 The Clerk. Mr. Sarbanes votes aye.
24953 Mr. McNerney.
24954 [No response.]
24955 The Clerk. Mr. Welch.
24956 Mr. Welch. Aye.
24957 The Clerk. Mr. Welch votes aye.
24958 Mr. Lujan.
24959 Mr. Lujan. Aye.
24960 The Clerk. Mr. Lujan votes aye.
24961 Mr. Tonko.
24962 Mr. Tonko. Aye.
24963 The Clerk. Mr. Tonko votes aye.
24964 Ms. Clarke.
24965 Ms. Clarke. Aye.
24966 The Clerk. Ms. Clarke votes aye.
24967 Mr. Loeb sack.
24968 Mr. Loeb sack. Aye.
24969 The Clerk. Mr. Loeb sack votes aye.
24970 Mr. Schrader.
24971 Mr. Schrader. Aye.

24972 The Clerk. Mr. Schrader votes aye.

24973 Mr. Kennedy.

24974 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

24975 Mr. Cardenas.

24976 Mr. Cardenas. Aye.

24977 The Clerk. Mr. Cardenas votes aye.

24978 Mr. Ruiz. Mr. Ruiz?

24979 Mr. Ruiz. Aye.

24980 The Clerk. Mr. Ruiz votes aye.

24981 Mr. Peters.

24982 Mr. Peters. Aye.

24983 The Clerk. Mr. Peters votes aye.

24984 Mrs. Dingell.

24985 Mrs. Dingell. Aye.

24986 The Clerk. Mrs. Dingell votes aye.

24987 Chairman Walden.

24988 The Chairman. No.

24989 The Clerk. Chairman Walden votes no.

24990 Mr. Upton. Members wishing to cast a vote? Mr.

24991 Shimkus.

24992 Mr. Shimkus. No.

24993 The Clerk. Mr. Shimkus votes no.

24994 Mr. Upton. Mr. Hudson?

24995 Mr. Hudson. No.

24996 The Clerk. Mr. Hudson votes no.

24997 Mr. Upton. Mr. Engel?

24998 Mr. Engel. Votes aye.

24999 The Clerk. Mr. Engel votes aye.

25000 Mr. Upton. Mr. McNerney.

25001 Mr. McNerney. Aye.

25002 The Clerk. Mr. McNerney votes aye.

25003 Mr. Upton. Other members wishing to cast a vote?

25004 Seeing none, the clerk will report the tally.

25005 The Clerk. Mr. Chairman, on that vote there were 23

25006 ayes and 31 noes.

25007 Mr. Upton. Twenty-three ayes, thirty-one noes. The

25008 amendment is not agreed to.

25009 Are there further amendments to the bill? The chair

25010 will recognize the gentleman from Vermont, Mr. Welch, to

25011 offer an amendment. Does the gentleman have the --

25012 Mr. Welch. Thank you, Mr. Chairman, I do have an

25013 amendment at the desk, Amendment number 166.

25014 [The Amendment offered by Mr. Welch follows:]

25015

25016 *****COMMITTEE INSERT 38*****

25017 Mr. Upton. And can you help us?

25018 Mr. Welch. This amendment is about making certain that
25019 nothing in this law will aggravate the problem of higher
25020 prescription drug prices.

25021 Mr. Upton. Found it. The amendment will be considered
25022 as read. The staff will distribute the amendment and the
25023 gentleman is -- do you have the amendment.

25024 The Clerk. There is two 166. Is it the one that is
25025 written on or is it the clean version?

25026 Mr. Welch. I believe it is the clean version. Sorry.

25027 The Clerk. So in that case, Amendment to the Amendment
25028 in the Nature of a Substitute Offered by Mr. Welch.

25029 Mr. Upton. The clerk has reported the title. The
25030 amendment will be considered as read and the gentleman from
25031 Vermont is recognized for 5 minutes in support of his
25032 amendment.

25033 Mr. Welch. Mr. Chairman, when Mr. Walden was here, he
25034 was indicating an appreciation of the urgency of attempting
25035 to address the cost of health care, something that he said we
25036 would do down the line. And there is a number of colleagues
25037 on your side who are working hard on that. Mr. Griffith is
25038 working with me. Dr. Bucshon I think has been a leader on
25039 this and there is an immense amount of interest on our side

25040 but here is the deal.

25041 We do nothing in this bill to address cost and, in fact,
25042 that is where the money is. If we start bringing down the
25043 cost, it is going to make things much more possible for us to
25044 get health care delivered to people who need it.

25045 One of the areas where cost is totally exploding is
25046 pharmaceutical drugs. Just think about it. SOVALDI, a drug
25047 to treat hepatitis C, \$84,000 for a 12-week treatment course.
25048 Turing Pharmaceuticals, because they bought a company that
25049 had a drug that was selling for \$15, it ended up being sold,
25050 right after the company bought it, for \$1,500.

25051 EpiPen, where parents in Vermont contacted me. This is
25052 about providing what a child needs when they go into shock.
25053 That is sold for \$600, 400 percent more than it was just a
25054 few years ago. And by the way, that company that is
25055 headquartered in the Netherlands, a U.S. company, Mylan,
25056 sells that same item in the Netherlands for \$100. We are
25057 getting ripped off.

25058 Now, the cost, what we are spending on pharmaceutical
25059 drugs, a total of almost three-quarters of the average Social
25060 --

25061 Mr. Chairman, the committee is not in order. The
25062 committee is not in order, Mr. Chairman.

25063 Mr. Upton. The gentleman is correct. The committee is
25064 not in order.

25065 The gentleman will proceed.

25066 Mr. Welch. All right. Mr. Chairman, according to the
25067 AARP report, the average annual retail price of drugs was
25068 over \$11,000 in 2013 for a patient who had prescriptions for
25069 a chronic illness. That is almost three-quarters of the
25070 average Social Security retirement benefit of \$15,526 and
25071 nearly half the median income of somebody on \$23,500.

25072 The amendment is about making certain that nothing in
25073 this legislation is going to aggravate the already excessive
25074 burden with the cost of prescription medication.

25075 I would like to remind the committee that President
25076 Trump spoke about prescription drugs and what a bad deal the
25077 American consumer was getting with the high cost of
25078 prescription drugs and that we were getting ripped off.

25079 Yesterday, President Trump met with Congressman Elijah
25080 Cummings and me and reiterated, restated his support to act
25081 promptly to address this prescription drug price crisis.
25082 This an opportunity for us to at least begin focusing on
25083 health care costs and prescription drugs is the area where
25084 the cost are rising the fastest.

25085 Mr. Chairman, I urge this committee to adopt this

25086 amendment and begin the process of reining in the out-of-
25087 control cost of prescription medication. I yield back the
25088 balance of my time.

25089 Mr. Upton. The gentleman yields back. The chair
25090 recognizes the chairman of the Health Subcommittee, Dr.
25091 Burgess, for 5 minutes.

25092 Mr. Burgess. I thank the chairman for the recognition.

25093 Mr. Chairman, the cost of drugs is a problem for too
25094 many patients and we need to find solutions. Spending on
25095 prescription drugs represents ten percent of overall
25096 healthcare spending. However, instead of exercising greater
25097 government control, Congress could opt and should opt for
25098 less, focusing instead on efficiency, innovation, and
25099 competition.

25100 We have spoken about the three phases that Republicans
25101 will pursue on rescuing people from the harms of the
25102 Affordable Care Act. And there are things. After we finish
25103 the reconciliation, there are things that can be done,
25104 obviously administratively, but we also have the user fee
25105 agreements within the FDA to reauthorize and the subcommittee
25106 is actively engaged in that and had our first hearing, in
25107 fact, last week.

25108 The FDA does take too long to approve generic

25109 applications. There are literally \$1,500 applications that
25110 have been pending at the agency for years. That needs to
25111 improve and that needs more competition.

25112 We also have a problem with the time it takes to develop
25113 and review innovative drugs. It costs nearly \$2 billion and
25114 takes 14 years to bring a new drug to market. Of course the
25115 chairman worked on this very diligently with the 21st Century
25116 Cures bill. The committee got that work done. It I think
25117 ran through two or three Congresses and it was a milestone
25118 effort when it was achieved but our work here is not done.
25119 And of course, the oversight of the implementation of the
25120 21st Century Cures Act will be part of the ongoing regular
25121 order process in the subcommittee.

25122 Working on legislation over the next few months to
25123 reauthorize the FDA user fee process will -- could improve
25124 the FDA processes so people can see real competition in the
25125 prescription drug market.

25126 My opinion, and it has been the opinion of others, that
25127 the Federal Government should not ration drugs and decide
25128 which drugs are available to seniors under Medicare.
25129 Ultimately, that leads to price controls and reduction of the
25130 types of products that are available. Congress should retool
25131 entitlement programs to encourage greater competition among

25132 providers and insurers because private negotiation, as we
25133 have seen in the Part D program, private negotiation does
25134 work. And the Part D program continues to come in below cost
25135 projections, keeping costs steady for beneficiaries from year
25136 to year. Premiums have remained stable over the course of
25137 the program and are now half of what was originally projected
25138 by the Congressional Budget Office when this committee marked
25139 up the Medicare Modernization Act in 2004 -- 2005.

25140 The program that was implemented in 2006 has been a
25141 success story and has put the powers of choice and
25142 competition and empowered seniors.

25143 I would note the committee and the staff continues to
25144 work in a bipartisan manner to advance H.R. 749, the Lower
25145 Drug Costs Through Competition Act by Representatives
25146 Schrader and Bilirakis, which aims to enhance generic
25147 competition and we look forward to continuing our progress in
25148 this effort.

25149 In short, Mr. Chairman, there is no shortage of activity
25150 that is occurring at the subcommittee level through the
25151 regular order process and that will continue through the
25152 balance of this year and likely --

25153 Mr. Carter. Will the gentleman yield?

25154 Mr. Burgess. Yes.

25155 Mr. Carter. Mr. Chairman, I thank the gentleman for
25156 yielding. And I want to assure the gentleman from Vermont
25157 that he has no greater ally in working on drug prescription
25158 prices than myself. He and I together co-chair the Pharmacy
25159 Caucus and I appreciate his interest in this.

25160 There are a number of thing that we can do. In fact, if
25161 you will look in the Bloomberg today, there is an article
25162 about PBMs and how they are one of the primary reasons that
25163 drug prices are increasing. And in fact, Gilead has said
25164 that PBMs like Express Scripts keep prices high. They do
25165 this through keeping the prices high so that the PBMs get a
25166 higher rebate and this is one of the problems that we have.

25167 And you are right, the President has made it clear that
25168 anyone who is on the other side of R&D needs to beware
25169 because we are after them and we are after the PBMs because
25170 they are a primary problem here.

25171 Again, I want to thank you for this but I am not sure
25172 that, as Dr. Burgess has said, I am not sure that this is the
25173 right time for us to do it. As the Speaker has explained,
25174 this is a three-bucket approach that we are trying to get at
25175 through health care. This is the first bucket. We have
25176 still got those two buckets to go and, at that time, I hope
25177 that we can, indeed, address this.

25178 Thank you, Mr. Chairman. I yield back.

25179 Mr. Upton. The gentleman's time has expired.

25180 Mr. Welch. I yield back.

25181 Mr. Upton. The chair recognizes the gentlelady from
25182 California to strike the last word.

25183 Ms. Eshoo. Thank you, Mr. Chairman. Move to strike the
25184 last word.

25185 Very interesting to listen to the chairman of the Health
25186 Subcommittee. I hope everyone was listening. It was long
25187 and winding. You had to listen hard but there is one message
25188 that comes out of it. It seems as if our colleagues on this
25189 side of the aisle are not in synch with the President of the
25190 United States. That is what is more than obvious to me about
25191 bringing down the cost of drugs.

25192 I will yield to Mr. Welch.

25193 Mr. Welch. Thank you very much.

25194 Mr. Carter, I am so delighted you are on this committee
25195 with your very extensive experience in Pharma and we are
25196 going to listen to you. I am going to listen to you but let
25197 me express some frustration.

25198 These drug prices have been rising constantly. And the
25199 pharmaceutical companies, which we all know, do some very
25200 good things. They create life-extending and pain-relieving

25201 medications and my first wife was the beneficiary of that.
25202 So I get it and they need research and development. But you
25203 know what? If they are going to hide behind the assertion
25204 that it is research and development that justifies these
25205 prices that are starting to kill the patients who can't get
25206 access to what they need, show us the books. You know there
25207 has got to be some transparency here. I am all for letting
25208 folks get the price they need in order to keep doing the
25209 research for new breakthrough drugs but there has never been
25210 any transparency.

25211 The other thing, the cost is unbelievable. I mean we
25212 are going to be up to \$500 billion soon in the whole
25213 pharmaceutical expenditure between the government and between
25214 others. It is like a house is burning with these expenses.

25215 And we can have these rhetorical arguments and line up
25216 on one side or the other but we have got a situation here
25217 that needs attention. And the frustration I have is that we
25218 go round and round and have not made concrete progress.

25219 Price negotiation, for instance, which is a bill that we
25220 were -- Mr. Cummings and I were talking to the President
25221 about, I mean I do not get why we don't use free market
25222 principles, which says that a buyer and seller negotiation
25223 and a buyer tries to get a high price -- a buyer tries to get

25224 a low price, a seller tries to get a higher price. That is
25225 the way it works and you bargain with the power that you
25226 have.

25227 Medicare is the biggest purchaser of drugs in the world
25228 and do you know what we do? It is astonishing. We buy
25229 wholesale and pay retail. And you know why we do it?
25230 Because Congress said that is what we had to do, the
25231 noninterference clause. This is like upside down capitalism.

25232 So we don't do it in the VA. We don't do it in Medicaid
25233 and we get prices that are about 60 percent less.

25234 So my question is how can any of us claim that we are
25235 fiscally responsible when we are not willing to bargain to
25236 get a better price. Now, bargaining is not setting price.
25237 It is bargaining. And President Trump gets that. If he is
25238 going to get a thousand mirrors for one of his buildings, is
25239 he going to pay the per unit cost on a thousand that he would
25240 for one? I doubt it. He didn't get to where he is by making
25241 that kind of bad deal.

25242 So I just implore my colleagues, we have got a lot of
25243 knowledge here on both sides of the aisle and we have got to
25244 do something about it. It will help the taxpayer. It will
25245 help the consumer. It will help our employers who are trying
25246 to keep costs down so they can continue to provide good

25247 healthcare coverage to their workers.

25248 I yield back.

25249 Mr. Upton. Would the gentleman yield?

25250 Mr. Welch. I yield back to --

25251 Ms. Eshoo. Reclaiming my time.

25252 Last week, the Health Subcommittee had a hearing with
25253 excellent witnesses. The subject matter was really how much
25254 generics have brought down costs, how that market has grown,
25255 how many people are a part of it. But there was a statistic
25256 that one of the witnesses stated when I asked the question if
25257 the generic market has grown so much and we have so many
25258 people participating in it, why do we have such a problem
25259 with the high cost of drugs. And he said 11 percent of drugs
25260 account for 63 percent of drug costs. That is amazing, 11
25261 percent. So it really is a handful of products.

25262 I will yield back.

25263 Mr. Upton. The gentlelady yields back. The chair
25264 recognizes the gentleman from Florida, Mr. Bilirakis.

25265 Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate it
25266 very much.

25267 Mr. Welch, we have a bill with Representative Schrader,
25268 a bipartisan bill to address this issue. As a matter of
25269 fact, we had a hearing on it last week and we intend to mark

25270 it up, I understand, Mr. Chairman, hopefully by the end of
25271 the month. It is House bill 749 and it aims to incentivize
25272 more generic drug competition where it is needed the most.

25273 So, we are addressing this issue. Since introducing
25274 this bill, we have heard a number of additional ways to
25275 encourage generic competition and we are working on a
25276 bipartisan basis to consider these options. The bill will
25277 supplement the increased generic competition that will come
25278 from reauthorizing an improved generic drug user fee.

25279 So, again, this is an issue that we are addressing. I
25280 appreciate Mr. Welch bringing this issue up because we have
25281 got to lower the drug prices through competition.

25282 And I don't know whether Mr. Schrader wants time.
25283 Anybody want time?

25284 Mr. Schrader. I do. I do.

25285 Mr. Bilirakis. All right.

25286 Mr. Schrader. Can you give me time?

25287 Mr. Bilirakis. I yield to Mr. Schrader.

25288 Mr. Schrader. Thank you very much. I appreciate it. I
25289 think this is timely. I think Representative Welch has been
25290 a long-time advocate for trying to rein in the explosive
25291 costs of pharmaceuticals and I appreciate working with the
25292 gentleman from Florida on a bipartisan basis to get at that.

25293 It is not all acrimony here. Occasionally, we do get along
25294 and try and solve a few problems.

25295 It is a first step. It is not huge but you have got to
25296 take those first steps to get somewhere down the line. And I
25297 think it serves notice that this committee and this Congress
25298 is interested in reining in healthcare costs wherever and
25299 whenever we can. And the bill goes that way. Representative
25300 Welch also has some interesting work on mitigation studies
25301 that we could get behind I think would also be great
25302 legislation.

25303 So I urge us to continue to work along these lines and,
25304 hopefully, do what we do best, which is get together and
25305 solve the problems for the American people. I think that is
25306 what they are looking for us to do right here right now.

25307 Mr. Bilirakis. I couldn't agree more.

25308 Anyone else like to --

25309 Mr. Upton. I think Mr. Carter wants time.

25310 Mr. Bilirakis. Yes. Oh, yes. Okay, very good. All
25311 right, I yield to Mr. Carter.

25312 Mr. Carter. I thank the gentleman for yielding. I want
25313 to reiterate to Representative Welch and to everyone that I
25314 am as committed as anyone to this. I am not taking up for
25315 the pharmaceutical manufacturers. They need to pay the

25316 price, too. They need to be responsible for this but it is
25317 much more than just that.

25318 And again, this is a phased process. I have just been
25319 told by leadership not to use bucket anymore, use phase now.
25320 Evidentially, it is too pedestrian. But nevertheless, this
25321 is not the right phase for us to be doing it. So
25322 Representative Welch, I will not be supporting your amendment
25323 but I am supporting your underlying effort to rein in drug
25324 prices and thank you.

25325 And I yield.

25326 Mr. Bilirakis. That is our goal.

25327 Mr. Upton. Does the gentleman from Florida yield back
25328 his time?

25329 Mr. Bilirakis. Yes, I yield back. Thank you.

25330 Mr. Upton. The chair recognizes the gentleman from New
25331 Jersey, Mr. Pallone.

25332 Mr. Pallone. Thank you, Mr. Chairman. I was hoping
25333 with all these happy faces on the Republican side that we
25334 could get you to support Mr. Welch's bill. So we will see.
25335 Maybe we can still get some of you.

25336 But I just wanted to say that prescription drug prices,
25337 as we know, are rising at an alarming pace and the problem is
25338 widespread. Annual drug spending in the U.S. is estimated to

25339 reach more than \$500 billion by 2018 and, in 2014, spending
25340 grew by 12 percent, faster than any year since 2002. And
25341 this increase is having a very real impact on American
25342 families with one out of five Americans aged 19 to 64 unable
25343 to afford the cost of their prescriptions.

25344 Throughout the country, and even from our President, as
25345 has been mentioned, there is bipartisan support for action to
25346 lower the cost of prescription drugs and make treatments more
25347 affordable for patients and their families. The President
25348 has said he doesn't like what is going on with drug prices
25349 and, in fact, he said, and I quote, I am going to bring down
25350 drug prices. Yet, despite this commitment from the
25351 President, the Republican repeal plan does nothing to address
25352 drug prices and, instead, continues to give breaks to
25353 pharmaceutical companies that our President believes are
25354 getting away with murder by repealing the fee on brand name
25355 prescription drugs, the pharmaceutical companies agreed to
25356 under the Affordable Care Act. So this is another one of the
25357 pay-fors for the Affordable Care Act that is repealed in the
25358 Republican bill and again, is a giveaway, in this case, to
25359 corporate interests.

25360 The vast majority of Republican and Democratic voters
25361 all agree that the most important healthcare priority for a

25362 new President and Congress is making prescription drugs
25363 affordable for those that need them. Ranking a close second
25364 and also with bipartisan agreement is the need for government
25365 to take action to lower drug prices.

25366 So, if we are going to believe the latest tweet, he
25367 says, quote, a new system where there will be competition in
25368 the drug industry is coming and, quote, pricing for the
25369 American people will come way down. However, while we wait
25370 for the Republicans' next plan to be revealed, I would urge
25371 my colleagues to support this amendment and delay
25372 implementation of the American Health Care Act until it can
25373 be certified by the Secretary that it will lower drug costs
25374 for consumers.

25375 So I urge my colleagues on both sides of the aisle to
25376 vote in favor of this amendment and I thank Mr. Welch.

25377 Would anybody like some of my time? Okay, I yield back,
25378 Mr. Chair.

25379 Mr. Upton. The gentleman yields back. Other members
25380 wishing to speak?

25381 The gentlelady from Illinois is recognized for 5
25382 minutes.

25383 Ms. Schakowsky. I move to strike the last word.

25384 I support Congressman Welch's amendment because families

25385 across the country are struggling to afford their
25386 prescription drugs. And we talked about how President Trump
25387 has said that big drug corporations are, quote, getting away
25388 with murder, unquote. And just yesterday, after meeting with
25389 Congressman Welch and Congressman Cummings, the tweet was I
25390 am working out a new system where there will be competition
25391 in the drug industry. Pricing for the American people will
25392 come way down. That is a tweet. And I have to say, this may
25393 be one of the issues, if he is serious, that we are going to
25394 be able to work with him.

25395 You know I was here when Medicare Part D passed. A lot
25396 of talk about this. And I remember big Pharma putting in the
25397 one sentence that really changed everything and that was that
25398 Medicare is prohibited from negotiating for lower drug prices
25399 with Medicare. And that has plagued us really ever since.

25400 The cost of drugs nearly doubled from \$62 billion in
25401 2007 to \$121 billion in 2014 in Medicare Part D prescription
25402 drug pricing doubled from \$11 billion to \$22 billion between
25403 2007 and 2015.

25404 By the way, I am reintroducing a bill that will add
25405 transparency. We want to know how much do they really spend
25406 on research.

25407 In Medicaid, spending on the prescription drugs per

25408 enrollee also grew by over 13 percent between 2013 and 2014.
25409 And a 2016 AARP study of widely-used brand name drugs found
25410 that 97 percent had price increases that exceeded inflation.
25411 Out-of-pocket costs for Americans are rising with the average
25412 American paying over \$1,300 out of pocket in medical
25413 expenses, including their prescription drugs before their
25414 healthcare coverage kicks in and that is a sharp increase
25415 from an average deduction of \$584 a decade ago.

25416 As a result, too often patients and their families have
25417 to make very real decisions about what they can afford every
25418 month and we have all talked about the tradeoffs. Do you pay
25419 your electric bill, your grocery bill, or your prescription
25420 drug bill? And according to AARP survey, 55 percent of
25421 adults over the age of 50 decided not to refill a
25422 prescription, in part, because of the cost. And nearly one-
25423 third said cost was, quote, the main reason, unquote, for not
25424 refilling the prescription.

25425 Skipping doses or prescriptions can have serious
25426 implications for patients and for our healthcare system. An
25427 estimated 125,000 deaths and 10 to 20 percent of hospital and
25428 nursing home admissions each year are the direct result of
25429 nonadherence to medication.

25430 And the problems created by high prescription drug

25431 prices are not limited to people who are actually taking
25432 prescription drugs. These price increases also affect
25433 employers, private insurers, and taxpayer-funded programs
25434 like Medicare or Medicaid by increasing premiums and the cost
25435 of public insurance programs.

25436 So this is a systemic problem that requires an
25437 aggressive and comprehensive solution. And the American
25438 people totally agree with this.

25439 AARP's survey on prescription drugs found that 87
25440 percent of Americans ages 50 and older support efforts to
25441 control prescription drug costs. And similarly, a recent
25442 poll done by the Kaiser Family Foundation found that 77
25443 percent of Americans believe the price of drugs is
25444 unreasonable. People are demanding action and it really is
25445 time for Congress to Act. One way to help address this issue
25446 is to limit what patients pay out of pocket for their
25447 prescription drugs in a month.

25448 So for all the talk from Republicans on reducing
25449 healthcare costs, their repeal bill does nothing to address
25450 skyrocketing prescription drug prices. And those who want to
25451 work on that with us, I would suggest this is a great place
25452 to start. Why don't you vote for the Welch amendment right
25453 now? We can roll up our sleeves. We can get to work. And

25454 guess what? Maybe we can work with the President on this as
25455 well.

25456 And I yield back.

25457 Mr. Burgess. [Presiding.] The chair thanks the
25458 gentlelady. The gentlelady yields back.

25459 Does anyone on the Republican side seek recognition?

25460 Seeing none, is there further discussion on the Democratic
25461 side?

25462 For what purpose does the gentleman from New York seek
25463 recognition?

25464 Mr. Tonko. Mr. Chair, I move to strike the last word.

25465 Mr. Burgess. The gentleman is recognized for 5 minutes.

25466 Mr. Tonko. Thank you, Mr. Chair. I rise in support of
25467 this amendment reining in out-of-control prescription drug
25468 costs should be the number one priority for this committee in
25469 addressing health care. Lowering drug prices is the key to
25470 unlocking lower overall healthcare costs.

25471 A recent poll found that both Republican and Democratic
25472 voters agree in making this the number one priority for
25473 Congress. Let's make it happen for the American people.

25474 Addressing drug costs would help individuals in my
25475 district, people like Tracy from Troy, New York, who needs
25476 multiple drug prescriptions to treat preexisting conditions,

25477 including diabetes. The Affordable Care Act has made it
25478 possible for Tracy to get health coverage for herself and her
25479 family. Without the ACA, Tracy would not be able to pay her
25480 doctors or the drug companies. Still, we can do more, much
25481 more to help Tracy manage her costs.

25482 Prescription drug costs are spiraling out of control.
25483 Here are the facts from a Money Magazine article: double-
25484 digit drug price increases have taken place in each of the
25485 past 3 years; prices for 30 common prescription drugs
25486 increased at eight times the pace of inflation between 2010
25487 and 2014; 16.7 percent of all healthcare spending went toward
25488 prescription drugs, compared to roughly 7 percent in the
25489 1990s; the average annual retail price of drugs was over
25490 \$11,000 in 2013; the price of DARAPRIM, made infamous by
25491 Pharma bro Martin Shkreli, was jacked up 5,000 percent
25492 overnight.

25493 This situation must be fixed. We can take a good first
25494 step with this amendment and I strongly urge my colleagues to
25495 support this amendment.

25496 With that, Mr. Chair, I yield back.

25497 Mr. Burgess. The gentleman yields back. The chair
25498 thanks the gentleman.

25499 Does any other member seek to be heard on the Welch

25500 amendment?

25501 Seeing none, the question then occurs on the Welch
25502 Amendment. The gentleman from New Jersey had previously
25503 asked for a roll call vote. So, the clerk will call the
25504 roll.

25505 The Clerk. Mr. Barton.

25506 Mr. Upton.

25507 Mr. Shimkus.

25508 Mr. Shimkus. No.

25509 The Clerk. Mr. Shimkus votes no.

25510 Mr. Murphy.

25511 Mr. Burgess.

25512 Mr. Burgess. No.

25513 The Clerk. Mr. Burgess votes no.

25514 Mrs. Blackburn.

25515 Mrs. Blackburn. No.

25516 The Clerk. Mrs. Blackburn votes no.

25517 Mr. Scalise.

25518 Mr. Scalise. No.

25519 The Clerk. Mr. Scalise votes no.

25520 Mr. Latta.

25521 Mr. Latta. No.

25522 The Clerk. Mr. Latta votes no.

25523 Mrs. McMorris Rodgers.
25524 Mrs. McMorris Rodgers. No.
25525 The Clerk. Mrs. McMorris Rodgers votes no.
25526 Mr. Harper.
25527 Mr. Harper. No.
25528 The Clerk. Mr. Harper votes no.
25529 Mr. Lance.
25530 Mr. Lance. No.
25531 The Clerk. Mr. Lance votes no.
25532 Mr. Guthrie.
25533 Mr. Guthrie. No.
25534 The Clerk. Mr. Guthrie votes no.
25535 Mr. Olson.
25536 Mr. Olson. No.
25537 The Clerk. Mr. Olson votes no.
25538 Mr. McKinley.
25539 Mr. McKinley. No.
25540 The Clerk. Mr. McKinley votes no.
25541 Mr. Kinzinger.
25542 Mr. Kinzinger. No.
25543 The Clerk. Mr. Kinzinger votes no.
25544 Mr. Griffith.
25545 Mr. Griffith. No.

25546	The Clerk.	Mr. Griffith votes no.
25547	Mr. Bilirakis.	
25548	<u>Mr. Bilirakis.</u>	No.
25549	The Clerk.	Mr. Bilirakis votes no.
25550	Mr. Johnson.	
25551	<u>Mr. Johnson.</u>	No.
25552	The Clerk.	Mr. Johnson votes no.
25553	Mr. Long.	
25554	<u>Mr. Long.</u>	No.
25555	The Clerk.	Mr. Long votes no.
25556	Mr. Bucshon.	
25557	<u>Mr. Bucshon.</u>	No.
25558	The Clerk.	Mr. Bucshon votes no.
25559	Mr. Flores.	
25560	<u>Mr. Flores.</u>	No.
25561	The Clerk.	Mr. Flores votes no.
25562	Mrs. Brooks.	
25563	<u>Mrs. Brooks.</u>	No.
25564	The Clerk.	Mrs. Brooks votes no.
25565	Mr. Mullin.	
25566	<u>Mr. Mullin.</u>	No.
25567	The Clerk.	Mr. Mullin votes no.
25568	Mr. Hudson.	

25569 [No response.]

25570 The Clerk. Mr. Collins.

25571 Mr. Collins. No.

25572 The Clerk. Mr. Collins votes no.

25573 Mr. Cramer.

25574 [No response.]

25575 The Clerk. Mr. Walberg.

25576 Mr. Walberg. No.

25577 The Clerk. Mr. Walberg votes no.

25578 Mrs. Walters.

25579 Mrs. Walters. No.

25580 The Clerk. Mrs. Walters votes no.

25581 Mr. Costello.

25582 Mr. Costello. No.

25583 The Clerk. Mr. Costello votes no.

25584 Mr. Carter.

25585 Mr. Carter. No.

25586 The Clerk. Mr. Carter votes no.

25587 Mr. Pallone.

25588 Mr. Pallone. Votes aye.

25589 The Clerk. Mr. Pallone votes aye.

25590 Mr. Rush.

25591 [No response.]

25592 The Clerk. Ms. Eshoo.
25593 Ms. Eshoo. Aye.
25594 The Clerk. Ms. Eshoo votes aye.
25595 Mr. Engel.
25596 [No response.]
25597 The Clerk. Mr. Green.
25598 Mr. Green. Aye.
25599 The Clerk. Mr. Green votes aye.
25600 Ms. DeGette.
25601 Ms. DeGette. Aye.
25602 The Clerk. Ms. DeGette votes aye.
25603 Mr. Doyle.
25604 Mr. Doyle. Yes.
25605 The Clerk. Mr. Doyle votes aye.
25606 Ms. Schakowsky.
25607 Ms. Schakowsky. Aye.
25608 The Clerk. Ms. Schakowsky votes aye.
25609 Mr. Butterfield.
25610 Mr. Butterfield. Aye.
25611 The Clerk. Mr. Butterfield votes aye.
25612 Ms. Matsui.
25613 Ms. Matsui. Aye.
25614 The Clerk. Ms. Matsui votes aye.

25615 Ms. Castor.

25616 Ms. Castor. Aye.

25617 The Clerk. Ms. Castor votes aye.

25618 Mr. Sarbanes.

25619 Mr. Sarbanes. Aye.

25620 The Clerk. Mr. Sarbanes votes aye.

25621 Mr. McNerney.

25622 Mr. McNerney. Aye.

25623 The Clerk. Mr. McNerney votes aye.

25624 Mr. Welch.

25625 Mr. Welch. Aye.

25626 The Clerk. Mr. Welch votes aye.

25627 Mr. Lujan.

25628 Mr. Lujan. Aye.

25629 The Clerk. Mr. Lujan votes aye.

25630 Mr. Tonko.

25631 Mr. Tonko. Aye.

25632 The Clerk. Mr. Tonko votes aye.

25633 Ms. Clarke.

25634 Ms. Clarke. Aye.

25635 The Clerk. Ms. Clarke votes aye.

25636 Mr. Loeb sack.

25637 Mr. Loeb sack. Aye.

25638 The Clerk. Mr. Loeb sack votes aye.
25639 Mr. Schrader.
25640 Mr. Schrader. Aye.
25641 The Clerk. Mr. Schrader votes aye.
25642 Mr. Kennedy.
25643 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.
25644 Mr. Cardenas.
25645 [No response.]
25646 The Clerk. Mr. Ruiz.
25647 Mr. Ruiz. Aye.
25648 The Clerk. Mr. Ruiz votes aye.
25649 Mr. Peters.
25650 [No response.]
25651 The Clerk. Mrs. Dingell.
25652 Mrs. Dingell. Aye.
25653 The Clerk. Mrs. Dingell votes aye.
25654 Chairman Walden.
25655 The Chairman. No.
25656 The Clerk. Chairman Walden votes no.
25657 Mr. Barton.
25658 Mr. Barton. No.
25659 The Clerk. Mr. Barton votes no.
25660 Mr. Upton.

25661 Mr. Upton. Votes no.

25662 The Clerk. Mr. Upton votes no.

25663 Mr. Murphy.

25664 Mr. Murphy. No.

25665 The Clerk. Mr. Murphy votes no.

25666 Mr. Hudson.

25667 [No response.]

25668 The Clerk. Mr. Cramer.

25669 Mr. Cramer. No.

25670 The Clerk. Mr. Cramer votes no.

25671 Mr. Engel.

25672 Mr. Engel. Vote aye.

25673 The Clerk. Mr. Engel votes aye.

25674 Mr. Burgess. The clerk will report.

25675 The Clerk. Mr. Chairman, on that vote there were 21

25676 ayes and 30 noes.

25677 Mr. Burgess. Twenty-one ayes and thirty noes. The

25678 amendment is not agreed to.

25679 Is there a member seeking recognition? For what purpose

25680 does the gentlelady from New York seek recognition?

25681 Ms. Clarke. Mr. Chairman, I have an amendment at the

25682 desk.

25683 [The Amendment offered by Ms. Clarke follows:]

25684

25685

*****INSERT 39*****

25686 Mr. Burgess. The clerk will report.

25687 Ms. Clarke. Number 86.

25688 The Clerk. Amendment to the Amendment in the Nature of
25689 a Substitute Offered by Ms. Clarke.

25690 Mr. Burgess. Without objection, the reading of the
25691 amendment is dispensed with and the gentlelady is recognized
25692 for 5 minutes on her amendment.

25693 Ms. Clarke. Thank you, Mr. Chairman.

25694 My sense of congress amendment will prevent the
25695 elimination of the Prevention and Public Health Fund. The
25696 Prevention and Public Health Fund is critical to addressing
25697 health disparities and preventing infectious diseases in
25698 underserved population. African American women are
25699 particularly vulnerable and benefit greatly from the program
25700 supported by this fund.

25701 As I have always maintained, access to quality
25702 affordable health care is and should be a basic human right.
25703 Having access to health care not only improves and sustains
25704 ones quality of life but also helps bend the healthcare cost
25705 curve. However, I know firsthand that there are significant
25706 barriers to accessing quality and affordable health care
25707 which, in turn, exacerbates racial and gender health
25708 disparities.

25709 According to the Center for Disease Control and
25710 Prevention, African American women are twice as likely to
25711 suffer from heart disease as a result of high rates of
25712 chronic health conditions, such as obesity, elevated
25713 cholesterol, high blood pressure, and diabetes. And when it
25714 comes to breast cancer, the rates and severity of the disease
25715 are even more alarming. African American women are twice as
25716 likely to be diagnosed with aggressive subtypes of breast
25717 cancer, including --

25718 Mr. Burgess. If the gentlelady will suspend. The
25719 committee will come to order.

25720 The gentlelady may proceed.

25721 Ms. Clarke. Thank you, Mr. Chairman.

25722 African American women are twice as likely to be
25723 diagnosed with aggressive subtypes of breast cancer,
25724 including triple negative breast cancer that
25725 disproportionately affects young African American women.
25726 African American women also are 43 percent more likely to die
25727 from breast cancer than their white counterparts. The 5-year
25728 survival rate for white breast cancer survivors is 89
25729 percent; whereas, the 5-year survival rate for African
25730 American women is just 79 percent.

25731 You may be asking yourself why breast cancer is so

25732 important and personal for me. The answer is simple. My
25733 staffer, Dale Degale. Dale was diagnosed with LCIS, an
25734 acknowledged precursor to breast cancer. Unfortunately, Dale
25735 was unable to receive prompt and appropriate high-quality
25736 medical follow-up and, as a result, Dale's condition
25737 worsened. Like many other African American women, when Dale
25738 eventually did receive health care, her disease was in an
25739 advanced stage.

25740 Thankfully, Dale survived. Because of Dale and
25741 countless other women like her, I will continue to work
25742 towards decreasing health disparities and in doing so,
25743 improve the quality of life and longevity for all women of
25744 color.

25745 So I urge my colleagues this morning to support my
25746 amendment to prevent the elimination of the Prevention and
25747 Public Health Fund.

25748 And Mr. Chairman, I yield back the balance of my time.

25749 Mr. Burgess. The gentlelady yields back.

25750 The chair recognizes the gentleman from Pennsylvania.

25751 For what purpose does the gentleman from Pennsylvania --

25752 Mr. Murphy. Strike the last word.

25753 Mr. Burgess. The gentleman is recognized for 5 minutes.

25754 Mr. Murphy. Thank you, Mr. Chairman.

25755 I just want to point out some things about the
25756 Prevention and Public Health Fund and that is, how it is
25757 used. Again, it sounds good and with some good intents here
25758 but there has been a number of things that have happened
25759 without proper oversight over this in terms of how the money
25760 is spent.

25761 So before fiscal year 2014 when Congress began directing
25762 the allocation of the fund through appropriations, grants
25763 went to some of the following grantees: City of Nashville
25764 received \$7.5 million Community Putting Prevention to Work
25765 Grant for free pet spaying and neutering; the City of Boston
25766 got \$1 million for urban gardening; Pitt County, North
25767 Carolina got money for signage to promote recreational
25768 destination for public parks' bike lanes; the Cascade Bicycle
25769 Education Club got some money for improved walking and biking
25770 environment. There was also money that went into a
25771 kickboxing, Zumba, kayaking and paddle boarding classes in
25772 Waco Texas. King County, Washington got \$12 million for
25773 changes in zoning policies to locate fast food retailers
25774 farther from schools. And the list goes on.

25775 I know some people are saying that some of this is cuts
25776 coming from CDC. We have always funded CDC. We recognize
25777 their value and that would go through the regular order

25778 process in terms of the Appropriations Committee. But part
25779 of this is we really wanted to make sure that, as we have
25780 also said when Congress began to take a closer look at this
25781 and control more of the spending since 2014 is that the
25782 Prevention and Public Health Fund was oftentimes not used for
25783 that.

25784 We have faced similar problems in the past with SAMHSA
25785 when we found out that Substance Abuse Mental Health Service
25786 Administration, a good name and does many good things, was
25787 also using the money for websites for children's sing-along
25788 songs that cost a few hundred thousand dollars, a website for
25789 people in Boston to help them with snow anxiety, including --

25790 Ms. Clarke. Would the gentleman yield for a question?

25791 Mr. Murphy. -- crisis hotline calls, et cetera. So,
25792 it is always appropriate --

25793 Ms. Clarke. Would the gentleman yield for a question?

25794 Mr. Murphy. Not yet, please. Let me finish. I will
25795 just give me a moment.

25796 But anyways, for a number of things here. We want make
25797 sure that funds are used right. And certainly the nice thing
25798 about our bill is we have \$100 billion over 10 years to go
25799 towards things that States can use for true innovation for
25800 things to really control better ideas with health care and we

25801 will have a lot of oversight of that, too, to make sure that
25802 things are not misused in that.

25803 But we are going to do a lot of innovative things.

25804 And certainly, I yield to my friend if you want to have
25805 a question.

25806 Ms. Clarke. I just had a question because I am just
25807 trying to figure out what about the items that you just
25808 mentioned does not fit into the intention of the fund. It is
25809 about prevention and public health. You went down a list of
25810 things, from what you described, they are promoting fitness.
25811 They are promoting wellness in eating properly. You went
25812 down a list and I am trying to figure out what it was that
25813 you found to be objectionable.

25814 Mr. Murphy. I thank the gentlelady for her question.
25815 Let me try and address it this way.

25816 Certainly fitness is important. Weight control and lack
25817 of smoking, staying away from smoking is important.

25818 The question is how federal funds are used in a
25819 situation and how best to coordinate it. When we are talking
25820 about so many areas in areas of health care and costs,
25821 looking at these as areas such as -- I guess I don't quite
25822 understand how urban gardening is part of that or signs.

25823 Ms. Clarke. Because urban -- just to answer your

25824 question, sir, many urban areas are food deserts.

25825 Mr. Murphy. I understand.

25826 Ms. Clarke. And when you establish a garden in those
25827 communities, now they have access to fresh vegetables.

25828 Mr. Murphy. I hear you. I hear you.

25829 Ms. Clarke. So I am just trying to figure out. Perhaps
25830 of we have a conversation, I can interpret some of that for
25831 you in a way which you had not seen it before but these are
25832 very important initiatives in many communities across this
25833 nation.

25834 Mr. Murphy. Let me reclaim my time on this so I can
25835 conclude on that.

25836 The initiatives that I really want to make sure are
25837 taken care of are so many things that we don't -- we don't
25838 have enough providers. We don't have enough services. We
25839 don't have enough hospital beds for people with mental
25840 illness. States are still not using or not coordinating care
25841 for people under Medicaid to properly integrate and
25842 coordinate care.

25843 And so it is tough when we see that we are working on
25844 pet spaying and neutering, and gardening, and signs for where
25845 their local parks, if local communities, and states, and
25846 counties want to put money to that, great, but while we are

25847 trying to use precious dollars to really promote so many
25848 other things with healthcare, I want make sure we are doing
25849 that.

25850 Now, I have a great deal of respect for my friend. I
25851 recognize she represents an urban area. And I would be glad
25852 to talk with you offline about some of these things and how
25853 we can certainly look at other ways to promote fitness and
25854 healthy living, et cetera.

25855 But in terms of this, I think we have a number of high
25856 priorities on how we are going to address that.

25857 And I yield back.

25858 Mr. Burgess. The chair thanks the gentleman. The
25859 gentleman yields back.

25860 For what purpose does the gentleman from New Jersey seek
25861 recognition?

25862 Mr. Pallone. Strike the last word, Mr. Chairman.

25863 Mr. Burgess. The gentleman is recognized for 5 minutes.

25864 Mr. Pallone. Thank you, Mr. Chairman.

25865 This amendment, obviously, would prevent the elimination
25866 of the Prevention and Public Health Fund that is in the
25867 Republican repeal bill. We haven't spent much time in the
25868 last 25 hours or so discussing how the ACA encourages
25869 innovation, improves the quality of health care, and aids in

25870 prevention but it was a very important part of the bill that
25871 many hours were spent on.

25872 Fortunately, most of those or a lot of those things have
25873 not been repealed as part of the Republican effort here but
25874 one of the most important things is the Prevention Fund. And
25875 I am going to be critical of Mr. Murphy because the fact of
25876 the matter is he is picking out a few things which don't add
25877 up to a lot in terms of the overall prevention fund and one
25878 could argue that even the things he has picked out like the
25879 gardening, the bicycle, trying to protect kids from eating
25880 fast foods, even those I would argue makes sense. But what
25881 he doesn't mention is that a huge amount of the prevention
25882 fund goes toward major things like tobacco cessation, the
25883 Zika outbreaks, bioterrorism, preventing bioterrorism,
25884 obesity, diabetes, things that most people I think would
25885 agree are very important in terms of prevention.

25886 The bottom line is it is very hard to score prevention
25887 because usually the CBO won't score it and it is hard to
25888 calculate over a period of time what it actually means in
25889 terms of saving health dollars, preventing people from
25890 getting sicker. But it is crucial because today in America,
25891 chronic preventable disease, such as heart disease, diabetes,
25892 and cancer are among the nation's most common costly and

25893 preventable health problems. And unsurprisingly, spending on
25894 chronic disease alone accounts for roughly 86 percent of all
25895 healthcare expenditures in the United States.

25896 And despite the harms caused by chronic disease, only a
25897 small percentage of government health expenditures are
25898 directed at preventing these diseases before they happen.

25899 So when we passed the ACA, we knew that protecting the
25900 health of the nation depends upon access to affordable high-
25901 quality health insurance but we also recognize that it made
25902 little sense to provide broader access to treatment services
25903 while continuing to neglect access to prevention services
25904 that help Americans avoid developing costly chronic
25905 conditions.

25906 And I also wanted to mention that I have many times
25907 mentioned my meeting last week or so with the National
25908 Governors Association, both governors from the Republican and
25909 Democratic, more actually from the Republican party. And
25910 this was a major issue there. There were Governors who said
25911 please, whatever you do in changing the Affordable Care Act
25912 or replacing parts of the Affordable Care Act, do not neglect
25913 prevention. Do not neglect innovation. Do not neglect
25914 improving the quality of health care because that is very
25915 important to us.

25916 So I guess I am a little shocked that we are here today
25917 considering eliminating the Prevention Fund in the name of
25918 saving money on other things because, frankly, if Mr. Murphy
25919 or others feel that there are problems with it, I don't see
25920 them.

25921 Mr. Murphy. Will the gentleman yield for a moment?

25922 Mr. Pallone. No, I don't have a lot of time.

25923 Mr. Murphy. Well, you referenced me and I would like to
25924 respond.

25925 Mr. Pallone. Well I am not being critical, I am just
25926 saying that --

25927 Mr. Murphy. I think you questioned my motives and I
25928 would like to respond.

25929 Mr. Pallone. No, no, no, I do not question your
25930 motives. I am saying this. I am saying simply if there are
25931 problems with it, we can exercise the oversight. We can have
25932 some better oversight, something of that nature.

25933 But the problem is this is eliminating the fund
25934 altogether and what I am suggesting to my colleague is that
25935 just because there is some problems, I don't think there are
25936 but even if you think there are, that doesn't mean that we
25937 should eliminate the whole thing because this is one of the
25938 few ways that we have to actually do some good things on

25939 prevention, which is often neglected.

25940 And I think you know you know that you have been the
25941 chairman of the Oversight Subcommittee for some time. We
25942 have had a lot of hearings on things that can be preventable.
25943 And I am simply asking -- you know I don't know what the
25944 expression is but you know just don't throw everything out.

25945 Ms. Eshoo. The baby with the bathwater.

25946 Mr. Pallone. The baby with the bathwater. Thank you,
25947 Ms. Eshoo.

25948 Don't throw everything out just because you see some
25949 problems. You know you can exercise the oversight if you
25950 want to have some additional hearings on this and then we can
25951 figure out a way to continue with the fund without actually
25952 saying that it shouldn't exist at all. Because I don't
25953 really think that eliminating the fund makes sense, given
25954 what has already been stated today.

25955 So, I yield back the balance of my team, Mr. Speaker --
25956 Mr. Chairman.

25957 Mr. Burgess. Mr. Speaker sounds better.

25958 Mr. Pallone. I promoted you but not to President.

25959 Mr. Burgess. The gentleman yields back his time. The
25960 chair thanks the gentleman.

25961 The gentleman recognizes himself for 5 minutes and I

25962 would like to yield to the gentleman from Pennsylvania, Mr.
25963 Murphy for his response.

25964 Mr. Murphy. I thank the chairman.

25965 Just on this, I certainly know that my friend from New
25966 Jersey also holds in high esteem the importance of
25967 preventative health. My point is this, with regard to this,
25968 if States are going to ask for money for road signs, and for
25969 neutering, and other things, they ought be able to produce
25970 some data for us to show what impact that has had upon it.

25971 I know when we asked the GAO to give us a report a
25972 SAMHSA. And again, some things for SAMHSA are funded through
25973 this. With regard to accountability for mental health
25974 dollars, they said only about 20 percent of grants have
25975 anybody reporting back to where it went.

25976 And I think you are right, that if we did have more
25977 oversight and accountability for these prevention programs,
25978 we would be able to see what works and what doesn't work and
25979 what is a way that the States can say we can have someone pay
25980 for something and not.

25981 Now, this being said, this fund came out to be about \$1
25982 billion a year and then \$2 billion a year after that. As the
25983 alternative in this piece of legislation before us today, we
25984 put \$100 billion in there for States to do innovative things

25985 to work on prevention, and intervention, and lowering
25986 healthcare costs, and a wide range of things. So actually,
25987 there was a lot more money available to us and we can work
25988 together to make sure accountability is there for those
25989 programs.

25990 And I know that under our Oversight Committee, we will
25991 continue to have hearings on ways we can do this better. I
25992 want to look at alternative payment models for Medicaid, et
25993 cetera.

25994 Ms. Clarke. Would the gentleman --

25995 Mr. Murphy. So, I was just making reference to that.
25996 Yes.

25997 Ms. Clarke. I would --

25998 Mr. Murphy. Actually, it is the chairman's time. I
25999 yield back to the chairman.

26000 Ms. Clarke. I am sorry.

26001 Mr. Burgess. I thank the gentleman.

26002 The chairman controls the time. And I actually do want
26003 to speak on this. So, if there is time left over, I will
26004 come back to you.

26005 You know it was always the advance appropriation nature
26006 of this. And let me just say, and the gentleman from New
26007 Jersey remembers this, there were a number of acronyms that

26008 were included in the Affordable Care Act. There are a number
26009 of them that I would love to visit about but that will be
26010 done under the regular order part of our committee's
26011 activity, the Center for Medicare and Medicaid Innovation,
26012 the PCORI, the Comparative Effectiveness Branch. But this is
26013 one that because of the advance appropriation nature of this,
26014 and it was entirely up to the discretion of -- or it is
26015 entirely up to the discretion of the Secretary how those
26016 dollars are spent --

26017 Ms. Clarke. Excuse me, Mr. Chairman.

26018 Mr. Burgess. -- it is the obligation of this committee
26019 to have oversight over how those dollars are spent. So, I
26020 think --

26021 Ms. Clarke. Mr. Chairman --

26022 Mr. Burgess. No, I will not. I am using this time to
26023 concur with Dr. Murphy that it is the requirement of the
26024 Oversight Committee that they do have oversight of the
26025 activities of the Secretary.

26026 Look, I don't think -- it is no great surprise to anyone
26027 that never in his wildest dreams did President Obama think
26028 that Thomas Price would be Secretary of Health and Human
26029 Services. So I am happy about that but even with that
26030 development, our committee, our investigative subcommittee,

26031 our Oversight Subcommittee does have the obligation, the
26032 constitutional obligation to have oversight over those funds.

26033 I have been concerned a number of times. We have had
26034 public health emergencies, things that are just up in the
26035 windshield all of a sudden and it is when I have asked could
26036 the Prevention and Public Health Funds be used for immediate
26037 response to these occurrences, I was always told by the
26038 previous administration, no, we need that for other things.
26039 We have got these other things we are funding, when these
26040 other public health emergencies seemed so much more critical.
26041 And the true nature of a Prevention and Public Health Fund
26042 is, in my opinion, when something happens that you weren't
26043 expecting, that you will be able to respond to that with some
26044 agility. But because of the subscription of those funds for
26045 some of the activities that Dr. Murphy has already outlined,
26046 it became very, very difficult to do that.

26047 I think this is a reasonable approach that Congress
26048 should have the oversight over this activity. Even with Dr.
26049 Price over as the Secretary of Health and Human Services, I
26050 still want our Oversight Subcommittee to exercise its
26051 oversight authority. And I think, again, I think that is our
26052 obligation of the committee. That is our constitutional
26053 obligation.

26054 The fact of the matter is the advance appropriation
26055 occurs so that these funds, yes, it started out with \$1
26056 billion a year but sometime in 2020 or 2025, it increases to
26057 \$2 billion a year, then in perpetuity. And honestly, the
26058 committee just simply cannot not exercise the oversight.

26059 I will yield the remaining seconds to the gentlelady to
26060 New York, if she would like.

26061 So I will yield back my time.

26062 For what purposes does the gentlelady from California
26063 seek recognition?

26064 Ms. Eshoo. Strike the last word, Mr. Chairman.

26065 Mr. Burgess. The gentlelady is recognized for 5
26066 minutes.

26067 Ms. Eshoo. Thank you, Mr. Chairman. I move to strike
26068 the last word.

26069 So I am listening very hard to what you are saying.
26070 This is what about \$15 billion over 10 years but the use for
26071 these dollars is not identified but has to be in the bill.
26072 So I guess this is what my kids would call a slush fund. And
26073 that is what you are referring to in terms of oversight.

26074 Am I correct, number one, that is about \$15 billion over
26075 the next 10 years?

26076 Mr. Burgess. Are you talking about the Patient

26077 Stability and Safety Fund?

26078 Ms. Eshoo. No, about the Prevention Fund.

26079 Mr. Burgess. The Innovation Fund.

26080 Ms. Eshoo. Right, the other one, the Prevention Fund.

26081 Mr. Burgess. The Prevention Fund.

26082 Ms. Eshoo. That is what the amendment is about, the

26083 Prevention Fund.

26084 Well, let me ask --

26085 Ms. Clarke. Would the gentlelady yield?

26086 Ms. Eshoo. Let me ask Counsel and then I will yield to

26087 the author of the amendment.

26088 How much is in this fund and over what period of time?

26089 And is there any identification of use for the funds?

26090 Counsel. The funds have been authorized at \$1 billion

26091 for each of fiscal year 2012 through fiscal year 2017; \$900

26092 million for each fiscal year 2018 and fiscal year 2019; \$1

26093 billion for each of fiscal year 2020 and 2021 --

26094 Ms. Eshoo. What is the total, over how many years?

26095 Counsel. You are talking about the Prevention and

26096 Public Health Fund, correct?

26097 Ms. Eshoo. Yes.

26098 Counsel. Once you get to 2025, it is roughly \$2 billion

26099 indefinitely and it ramps up prior to that.

26100 Ms. Eshoo. That is annually. So what does it total,
26101 over how many years?

26102 Counsel. It is mandatory spending.

26103 Ms. Eshoo. How much is it total?

26104 Counsel. Indefinite.

26105 Ms. Eshoo. For the next 10 years?

26106 Counsel. Indefinitely.

26107 Ms. Eshoo. It just never ends. Wow.

26108 Counsel. \$2 billion for fiscal year 2025 and --

26109 Ms. Eshoo. For people that weren't -- I am reclaiming
26110 my time.

26111 The whole purpose of our what 26 hours and 7 minutes has
26112 been to just absolutely squeeze the hell out of Medicaid and
26113 now we have come to this. This is a ton of money that is set
26114 aside. Does it have any identification? Is there any
26115 specificity for the application of the funds?

26116 Counsel. It is for prevention purposes and public
26117 health purposes under the Public Health Service Act.

26118 Ms. Eshoo. And Mr. Chairman, did you say that this was
26119 the Secretary that would direct it? That is the other fund.
26120 But it is not so.

26121 All right. Thank you. I will yield the rest of the
26122 time to the gentlewoman from New York.

26123 Ms. Clarke. Thank you very much, Ms. Eshoo.

26124 I wanted to just ask Counsel, Counsel could you inform
26125 us how are these funds actually appropriated since fiscal
26126 year 2015.

26127 Counsel. That would be through Labor, HHS Appropriation
26128 Subcommittee.

26129 Ms. Clarke. That is through the Congress, not the
26130 Secretary.

26131 Counsel. It is transfer authority. So the Committee on
26132 Appropriations may provide for the transfer of funds to
26133 eligible activities, subject to the --

26134 Ms. Clarke. Could you really say that, state that
26135 clearly? Because I think my colleagues were under the wrong
26136 impression. They were under the impression that it was
26137 coming directly from HHS under the authority of the
26138 Secretary.

26139 Would you state explicitly how these funds are
26140 appropriated? Because we are attributing certain behaviors
26141 and oversight to the Secretary when, indeed, it is already in
26142 our purview to provide that, if I understand that correctly.

26143 Counsel. So the Appropriations Committee may transfer
26144 funds if the Secretary does not direct the funds.

26145 In the instance that the funds are not transferred by

26146 the Appropriations --

26147 Ms. Clarke. So what has happened since fiscal year
26148 2014? What has actually happened since 2014?

26149 Counsel. What happened or what happens?

26150 Ms. Clarke. Isn't it true that Congress has
26151 appropriated every dollar since fiscal year 2014?

26152 Counsel. That is correct. Since fiscal year 2014, that
26153 is correct.

26154 Ms. Clarke. Okay, that is what I thought.

26155 Counsel. That is right.

26156 Ms. Clarke. So it is not true about the Secretary,
26157 which has been the premise by which this argument has been
26158 taking place for this whole time.

26159 Counsel. The Secretary previously allocated funds
26160 before fiscal year 2014. Ms. Clarke. Previously.

26161 Counsel. That is correct.

26162 Ms. Clarke. We are in 2017, right?

26163 Counsel. Before fiscal year 2014. That is right.

26164 Ms. Clarke. Right.

26165 Counsel. Correct.

26166 Ms. Clarke. So I just wanted to be clear because my
26167 colleagues were making statements that made it sound as
26168 though we had no role to play in this. And we can shape

26169 this. If our goal is, indeed, to bring down healthcare
26170 disparities, to make sure that we are modifying behaviors for
26171 preventative health, this is an avenue in which we can do
26172 that.

26173 And I yield back to the chairman, the rest of --
26174 actually --

26175 The Chairman. [Presiding.] The gentlelady, your time
26176 has expired.

26177 Ms. Clarke. Okay, I yield back the balance of my time.
26178 I just want us to be --

26179 The Chairman. Time has expired.

26180 Ms. Clarke. I just want to us to be clear.

26181 The Chairman. Time has expired.

26182 Are there other members seeking recognition on this
26183 amendment?

26184 So we will go to Ms. Matsui for 5 minutes to strike the
26185 last word.

26186 Ms. Matsui. Thank you, Mr. Chairman. I move to strike
26187 the last word.

26188 The mental health crisis in this country is very
26189 personal to me and I have been fighting for patients and
26190 their loved ones for many years. There is a lot we can do
26191 better to stop or slow down the hurt and pain that patients

26192 and families feel when mental health is left unaddressed.

26193 The ACA took giant strides forward for the mental health
26194 community by expanding Medicaid which covers mental health
26195 and substance use abuse services, covering people with
26196 preexisting conditions, expanding access to veterans services
26197 like the depression screening, and further requiring parity
26198 between mental and physical health services.

26199 Mr. Chairman, we spent years in this committee working
26200 on legislation to further improve our nation's broken mental
26201 health system. One of the things we worked on together was
26202 reauthorizing the Garrett Lee Smith Memorial Act to fund
26203 youth suicide prevention. Nothing could be more
26204 heartbreaking than when a young person takes their own life
26205 before they have had a chance to live it to the fullest.

26206 One of my constituents, Mike, comes from Sacramento to
26207 my office in D.C. every year to advocate on behalf of those
26208 who can no longer speak for themselves. Mike lost his 19-
26209 year-old daughter, Susie, to suicide in 2003. He now
26210 advocates to increase awareness and funding for suicide
26211 prevention programs, especially for our young people. Mike
26212 understands the importance of making sure that the pain he
26213 and his family have suffered is prevented from happening to
26214 other families across the country.

26215 The Republican ACA repeal bill before us today will be
26216 devastating to our efforts to reduce teen suicide in our
26217 communities. It cuts the Public Health and Prevention Fund,
26218 which has provided \$12 million to the Garrett Lee Smith Youth
26219 Suicide Prevention Program thus far. That accounts for
26220 nearly one-third of the total funding that the program has
26221 received. By passing this ACA repeal bill, Republicans are
26222 taking away funding for important programs like these that
26223 save people's lives. These programs work. Prevention
26224 training programs have led to significantly lower suicide
26225 rates among young people, preventing thousands of suicide
26226 attempts.

26227 Repealing the Prevention Fund would be turning our backs
26228 on millions of young people at risk of suicide every year.
26229 Our mental health system remains under constant financial
26230 strain. The system and the patients and their families who
26231 need it cannot afford any cuts. That is why I am offering
26232 this amendment -- Ms. Clarke's amendment to protect the
26233 Garrett Lee Smith Youth Suicide Prevention Program from any
26234 cuts.

26235 Mike speaks for Susie and he speaks for all of those who
26236 are still alive today because of investments and mental
26237 health services and suicide prevention programs. We need to

26238 listen.

26239 I urge my colleagues to vote in favor of this amendment.

26240 Thank you and I yield to Mrs. Dingell.

26241 Mrs. Dingell. Thank you, Ms. Matsui.

26242 I just want to add to her story and say that there is
26243 another very important project that is funded through this
26244 Prevention and Public Health Fund that we cannot lose. It
26245 does fund a number of diseases like Alzheimer's, and
26246 diabetes, and mental illness which we all care about, and the
26247 Zika virus but the CDC's Childhood Lead Poisoning Prevention
26248 Program is funded exclusively through the Prevention and
26249 Public Health Fund. And the Prevention Fund has been the
26250 backbone of America's fight against lead poisoning and we
26251 have to keep that funding in place until the CDC can certify
26252 that children in this country are free of lead poisoning.

26253 As well know too well, our children remain at risk for
26254 lead poisoning, as has been sadly documented in Flint. A
26255 study in the American Journal of Public Health found that
26256 nearly five percent of the children in Flint under the age of
26257 5 had elevated blood levels and now we have had another
26258 study, a recent Reuters analysis, that says that there are
26259 almost 3,000 neighborhoods who have recorded childhood lead
26260 poisoning rates at double those in Flint during the peak of

26261 the city's contamination.

26262 These cuts are putting our nation's public health at
26263 risk. We cannot sacrifice long-term savings in exchange for
26264 a quick market and I also support my colleague's very
26265 important amendment.

26266 I yield back.

26267 The Chairman. The gentlelady yields back and all time
26268 has expired.

26269 Are there others seeking recognition to speak on this
26270 amendment? The gentleman from Maryland, Mr. Sarbanes is
26271 recognized for 5 minutes to strike the last word.

26272 Mr. Sarbanes. Thank you, Mr. Chairman. I appreciate
26273 it.

26274 I want to support my colleague's amendment. I think the
26275 Public Health and Prevention Fund is a critical resource. If
26276 we are going to begin to turn our healthcare system towards
26277 prevention with all of the savings that that can produce for
26278 our healthcare system, then we have to maintain these
26279 investments.

26280 I am nervous about sort of conflating this with the
26281 State Stability Fund or whatever the name of it is, the \$100
26282 billion because we heard in connection with earlier
26283 amendments, that that fund is going to certain purposes at

26284 the State level. And so I don't think one services to
26285 replace the other. It is an apples and oranges thing. I
26286 think we have to preserve the integrity of this particular
26287 fund and the supports that it can provide.

26288 I am proud of having authored something called the No
26289 Child Left Inside Act, which we introduced for five straight
26290 Congresses and finally got it passed, which encourages
26291 schools around the country to build outdoor education into
26292 their curriculum. They get young people outdoors, which
26293 encourages their interest in science and other pursuits in
26294 the environment, environmental literacy, but it also helps to
26295 promote fitness. That has a wonderful impact in terms of
26296 prevention.

26297 There is a program here in the District of Columbia
26298 called ParkRx, where physicians will actually prescribe
26299 fitness activities for young people and families that they
26300 see. Pediatricians will say I am writing you a prescription
26301 to go walk in the park once a day, walk a mile. And they are
26302 seeing impact in terms of reducing childhood obesity.

26303 I note a program called Health Leads, which operates in
26304 Baltimore and Boston, and around the country. They do an
26305 assessment when people come into a health clinic to determine
26306 what social determinants are at work. For example, if

26307 somebody has asthma, if you don't account for where they live
26308 and what mold and other irritants might be in the home, then
26309 you are really not going to solve their problem from a
26310 prevention standpoint. These are the kinds of initiatives
26311 that can be supported by this fund. And I want to echo what
26312 was said about the childhood lead poisoning issue and the
26313 need to address that.

26314 And I will just close and then I will yield some time to
26315 Congresswoman Castor.

26316 In Australia, there is actually a portion of the
26317 healthcare dollar that goes to support their National Parks
26318 System because they understand that getting people out into
26319 public spaces, into parks, into nature, is all part of
26320 fitness. It is all part of prevention. It reduces cost for
26321 the healthcare system over time. It is a smart investment,
26322 just the way this Public Health and Prevention Fund is a
26323 smart investment.

26324 So, I definitely support Congresswoman Clarke's
26325 amendment and I will yield the balance of my time to
26326 Congresswoman Castor.

26327 Ms. Castor. Well, I thank my colleague and I thank Ms.
26328 Clarke for introducing this amendment.

26329 Is it less expensive to prevent diabetes or to treat

26330 diabetes? Is it less expensive to prevent heart disease or
26331 to treat it in later stages? Of course it is less expensive
26332 to prevent disease. And in America, where we spend so much
26333 money, especially in later years in Medicaid and Medicare,
26334 the intent behind the Prevention Fund was to try to shift
26335 some of the dynamics there. This is smart public policy.

26336 Unfortunately, if this is repealed, my home State of
26337 Florida is going to lose maybe \$100 million. This is money
26338 that we use very wisely for things like chronic disease
26339 prevention including diabetes, heart disease, and stroke, and
26340 tobacco cessation. We use it for infectious disease
26341 prevention.

26342 Think about what happened with Zika over the past 2
26343 years. It sure would be more efficient and a better use of
26344 tax dollars to prevent the spread of the Zika virus than
26345 having to come to Congress and ask for hundreds of millions
26346 of dollars on the back side.

26347 So, I support this amendment and I urge my colleagues to
26348 do so as well. And I yield back to Mr. Sarbanes.

26349 Mr. Sarbanes. And I yield back.

26350 The Chairman. The gentleman yields back.

26351 The chair recognizes the gentleman from Kentucky, Mr.
26352 Guthrie, to speak on this matter for 5 minutes.

26353 Mr. Guthrie. Thanks. I just want to say we find these
26354 things important as well. And as we talked earlier, the \$100
26355 billion fund which rose up to prevention funds, it is on page
26356 47 of the draft I have in front of me, paragraph 8. It is
26357 promoting access to preventive services, providing services -
26358 - there are several things listed in here. I am not sure
26359 that fitting in -- and I understand the food desert issue. I
26360 am not sure if that would fit in what these were moving
26361 forward but certainly that diabetes education, smoking
26362 cessation, dealing with addiction disorders, individuals with
26363 mental or substance use disorders, or any combination of such
26364 services. So, I am not going to say that the urban garden in
26365 New York, which I understand the food desert issue would
26366 apply here, but certainly a lot of the things that were just
26367 listed would.

26368 Ms. Clarke. Would the gentleman yield?

26369 Mr. Guthrie. Yes, I sure would.

26370 Ms. Clarke. It is about sound nutrition, right?

26371 Mr. Guthrie. Oh, I understand that.

26372 Ms. Clarke. Oh, okay.

26373 Mr. Guthrie. And I am not sure that would apply or not.
26374 I am not going to say that it would but I do think it is
26375 clear that some of the stuff that my friend from Florida just

26376 listed would be. I am not saying that is unimportant. And I
26377 am not saying this --

26378 Ms. Clarke. No, I was just saying it is not a big leap,
26379 when you recognize that with sound nutrition, you are able to
26380 maintain better health.

26381 Mr. Guthrie. Right.

26382 Ms. Clarke. Then, you understand why urban gardens have
26383 become so very important.

26384 Mr. Guthrie. Absolutely. I am not disagreeing with you
26385 at all.

26386 Ms. Clarke. Okay.

26387 Mr. Guthrie. But the Prevention Fund is big -- not the
26388 Prevention Fund -- the Stability Fund, \$100 billion over 10
26389 and it does allow with high-risk pools, helping people buy
26390 down premiums. It even, if you read it, it is set up in
26391 markets as defined by the States. So, States could have
26392 their own exchanges and move forward.

26393 So as we talk about the freeze and the freeze ending,
26394 and just having the tax credits that is going through Ways
26395 and Means, this is also an opportunity for States to do that
26396 and move forward.

26397 I just want to point that out that you still can use
26398 prevention funds. I am not sure it is as broad as that.

26399 Ms. Clarke. Would the gentleman yield?

26400 The Chairman. Would the gentleman --

26401 Mr. Guthrie. I need to give him time but, yes, ma'am.

26402 Ms. Clarke. Yes, I just wanted to ask whether what you
26403 are referring to mandates prevention, that the funds be used
26404 for prevention. It is my understanding in that particular
26405 section of this bill, there is no mandate for prevention.

26406 Mr. Guthrie. It is allowable.

26407 Ms. Clarke. So, if others set another priority, then
26408 prevention will never become a priority in the lives of the
26409 people that we are trying to help with their health care.

26410 Mr. Guthrie. It is State allocated and it is --

26411 Ms. Clarke. But it is not mandated. It is optional.

26412 Mr. Guthrie. -- permissible. It is a permissible use.

26413 Ms. Clarke. Right, it is optional. Okay.

26414 The Chairman. Would the --

26415 Mr. Guthrie. As I read that, I agree with you. I need
26416 to yield to the chairman.

26417 The Chairman. I thank the gentleman for yielding. I
26418 appreciate the discussion. I think we all care about these
26419 issues.

26420 And to Ms. Clarke on nutrition, I was at Oregon Health
26421 Sciences University on I think it was last Friday, it is hard

26422 to keep track at this hour, and they are doing some amazing
26423 research on nutrition as it relates to diabetes, heart
26424 disease in the mother and grandmother and what carries on
26425 through.

26426 So these are issues I would like our committee to get
26427 into in depth to look at what it means 100 years from now
26428 based on what you eat now. So it is really interesting
26429 research that they pioneered and we will work on that.

26430 Yes, I think so. And I just want to make the point,
26431 too, just so we are all on the same page that the fund is not
26432 phased out until the end of fiscal year 2018 in our
26433 legislation. And that gives the appropriators time.
26434 Remember we have a whole Appropriations Committee. They can
26435 come in and fund these programs, if they so choose.

26436 So, it gets the Congress back into the say on this, in
26437 terms of the appropriations process, and that check and
26438 balance on how the money is spent. We will actually have a
26439 say in it going forward on programs that are Federal. The
26440 States would have, and their elected officials, some say in
26441 terms of how the State Stability and Patient Fund would be
26442 used.

26443 And in the meantime, these programs are funded through
26444 the end of fiscal year 2018.

26445 So we have really thought this through, I think, in a
26446 very responsible way because a lot of these programs are very
26447 important to our health, to our nutrition, to public safety,
26448 all the things that matter, prevention.

26449 So, I yield back.

26450 Mr. Guthrie. I just have about a half a minute but my
26451 other friend from Oregon, I think, raised your hand for some
26452 time. Did you?

26453 Mr. Schrader. If I may. Thank you very much.

26454 Mr. Guthrie. I am happy to yield.

26455 Mr. Schrader. Just a question about this Stability
26456 Fund. I am a little worried that is being used for
26457 everything. You know if I am the health insurer and I am
26458 looking at a fund that I want as a risk pool, primarily, and
26459 that is what most of this refers to, I am getting worried
26460 that it is getting killed off into a prevention fund.

26461 The Prevention Fund before was actually about developing
26462 innovative strategies that a risk pool could then apply. It
26463 is a different entity altogether, as Mr. Sarbanes said.

26464 So, I thank you for the time.

26465 Mr. Guthrie. I yield back.

26466 The Chairman. The gentleman yields back.

26467 Are there other members? Mr. Tonko is recognized for 5

26468 minutes to debate this matter.

26469 Mr. Tonko. Thank you, Mr. Chair. I move to strike the
26470 last word.

26471 The reconciliation instructions under consideration
26472 today could move us to the verge of public health disaster.
26473 Why break something -- why try to fix something that isn't
26474 broken? Since fiscal year 2014, Congress has allocated all
26475 of the funding from the Prevention and Public Health Fund
26476 through the regular appropriations process. And the Centers
26477 for Disease Control and Prevention, have received much of
26478 that funding to support prevention and health promotion
26479 programs in every state. I know New York has benefited from
26480 this program.

26481 For example, more than \$890 million of CDC's budget
26482 comes for the Prevention Fund. That means that the
26483 Republican's proposal to eliminate the Prevention Fund would
26484 result in the immediate cut of 12 percent from CDC's annual
26485 budget. That cut eliminates funding for the Preventative
26486 Health and Health Services Block Grant that provides \$160
26487 million in funding to all 50 States, the District of
26488 Columbia, two American Indian Tribes and eight U.S.
26489 Territories. The block grant is used to address their public
26490 health needs, respond rapidly to emerging public health

26491 issues, and fill funding gaps in programs that deal with
26492 leading causes of death and disability. The need for these
26493 services could not be clearer.

26494 For example, recently, the National Center for Health
26495 Statistics reported the first decline in the United States'
26496 life expectancy since 1993 and an increase in death rates for
26497 eight of the top ten leading causes of death in the United
26498 States. Such data make clear that increasing investments in
26499 population-wide public health interventions are critical to
26500 promoting and protecting the health of Americans.

26501 Repealing the Prevention Fund cuts all of the funding
26502 for CDC's Childhood Lead Poisoning Prevention Program. That
26503 program helps States and cities identify high-risk areas for
26504 lead poisoning and deploy evidence-based preventative
26505 measures.

26506 The ongoing water crisis in Flint, Michigan, as well as
26507 the almost 3,000 neighborhoods recording lead poisoning rates
26508 at least doubled those in Flint proved that this program is
26509 critical to protecting the health of our nation's children.

26510 The proposal cuts \$40 million from the Epidemiology and
26511 Laboratory Capacity Program that enhances State, local, and
26512 territorial capacity for detecting and responding to
26513 infectious disease and other public health threats.

26514 And finally, the recent Ebola and Zika crises show that
26515 investments in strengthening our public health surveillance
26516 system is as important as ever.

26517 These examples make it so clear that we would not be
26518 cutting what Republicans want you to believe is a slush fund.
26519 Instead, we would be crippling CDC and its State and local
26520 partners' ability to promote and protect the health of all
26521 Americans.

26522 So with that, I yield back but strongly --

26523 The Chairman. The gentleman yields --

26524 Mr. Tonko. -- support the amendment by my colleague
26525 from New York.

26526 The Chairman. The gentleman yields back the balance of
26527 his time.

26528 Are there other members seeking recognition or can we go
26529 on to the vote? I know we have a lot of amendments to get
26530 through.

26531 We will have a roll call vote. All those in favor will
26532 vote aye. Those opposed, no. And the clerk will call the
26533 roll.

26534 The Clerk. Mr. Barton.

26535 [No response.]

26536 The Clerk. Mr. Upton.

26537 Mr. Upton. No.

26538 The Clerk. Mr. Upton votes no.

26539 Mr. Shimkus.

26540 [No response.]

26541 The Clerk. Mr. Murphy.

26542 Mr. Murphy. No.

26543 The Clerk. Mr. Murphy votes no.

26544 Mr. Burgess.

26545 Mr. Burgess. No.

26546 The Clerk. Mr. Burgess votes no.

26547 Mrs. Blackburn.

26548 Mrs. Blackburn. No.

26549 The Clerk. Mrs. Blackburn votes no.

26550 Mr. Scalise.

26551 Mr. Scalise. No.

26552 The Clerk. Mr. Scalise votes no.

26553 Mr. Latta.

26554 Mr. Latta. No.

26555 The Clerk. Mr. Latta votes no.

26556 Mrs. McMorris Rodgers.

26557 Mrs. McMorris Rodgers. No.

26558 The Clerk. Mrs. McMorris Rodgers votes no.

26559 Mr. Harper.

26560	<u>Mr. Harper.</u>	No.
26561	The Clerk.	Mr. Harper votes no.
26562	Mr. Lance.	
26563	<u>Mr. Lance.</u>	No.
26564	The Clerk.	Mr. Lance votes no.
26565	Mr. Guthrie.	
26566	<u>Mr. Guthrie.</u>	No.
26567	The Clerk.	Mr. Guthrie votes no.
26568	Mr. Olson.	
26569	<u>Mr. Olson.</u>	No.
26570	The Clerk.	Mr. Olson votes no.
26571	Mr. McKinley.	
26572	<u>Mr. McKinley.</u>	No.
26573	The Clerk.	Mr. McKinley votes no.
26574	Mr. Kinzinger.	
26575	[No response.]	
26576	The Clerk.	Mr. Griffith.
26577	[No response.]	
26578	The Clerk.	Mr. Bilirakis.
26579	<u>Mr. Bilirakis.</u>	No.
26580	The Clerk.	Mr. Bilirakis votes no.
26581	Mr. Johnson.	
26582	<u>Mr. Johnson.</u>	No.

26583	The Clerk.	Mr. Johnson votes no.
26584	Mr. Long.	
26585	<u>Mr. Long.</u>	No.
26586	The Clerk.	Mr. Long votes no.
26587	Mr. Bucshon.	
26588	<u>Mr. Bucshon.</u>	No.
26589	The Clerk.	Mr. Bucshon votes no.
26590	Mr. Flores.	
26591	<u>Mr. Flores.</u>	No.
26592	The Clerk.	Mr. Flores votes no.
26593	Mrs. Brooks.	
26594	<u>Mrs. Brooks.</u>	No.
26595	The Clerk.	Mrs. Brooks votes no.
26596	Mr. Mullin.	
26597	<u>Mr. Mullin.</u>	No.
26598	The Clerk.	Mr. Mullin votes no.
26599	Mr. Hudson.	
26600	<u>Mr. Hudson.</u>	No.
26601	The Clerk.	Mr. Hudson votes no.
26602	Mr. Collins.	
26603	[No response.]	
26604	The Clerk.	Mr. Cramer.
26605	<u>Mr. Cramer.</u>	No.

26606	The Clerk.	Mr. Cramer votes no.
26607	Mr. Walberg.	
26608	<u>Mr. Walberg.</u>	No.
26609	The Clerk.	Mr. Walberg votes no.
26610	Mrs. Walters.	
26611	<u>Mrs. Walters.</u>	No.
26612	The Clerk.	Mrs. Walters votes no.
26613	Mr. Costello.	
26614	<u>Mr. Costello.</u>	No.
26615	The Clerk.	Mr. Costello votes no.
26616	Mr. Carter.	
26617	<u>Mr. Carter.</u>	No.
26618	The Clerk.	Mr. Carter votes no.
26619	Mr. Pallone.	
26620	<u>Mr. Pallone.</u>	Aye.
26621	The Clerk.	Mr. Pallone votes aye.
26622	Mr. Rush.	
26623	[No response.]	
26624	The Clerk.	Ms. Eshoo.
26625	<u>Ms. Eshoo.</u>	Aye.
26626	The Clerk.	Ms. Eshoo votes aye.
26627	Mr. Engel.	
26628	<u>Mr. Engel.</u>	Aye.

26629 The Clerk. Mr. Engel votes aye.
26630 Mr. Green.
26631 Mr. Green. Aye.
26632 The Clerk. Mr. Green votes aye.
26633 Ms. DeGette.
26634 Ms. DeGette. Aye.
26635 The Clerk. Ms. DeGette votes aye.
26636 Mr. Doyle.
26637 Mr. Doyle. Yes.
26638 The Clerk. Mr. Doyle votes aye.
26639 Ms. Schakowsky.
26640 Ms. Schakowsky. Aye.
26641 The Clerk. Ms. Schakowsky votes aye.
26642 Mr. Butterfield.
26643 Mr. Butterfield. Aye.
26644 The Clerk. Mr. Butterfield votes aye.
26645 Ms. Matsui.
26646 Ms. Matsui. Aye.
26647 The Clerk. Ms. Matsui votes aye.
26648 Ms. Castor.
26649 Ms. Castor. Aye.
26650 The Clerk. Ms. Castor votes aye.
26651 Mr. Sarbanes.

26652 Mr. Sarbanes. Aye.

26653 The Clerk. Mr. Sarbanes votes aye.

26654 Mr. McNerney.

26655 Mr. McNerney. Aye.

26656 The Clerk. Mr. McNerney votes aye.

26657 Mr. Welch.

26658 Mr. Welch. Aye.

26659 The Clerk. Mr. Welch votes aye.

26660 Mr. Lujan.

26661 Mr. Lujan. Aye.

26662 The Clerk. Mr. Lujan votes aye.

26663 Mr. Tonko.

26664 Mr. Tonko. Aye.

26665 The Clerk. Mr. Tonko votes aye.

26666 Ms. Clarke.

26667 Ms. Clarke. Aye.

26668 The Clerk. Ms. Clarke votes aye.

26669 Mr. Loeb sack.

26670 Mr. Loeb sack. Aye.

26671 The Clerk. Mr. Loeb sack votes aye.

26672 Mr. Schrader.

26673 Mr. Schrader. Aye.

26674 The Clerk. Mr. Schrader votes aye.

26675 Mr. Kennedy.

26676 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

26677 Mr. Cardenas.

26678 Mr. Cardenas. Aye.

26679 The Clerk. Mr. Cardenas votes aye.

26680 Mr. Ruiz.

26681 Mr. Ruiz. Aye.

26682 The Clerk. Mr. Ruiz votes aye.

26683 Mr. Peters.

26684 Mr. Peters. Aye.

26685 The Clerk. Mr. Peters votes aye.

26686 Mrs. Dingell.

26687 Mrs. Dingell. Aye.

26688 The Clerk. Mrs. Dingell votes aye.

26689 Chairman Walden.

26690 The Chairman. Walden votes no.

26691 The Clerk. Chairman Walden votes no.

26692 The Chairman. Are there members wishing to be recorded?

26693 The gentleman from Illinois, Mr. Shimkus, how would you

26694 --

26695 Mr. Shimkus. No.

26696 The Chairman. -- votes no.

26697 The Clerk. Mr. Shimkus votes no.

26698 The Chairman. The gentleman from New York, Mr. Collins.
26699 Mr. Collins. Votes no.
26700 The Clerk. Mr. Collins votes no.
26701 The Chairman. The gentleman from Illinois, Mr.
26702 Kinzinger.
26703 Mr. Kinzinger. No.
26704 The Clerk. Mr. Kinzinger votes no.
26705 The Chairman. The gentleman from Virginia, Mr.
26706 Griffith.
26707 Mr. Griffith. Votes no.
26708 The Clerk. Mr. Griffith votes no.
26709 The Chairman. Other members on this side that are not
26710 recorded?
26711 Do we know of any other members making their way here on
26712 either side? Okay, I think the Clerk can report the result.
26713 The Clerk. Mr. Chairman, on that vote, there were 23
26714 ayes and 30 noes.
26715 The Chairman. Twenty-three ayes, thirty noes, and the
26716 amendment is defeated.
26717 For what purpose does the gentlelady from Colorado seek
26718 recognition?
26719 Ms. DeGette. Mr. Chairman, I have an amendment at the
26720 desk, Amendment 60 on actuarial value requirements.

26721 [The Amendment offered by Ms. DeGette follows:]

26722

26723 *****INSERT 40*****

26724 The Chairman. Thank you. Actuarial value requirements,
26725 Amendment number six-zero.

26726 The clerk will report the amendment.

26727 The Clerk. Amendment to the Amendment in the Nature of
26728 a Substitute to the Committee Print Offered by Ms. DeGette.

26729 The Chairman. Further reading of the amendment is
26730 dispensed and the gentlelady from Colorado is recognized for
26731 5 minutes to speak on her amendment.

26732 Ms. DeGette. Thank you very much.

26733 The Chairman. Let me get order, though, because it
26734 seems a little noisy in here.

26735 Ms. DeGette. Thank you.

26736 The Chairman. To our members and staff, if we can hold
26737 it down just a bit so we can all hear the gentlelady from
26738 Colorado.

26739 Please proceed.

26740 Ms. DeGette. Thank you, Mr. Chairman.

26741 One of the biggest complaints that I hear about the
26742 Affordable Care Act, mainly from the other side of the aisle
26743 is high deductibles. And I just want to mention, for
26744 example, a few of the many times President Trump has
26745 complained about the deductibles being too high.

26746 In February he said, quote, your deductibles have gone

26747 so high, you can never use it. Obamacare doesn't work. It
26748 has become totally unaffordable. And then he said, quote,
26749 the health care can't even be used because the deductibles
26750 are so high.

26751 And it is not -- Mr. Chairman, I am so sorry. It is so
26752 loud, I can't even hear myself.

26753 The Chairman. I agree. Please take your conversations
26754 outside of the committee room so that we can conduct our
26755 business.

26756 Ms. DeGette. Thank you.

26757 The Chairman. The gentlelady may proceed.

26758 Ms. DeGette. Thank you, Mr. Chairman.

26759 Even members of this committee have talked a lot about
26760 the high deductibles that people are paying. I won't shame
26761 people by name but let me just give a couple quotes from our
26762 colleagues on the other side of the aisle.

26763 One of our colleagues said in November 2016, quote,
26764 people have crappy insurance now. They have high costs.
26765 They have high deductibles. It is like they don't have
26766 insurance. Someone else has no less than three press
26767 releases from the past year on her website with complaints
26768 about deductibles. And they say things like, quote,
26769 Obamacare is taking us back to the day of old major medical

26770 policies with high deductibles. I think you get the gist.

26771 Clearly, those on the other side of the aisle have
26772 identified high deductibles as a major problem. And high
26773 deductibles were a problem before we passed the Affordable
26774 Care Act, which was one reason why we did the Affordable Care
26775 Act, and I completely agree that as we look at trying to
26776 improve the Affordable Care Act, high deductibles are
26777 something that we should look at. Unfortunately, though,
26778 this bill eliminates vital Affordable Care Act protections
26779 known as actuarial value requirements that actually prevent
26780 insurance companies from shifting more costs onto consumers
26781 in the form of out-of-pocket payments like deductibles and
26782 copays. And so ironically, by eliminating these ACA
26783 protections, the Manager's Amendment will actually make
26784 deductibles skyrocket.

26785 So, it turns control back over to the insurance
26786 companies to push as many costs as they can back onto the
26787 consumers. But the problem doesn't stop there. The repeal
26788 bill also eliminates an important part of the Affordable Care
26789 Act called cost sharing reduction or CSR payments that help
26790 families who make less than \$60,000 a year afford their
26791 deductible.

26792 So not only does the bill raise the deductible, it also

26793 then rips away the support under current law that makes
26794 deductibles affordable for more people.

26795 In 2016, seven million people received help with cost
26796 sharing under this ACA program, including 29,000 people in
26797 Colorado and this made a big difference for people.
26798 Deductibles in plans with CSR payments were around \$246, on
26799 average, compared to over \$3,000 in plans where the
26800 assistance was not available. If we really want to help more
26801 people with their deductibles, we should expand this program
26802 and not end it.

26803 And so frankly, my colleagues, if you think your
26804 deductible is bad under the ACA, you just wait to see how
26805 high it is going to go under this new bill. The American
26806 people were promised lower cost and they were specifically
26807 promised lower deductibles repeatedly.

26808 This amendment gives our Republican colleagues a chance
26809 to make good on their promises. It strikes the provisions in
26810 this bill that will allow insurers to push even more costs
26811 onto the American people in the form of out-of-pocket
26812 payments. I urge everybody to get together on this because
26813 truly, if we are going to make insurance affordable and
26814 better for everybody, we are going to have to work to reduce
26815 deductibles, not let them go out of control.

26816 I yield back.

26817 The Chairman. The gentlelady yields back. Are there
26818 other members seeking recognition on this amendment?

26819 The chair recognizes the gentleman from Indiana, Dr.
26820 Bucshon, for 5 minutes.

26821 Mr. Bucshon. Thank you, Mr. Chairman.

26822 Currently, the Affordable Care Act requires the
26823 insurer's label their plans by metal tiers, bronze, silver,
26824 gold, and platinum. These metal tiers are determined by
26825 their respective actuarial value. Although they sound
26826 pretty, these plans limit choices. They are rigid and do not
26827 allow insurers to develop flexible plans to meet the needs of
26828 individuals in specific regions of the country. We have seen
26829 this in particular with insurers who have been weighed down
26830 by the demands of the higher tiers, thus, leading to plans
26831 that are too expensive for most Americans.

26832 Lack of flexible plans to accommodate the needs of
26833 America is the very reason why we are seeing the individual
26834 market in a death spiral. And those are not my words; they
26835 are from a CEO.

26836 Insurance is too expensive for most Americans and when
26837 it is affordable, it does not cover the services that
26838 individuals need. The Affordable Care Act has crippled our

26839 insurance markets and repealing the actuarial values imposed
26840 by this law on insurers is the first step that we can take to
26841 stabilize markets and return security to Americans.

26842 Of course there is still more that we will have to do,
26843 beyond repealing the actuarial values to stabilize the
26844 markets. This has to be met coupled with relaxing the age
26845 band to five-to-one and providing States with grants to the
26846 Patient and State Stability Fund so that the States can make
26847 meaningful reforms to their individual markets.

26848 I will yield to any Republican member that wants to
26849 speak.

26850 I yield to Mr. Scalise.

26851 Mr. Scalise. Thank you, Dr. Bucshon.

26852 This amendment gets to I guess the heart of that
26853 question that we have been talking about for a while and that
26854 is freedom because if you look at the driver of cost under
26855 Obamacare, over the last 6 years as you see double-digit
26856 increases, let's look at some fact, 25 percent is the average
26857 increase in premiums this year on the Obamacare
26858 healthcare.gov exchange -- 25 percent increases. And it is
26859 because there is all these mandates telling you what you need
26860 to buy as opposed to letting individuals choose what they
26861 want to buy. That is the heart of the question.

26862 And so again, what is freedom? Freedom to me is not
26863 under this amendment. Government is telling you what you
26864 have to buy, even if it is things that don't work for your
26865 family. It jacks up the cost of your health care because you
26866 are buying stuff you don't need but they are making you buy
26867 that stuff under this amendment.

26868 Why not let the families choose that? Do you fear
26869 American families making their own choices, picking their own
26870 plans, going through and saying that is something that I want
26871 for my family, that is something I don't want? And if
26872 Government is not telling me all these things have to be in
26873 my plan, I actually get a lower cost. I actually get a lower
26874 deductible. These deductibles are through the roof. And I
26875 know we have done this over the last few days but I think we
26876 need to go back to it because maybe people forget what real
26877 families are dealing with.

26878 I will go back to Pamela from Mandeville. My premium
26879 went up from \$986 per month, 57 years old and her husband who
26880 is 56, to \$1,346 per month with a \$4,500 deductible each. It
26881 is required to have maternity and pediatric care for a 57-
26882 and 56-year-old. I am so frustrated. I just can't afford
26883 this anymore. This is as much as my mortgage payment. But
26884 you are going to tell Pamela she has still got to keep buying

26885 it, even if she doesn't want it and it doesn't even work for
26886 her. But because you want to figure out in Washington what
26887 somebody else needs to buy, then you don't care that they
26888 can't afford their own health care anymore because of all
26889 this.

26890 Let's let families make these choices. I think we
26891 should be able to trust them a lot more than somebody up in
26892 Washington who thinks they know best for everybody because a
26893 one size doesn't fit all. Every family is different.

26894 And you know what? I trust that a family can make that
26895 most personal choice a whole lot better than somebody up here
26896 in Washington who doesn't even know their name. You might
26897 not know families. You may not know Jeff from Slidell, who
26898 is paying a deductible of \$12,500 per year for his health
26899 care. That is something he can't afford. Let him buy what
26900 he wants. He is a whole lot smarter in knowing what is good
26901 for his family than somebody up here in Washington.

26902 So, let's give people freedom. Let's trust them to make
26903 their own decisions and let them afford plans that work for
26904 their family. Defeat this amendment.

26905 I yield back.

26906 Mr. Bucshon. Mr. Chairman, I urge my colleagues to vote
26907 against this amendment. I yield back.

26908 Mr. Griffith. [Presiding.] Mr. Green from Texas.

26909 Mr. Green. I move to strike the last word and I would
26910 like to yield my time to my colleague from Denver.

26911 Ms. DeGette. So in closing, I just want to say Pamela
26912 and Jeff are going to be really shocked if this bill passes
26913 and they get their insurance bill and they see the deductible
26914 that they are going to have because what we are talking about
26915 is the percentage that they are going to have to pay. Right
26916 now, under the Affordable Care Act, it is a 70-to-90 percent
26917 ratio. Under this Manager's Amendment, there is no level.
26918 That means, theoretically, insurers could set any level of
26919 deductible they want.

26920 And the thing that our constituents are mad about is,
26921 aside from the insurance costs, they are mad because they buy
26922 an insurance plan, they buy one of these bare bones plans,
26923 and then they get in a car accident and they are mad because
26924 they have this big deductible.

26925 Under this bill, it is going to be even worse and I am
26926 here to tell you guys if this is the problem that you are
26927 trying to address and we don't fix it and this bill somehow
26928 becomes law, then they are going to be at your doorstep and
26929 they are going to be mad.

26930 I yield back and I ask for a yes vote.

26931 I yield back to Gene.

26932 Mr. Green. I just want to know from Congressman Scalise
26933 is this the Boudreaus or the Thibodeaus?

26934 Mr. Scalise. It is a whole lot more than the Boudreaus
26935 and Thibodeaus and they make really good crawfish. They just
26936 don't want government bureaucrats or somebody in Washington
26937 telling them what they can or can't buy. They can do a lot
26938 better on their own.

26939 Mr. Green. I will reclaim my time and give it to my
26940 colleague from Maryland.

26941 Mr. Sarbanes. I thank the gentleman for yielding.

26942 I was noticing last night Republicans were telling a
26943 whole set of stories and we were telling a whole set of
26944 stories. And the difference between them was Republican
26945 stories were all about people's frustration with the premiums
26946 and the cost of the plans. Our stories were all about the
26947 benefit of the ACA when people actually had to use the
26948 coverage that they had purchased.

26949 And if you are just looking at it in terms of the front
26950 end of the equation, sort of what it is costing and you don't
26951 yet know whether the coverage that you have bought is
26952 actually going to do the job for you, you are missing half
26953 the picture. So, we are concerned about what happens when

26954 people actually have to access this coverage and whether it
26955 is sufficient, whether all the protections are in place,
26956 whether it is actuarial sound and so forth. But even if we
26957 were only concerned with the issue of the premium side, the
26958 cost side, without even getting to the use of the coverage,
26959 we would still want to reject this repeal proposal because it
26960 is actually putting an extra burden on when you look at the
26961 fact that these supports to reduce the cost of deductibles
26962 and copayments that that is being pulled away, when you look
26963 at the fact that the credits being offered are significantly
26964 downgraded from the credits that are being offered now, when
26965 you look at the fact that the age rating guardrails are going
26966 away.

26967 So even just by the analysis of what is good on the
26968 front end, in terms of the cost, the out-of-pocket costs for
26969 people, the repeal that is being proposed doesn't solve that
26970 problem for them. But just as importantly, the coverage that
26971 they can actually access when they do get sick and need it is
26972 a critical focus and that is why we have got to look at the
26973 actuarial soundness of these plans.

26974 And I yield back.

26975 Mr. Green. Mr. Chairman, I yield back.

26976 Mr. Griffith. I thank the gentleman. The gentleman has

26977 yielded back.

26978 Do we have anybody on this side who wishes to speak?

26979 Mr. Cardenas, the gentleman from California has the floor.

26980 Mr. Cardenas. Thank you, Mr. Chairman.

26981 I think it is important that people soak in what
26982 Congressman Sarbanes just mentioned a minute ago. We have
26983 been here for over 24 hours, far beyond that, but I think it
26984 is important to understand and listen that Americans or human
26985 beings never want to pay for something that they are not
26986 going to use at that moment. Nobody wants to pay car
26987 insurance. Nobody wants to pay homeowners insurance. Nobody
26988 wants to pay healthcare insurance.

26989 My daughter, for example, she got married and her and
26990 her husband were going to get health care because they both
26991 decided to leave their jobs and venture into doing other
26992 things, opening his own business and things of that nature.
26993 So they had to go out and buy their insurance where before
26994 they always got it from their employer.

26995 And my daughter was like oh my God, it is so expensive.
26996 And then when she told me the amount, I was like are you
26997 kidding me? That is not much at all.

26998 And so they go their insurance like they are supposed to
26999 and they stopped complaining. But a couple years later, they

27000 are blessed to have a child. I am proud to say that I am a
27001 grandfather. But let me tell you, when I looked in her eyes
27002 after we got over the glow of the few days together and I
27003 said mi hija, how do you feel about that insurance now? No
27004 complaints whatsoever. Not one. Not one.

27005 It is just like when somebody gets into a car accident.
27006 Everybody is complaining about writing that check every month
27007 but if they ever, heaven forbid, have to use that insurance
27008 after they get into a car accident, my gosh, there aren't
27009 words to describe how grateful they are.

27010 And one of the things that Congressman Sarbanes just
27011 pointed out, and I am glad he did, is because we have been --
27012 it is like a Tale of Two Cities here. The Democrats have
27013 been talking about how people are so grateful and glad, once
27014 they realize that after their daughter had a catastrophic
27015 illness, that that insurance actually helped their daughter,
27016 got her daughter to be healthy but, at the same time, they
27017 weren't thrown out on the streets having to pay the
27018 deductibles that were in existence and legally allowed for
27019 the insurance companies to charge before the ACA.

27020 I will mention again a gentleman came to my town -- my
27021 forum in my district a couple of weeks ago and he started off
27022 by complaining that he is paying 25 percent more today for

27023 his insurance than he used to but then he also mentioned that
27024 he had four hospital stays and three surgeries. And I said
27025 well, sir, can you describe to me if that would have happened
27026 maybe 10 years ago or what have you, what would the insurance
27027 company have done? How much would you have had to pay in
27028 deductibles? He stopped me in my mid-sentence and he said
27029 oh, my God, they would have taken away my house.

27030 So basically, what we have been to explain here is for
27031 the first time in the United States of America, we have
27032 health care geared toward making sure that if you ever need
27033 your insurance, you are not going to be thrown out on the
27034 street or you are going to have to pay for the bills for the
27035 rest of your life -- for the rest of your left.

27036 Don't forget, ladies and gentleman, in the old days
27037 before the Affordable Care Act, if you had to go to the
27038 hospital like this gentleman did, you would have \$100,000,
27039 \$200,000, \$300,000, maybe you blow through the million dollar
27040 cap and all of a sudden the second million is on you. That
27041 is not allowed anymore. And if I am wrong, I would love for
27042 anybody on this dais to correct me. That is not allowed
27043 anymore.

27044 Mr. Johnson. Would the gentleman yield?

27045 Mr. Cardenas. Sure.

27046 Mr. Johnson. I will be glad to give you some examples.
27047 It might not be million dollars but to people that live in
27048 Appalachia, Ohio, \$20,000 is like a million dollars. And
27049 when you get a \$20,000 hospital bill when you were expecting
27050 to be able to keep your insurance and keep your doctor, that
27051 is just as bad.

27052 Mr. Cardenas. I will reclaim my time.

27053 Thank you very much for that example. So you just
27054 reminded me to remind all of us about another thing. If that
27055 person in Appalachia had to pay \$20,000 and thank God they
27056 still have their life to speak of but, at the same time, they
27057 could still get insurance the next day. Back in the good old
27058 days before the Affordable Care Act, when that person had
27059 that catastrophic injury, they couldn't find insurance.
27060 Twenty thousand dollars wouldn't be enough to pay for their
27061 insurance just for 1 year. Heaven forbid they would ever
27062 need it again.

27063 Again, families couldn't even get insurance because one
27064 of their children actually had asthma. Americans don't
27065 believe that that is a precondition. It is. It is.

27066 So yes, there is a lot of reasons why many of us are
27067 against this bill that is before us today because it is
27068 taking us backwards, not to the good old days but the

27069 catastrophic days.

27070 I yield back.

27071 Mr. Griffith. I thank the gentleman.

27072 Any further members seeking recognition? If no further

27073 members are seeking recognition, the question occurs on the

27074 amendment and there has been a request for a recorded vote.

27075 So, the clerk will call the roll.

27076 The Clerk. Mr. Barton.

27077 [No response.]

27078 The Clerk. Mr. Upton.

27079 Mr. Upton. Votes no.

27080 The Clerk. Mr. Upton votes no.

27081 Mr. Shimkus.

27082 Mr. Shimkus. No.

27083 The Clerk. Mr. Shimkus votes no.

27084 Mr. Murphy.

27085 [No response.]

27086 The Clerk. Mr. Burgess.

27087 [No response.]

27088 The Clerk. Mrs. Blackburn.

27089 Mrs. Blackburn. No.

27090 The Clerk. Mrs. Blackburn votes no.

27091 Mr. Scalise.

27092	<u>Mr. Scalise.</u>	No.
27093	The Clerk.	Mr. Scalise votes no.
27094	Mr. Latta.	
27095	<u>Mr. Latta.</u>	No.
27096	The Clerk.	Mr. Latta votes no.
27097	Mrs. McMorris	Rodgers.
27098	<u>Mrs. McMorris</u>	Rodgers. No.
27099	The Clerk.	Mrs. McMorris Rodgers votes no.
27100	Mr. Harper.	
27101	<u>Mr. Harper.</u>	No.
27102	The Clerk.	Mr. Harper votes no.
27103	Mr. Lance.	
27104	<u>Mr. Lance.</u>	No.
27105	The Clerk.	Mr. Lance votes no.
27106	Mr. Guthrie	
27107	<u>Mr. Guthrie.</u>	No.
27108	The Clerk.	Mr. Guthrie votes no.
27109	Mr. Olson.	
27110	[No response.]	
27111	The Clerk.	Mr. McKinley.
27112	<u>Mr. McKinley.</u>	No.
27113	The Clerk.	Mr. McKinley votes no.
27114	Mr. Kinzinger.	

27115 Mr. Kinzinger. No.

27116 The Clerk. Mr. Kinzinger votes no.

27117 Mr. Griffith.

27118 Mr. Griffith. No.

27119 The Clerk. Mr. Griffith votes no.

27120 Mr. Bilirakis.

27121 Mr. Bilirakis. No.

27122 The Clerk. Mr. Bilirakis votes no.

27123 Mr. Johnson.

27124 Mr. Johnson. No. The Clerk. Mr. Johnson votes no.

27125 Mr. Long.

27126 Mr. Long. No.

27127 The Clerk. Mr. Long votes no.

27128 Mr. Bucshon.

27129 Mr. Bucshon. No.

27130 The Clerk. Mr. Bucshon votes no.

27131 Mr. Flores.

27132 Mr. Flores. No.

27133 The Clerk. Mr. Flores votes no.

27134 Mrs. Brooks.

27135 Mrs. Brooks. No.

27136 The Clerk. Mrs. Brooks votes no.

27137 Mr. Mullin.

27138	<u>Mr. Mullin.</u>	No.
27139	The Clerk.	Mr. Mullin votes no.
27140	Mr. Hudson.	
27141	<u>Mr. Hudson.</u>	No.
27142	The Clerk.	Mr. Hudson votes no.
27143	Mr. Collins.	
27144	<u>Mr. Collins.</u>	No.
27145	The Clerk.	Mr. Collins votes no.
27146	Mr. Cramer.	
27147	<u>Mr. Cramer.</u>	No.
27148	The Clerk.	Mr. Cramer votes no.
27149	Mr. Walberg.	
27150	<u>Mr. Walberg.</u>	No.
27151	The Clerk.	Mr. Walberg votes no.
27152	Mrs. Walters.	
27153	<u>Mrs. Walters.</u>	No.
27154	The Clerk.	Mrs. Walters votes no.
27155	Mr. Costello.	
27156	<u>Mr. Costello.</u>	No.
27157	The Clerk.	Mr. Costello votes no.
27158	Mr. Carter.	
27159	<u>Mr. Carter.</u>	No.
27160	The Clerk.	Mr. Carter votes no.

27161 Mr. Pallone.

27162 Mr. Pallone. Votes aye.

27163 The Clerk. Mr. Pallone votes aye.

27164 Mr. Rush.

27165 [No response.]

27166 The Clerk. Ms. Eshoo.

27167 Ms. Eshoo. Aye.

27168 The Clerk. Ms. Eshoo votes aye.

27169 Mr. Engel.

27170 Mr. Engel. Aye.

27171 The Clerk. Mr. Engel votes aye.

27172 Mr. Green.

27173 Mr. Green. Aye.

27174 The Clerk. Mr. Green votes aye.

27175 Ms. DeGette.

27176 Ms. DeGette. Aye.

27177 The Clerk. Ms. DeGette votes aye.

27178 Mr. Doyle.

27179 Mr. Doyle. Yes.

27180 The Clerk. Mr. Doyle votes aye.

27181 Ms. Schakowsky.

27182 Ms. Schakowsky. Aye.

27183 The Clerk. Ms. Schakowsky votes aye.

27184 Mr. Butterfield.

27185 Mr. Butterfield. Aye.

27186 The Clerk. Mr. Butterfield votes aye.

27187 Ms. Matsui.

27188 Ms. Matsui. Aye.

27189 The Clerk. Ms. Matsui votes aye.

27190 Ms. Castor.

27191 Ms. Castor. Aye.

27192 The Clerk. Ms. Castor votes aye.

27193 Mr. Sarbanes.

27194 Mr. Sarbanes. Aye.

27195 The Clerk. Mr. Sarbanes votes aye.

27196 Mr. McNerney.

27197 Mr. McNerney. Aye.

27198 The Clerk. Mr. McNerney votes aye.

27199 Mr. Welch.

27200 [No response.]

27201 The Clerk. Mr. Lujan.

27202 Mr. Lujan. Aye.

27203 The Clerk. Mr. Lujan votes aye.

27204 Mr. Tonko.

27205 Mr. Tonko. Aye.

27206 The Clerk. Mr. Tonko votes aye.

27207 Ms. Clarke.

27208 [No response.]

27209 The Clerk. Mr. Loeb sack.

27210 Mr. Loeb sack. Aye.

27211 The Clerk. Mr. Loeb sack votes aye.

27212 Mr. Schrader.

27213 Mr. Schrader. Aye.

27214 The Clerk. Mr. Schrader votes aye.

27215 Mr. Kennedy.

27216 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

27217 Mr. Cardenas.

27218 Mr. Cardenas. Aye.

27219 The Clerk. Mr. Cardenas votes aye.

27220 Mr. Ruiz.

27221 [No response.]

27222 The Clerk. Mr. Peters.

27223 Mr. Peters. Aye.

27224 The Clerk. Mr. Peters votes aye.

27225 Mrs. Dingell.

27226 Mrs. Dingell. Aye.

27227 The Clerk. Mrs. Dingell votes aye.

27228 Chairman Walden.

27229 The Chairman. Votes no.

27230 The Clerk. Chairman Walden votes no.

27231 The Chairman. [Presiding.] Are there other members
27232 wishing to be recorded?

27233 The chair recognizes the gentleman from Pennsylvania.

27234 Mr. Murphy. No.

27235 The Clerk. Mr. Murphy votes no.

27236 The Chairman. The gentleman from Texas, Mr. Burgess.

27237 Mr. Burgess. No.

27238 The Clerk. Mr. Burgess votes no.

27239 The Chairman. The gentleman from Texas, Mr. Olson.

27240 Mr. Olson. Olson votes no.

27241 The Clerk. Mr. Olson votes no.

27242 The Chairman. Okay, are there any other members wishing
27243 to be recorded? Anybody? Do you have any other members?
27244 There are like four.

27245 Mr. Butterfield, you are recorded, right, sir?

27246 Mr. Butterfield. Yes.

27247 The Chairman. Okay, any others?

27248 All right, the clerk will report the tally.

27249 The Clerk. Mr. Chairman, on that vote there were 20
27250 ayes and 30 noes.

27251 The Chairman. I am sorry. What was the tally?

27252 The Clerk. Twenty ayes and thirty noes.

27253 The Chairman. Oh, wait a minute. Just in time. Ms.
27254 Clarke, I don't believe you are recorded and I think you are
27255 a yes.

27256 Ms. Clarke. I vote aye.

27257 The Clerk. Ms. Clarke votes aye.

27258 The Chairman. Now what is the total?

27259 The Clerk. Mr. Chairman, on that vote there were 21
27260 ayes and 30 nays.

27261 The Chairman. Twenty-one to thirty, the amendment is
27262 not adopted.

27263 Are there other members seeking to offer an amendment?

27264 The chair recognizes his friend from New York, Mr.
27265 Engle. For what purpose?

27266 Mr. Engel. Thank you, Mr. Chairman. I have an
27267 amendment at the desk. It is Amendment number 159.

27268 [The Amendment offered by Mr. Engel follows:]

27269

27270 *****INSERT 41*****

27271 The Chairman. One-five-nine. Now serving Amendment
27272 number 159.

27273 Okay, the clerk will report the amendment. We will make
27274 sure it is the right one because -- do we have the right
27275 amendment?

27276 What is it on, Mr. Elliott?

27277 Mr. Engel. It is hospitals.

27278 The Chairman. Hospitals. Okay, the clerk will report
27279 the amendment.

27280 The Clerk. Amendment to the Amendment in the Nature of
27281 a Substitute to the Committee Print Offered by Mr. Engel.

27282 The Chairman. We will dispense with further reading of
27283 the amendment and I recognize the gentleman from New York,
27284 Mr. Engel, for 5 minutes to speak on his amendment.

27285 Mr. Engel. Thank you, Mr. Chairman.

27286 My amendment would require CMS to perform an independent
27287 assessment of how this bill's Medicaid policy changes would
27288 affect local hospitals prior to implementation. CMS would
27289 need to demonstrate that Republican's Medicaid changes will
27290 not force hospitals into the red or to close their doors.

27291 There is nothing unreasonable about such an assessment.
27292 Every single member on this committee should want to know,
27293 beyond a shadow of a doubt, that this bill won't threaten the

27294 hospitals that their constituents depend on.

27295 There is only one possible outcome when you take away
27296 people's insurance coverage -- newly uninsured Americans will
27297 turn to hospital emergency rooms. And when hospitals treat
27298 these newly uninsured Americans, they take a financial hit.
27299 Where will Americans go if their local hospital has to fold,
27300 to one that is less convenient? I am from New York City and
27301 I think that is outrageous. Just imagine how Americans in
27302 rural areas will feel if they are forced to travel even
27303 further during an emergency.

27304 And hurting our hospitals doesn't just hurt the patients
27305 who rely on them. It hurts the economy.

27306 In New York, our hospital and health systems generate
27307 more than \$24 billion annually. They are also responsible
27308 for hundreds of thousands of jobs. If we push hospitals into
27309 the red or force them to close altogether, we are shutting
27310 down major economic engines on top of harming patients.

27311 With respect to the Republican repeal bill, which won't
27312 maintain current levels of insurance coverage, the American
27313 Hospital Association said this, and I quote them: resources
27314 need to be returned to hospitals and health systems in order
27315 to provide services to what will likely be an increased
27316 number of uninsured Americans.

27317 Let me read an excerpt from America's Essential
27318 Hospitals' Statement on this bill.

27319 Could we have some order, Mr. Chairman?

27320 So let me read an excerpt from America's Essential
27321 Hospitals' Statement on this bill and I quote them. This
27322 legislation could place a heavy burden on the safety net by
27323 reducing federal support for Medicaid expansion over time and
27324 imposing per capita caps on the program. And I am still
27325 quoting: these changes alone could result in deep funding
27326 cuts for essential hospitals which now operate with little or
27327 no margin. Continuing to quote, our hospitals could not
27328 sustain such reductions without scaling back services or
27329 eliminating jobs.

27330 This bill delivers a serious blow to safety net
27331 hospitals' finances and that, in turn, is a blow to the
27332 communities who rely on them. There is no reason that any
27333 member should oppose this amendment to make sure that doesn't
27334 happen.

27335 So I urge my colleagues to support this amendment. And
27336 I will yield back, if nobody wants my time.

27337 Mr. Pallone. Mr. Chair? Mr. Engel?

27338 Mr. Engel. Mr. Pallone.

27339 Mr. Pallone. I just wanted to urge support for your

27340 amendment.

27341 I think most of us know that the hospitals have been
27342 very big supporters of the Affordable Care Act because of the
27343 fact that with so many people now being insured, whether it
27344 is through the marketplace and the subsidies or through
27345 Medicaid expansion, they have a major infusion of funds
27346 through these payments that they would not normally get and
27347 they have been able to reduce the number of people in the
27348 emergency room and use the money that they have gained for a
27349 lot of things that have made health care better quality and
27350 new technologies. I mean I can just see that in my own
27351 district in the hospitals that I represent.

27352 And so I think it makes sense that they are very
27353 concerned about the Republican bill that is before us today
27354 because, as we have said many times, the problems is a lot of
27355 people will now become uninsured again because they lose
27356 their subsidy if they are on individual market or they
27357 eventually lose Medicaid as Medicaid expansion starts to
27358 disappear.

27359 They do not want to see an increase in the uncompensated
27360 care and a return to the emergency room. It is not good for
27361 the patients and it is certainly not good for their bottom
27362 line.

27363 So I think it is very important that we support this
27364 amendment because we know the negative impact that the bill
27365 before us, the Republican repeal bill will have on the
27366 healthcare system in general and on all the things that we
27367 are concerned about in terms of people losing their
27368 insurance, higher premiums and loss of funding that is so
27369 crucial to the hospitals.

27370 I yield back.

27371 Mr. Burgess. [Presiding.] The chair would ask of the
27372 gentlemen from New York if he --

27373 Mr. Engel. Yes, I yield back.

27374 Mr. Burgess. Well did you have a unanimous consent
27375 request that we missed during the changing of the guard? Had
27376 you made a unanimous -- I thought I heard a unanimous consent
27377 request.

27378 Mr. Engel. No.

27379 Mr. Burgess. Okay, very well. The gentleman yields
27380 back. The chair thanks the gentleman.

27381 The chair recognizes the gentleman from West Virginia,
27382 Mr. McKinley. Or for what purpose does the gentleman from
27383 West Virginia seek recognition?

27384 Mr. McKinley. To speak in opposition.

27385 Mr. Burgess. The gentleman is recognized. Does the

27386 gentleman move to strike the requisite number of words?

27387 Mr. McKinley. Yes.

27388 Mr. Burgess. The gentleman is recognized for 5 minutes.

27389 Mr. McKinley. Mr. Chairman, I think the premise here is
27390 trusting the CMS on what they have done or how they would
27391 make the projections but we also have to put things in
27392 context back with the ACA.

27393 I have pulled up an article that was put out by National
27394 Rural Health Association representing the rural hospitals
27395 across America. And they made several statements here that I
27396 thought were worth consideration, given the situation we are
27397 dealing with. And it says some of the regulations that were
27398 implemented are actually harming rural America and not
27399 fulfilling the ultimate goals of the ACA.

27400 Then it goes on to say that despite the well intentions
27401 of the ACA, have really fallen short and may actually be
27402 exacerbating the hospital closure crisis.

27403 So having said that with their articles, I think we all
27404 understand the role the hospitals play in a community. For
27405 those of us in rural America, I get a kick out of when I hear
27406 the speaker talk about Janesville like it is just a little
27407 tiny town. Janesville is twice the size of any community I
27408 have in my district. It is 60,000 some people. So, we

27409 understand the role of hospitals but we also have to
27410 understand how CMS has made the predictions how this was
27411 going to help out years ago, when the ACA was put in place.

27412 So I am having some suspicion, some doubts about that.
27413 I think something could be worked out but we have to
27414 understand first with the ACA, as an example, I know of a
27415 250-bed hospital in my district, a 250-bed hospital that the
27416 ACA has failed so miserably that they now, still, have an \$8
27417 million uncompensated care. And because of the changes in
27418 the DSH payments back under Obamacare, they have to write off
27419 \$8 million in uncompensated care and all they get in exchange
27420 is \$350,000 in DSH payments. That doesn't seem like a very -
27421 - that just shows why our rural hospitals are in trouble.

27422 And I could go on statistically with it that we know
27423 that rural hospitals all across, primarily because of the
27424 ACA, are closing in the last 7 years. They have been closing
27425 at the rate of one a month. And at the rate they are going,
27426 we are going to have ten percent of our hospitals close or 25
27427 percent of our rural hospitals are going to close within 10
27428 years. So we have an option. We have this option of this
27429 new way because whatever has been done under the ACA, it did
27430 not work. And it exacerbated the problem. More and more
27431 hospitals are closing. So we have got to have an option.

27432 And so what we have is this. The bill that we have is
27433 one that is primarily based around free market principles.
27434 We think that people, if they can use -- if we can double
27435 their HSA ability, that you are going to have more funds
27436 available for that. The refundable tax credits are going to
27437 be available for people. The high-risk pools, all of this is
27438 going to come into place where I think what I have talked to
27439 are the rural hospitals, they are excited about an option
27440 because they see the ACA has failed.

27441 So, Mr. Speaker, or Mr. Chairman, I would hope that we
27442 will defeat this amendment and move on.

27443 I yield back.

27444 Mr. Burgess. The gentleman yields back.

27445 For what purpose does the gentleman from New Jersey seek
27446 recognition?

27447 Mr. Pallone. Strike the last word on the amendment, Mr.
27448 Chairman.

27449 Mr. Burgess. The gentleman is recognized for 5 minutes.

27450 Mr. Pallone. And I would yield time to Mr. Engel.

27451 Mr. Engel. Thank you.

27452 Let me say to the gentleman, Mr. McKinley, if you think
27453 that rural hospitals are closing quickly, just pass this bill
27454 and have it become law without my amendment and I guarantee,

27455 they will close even more quickly.

27456 Uncompensated care refers to the amount of care
27457 hospitals provide for which they receive no payment, either
27458 from a patient or an insurer. A study by the Georgetown
27459 University Health Policy Institute found that, and I quote
27460 it, compared to non-expansion States, States that have
27461 expanded Medicaid have seen major reductions in uncompensated
27462 care delivered by safety net institutions, significant drops
27463 in the number of uninsured residents, and budget savings for
27464 hospitals and community health clinics. We also know that
27465 the Republican repeal bill slowly but surely kills the
27466 Medicaid expansion that helps States reduce their uninsured
27467 rates.

27468 In New York, for example, that rate was cut in half. We
27469 know that the 2.2 million New Yorkers who enrolled in
27470 Medicaid under the ACA's expansion now stand to lose
27471 coverage. And we know where these newly uninsured Americans
27472 will turn, to our hospitals, who will afford each and every
27473 person the best care possible but will do so at a tremendous
27474 loss.

27475 So I think it is quite evident that without this
27476 amendment, hospitals are going to close. People are going to
27477 go to them, to their emergency rooms and go to them for help.

27478 And there will be less and less help. People will have to
27479 travel further and further, all because we don't do anything
27480 to help these hospitals under this bill.

27481 Would anybody like some time?

27482 Mr. Pallone. Mr. Butterfield? Oh.

27483 Mr. Butterfield. Mr. Engel?

27484 Mr. Pallone. Which one? Do you want Mr. Butterfield?

27485 Mr. Engel. Mr. Butterfield.

27486 Mr. Butterfield. Thank you very much, Mr. Engel, for
27487 yielding time and thank you for this amendment.

27488 I am pleased to speak in support of your amendment that
27489 would require that the Medicaid provisions in this bill do
27490 not negatively impact hospitals like the one in my
27491 congressional district in Belhaven, North Carolina, that was
27492 forced -- forced to close because my State's then-Republican
27493 Governor and Legislature did not expand Medicaid.

27494 This bill blocks new States from expanding their
27495 Medicaid programs beyond the year 2020, converts Medicaid
27496 into a per capita cap funding structure that will,
27497 inevitably, result in the rationing of care. The bill also
27498 eliminates Medicaid expansion that has helped millions of
27499 Americans to gain affordable coverage.

27500 The bill removes the mandate that Medicaid cover all

27501 essential health benefits and imposes a 30 percent
27502 reinsurance penalty that goes straight into the pockets of
27503 the insurers -- may I have some water, please?

27504 All right, let me try that one again. Imposes a 30
27505 percent reinsurance penalty that goes straight into the
27506 pockets of the insurers for individuals who, for any reason,
27507 are unable to maintain coverage.

27508 Colleagues, since the year 2010, 80 rural hospitals have
27509 closed throughout the country. And in my district, it closed
27510 because of the refusal of the State to expand Medicaid.
27511 Seventy-five percent of those hospitals are located in States
27512 where Medicaid was not expanded through the ACA. One of
27513 those hospitals, as I mentioned, was located in my district.
27514 The closure of the hospital has left a large void in Eastern
27515 North Carolina. There is a 130-mile gap between hospitals in
27516 Northeastern Beaufort County and Hyde Counties. More than
27517 15,000 people in the region no longer have access to
27518 emergency room care in times of need.

27519 On July 7, 2014, Portia Gibbs from Hyde County lost her
27520 life. Just 5 days earlier, the hospital in Belhaven had just
27521 closed. Had it remained open, she could have reached care
27522 quickly and possibly could have been saved. Because of the
27523 closer, first responders tried to transport her by way of

27524 helicopter to a hospital in Greenville, 75 miles away. She
27525 did not make it.

27526 People in Eastern North Carolina deserve to have health
27527 care when they are in need.

27528 Since the closure, the Belhaven community has advocated
27529 for a new hospital to provide emergency room services. In
27530 fact, the Mayor of Belhaven has twice walked here to
27531 Washington, D.C. 300 miles to -- and he is a Republican, to
27532 advocate for Medicaid expansion.

27533 Too many lives are lost unnecessarily because of the
27534 lack of health options. The expansion of Medicaid under the
27535 ACA has helped stem the tide of the closure of rural
27536 hospitals. Let's keep these rural hospitals open. Let's
27537 expand Medicaid to give them that opportunity.

27538 Thank you and I yield back.

27539 Mr. Burgess. The chair thanks the gentlemen. The
27540 gentleman yields back.

27541 Does anyone on the Republican side -- for what purpose
27542 does the gentleman from Oklahoma seek recognition?

27543 Mr. Mullin. I move to strike the last word.

27544 Mr. Burgess. The gentleman is recognized for 5 minutes.

27545 Mr. Mullin. It is not too often that my colleague from
27546 North Carolina and I agree on something but we do agree on

27547 keeping our rural hospitals open.

27548 I have 36 rural hospitals in my district and 41 percent
27549 of rural hospitals right now are operating at a loss. Now
27550 where we and my colleague from North Carolina disagree on is
27551 he takes the position that it is because they didn't open an
27552 exchange in their State. Well, the fact is --

27553 Mr. Butterfield. No, they didn't expand Medicaid.

27554 Mr. Mullin. They didn't expand Medicaid. The fact is,
27555 it was forced upon them by Obamacare. What is forcing them
27556 to take a loss is the lack of the DSH fund reimbursements.
27557 What drove up the rates and a disproportionate amount of
27558 individuals in rural parts of the country to go to them is
27559 because they have been forced on Medicaid because their
27560 insurance plan is no longer available for them to have.

27561 So now these hospitals are in a situation to where they
27562 are taking a loss because 80 to 90 percent of the people
27563 walking inside there are on Medicaid. Forty-one percent.
27564 Forty-one percent of rural hospitals right now are operating
27565 at a loss. Eighty, as my colleague from North Carolina
27566 stated, have already closed.

27567 What we are trying to do is fix that and that is what we
27568 do through this plan. We increase the DSH funds. We allow
27569 those hospitals in rural parts of the country to stabilize.

27570 We are here to make it better and that is what we are trying
27571 to do.

27572 And I would look forward to working with my colleague
27573 from North Carolina, if that is what his intentions are
27574 because it sounds like we both represent rural districts.

27575 But this is moving in the right direction.

27576 Mr. Butterfield. Would you yield? We have that in
27577 common and I would like to work with you on that because when
27578 this hospital, Vidant Hospital acquired this hospital, they
27579 were assuming that Medicaid was going to expand. But then we
27580 got the Supreme Court decision that made it optional for the
27581 States and the State did not expand and the business model
27582 fell apart.

27583 Mr. Mullin. Well, my colleague, I think we just found
27584 something that maybe you and I can talk about because it is
27585 about getting it right for the American people.

27586 Mr. Butterfield. Thank you, sir.

27587 Mr. Loeb sack. Would you yield? Would you yield to me,
27588 please?

27589 Mr. Mullin. Just because I like you, Dave.

27590 Mr. Loeb sack. Thank you so much, Markwayne. I
27591 appreciate that. That is why I asked. Thanks.

27592 Thank you so much. We do have a fundamental

27593 disagreement about what would happen if this bill were to be
27594 passed to these rural hospitals.

27595 I didn't plan to speak on this so I don't have prepared
27596 remarks. All I can say is in Iowa we have over 80 rural
27597 hospitals and Medicaid has been very, very important for
27598 them. The charity care was already mentioned, the importance
27599 of reducing charity care or non-compensated care.

27600 I mentioned yesterday that this is three of my rural
27601 hospitals. I have 24 counties and almost every one of them
27602 has not quite as many as yours but almost every one of them
27603 has a rural hospital, a critical access hospital. And in
27604 every single case, these folks, the administrators there have
27605 told me that if the Affordable Care Act is repealed, that
27606 that is going to put a tremendous amount of budgetary
27607 pressure on them and they are not sure that they can keep
27608 their doors open and we know what that is going to do for
27609 patient access, obviously.

27610 Mr. Mullin. Reclaiming my time, I am talking to the
27611 same hospital directors and they are saying just the
27612 opposite. If we don't do something about these DSH funds,
27613 that they are going to be forced to close.

27614 Remember right now 41 percent of rural hospitals are
27615 operating at a loss.

27616 Mr. Loeb sack. Right.

27617 Mr. Mullin. They are closing at an alarming rate and
27618 that has been increasing since Obamacare was enacted.

27619 I will yield back.

27620 Mr. Burgess. The chairman thanks the gentleman. The
27621 gentleman yields back.

27622 For what purposes does the gentle lady from California
27623 seek recognition?

27624 Ms. Eshoo. To strike the last word.

27625 Mr. Burgess. The gentle lady is recognized for 5
27626 minutes.

27627 Ms. Eshoo. Thank you, Mr. Chairman.

27628 I just want to make an observation and it is the
27629 following. The California Hospital Association, CHA, has
27630 come to D.C. to meet with all members of the California
27631 congressional delegation. And while most members may not
27632 realize it, we have many, many rural areas in California.

27633 But the CHA, California Hospital Association, has been
27634 urging members of the delegation, Republicans and Democrats,
27635 to continue to support the Affordable Care Act because of the
27636 salutary affect it has had on hospitals throughout
27637 California.

27638 So you know there is a mix on the take. Now, we didn't

27639 ask them to come. They came on their own and have instructed
27640 us -- in fact, they have given us all the figures for
27641 hospitals both before and after the Affordable Care Act.

27642 So I think that since this amendment is about hospitals,
27643 we are a nation state, the largest State, the most populous
27644 State in the Union and that California Hospital Association's
27645 recommendation I think is really a weighty one.

27646 So, I want to thank the gentleman for the amendment that
27647 he is offering.

27648 I also placed in the record earlier in our markup, an
27649 article that was written by the CEO of the Stanford Medical
27650 Center, that is, Stanford University Medical Center. I
27651 placed it in the record because I think it was -- it is worth
27652 the read as to why there is far more stability in terms of
27653 what was uncompensated care and how that has changed and
27654 changed dramatically for hospitals, readmission rates, and
27655 really all of the issues that we are all familiar with,
27656 especially from the Health Subcommittee, or as members. You
27657 don't have to be on the Health Subcommittee to know it from
27658 our hospital.

27659 So, I just wanted to offer that in terms of testimony
27660 and how important it is, I believe, to support the amendment.
27661 And I yield the remainder of my time to Mr. Engel.

27662 Mr. Engel. Thank you.

27663 I just wanted to add one fact because, as we were having
27664 this debate, I want to say that according to Becker's
27665 Hospital Review, 21 hospitals closed in 2016; 18 of them were
27666 in non-expansion States, where they wouldn't expand Medicaid
27667 -- 16. I am sorry, 16 of them were in non-expansion States
27668 out of the 21.

27669 So, I think it has a little bit to do with the expansion
27670 or lack of expansion.

27671 I yield to Ms. Castor.

27672 Ms. Castor. Colleagues, if you want to protect
27673 hospitals across America, the last thing that you want to do
27674 is vote for the Republican bill.

27675 And I find the arguments that the Affordable Care Act
27676 has weakened hospitals to be very untrue, in my experience
27677 back in Florida. All of the hospitals were enthusiastic
27678 partners in trying to get our neighbors covered with health
27679 insurance because the last thing a hospital wants is a
27680 patient to come in the door that is uninsured.

27681 Of course, the care providers there are going to provide
27682 the top quality care but when it goes to the accountants, if
27683 they are not covered with insurance, if they don't have
27684 insurance, we are going to end up with bad debt on the

27685 hospital's bottom line, which will be passed along to
27686 everyone who has insurance

27687 It is interesting because, like you all, I have heard
27688 from hospitals back home. They are not shy. Here is a few
27689 of the points they said, as we go into the Republican repeal
27690 effort. They said what you have to do, we recommend
27691 strongly, maintain coverage. So the bill rips coverage away
27692 from so many of our neighbors because you undermine. You
27693 take away the tax credits. You don't provide the support
27694 that our families need.

27695 They say provide support for premiums. Provide adequate
27696 financial assistance to help those in need. That is
27697 critical. And yet this bill, we had a debate hours ago about
27698 how our older neighbors are going to really suffer, the folks
27699 that are age 50 to 64, it was discovered during debate, the
27700 age rating in the bill actually isn't the five-to-one that is
27701 printed there. It is unlimited when it goes back to States.
27702 So, it looks like our older neighbors are really going to get
27703 hammered.

27704 They also said please do not reduce an already
27705 underfunded Medicaid system. Well this is the most radical
27706 rewrite to Medicaid that we have seen in decades. Changing
27707 to a per capita cap that doesn't grow over time in an

27708 adequate way to provide the support that our families, our
27709 children, folks with disabilities -- I think about my
27710 children's hospitals back home that are taking care of
27711 children with the most complex medical needs.

27712 If you want to support our hospitals, I strongly
27713 recommend you support Mr. Engel's amendment and you vote no
27714 on the Republican bill.

27715 The Chairman. [Presiding.] Seeing no one else seeking
27716 recognition, I am told we are going to go to a vote, in
27717 accordance with an agreement with the --

27718 Mr. Welch. I just want to say this. Sorry.

27719 The Chairman. Okay, I recognize the gentlemen from
27720 Vermont.

27721 Mr. Welch. I will be very brief but Markwayne Mullin
27722 talked about rural hospitals in his State and we have the
27723 same thing in Vermont. Mr. Engel has the same thing, even in
27724 an urban district.

27725 The hospital CEOs that I spoke to said that if we
27726 basically change the healthcare bill, as it is being proposed
27727 now, there would be a big spike in uncompensated care. One
27728 of the big benefits to our rural hospitals has been that the
27729 free care that they were giving, they now get Medicaid
27730 reimbursement. It is low reimbursement but it is better than

27731 zero and it literally has made the difference between black
27732 ink and red ink for our hospitals.

27733 Now, with Mr. Mullin's situation, what it suggests is it
27734 is not working for them. And this is the stranglehold we put
27735 ourselves in by not taking time to try to figure out how to
27736 have a bill that is going to work for the small hospitals in
27737 his community, in Mr. Engel's community, and mine.

27738 I yield back.

27739 The Chairman. I thank the gentleman. The gentleman
27740 yields back.

27741 The question now arises on approval of the amendment.
27742 Those in favor will vote aye; those opposed, nay. And the
27743 clerk will call the roll.

27744 The Clerk. Mr. Barton.

27745 Mr. Barton. No.

27746 The Clerk. Mr. Barton votes no.

27747 Mr. Upton.

27748 [No response.]

27749 The Clerk. Mr. Shimkus.

27750 Mr. Shimkus. No.

27751 The Clerk. Mr. Shimkus votes no.

27752 Mr. Murphy.

27753 Mr. Murphy. No.

27754 The Clerk. Mr. Murphy votes no.

27755 Mr. Burgess.

27756 Mr. Burgess. No.

27757 The Clerk. Mr. Burgess votes no.

27758 Mrs. Blackburn.

27759 Mrs. Blackburn. No.

27760 The Clerk. Mrs. Blackburn votes no.

27761 Mr. Scalise.

27762 Mr. Scalise. No.

27763 The Clerk. Mr. Scalise votes no.

27764 Mr. Latta.

27765 Mr. Latta. No.

27766 The Clerk. Mr. Latta votes no.

27767 Mrs. McMorris Rodgers.

27768 [No response.]

27769 The Clerk. Mr. Harper.

27770 Mrs. McMorris Rodgers. No.

27771 The Clerk. Mrs. McMorris Rodgers votes no.

27772 Mr. Harper.

27773 Mr. Harper. No.

27774 The Clerk. Mr. Harper votes no.

27775 Mr. Lance.

27776 [No response.]

27777	The Clerk.	Mr. Guthrie.
27778	<u>Mr. Guthrie.</u>	No.
27779	The Clerk.	Mr. Guthrie votes no.
27780	Mr. Olson.	
27781	<u>Mr. Olson.</u>	No.
27782	The Clerk.	Mr. Olson votes no.
27783	Mr. McKinley.	
27784	<u>Mr. McKinley.</u>	No.
27785	The Clerk.	Mr. McKinley votes no.
27786	Mr. Kinzinger.	
27787	<u>Mr. Kinzinger.</u>	No.
27788	The Clerk.	Mr. Kinzinger votes no.
27789	Mr. Griffith.	
27790	<u>Mr. Griffith.</u>	No.
27791	The Clerk.	Mr. Griffith votes no.
27792	Mr. Bilirakis.	
27793	<u>Mr. Bilirakis.</u>	No.
27794	The Clerk.	Mr. Bilirakis votes no.
27795	Mr. Johnson.	
27796	<u>Mr. Johnson.</u>	No.
27797	The Clerk.	Mr. Johnson votes no.
27798	Mr. Long.	
27799	<u>Mr. Long.</u>	No.

27800	The Clerk.	Mr. Long votes no.
27801	Mr. Bucshon.	
27802	<u>Mr. Bucshon.</u>	No.
27803	The Clerk.	Mr. Bucshon votes no.
27804	Mr. Flores.	
27805	<u>Mr. Flores.</u>	No.
27806	The Clerk.	Mr. Flores votes no.
27807	Mrs. Brooks.	
27808	<u>Mrs. Brooks.</u>	No.
27809	The Clerk.	Mrs. Brooks votes no.
27810	Mr. Mullin.	
27811	<u>Mr. Mullin.</u>	No.
27812	The Clerk.	Mr. Mullin votes no.
27813	Mr. Hudson.	
27814	<u>Mr. Hudson.</u>	No.
27815	The Clerk.	Mr. Hudson votes no.
27816	Mr. Collins.	
27817	<u>Mr. Collins.</u>	No.
27818	The Clerk.	Mr. Collins votes no.
27819	Mr. Cramer.	
27820	<u>Mr. Cramer.</u>	No.
27821	The Clerk.	Mr. Cramer votes no.
27822	Mr. Walberg.	

27823	<u>Mr. Walberg.</u>	No.
27824	The Clerk.	Mr. Walberg votes no.
27825	Mrs. Walters.	
27826	<u>Mrs. Walters.</u>	No.
27827	The Clerk.	Mrs. Walters votes no.
27828	Mr. Costello.	
27829	<u>Mr. Costello.</u>	No.
27830	The Clerk.	Mr. Costello votes no.
27831	Mr. Carter.	
27832	<u>Mr. Carter.</u>	No.
27833	The Clerk.	Mr. Carter votes no.
27834	Mr. Pallone.	
27835	<u>Mr. Pallone.</u>	Aye.
27836	The Clerk.	Mr. Pallone votes aye.
27837	Mr. Rush.	
27838	[No response.]	
27839	The Clerk.	Ms. Eshoo.
27840	<u>Ms. Eshoo.</u>	Aye.
27841	The Clerk.	Ms. Eshoo votes aye.
27842	Mr. Engel.	
27843	<u>Mr. Engel.</u>	Aye.
27844	The Clerk.	Mr. Engel votes aye.
27845	Mr. Green.	

27846 Mr. Green. Aye.

27847 The Clerk. Mr. Green votes aye.

27848 Ms. DeGette.

27849 Ms. DeGette. Aye.

27850 The Clerk. Ms. DeGette votes aye.

27851 Mr. Doyle.

27852 Mr. Doyle. Yes.

27853 The Clerk. Mr. Doyle votes aye.

27854 Ms. Schakowsky.

27855 Ms. Schakowsky. Aye.

27856 The Clerk. Ms. Schakowsky votes aye.

27857 Mr. Butterfield.

27858 Mr. Butterfield. Aye.

27859 The Clerk. Mr. Butterfield votes aye.

27860 Ms. Matsui.

27861 Ms. Matsui. Aye.

27862 The Clerk. Ms. Matsui votes aye.

27863 Ms. Castor.

27864 Ms. Castor. Aye.

27865 The Clerk. Ms. Castor votes aye.

27866 Mr. Sarbanes.

27867 Mr. Sarbanes. Aye.

27868 The Clerk. Mr. Sarbanes votes aye.

27869 Mr. McNerney.
27870 Mr. McNerney. Aye.
27871 The Clerk. Mr. McNerney votes aye.
27872 Mr. Welch.
27873 Mr. Welch. Aye.
27874 The Clerk. Mr. Welch votes aye.
27875 Mr. Lujan.
27876 Mr. Lujan. Aye.
27877 The Clerk. Mr. Lujan votes aye.
27878 Mr. Tonko.
27879 Mr. Tonko. Aye.
27880 The Clerk. Mr. Tonko votes aye.
27881 Ms. Clarke.
27882 Ms. Clarke. Aye.
27883 The Clerk. Ms. Clarke votes aye.
27884 Mr. Loeb sack.
27885 Mr. Loeb sack. Aye.
27886 The Clerk. Mr. Loeb sack votes aye.
27887 Mr. Schrader.
27888 Mr. Schrader. Aye.
27889 The Clerk. Mr. Schrader votes aye.
27890 Mr. Kennedy.
27891 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

27892 Mr. Cardenas.

27893 Mr. Cardenas. Aye.

27894 The Clerk. Mr. Cardenas votes aye.

27895 Mr. Ruiz.

27896 Mr. Ruiz. Aye.

27897 The Clerk. Mr. Ruiz votes aye.

27898 Mr. Peters.

27899 Mr. Peters. Aye.

27900 The Clerk. Mr. Peters votes aye.

27901 Mrs. Dingell.

27902 Mrs. Dingell. Aye.

27903 The Clerk. Mrs. Dingell votes aye.

27904 Chairman Walden.

27905 The Chairman. Walden votes no.

27906 The Clerk. Chairman Walden votes no.

27907 The Chairman. Are there members not recorded? The

27908 gentleman from Michigan, Mr. Upton.

27909 Mr. Upton. Votes no.

27910 The Clerk. Mr. Upton votes no.

27911 The Chairman. The gentleman from New Jersey, Mr. Lance.

27912 Mr. Lance. No.

27913 The Clerk. Mr. Lance votes no.

27914 The Chairman. Are there other members wishing to be

27915 recorded on this amendment?

27916 Okay, the clerk will report the tally.

27917 The Clerk. Mr. Chairman, on that vote there were 23
27918 ayes and 31 noes.

27919 The Chairman. Twenty-three ayes and thirty-one noes.
27920 The amendment fails.

27921 The chair now recognizes the gentleman from Texas, the
27922 vice chair of the full committee for unanimous consent
27923 request.

27924 Mr. Barton. Yes, sir. Yes, sir.

27925 Before I do that, Mr. Chairman, I want to commend you
27926 for your handling of your first major markup.

27927 The Chairman. Thank you.

27928 Mr. Barton. This has, literally, been a baptism of fire
27929 and you have handled it with grace, and humor, and style, and
27930 it bodes well for your tenure as chairman of what I think is
27931 the best committee in the House of Representatives.

27932 The Chairman. I think it also set a record, 27 hours
27933 nonstop. So, congratulations to all of you and to our staff.

27934 Mr. Barton. Don't give him something to shoot for, Mr.
27935 Chairman!

27936 The Chairman. Now I would recognize the gentleman for a
27937 U.C. request.

27938 Mr. Barton. I have two amendments at the desk, Mr.
27939 Chairman. I think they are Barton 1 and Barton 2. I would
27940 ask unanimous consent that we consider them both at one time,
27941 which I think the technical term is en bloc.

27942 [The Amendment offered, en bloc, by Mr. Barton follows:]

27943

27944 *****INSERT 42*****

27945 The Chairman. Without objection, so ordered.

27946 The clerk will report the amendments -- en bloc
27947 amendment.

27948 The Clerk. An En Bloc Amendment to the Amendment in the
27949 Nature of a Substitute to the Committee Print Offered by Mr.
27950 Barton.

27951 Mr. Barton. I ask unanimous consent they be considered
27952 as read, Mr. Chairman.

27953 The Chairman. We will dispense with the reading of the
27954 amendments.

27955 I now turn to my friend from Texas, Mr. Barton, to speak
27956 on his amendments.

27957 Mr. Barton. I appreciate that, Mr. Chairman.

27958 These are the Barton/Blackburn/Hudson amendments. We
27959 have three sponsors and they are very straightforward.

27960 The bill, as it is currently configured, allows the
27961 States that expanded their Medicaid population to healthy
27962 adults to continue that expansion until December 31st, 2019.
27963 For all practical purposes, that is 3 years.

27964 These amendments ends that ability to expand at the end
27965 of this year, December -- January the first 2018. So instead
27966 of 3-year expansion continuation, my amendment would cut that
27967 by 2 years to just 1 year.

27968 The bill is currently drafted, has no date certain that
27969 the super Medicaid match goes back to the normal Medicaid
27970 match. The super Medicaid match right now is 95 percent. It
27971 does go down to 2020 by 90 percent and then it continues in
27972 perpetuity at 90 percent.

27973 The second part, or the second amendment which is being
27974 considered en bloc says by January the first, 2023, that
27975 super match goes to the normal State match, whatever that
27976 State's match is.

27977 So that is the two amendments.

27978 Now, my friends on the minority side have been asking
27979 for CBO scores all last night and this morning. I don't have
27980 a CBO score, Mr. Chairman, but I do have a BBO score, the
27981 Barton Budget Office score. This is a back of an envelope
27982 score but if you assume that there is 14 million eligibles or
27983 current enrollees in the expanded Medicaid population and,
27984 instead of letting that continue and perhaps expand for 3
27985 years, you stop it after 1 year. Those 2 years that you have
27986 stopped that expansion, according to my calculations, is
27987 somewhere between \$82 billion and over \$100 billion in real
27988 savings.

27989 Now, Mr. Chairman, that is real money and it would start
27990 saving in calendar year 2018, not in calendar year 2020.

27991 So, that is the amendments. We basically take the model
27992 in the pending bill, we end the continuation of the expansion
27993 2 years earlier and we put a date certain on when you go back
27994 to the Medicaid normal match of 2023, which is what the
27995 committee staff estimates the attrition would result in going
27996 back to the Medicaid match.

27997 With that, I want to yield to Mr. Hudson for his
27998 comments on our joint amendment.

27999 Mr. Hudson. I thank Mr. Barton. Thank you, Mr.
28000 Chairman, for your work on this markup.

28001 Mr. Barton, thank you for your leadership on this
28002 amendment. Our debt and deficit are out of control. Our
28003 debt currently stands at \$15 trillion. That is 77 percent of
28004 GDP. Our deficit is at half a trillion dollars today. This
28005 amendment begins the important process of reining in our
28006 federal spending 2 years earlier than the bill in its current
28007 form.

28008 We all agree we should take care of our most vulnerable
28009 citizens but Medicaid is on an unsustainable path. Solutions
28010 like the amendment we are putting forward today will ensure
28011 we can provide sustainable, fiscally responsible, and
28012 affordable coverage to our most vulnerable.

28013 I look forward to working with my colleagues to advance

28014 this legislation and I yield back to Mr. Barton.

28015 Mr. Barton. Let me say, Mr. Chairman, I believe Mrs.

28016 Blackburn is going to seek her own time or do you want --

28017 Mrs. Blackburn. I will go ahead with this.

28018 Mr. Barton. Okay, then I yield to the gentlelady from

28019 Tennessee.

28020 Mrs. Blackburn. Thank you, Mr. Chairman. Mr. Barton

28021 has explained the amendment. I want to thank the chairman

28022 and I want to thank the whip for working with us on this.

28023 We do think it is important to find a date certain to

28024 end the expansion and to do that this year. And then we also

28025 think it is important to have a date certain to return to

28026 that normal Medicaid match. It is the right step for our

28027 country. It is the right step as we look at the Affordable

28028 Care Act repeal and replacement.

28029 And with that, Mr. Barton, I am going to yield back the

28030 balance of my time to you to close.

28031 Mr. Barton. And we have got 18 seconds. So let me say,

28032 Mr. Chairman, that the two amendments that I have just

28033 discussed have been endorsed by the Republican Study

28034 Committee. They have been endorsed by the Freedom Caucus.

28035 In the days ahead, they are going to be endorsed, I am sure,

28036 by a large number of conservative groups.

28037 The White House is considering it. They are open to it.
28038 They are looking at it. They have not yet come out in
28039 support of it but, in private discussions, I have received
28040 quite a bit of positive feedback.

28041 With that, Mr. Chairman, to honor the agreement you have
28042 made with the minority, I am going to withdraw the amendment

28043 --

28044 The Chairman. If the gentleman -- yes.

28045 Mr. Barton. I am not going to withdraw the amendment?

28046 The Chairman. No, no, no, no.

28047 Mr. Barton. Right.

28048 The Chairman. No, I know Mr. Pallone wanted to be able
28049 to speak on it.

28050 Mr. Barton. Okay, sure.

28051 The Chairman. So, if you could yield back.

28052 Mr. Barton. I will yield back.

28053 The Chairman. Then, I will recognize Mr. Pallone.

28054 Then, you can withdraw it. I think that works better in
28055 terms of process.

28056 Mr. Barton. My hopes were soaring, Mr. Chairman.

28057 The Chairman. I know they were. A few others were
28058 soaring.

28059 Mr. Barton. In another way.

28060 The Chairman. Yes. So with that, the gentleman's time
28061 has expired.

28062 Mr. Barton. I yield back the negative balance of my
28063 time.

28064 The Chairman. There we go. I will recognize the
28065 gentleman from New Jersey to speak on the amendment.

28066 Mr. Pallone. Thank you, Mr. Chairman. I understand
28067 that Mr. Barton is going to withdraw the amendment. I do
28068 want to speak in opposition.

28069 The underlying bill freezes the Medicaid expansion
28070 population for which States can receive enhanced federal
28071 funding. This would effectively end the Medicaid expansion
28072 in 2020. The amendment also changes the date of this freeze
28073 from 2020 to 2018 and ends the availability for any enhanced
28074 match for the previously eligible Medicaid expansion
28075 population in 2023.

28076 The amendment would end the expansion in 2018 and
28077 eliminate States' enhanced funding for previously enrolled
28078 beneficiaries in 2023.

28079 Of course I urge my colleagues to oppose this amendment
28080 to protect the 11 million who are covered by the Medicaid
28081 expansion.

28082 And I yield back.

28083 The Chairman. The gentleman yields back.

28084 The chair now recognizes the gentleman from Texas for
28085 what purpose?

28086 Mr. Barton. Mr. Chairman I seek recognition to withdraw
28087 my amendments.

28088 The Chairman. The gentleman seeks to withdraw his
28089 amendment. His amendment is withdrawn.

28090 And we now move to -- for what purpose does the
28091 gentleman from New Jersey seek recognition -- or do you want
28092 me to do --

28093 Mr. Pallone. Mr. Chairman, I just want to make some
28094 final remarks and thank the staff before we move to the final
28095 vote on the substitute.

28096 I think it is clear, based on the robust debate that has
28097 taken place over the last I guess it is 27 hours now, that
28098 committee Democrats have serious problems with the Republican
28099 repeal bill. This bill would rip health care away from
28100 millions of Americans, raise costs for working families and
28101 seniors, and lead to the rationing of care for 76 million
28102 Americans who receive Medicaid.

28103 While I appreciate the debate we had here in committee,
28104 this has not been a transparent process. We did not go
28105 through regular order. The bill was posted less than 2 days

28106 before markup. No hearings were held and we don't have a CBO
28107 score. This is not the way this process should work and this
28108 repeal bill should be defeated.

28109 But I want to thank the staff on the committee for all
28110 their hard work, the staff and personal offices for all their
28111 hard work, members of this engagement, and especially the
28112 clerks on both sides of the aisle.

28113 I yield back.

28114 The Chairman. And I would thank my colleague from New
28115 Jersey.

28116 I recognize myself for 5 minutes.

28117 I, too, want to thank our staffs on both sides of the
28118 aisle. They conduct themselves with incredible
28119 professionalism, integrity, thoughtfulness, even in the heat
28120 of battle. They can exchange messages in a most cordial way.

28121 And so I especially want to thank our Health Team, Paul,
28122 Josh, J.P., Buck, Kristin, Caleb. And our clerks, the people
28123 who have kept us fed and watered, and distributed the
28124 amendments, and really the people that make all this work.

28125 You know we go back and forth. We agree, we disagree,
28126 we do it in the best spirit that our tempers and time of day
28127 will allow. And we get to an end product but none of it
28128 works without all the people involved.

28129 And especially, I want to thank -- and C-SPAN, too. We
28130 want to thank C-SPAN that makes this all public. I think
28131 they have endured even more because they get to listen and
28132 not participate much.

28133 And I want to thank my leads, too, with our COMMS team
28134 and certainly Karen, and Mike, Ray Baum, and our whole team
28135 and our personal staffs as well, and to our colleagues.
28136 Thank you very much. You have done a marvelous job.

28137 And a really historic moment, whether you are for it or
28138 against it, you have to admit this was a pretty big deal we
28139 just did.

28140 And I also want to thank our House legislative counsel.
28141 I think they drafted a few amendments that I am sorry you
28142 didn't get to. They certainly worked with us. They have
28143 been terrific. Frankly, as much as we go back and forth
28144 about CBO and others -- oh, no, we have been invaded by the
28145 former Ways and Means Committee chairman, the Speaker of the
28146 House, we want to recognize here in our midst as well.

28147 So, Mr. Speaker, I guess you finally get to see the real
28148 A Committee you couldn't get on, so you want to Ways and
28149 Means.

28150 Speaker Ryan. We got done early.

28151 The Chairman. Yes, yes, that is because we have more

28152 work to do. We got it done. We got it done.

28153 So, I just want to thanks to everybody.

28154 With that, I think I have to do something official here
28155 to -- if there is no further discussion, the vote occurs on
28156 the Amendment in the Nature of a Substitute, as Amended.

28157 All those in favor -- and I will call the roll or have
28158 the clerk call the roll -- shall signify by saying aye. All
28159 those opposed, no.

28160 The clerk will call the roll.

28161 The Clerk. Mr. Barton.

28162 Mr. Barton. Aye.

28163 The Clerk. Mr. Barton votes aye.

28164 Mr. Upton.

28165 Mr. Upton. Aye.

28166 The Clerk. Mr. Upton votes aye.

28167 Mr. Shimkus.

28168 Mr. Shimkus. Aye.

28169 The Clerk. Mr. Shimkus votes aye.

28170 Mr. Murphy.

28171 Mr. Murphy. Aye.

28172 The Clerk. Mr. Murphy votes aye.

28173 Mr. Burgess.

28174 Mr. Burgess. Aye.

28175 The Clerk. Mr. Burgess votes aye.
28176 Mrs. Blackburn.
28177 Mrs. Blackburn. Aye.
28178 The Clerk. Mrs. Blackburn votes aye.
28179 Mr. Scalise.
28180 Mr. Scalise. Aye.
28181 The Clerk. Mr. Scalise votes aye.
28182 Mr. Latta.
28183 Mr. Latta. Aye.
28184 The Clerk. Mr. Latta votes aye.
28185 Mrs. McMorris Rodgers.
28186 Mrs. McMorris Rodgers. Aye.
28187 The Clerk. Mrs. McMorris Rodgers votes aye.
28188 Mr. Harper.
28189 Mr. Harper. Aye.
28190 The Clerk. Mr. Harper votes aye.
28191 Mr. Lance.
28192 Mr. Lance. Aye.
28193 The Clerk. Mr. Lance votes aye.
28194 Mr. Guthrie.
28195 Mr. Guthrie. Aye.
28196 The Clerk. Mr. Guthrie votes aye.
28197 Mr. Olson.

28198 Mr. Olson. Aye.

28199 The Clerk. Mr. Olson votes aye.

28200 Mr. McKinley.

28201 Mr. McKinley. Aye.

28202 The Clerk. Mr. McKinley votes aye.

28203 Mr. Kinzinger.

28204 Mr. Kinzinger. Aye.

28205 The Clerk. Mr. Kinzinger votes aye.

28206 Mr. Griffith.

28207 Mr. Griffith. Aye.

28208 The Clerk. Mr. Griffith votes aye.

28209 Mr. Bilirakis.

28210 Mr. Bilirakis. Aye.

28211 The Clerk. Mr. Bilirakis votes aye.

28212 Mr. Johnson.

28213 Mr. Johnson. Aye.

28214 The Clerk. Mr. Johnson votes aye.

28215 Mr. Long.

28216 Mr. Long. Aye.

28217 The Clerk. Mr. Long votes aye.

28218 Mr. Bucshon.

28219 Mr. Bucshon. Aye.

28220 The Clerk. Mr. Bucshon votes aye.

28221 Mr. Flores.
28222 Mr. Flores. Aye.
28223 The Clerk. Mr. Flores votes aye.
28224 Mrs. Brooks.
28225 Mrs. Brooks. Aye.
28226 The Clerk. Mrs. Brooks votes aye.
28227 Mr. Mullin.
28228 Mr. Mullin. Aye.
28229 The Clerk. Mr. Mullin votes aye.
28230 Mr. Hudson.
28231 Mr. Hudson. Aye.
28232 The Clerk. Mr. Hudson votes aye.
28233 Mr. Collins.
28234 Mr. Collins. Aye.
28235 The Clerk. Mr. Collins votes aye.
28236 Mr. Cramer.
28237 Mr. Cramer. Aye.
28238 The Clerk. Mr. Cramer votes aye.
28239 Mr. Walberg.
28240 Mr. Walberg. Aye.
28241 The Clerk. Mr. Walberg votes aye.
28242 Mrs. Walters.
28243 Mrs. Walters. Aye.

28244 The Clerk. Mrs. Walters votes aye.
28245 Mr. Costello.
28246 Mr. Costello. Aye.
28247 The Clerk. Mr. Costello votes aye.
28248 Mr. Carter.
28249 Mr. Carter. Aye.
28250 The Clerk. Mr. Carter votes aye.
28251 Mr. Pallone.
28252 Mr. Pallone. Votes no.
28253 The Clerk. Mr. Pallone votes no.
28254 Mr. Rush.
28255 [No response.]
28256 The Clerk. Ms. Eshoo.
28257 Ms. Eshoo. No.
28258 The Clerk. Ms. Eshoo votes no.
28259 Mr. Engel.
28260 Mr. Engel. No.
28261 The Clerk. Mr. Engel votes no.
28262 Mr. Green.
28263 Mr. Green. No.
28264 The Clerk. Mr. Green votes no.
28265 Ms. DeGette.
28266 Ms. DeGette. No.

28267 The Clerk. Ms. DeGette votes no.
28268 Mr. Doyle.
28269 Mr. Doyle. No.
28270 The Clerk. Mr. Doyle votes no.
28271 Ms. Schakowsky.
28272 Ms. Schakowsky. No.
28273 The Clerk. Ms. Schakowsky votes no.
28274 Mr. Butterfield.
28275 Mr. Butterfield. No.
28276 The Clerk. Mr. Butterfield votes no.
28277 Ms. Matsui.
28278 Ms. Matsui. No.
28279 The Clerk. Ms. Matsui votes no.
28280 Ms. Castor.
28281 Ms. Castor. No.
28282 The Clerk. Ms. Castor votes no.
28283 Mr. Sarbanes.
28284 Mr. Sarbanes. No.
28285 The Clerk. Mr. Sarbanes votes no.
28286 Mr. McNerney.
28287 Mr. McNerney. No.
28288 The Clerk. Mr. McNerney votes no.
28289 Mr. Welch.

28290	<u>Mr. Welch.</u>	No.
28291	The Clerk.	Mr. Welch votes no.
28292	Mr. Lujan.	
28293	<u>Mr. Lujan.</u>	No.
28294	The Clerk.	Mr. Lujan votes no.
28295	Mr. Tonko.	
28296	<u>Mr. Tonko.</u>	No.
28297	The Clerk.	Mr. Tonko votes no.
28298	Ms. Clarke.	
28299	<u>Ms. Clarke.</u>	No.
28300	The Clerk.	Ms. Clarke votes no.
28301	Mr. Loeb sack.	
28302	<u>Mr. Loeb sack.</u>	No.
28303	The Clerk.	Mr. Loeb sack votes no.
28304	Mr. Schrader.	
28305	<u>Mr. Schrader.</u>	No.
28306	The Clerk.	Mr. Schrader votes no.
28307	Mr. Kennedy.	
28308	<u>Mr. Kennedy.</u>	No. The Clerk. Mr. Kennedy votes no.
28309	Mr. Cardenas.	
28310	<u>Mr. Cardenas.</u>	No.
28311	The Clerk.	Mr. Cardenas votes no.
28312	Mr. Ruiz.	

28313 Mr. Ruiz. No.

28314 The Clerk. Mr. Ruiz votes no.

28315 Mr. Peters.

28316 Mr. Peters. No.

28317 The Clerk. Mr. Peters votes no.

28318 Mrs. Dingell.

28319 Mrs. Dingell. No.

28320 The Clerk. Mrs. Dingell votes no.

28321 Chairman Walden.

28322 The Chairman. Walden votes aye.

28323 The Clerk. Chairman Walden votes aye.

28324 The Chairman. The clerk will report the tally when

28325 ready.

28326 The Clerk. Mr. Chairman on that vote, there were 31

28327 ayes and 23 noes.

28328 The Chairman. Thirty-one ayes, twenty-three noes. The

28329 Amendment in the Nature of a Substitute, as Amended, is

28330 approved.

28331 I move that the committee do now approve and transmit

28332 the recommendations of this committee and all appropriate

28333 accompanying material, including additional supplemental or

28334 dissenting views to the House Committee on the Budget. And I

28335 will have a roll call vote.

28336 All those in favor will vote aye; those opposed, no.

28337 And the clerk will call the roll.

28338 The Clerk. Mr. Barton.

28339 Mr. Barton. Aye.

28340 The Clerk. Mr. Barton votes aye.

28341 Mr. Upton.

28342 Mr. Upton. Aye.

28343 The Clerk. Mr. Upton votes aye.

28344 Mr. Shimkus.

28345 Mr. Shimkus. Aye.

28346 The Clerk. Mr. Shimkus votes aye.

28347 Mr. Murphy.

28348 Mr. Murphy. Aye.

28349 The Clerk. Mr. Murphy votes aye.

28350 Mr. Burgess.

28351 Mr. Burgess. Aye.

28352 The Clerk. Mr. Burgess votes aye.

28353 Mrs. Blackburn.

28354 Mrs. Blackburn. Aye.

28355 The Clerk. Mrs. Blackburn votes aye.

28356 Mr. Scalise.

28357 Mr. Scalise. Aye.

28358 The Clerk. Mr. Scalise votes aye.

28359 Mr. Latta.

28360 Mr. Latta. Aye.

28361 The Clerk. Mr. Latta votes aye.

28362 Mrs. McMorris Rodgers.

28363 Mrs. McMorris Rodgers. Aye.

28364 The Clerk. Mrs. McMorris Rodgers votes aye.

28365 Mr. Harper.

28366 Mr. Harper. Aye.

28367 The Clerk. Mr. Harper votes aye.

28368 Mr. Lance.

28369 Mr. Lance. Aye.

28370 The Clerk. Mr. Lance votes aye.

28371 Mr. Guthrie.

28372 Mr. Guthrie. Aye.

28373 The Clerk. Mr. Guthrie votes aye.

28374 Mr. Olson.

28375 Mr. Olson. Aye.

28376 The Clerk. Mr. Olson votes aye.

28377 Mr. McKinley.

28378 Mr. McKinley. Aye.

28379 The Clerk. Mr. McKinley votes aye.

28380 Mr. Kinzinger.

28381 Mr. Kinzinger. Aye.

28382 The Clerk. Mr. Kinzinger votes aye.
28383 Mr. Griffith.
28384 Mr. Griffith. Aye.
28385 The Clerk. Mr. Griffith votes aye.
28386 Mr. Bilirakis.
28387 Mr. Bilirakis. Aye.
28388 The Clerk. Mr. Bilirakis votes aye.
28389 Mr. Johnson.
28390 Mr. Johnson. Aye.
28391 The Clerk. Mr. Johnson votes aye.
28392 Mr. Long.
28393 Mr. Long. Aye.
28394 The Clerk. Mr. Long votes aye.
28395 Mr. Bucshon.
28396 Mr. Bucshon. Aye.
28397 The Clerk. Mr. Bucshon votes aye.
28398 Mr. Flores.
28399 Mr. Flores. Aye.
28400 The Clerk. Mr. Flores votes aye.
28401 Mrs. Brooks.
28402 Mrs. Brooks. Aye.
28403 The Clerk. Mrs. Brooks votes aye.
28404 Mr. Mullin.

28405 Mr. Mullin. Aye.

28406 The Clerk. Mr. Mullin votes aye.

28407 Mr. Hudson.

28408 Mr. Hudson. Aye.

28409 The Clerk. Mr. Hudson votes aye.

28410 Mr. Collins.

28411 Mr. Collins. Aye.

28412 The Clerk. Mr. Collins votes aye.

28413 Mr. Cramer.

28414 Mr. Cramer. Aye.

28415 The Clerk. Mr. Cramer votes aye.

28416 Mr. Walberg.

28417 Mr. Walberg. Aye.

28418 The Clerk. Mr. Walberg votes aye.

28419 Mrs. Walters.

28420 Mrs. Walters. Aye.

28421 The Clerk. Mrs. Walters votes aye.

28422 Mr. Costello.

28423 Mr. Costello. Aye.

28424 The Clerk. Mr. Costello votes aye.

28425 Mr. Carter.

28426 Mr. Carter. Aye.

28427 The Clerk. Mr. Carter votes aye.

28428	Mr. Pallone.	
28429	<u>Mr. Pallone.</u>	Votes no.
28430	The Clerk.	Mr. Pallone votes no.
28431	Mr. Rush.	
28432	[No response.]	
28433	The Clerk.	Ms. Eshoo.
28434	<u>Ms. Eshoo.</u>	No.
28435	The Clerk.	Ms. Eshoo votes no.
28436	Mr. Engel.	
28437	<u>Mr. Engel.</u>	No.
28438	The Clerk.	Mr. Engel votes no.
28439	Mr. Green.	
28440	<u>Mr. Green.</u>	No.
28441	The Clerk.	Mr. Green votes no.
28442	Ms. DeGette.	
28443	<u>Ms. DeGette.</u>	No.
28444	The Clerk.	Ms. DeGette votes no.
28445	Mr. Doyle.	
28446	<u>Mr. Doyle.</u>	No.
28447	The Clerk.	Mr. Doyle votes no.
28448	Ms. Schakowsky.	
28449	<u>Ms. Schakowsky.</u>	No.
28450	The Clerk.	Ms. Schakowsky votes no.

28451	Mr. Butterfield.	
28452	<u>Mr. Butterfield.</u>	No.
28453	The Clerk.	Mr. Butterfield votes no.
28454	Ms. Matsui.	
28455	<u>Ms. Matsui.</u>	No.
28456	The Clerk.	Ms. Matsui votes no.
28457	Ms. Castor.	
28458	<u>Ms. Castor.</u>	No.
28459	The Clerk.	Ms. Castor votes no.
28460	Mr. Sarbanes.	
28461	<u>Mr. Sarbanes.</u>	No.
28462	The Clerk.	Mr. Sarbanes votes no.
28463	Mr. McNerney.	
28464	<u>Mr. McNerney.</u>	No.
28465	The Clerk.	Mr. McNerney votes no.
28466	Mr. Welch.	
28467	<u>Mr. Welch.</u>	No.
28468	The Clerk.	Mr. Welch votes no.
28469	Mr. Lujan.	
28470	<u>Mr. Lujan.</u>	No.
28471	The Clerk.	Mr. Lujan votes no.
28472	Mr. Tonko.	
28473	<u>Mr. Tonko.</u>	No.

28474 The Clerk. Mr. Tonko votes no.

28475 Ms. Clarke.

28476 Ms. Clarke. No.

28477 The Clerk. Ms. Clarke votes no.

28478 Mr. Loeb sack.

28479 Mr. Loeb sack. No.

28480 The Clerk. Mr. Loeb sack votes no.

28481 Mr. Schrader.

28482 Mr. Schrader. No.

28483 The Clerk. Mr. Schrader votes no.

28484 Mr. Kennedy.

28485 Mr. Kennedy. No. The Clerk. Mr. Kennedy votes no.

28486 Mr. Cardenas.

28487 Mr. Cardenas. No.

28488 The Clerk. Mr. Cardenas votes no.

28489 Mr. Ruiz.

28490 Mr. Ruiz. No.

28491 The Clerk. Mr. Ruiz votes no.

28492 Mr. Peters.

28493 Mr. Peters. No.

28494 The Clerk. Mr. Peters votes no.

28495 Mrs. Dingell.

28496 Mrs. Dingell. No.

28497 The Clerk. Mrs. Dingell votes no.

28498 Chairman Walden.

28499 The Chairman. Walden votes aye.

28500 The Clerk. Chairman Walden votes aye.

28501 The Chairman. The clerk will report the tally.

28502 The Clerk. Mr. Chairman, on that vote, there were 31

28503 ayes and 23 nays.

28504 The Chairman. Thirty-one ayes, twenty-three nays. The

28505 ayes appear to have it. The ayes have it and the motion to

28506 transmit is agreed to.

28507 Now, we have one more piece of business to deal with, as

28508 per our notice. So at this point, the chair calls up. H.

28509 Res. 154 and asks the clerk to report.

28510 [H. Res. 154 follows:]

28511

28512 *****COMMITTEE INSERT 43*****

28513 The Clerk. H. Res. 154 of inquiring requesting the
28514 President of the United States and directing the Secretary of
28515 Health and Human Services to transmit certain information to
28516 the House of Representatives relating to plans to repeal or
28517 replace the Patient Protection and Affordable Care Act and
28518 the health-related measures of the Health Care and Education
28519 Reconciliation Act of 2010.

28520 The Chairman. Without objection, the reading of the
28521 resolution is dispensed with and the chair recognizes Mr.
28522 Kennedy for 5 minutes.

28523 Mr. Kennedy. Thank you, Mr. Chairman. I am conscious
28524 of the fact that bringing up this resolution after 27 hours
28525 of being in this room is probably not the most popular thing
28526 at the moment. However, I would not do it if I did not
28527 believe it was very important and I appreciate the
28528 recognition.

28529 This committee just finished marking up half of this
28530 bill. Obviously, Ways and Means finished it before.
28531 However, that is only the first step in a very long process
28532 and I have strong concerns that this committee and
28533 particularly our Democratic Caucus has not been afforded all
28534 the information that is necessary for us to understand the
28535 details of the bill and where this is going forward in the

28536 days and weeks ahead.

28537 Just today, the President of the United States tweeted
28538 out that, quote, despite what you hear in the press, health
28539 care is coming along great. We are talking to many groups
28540 and it will end in a beautiful picture.

28541 Yesterday, he expressed openness to expanding the
28542 rollback of the current Medicaid expansion to 2018, contrary
28543 to the bill that we just marked up, delaying the changes in
28544 the insurance markets until 2018 and 2020.

28545 On Tuesday, the President took to Twitter again, when he
28546 wrote up don't worry, getting rid of State lines, which will
28547 promote competition and will be in phase 2 and phase 3 of the
28548 healthcare rollout. That was obviously news to many of us
28549 that there was, in fact, a phase 2 and a phase 3.

28550 He continued on Twitter that I am working on a new
28551 system where there will be competition in the drug industry.
28552 Pricing for the American people will come way down.

28553 Mr. Chairman, after notice of nondisclosure agreements
28554 between committee staff and judiciary, and White House
28555 personnel, we had requested information as to whether
28556 documents, or notes, emails, correspondence between the White
28557 House transition officials and this committee, if they exist,
28558 about the rollback of -- potential rollback of the Affordable

28559 Care Act so that we could have an idea as to what this
28560 process would entail. We obviously have not gotten that yet
28561 and we talked about it, I think you recall, several weeks
28562 ago, in the committee process.

28563 We then filed this resolution of inquiry with the hope
28564 of obtaining that series of correspondence, if any exists, so
28565 that this committee, the American people, and the Democratic
28566 Caucus, the Democratic members of this committee can be
28567 certain that we understand what is taking place and what
28568 plans are, as we debate the biggest policy portfolio for this
28569 administration, at least for this Congress.

28570 And I would respectfully request -- this is not -- look,
28571 this markup was just successful. You guys got the votes. It
28572 passed. But as we all know, this is the first step to a
28573 process and, apparently, a phase 2 and phase 3 which I didn't
28574 even know about until finding out about it on Twitter.

28575 So, I would respectfully request that the committee be
28576 able to divulge whatever correspondence exists between the
28577 White House and this committee so that we, as members of this
28578 committee can have an accurate reflection, an accurate
28579 representation as to what is coming next and what is the true
28580 ambition of the healthcare policy rollout for this caucus.

28581 With that, I will yield back or yield to any other

28582 member of the Democratic Caucus here, or the Democratic
28583 committee that wants it.

28584 I repeat this bill, I know you have got very strong
28585 feelings on the Republican side of the aisle. We have got
28586 very strong feelings here as well. I am not so warm and
28587 fuzzy as some of you guys are at this point.

28588 I will yield back.

28589 The Chairman. The gentleman yields back the balance of
28590 his time. The chair recognizes himself for 5 minutes.

28591 From Chairman Dingell's work to the Solyndra and the ACA
28592 investigations, to name a few, under Chairman Upton, the
28593 Committee on Energy and Commerce has a long history of
28594 conducting robust oversight of the Executive Branch.

28595 We will continue to carry out this important
28596 constitutional obligation under my leadership but there is a
28597 process by which we do this work. We typically begin by
28598 asking the Executive Branch to comply voluntarily with our
28599 request. We send document requests and ask questions.

28600 We utilize subpoenas, when necessary, which create a
28601 legal obligation to comply. Last Congress, Chairman Upton
28602 issued five subpoenas after Obama administration officials
28603 refused to comply with our requests.

28604 What we don't do is begin with a resolution of inquiry

28605 like is before us today.

28606 But even in the face of the situation with the Obama
28607 administration, Chairman Upton never went to this statement
28608 of inquiry. Quite frankly, I think this is premature and I
28609 would urge my colleagues to reject this.

28610 Mr. Kennedy. Mr. Chairman if I could just to respond to
28611 that for 30 seconds, if I may.

28612 The Chairman. Sure, I would yield to the gentleman.

28613 Mr. Kennedy. Thank you. And I understand that
28614 perspective and I do, sir. I would bring up that this
28615 resolution of inquiry has been performed by actually this
28616 committee, by Republicans when we were actually negotiating
28617 the passage of the Affordable Care Act.

28618 And just to be clear, I did ask about correspondence
28619 informally between committee and committee staff and the
28620 White House before filing this resolution, hoping that we
28621 wouldn't have to get there.

28622 So I understand your position. I would respectfully say
28623 that this wasn't the first step. This was second or third
28624 down the line.

28625 And I yield back.

28626 The Chairman. I appreciate that. Reclaiming my time.

28627 Again, when I believe a member of our committee did

28628 pursue documents first, they did go through the steps I just
28629 outlined. Then, they went to the resolution of inquiry. So
28630 that was kind of the process I was laying out. It is kind of
28631 traditionally how the committee has operated under Democrats
28632 and Republicans. You go through a request process. You try
28633 and get an administration to comply. Quite frankly, most
28634 administrations sort of stall on things. They just do.

28635 And so then you turn the heat up, and then you do
28636 oversight hearings. You may do a number of steps. This is
28637 kind of the nuclear option, if you will, at the end when they
28638 completely don't comply.

28639 Mr. Kennedy. If it is nuclear, it didn't work so well I
28640 don't think.

28641 The Chairman. Well, I am just saying. So, with that, I
28642 would yield to the gentleman -- oh, okay. I would yield to
28643 the gentlelady, for what purpose, my time?

28644 Ms. Eshoo. To strike the last word. On a resolution
28645 you can't do that?

28646 The Chairman. Oh, I thought we were just doing the two
28647 of us.

28648 Ms. Eshoo. Can I ask a question?

28649 The Chairman. Can I just yield on my time?

28650 Ms. Eshoo. That is fine.

28651 The Chairman. Because I think that was our agreement.

28652 Ms. Eshoo. Sure.

28653 The Chairman. Yes, so the gentlelady, I would yield to
28654 her.

28655 Ms. Eshoo. Thank you. I want to thank Mr. Kennedy for
28656 the resolution.

28657 And I would like to ask you, Mr. Chairman, what are the
28658 steps and what is the timetable for them so that the end
28659 result is the procurement of the materials that are in the
28660 privileged resolution.

28661 The Chairman. Yes, so I think I outlined them but
28662 basically you would have an inquiry of the agency. You would
28663 have a written inquiry. You would ask for certain documents.
28664 We would work through that. Because you know in our O and I
28665 role we do that oftentimes in a bipartisan way. I have
28666 already signed a lot of letters to this administration asking
28667 for documents. We have pursued that already in various
28668 areas.

28669 Some of those are follow-up from document requests that
28670 overlap administrations that, frankly, administration to
28671 administration.

28672 Ms. Eshoo. Let me ask this. Have any requests been
28673 made of the administration for these materials yet?

28674 The Chairman. I don't know about these specific
28675 materials, no.

28676 Mr. Kennedy. Mr. Chairman, if I may, briefly.

28677 The Chairman. I would yield.

28678 Mr. Kennedy. Again, just so that the committee is
28679 clear, this was done in a committee hearing. It was then
28680 followed up in writing. There was no response given. So
28681 this was, as you outline, I would love to work with you and
28682 your committee staff to try to advance this process, if we
28683 could get a commitment from you or a clear idea as to what
28684 steps are necessary so that we can get this.

28685 But we tried once verbally. We tried again on paper.
28686 No response. No response. My nuclear option isn't so
28687 nuclear but I understand your position on that.

28688 This is something, obviously, I think is important to
28689 members and I would like to figure out what we can do.

28690 The Chairman. Okay. Reclaiming my time, and I thank
28691 the gentleman. I am happy to have some discussions along the
28692 way on these and other issues but my time has expired.

28693 The question now occurs on reporting H. Res. 154 to the
28694 House unfavorably.

28695 Mr. Pallone. Roll call.

28696 The Chairman. Yes. All those in favor shall signify by

28697 saying aye; those opposed nay. And the clerk will call the
28698 roll.

28699 The Clerk. Mr. Barton.

28700 Mr. Barton. I want to report it unfavorably.

28701 The Chairman. You know that is a good -- maybe I should
28702 clarify that because it is kind of a double-negative. So I
28703 know everybody wants to make the correct vote.

28704 So, I think the recommendation for all would be to vote
28705 aye on the motion to report unfavorably, although my friends
28706 on this side might want to disagree with me on that.

28707 Did that make it clear?

28708 So I think Mr. Barton wants to vote aye.

28709 Mr. Barton. Aye.

28710 The Chairman. That is what I thought.

28711 The Clerk. Mr. Barton votes aye.

28712 Mr. Upton.

28713 Mr. Upton. Votes aye.

28714 The Clerk. Mr. Upton votes aye.

28715 Mr. Shimkus.

28716 Mr. Shimkus. Aye.

28717 The Clerk. Mr. Shimkus votes aye.

28718 Mr. Murphy.

28719 Mr. Murphy. Aye.

28720 The Clerk. Mr. Murphy votes aye.

28721 Mr. Burgess.

28722 Mr. Burgess. Aye.

28723 The Clerk. Mr. Burgess votes aye.

28724 Mrs. Blackburn.

28725 Mrs. Blackburn. Aye.

28726 The Clerk. Mrs. Blackburn votes aye.

28727 Mr. Scalise.

28728 Mr. Scalise. Aye.

28729 The Clerk. Mr. Scalise votes aye.

28730 Mr. Latta.

28731 Mr. Latta. Aye.

28732 The Clerk. Mr. Latta votes aye.

28733 Mrs. McMorris Rodgers.

28734 Mrs. McMorris Rodgers. Aye.

28735 The Clerk. Mrs. McMorris Rodgers votes aye.

28736 Mr. Harper.

28737 Mr. Harper. Aye.

28738 The Clerk. Mr. Harper votes aye.

28739 Mr. Lance.

28740 Mr. Lance. Aye.

28741 The Clerk. Mr. Lance votes aye.

28742 Mr. Guthrie.

28743 Mr. Guthrie. Aye.

28744 The Clerk. Mr. Guthrie votes aye.

28745 Mr. Olson.

28746 Mr. Olson. Aye.

28747 The Clerk. Mr. Olson votes aye.

28748 Mr. McKinley.

28749 Mr. McKinley. Aye.

28750 The Clerk. Mr. McKinley votes aye.

28751 Mr. Kinzinger.

28752 Mr. Kinzinger. Aye.

28753 The Clerk. Mr. Kinzinger votes aye.

28754 Mr. Griffith.

28755 Mr. Griffith. Aye.

28756 The Clerk. Mr. Griffith votes aye.

28757 Mr. Bilirakis.

28758 Mr. Bilirakis. Aye.

28759 The Clerk. Mr. Bilirakis votes aye.

28760 Mr. Johnson.

28761 Mr. Johnson. Aye.

28762 The Chairman. Ladies and gentleman, if we could -- the

28763 clerk is going to have trouble doing the role and hearing

28764 this. So, please, if we could.

28765 The Clerk. Mr. Johnson votes aye.

28766 Mr. Long.
28767 Mr. Long. Aye.
28768 The Clerk. Mr. Long votes aye.
28769 Mr. Bucshon.
28770 Mr. Bucshon. Aye.
28771 The Clerk. Mr. Bucshon votes aye.
28772 Mr. Flores.
28773 Mr. Flores. Aye.
28774 The Clerk. Mr. Flores votes aye.
28775 Mrs. Brooks.
28776 Mrs. Brooks. Aye.
28777 The Clerk. Mrs. Brooks votes aye.
28778 Mr. Mullin.
28779 Mr. Mullin. Aye.
28780 The Clerk. Mr. Mullin votes aye.
28781 Mr. Hudson.
28782 Mr. Hudson. Aye.
28783 The Clerk. Mr. Hudson votes aye.
28784 Mr. Collins.
28785 Mr. Collins. Aye.
28786 The Clerk. Mr. Collins votes aye.
28787 Mr. Cramer.
28788 Mr. Cramer. Aye.

28789 The Clerk. Mr. Cramer votes aye.
28790 Mr. Walberg.
28791 Mr. Walberg. Aye.
28792 The Clerk. Mr. Walberg votes aye.
28793 Mrs. Walters.
28794 Mrs. Walters. Aye.
28795 The Clerk. Mrs. Walters votes aye.
28796 Mr. Costello.
28797 Mr. Costello. Aye.
28798 The Clerk. Mr. Costello votes aye.
28799 Mr. Carter.
28800 Mr. Carter. Aye.
28801 The Clerk. Mr. Carter votes aye.
28802 Mr. Pallone.
28803 Mr. Pallone. Votes no.
28804 The Clerk. Mr. Pallone votes no.
28805 Mr. Rush.
28806 [No response.]
28807 The Clerk. Ms. Eshoo.
28808 Ms. Eshoo. No.
28809 The Clerk. Ms. Eshoo votes no.
28810 Mr. Engel.
28811 Mr. Engel. No.

28812 The Clerk. Mr. Engel votes no.
28813 Mr. Green.
28814 [No response.]
28815 The Clerk. Ms. DeGette.
28816 Ms. DeGette. No.
28817 The Clerk. Ms. DeGette votes no.
28818 Mr. Doyle.
28819 Mr. Doyle. No.
28820 The Clerk. Mr. Doyle votes no.
28821 Ms. Schakowsky.
28822 Ms. Schakowsky. No.
28823 The Clerk. Ms. Schakowsky votes no.
28824 Mr. Butterfield. Mr. Butterfield.
28825 Mr. Butterfield. Aye -- no.
28826 The Clerk. Mr. Butterfield votes no.
28827 Ms. Matsui.
28828 Ms. Matsui. No.
28829 The Clerk. Ms. Matsui votes no.
28830 Ms. Castor.
28831 Ms. Castor. No.
28832 The Clerk. Ms. Castor votes no.
28833 Mr. Sarbanes.
28834 Mr. Sarbanes. No.

28835 The Clerk. Mr. Sarbanes votes no.
28836 Mr. McNerney.
28837 Mr. McNerney. No.
28838 The Clerk. Mr. McNerney votes no.
28839 Mr. Welch.
28840 Mr. Welch. No.
28841 The Clerk. Mr. Welch votes no.
28842 Mr. Lujan.
28843 Mr. Lujan. No.
28844 The Clerk. Mr. Lujan votes no.
28845 Mr. Tonko.
28846 Mr. Tonko. No.
28847 The Clerk. Mr. Tonko votes no.
28848 Ms. Clarke.
28849 Ms. Clarke. No.
28850 The Clerk. Ms. Clarke votes no.
28851 Mr. Loeb sack.
28852 Mr. Loeb sack. No.
28853 The Clerk. Mr. Loeb sack votes no.
28854 Mr. Schrader.
28855 Mr. Schrader. No.
28856 The Clerk. Mr. Schrader votes no.
28857 Mr. Kennedy.

28858 Mr. Kennedy. No. The Clerk. Mr. Kennedy votes no.

28859 Mr. Cardenas.

28860 Mr. Cardenas. No.

28861 The Clerk. Mr. Cardenas votes no.

28862 Mr. Ruiz.

28863 Mr. Ruiz. No.

28864 The Clerk. Mr. Ruiz votes no.

28865 Mr. Peters.

28866 Mr. Peters. No.

28867 The Clerk. Mr. Peters votes no.

28868 Mrs. Dingell.

28869 Mrs. Dingell. No.

28870 The Clerk. Mrs. Dingell votes no.

28871 Chairman Walden.

28872 The Chairman. Votes aye.

28873 The Clerk. Chairman Walden votes aye.

28874 The Chairman. Are there any members not recorded who

28875 wish to be recorded?

28876 If not, the clerk will report the tally.

28877 The Clerk. Mr. Chairman, on that vote, there were 31

28878 ayes and 22 nays.

28879 The Chairman. Thirty-one ayes, twenty --

28880 The Clerk. Twenty-two nays.

28881 The Chairman. -- twenty-two nays. The ayes have it and
28882 the resolution is reported unfavorably.

28883 Without objection, the staff is authorized to make
28884 technical and conforming changes to the matters considered by
28885 the committee over the last 27 and 1\2 hours. So order.

28886 Without objection, this committee stands adjourned.

28887 [Whereupon, at 2:01 p.m., the subcommittee was
28888 adjourned.]