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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 Room  
16 2123 Rayburn House Office Building, Hon. Greg Walden [chairman  
17 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, Schakowsky,  
24 Butterfield, Matsui, Castor, Sarbanes, McNerney, Welch, Lujan,  
25 Tonko, Clarke, Loeb sack, Schrader, Kennedy, Cardenas, Ruiz,

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26 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 Director;  
31 Mike Bloomquist, Deputy Staff Director; Elena Brennan,  
32 Legislative Clerk, Oversight and Investigations; Adam Buckalew,  
33 Professional Staff, Health; Karen Christian, General Counsel;  
34 Sean Corcoran, Office Manager, Ford; Jordan Davis, Director of  
35 Policy and External Affairs; Paige Decker, Executive Assistant  
36 and Committee Clerk; Darrell Dykes; Scott Dziengelski, Policy  
37 Coordinator, Oversight and Investigations; Paul Edattel, Chief  
38 Counsel, Health; Blair Ellis, Digital Coordinator/Press  
39 Secretary; Emily Felder (Martin), Counsel, Oversight and  
40 Investigations; Melissa Froelich, Counsel, Digital Commerce and  
41 Consumer Protection; Adam Fromm, Director of Outreach and  
42 Coalitions; Theresa Gambo, Human Resources/Office Administrator;  
43 Giulia Giannangeli, Legislative Clerk, Digital Commerce and  
44 Consumer Protection/Environment; Jay Gulshen, Legislative Clerk,  
45 Health; Tom Hassenboehler, Chief Counsel, Energy/Environment;  
46 Brittany Havens, Professional Staff, Oversight and  
47 Investigations; Zach Hunter, Director of Communications; A.T.  
48 Johnston, Senior Policy Advisor/Professional Staff,  
49 Energy/Environment; Peter Kielty, Deputy General Counsel; Bijan  
50 Koohmaraie; Katie McKeough, Press Assistant; Carly McWilliams,

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54 Counsel, Telecom; Chris Sarley, Policy Coordinator, Environment;  
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58 Chief Health Counsel, Health; Evan Viau, Staff Assistant; Hamlin  
59 Wade, Special Advisor, External Affairs; Gregory Watson,  
60 Legislative Clerk, Communications & Technology; Jessica  
61 Wilkerson, Professional Staff, Oversight & Investigations;  
62 Everett Winnick, Director of Information Technology; Jacquelyn  
63 Bolen, Minority Professional Staff; Jeff Carroll, Minority Staff  
64 Director; Elizabeth Ertel, Minority Office Manager; Waverly  
65 Gordon, Minority Health Counsel; Tiffany Guarascio, Minority  
66 Deputy Staff Director and Chief Health Advisor; Una Lee, Minority  
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68 Lichtman, Minority Staff Assistant; Jessica Martinez, Minority  
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70 Staff Assistant; Dino Papanastasiou, Minority GAO Detailee;  
71 Olivia Pham, Minority Health Fellow; Rachel Pryor, Minority  
72 Health Policy Advisor; Tim Robinson, Minority Chief Counsel;  
73 Samantha Satchell, Minority Policy Analyst; Matt Schumacher,  
74 Minority Press Assistant; Andrew Souvall, Minority Director of  
75 Communications, Outreach and Member Services; Kimberlee

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76 Trzeciak, Minority Health Policy Advisor; and C.J. Young,  
77 Minority Press Secretary.

78 The Chairman. The committee will come to order. The chair  
79 recognizes himself for an opening statement.

80 More than 8 months ago, the House Republicans --  
81 Mr. Pallone. Mr. Chairman?

82 The Chairman. -- unveiled a --

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

84 The Chairman. For what purpose does the gentleman seek  
85 recognition?

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

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

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

101 Believe me, I understand there may be some amendments coming,  
102 even though we haven't seen any of them yet. I am sure there will

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103 be adequate time for us to talk about these. The bill was actually  
104 posted at 6:00 on Monday, and it is much smaller than the prior.  
105 Let us get on with our business.

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

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

120 Under our plan, we are looking forward. We are moving away  
121 from a government-run system that, frankly, is in collapse, and  
122 where bureaucrats stand in the way between patients and doctors.  
123 Instead, we move forward toward a healthcare system where  
124 one-size-fits-all mandates are a thing of the past, where states  
125 are empowered to innovate and care for their citizens, and, most  
126 importantly, where patients -- patients -- are actually in charge.

127 We create a new and innovative Patient and State Stability

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128 Fund to help low-income Americans afford health care and repair  
129 the damage done to state insurance markets by Obamacare, and those  
130 state insurance markets are in collapse. This fund gives states  
131 broad flexibility to design programs that best serve their unique  
132 populations.

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

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

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

147 Ms. Castor. Mr. Chairman, I have a unanimous consent  
148 request.

149 The Chairman. I recognize the gentleman from New Jersey for  
150 an opening statement.

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

152 Mr. Pallone. The vice ranking member, and I have to say,

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153 Mr. Chairman, I am not aware that I have actually mentioned to  
154 the Republican --

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

157 Mr. Pallone. Well, Mr. Chairman, just so you know, because  
158 I don't think I have mentioned before, that we decided in our  
159 Democratic caucus that we would have vice rankers. I know you  
160 have vice chairs, so we have vice rankers now for our committees.

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

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

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

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

169 Ms. Castor. I know --

170 Mr. Barton. If she is not --

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

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

176 The Chairman. As the gentlelady --

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

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178 object.

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

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

184 Mr. Lujan. Mr. Chairman, me, for unanimous consent request?

185 The Chairman. I recognize the gentleman from New Jersey,  
186 Mr. Pallone --

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

188 The Chairman. -- for an opening statement.

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

191 The Chairman. If somebody wants to object --

192 Mr. Pallone. -- really no surprise. If you want to  
193 object, you can.

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

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

202 Mr. Shimkus. I object.

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

204 Mr. Shimkus. I am serious.

205 The Chairman. All right. Let us --

206 Mr. Barton. Can I --

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

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

209 The Chairman. The gentleman is recognized to speak on his  
210 reservation.

211 Mr. Barton. Briefly. If it is truly just going to be one  
212 person, the gentlelady from Florida, I would ask the gentleman  
213 from Illinois, with the Chairman's support, to withdraw and let  
214 her have 3, with the understanding that the Vice Chairman, myself,  
215 there is no requirement that there is vice -- we know there is  
216 vice on both sides of the aisle, so I should have 3 also.

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

220 Mr. Pallone. Thank you, Mr. Chairman. The Republican  
221 repeal bill before us will seriously harm American families.  
222 Most people who garnered health insurance under the ACA will lose  
223 their coverage. Those who retain health insurance will pay a lot  
224 more for less coverage, and states will seriously ration care for  
225 those who still have Medicaid.

226 For 7 years, Republicans claimed to have a better way, but  
227 it turns out that is nothing more than an empty slogan. After

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228 7 years of sabotaging and obstructing the ACA, Republicans have  
229 finally presented a repeal bill less than 2 days ago that is  
230 incredibly destructive to the little guy, to the average working  
231 man and woman.

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

237 Republicans, both the Speaker and our committee chairman,  
238 repeatedly said they would follow regular order, but not one  
239 hearing has been held on their repeal bill, and we have also not  
240 received analysis from the CBO. Regular order would require a  
241 hearing and markup in the Health Subcommittee before we get to  
242 the full committee markup here today.

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

249 Now, let us talk about what we do know about the Republican  
250 repeal bill. With devastating cuts and caps on Medicaid, it will  
251 ration care for the 76 million Americans who rely on Medicaid,  
252 including seniors with long-term care needs and Americans with

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253 disabilities, pregnant women and vulnerable children, virtually  
254 ending Medicaid as we know it.

255 Working families could see their premiums and deductibles  
256 increase by hundreds of thousands of dollars, and seniors will  
257 pay an age tax and be forced to pay premiums 5 times higher than  
258 what others pay for health insurance, one reason that the AARP  
259 came out strongly against the GOP repeal bill yesterday. The bill  
260 also shortens the life of the Medicare Trust Fund, putting the  
261 care of 57 million American seniors and people with disabilities  
262 at risk.

263 The Republican repeal bill will institute a cancer tax, and  
264 Americans with preexisting conditions will suffer. Insurers  
265 will once again be able to charge more or discriminate against  
266 Americans with preexisting conditions when their coverage lapses  
267 for any reason.

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

274 Frankly, this is a disgrace. Americans today have better  
275 health coverage and health care thanks to the ACA. The American  
276 people do not want to see it repealed, and Democrats will fight  
277 Republican efforts to dismantle the health and economic security

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278 of millions of hardworking Americans.

279 I yield back.

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

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

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

292 The draft is a good effort, and I intend to support it.  
293 Having said that, it can be improved upon. I am sure my friends  
294 on the Democratic side are going to offer many amendments in the  
295 course of this markup, some of them thoughtful and  
296 well-intentioned, some not so thoughtful, not so  
297 well-intentioned.

298 I have been there, Mr. Chairman. I have sat where Mr.  
299 Pallone is. In fact, I was in his chair when the Affordable Care  
300 Act was marked up, so I know how that feels. At some point in  
301 the process, Mr. Chairman, I plan to offer myself 2 amendments,  
302 one that would give a date certain to the expansion of Medicaid

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303 in the states that have expanded it. The current draft doesn't  
304 end that until the end of 2019, and my amendment would end it at  
305 the end of this calendar year, the end of 2017.

306 I also intend to offer an amendment to make sure that there  
307 is a date certain that the transition period back to the normal  
308 FMAP match occurs. Under the current draft, it is never  
309 definitively ended. My amendment would give a date certain of  
310 2023.

311 I plan to work very closely during the debate on both -- all  
312 of the amendments. I look forward to a thoughtful markup and,  
313 at the end of the process, moving the bill I believe to the Budget  
314 Committee.

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

318 The Chairman. The gentleman yields back. The chair  
319 recognizes the gentlelady from Florida, Ms. Castor, for 3 minutes.

320 Ms. Castor. Well, thank you, Mr. Chairman, and colleagues.  
321 This is a very disappointing place to start because this  
322 Republican bill will eliminate health coverage for millions of  
323 Americans. Plus, it takes this very radical turn against our  
324 neighbors that are in nursing home care, Alzheimer's patients,  
325 kids, that rely on Medicaid for their health services. A large  
326 portion of this bill really is focused on eliminating their care  
327 and eliminating the support to states that is vital for so many

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328 of our neighbors.

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

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

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

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

351 Well, that is not true. We had members of Congress, Democrat  
352 and Republican, the end of last week searching the halls of the

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353 Capitol in back rooms for the bill, and they wouldn't produce it  
354 until Monday night. Less than a week later, the House Republicans  
355 are reneging on Speaker Ryan's pledge to introduce their  
356 replacement bill.

357 Unlike the House Republicans, Democrats took the Affordable  
358 Care Act through an open and transparent process. Just a little  
359 reminder here, we held 79 bipartisan hearings and markups on the  
360 health insurance reform. House members back in the ACA days did  
361 100 hours in hearings. We heard from 181 witnesses from both  
362 sides of the aisle. We considered 239 amendments, both  
363 Democratic and Republican, and accepted 121 amendments.

364 The original House bill was posted online for 30 days before  
365 the first committee began their markup. And then there were more  
366 than 100 days before the Tri-Committees formally introduced their  
367 merged bill. House Democrats posted the first House bill online  
368 for the promised 72-hour review.

369 This is important because this --

370 The Chairman. The gentlelady's time --

371 Ms. Castor. -- affects all Americans --

372 The Chairman. -- has expired.

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

375 The Chairman. The gentlelady's time has expired. The  
376 chair recognizes the gentleman from Michigan, Mr. Upton, for 1  
377 minute.

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

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

391 Most would agree that Obamacare is failing. Right now,  
392 Americans need results. Our families deserve access to quality  
393 health care, especially our most vulnerable and those with  
394 preexisting conditions. You will hear a lot of discussion today  
395 about Medicaid expansion. In Michigan, the number of folks  
396 enrolled exceeds 650,000. This bill ensures that the rug is not  
397 pulled out from underneath them.

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

401 I yield back.

402 The Chairman. The gentleman's time has expired. The chair

403 recognizes the gentleman from Illinois, Mr. Rush.

404 Mr. Rush. I want to thank you, Mr. Chairman. Mr. Chairman,  
405 I am in total opposition to this devastatingly draconian and  
406 unabashedly evil bill that seems to wreak havoc on the most  
407 vulnerable segment of our population, the working poor.

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

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

416 Mr. Chairman, what impact did the members of this committee  
417 have into this legislation? What hearings were held that allowed  
418 us and the public to learn about the impact of this bill? The  
419 answer to those questions, Mr. Chairman, is absolutely none.  
420 Instead, this bill was hatched in a back room, prevented from being  
421 read by all but a select few, and plopped on last night's dinner  
422 table for the American people to digest and to just live with.

423 This paper moon process --

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

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

426 The Chairman. The gentleman's time has expired. The chair  
427 recognizes the gentleman from Pennsylvania, Mr. Murphy, for 1

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428 minute.

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

436 The second thing -- I intend to offer an amendment later today  
437 regarding mental health care. This committee worked long, long  
438 hours to work on the Helping Families in Mental Health Crisis Act,  
439 which was put into the Cures Act, Mr. Upton's Cures Act.

440 And parity is extremely important to all of us to make sure  
441 that mental health coverage remains intact. And I want to make  
442 sure that we do that in this bill and as we move forward, because  
443 we know when states coordinate care and integrate care between  
444 mental health and physical health coverage that they actually  
445 provide better care, more compassionate care, and lower cost care.  
446 So I will be offering that later.

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

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

450 Ms. Eshoo. Thank you, Mr. Chairman. This is a very big day,  
451 and this is a very important undertaking. And, Mr. Chairman, you  
452 are my friend, you are my colleague, but I am disappointed in this

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453 process. It really doesn't reflect the way you have operated  
454 before. It hasn't been transparent. We have been noticed right  
455 within -- you know, within seconds of when it needs to be noticed.  
456 It is rushed. Members are squeezed in terms of their comments.  
457 So this is a lousy process, in plain English.

458 Now, we have heard a great deal about the advertising and  
459 the rhetoric. This is going to be for everyone. It is going to  
460 cost less and people are going to get more. But this doesn't pass  
461 the test of what the advertising is. This bill actually reduces  
462 benefits; it increases costs.

463 The Chairman. The gentlelady's --

464 Ms. Eshoo. According to the CBO --

465 The Chairman. -- time has expired.

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

469 The Chairman. The gentlelady's time --

470 Ms. Eshoo. -- produce more deficits --

471 The Chairman. -- has expired.

472 Ms. Eshoo. -- and I will have more to say about it. The  
473 last thing I want to say is, all of the members are enrolled in  
474 Obamacare. All of us.

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

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

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478 The Chairman. The gentlelady's time --

479 Ms. Eshoo. Thank you.

480 The Chairman. -- has expired. The chair recognizes the  
481 gentleman from Texas, Mr. Burgess, Dr. Burgess, the Chairman of  
482 the Subcommittee on Health, for 1 minute.

483 Mr. Burgess. Thank you, Mr. Chairman, and I appreciate the  
484 opportunity to be able to speak on what may well be the most important  
485 bill that I will have worked on in my congressional career. I  
486 have devoted my professional life to health care. I have devoted  
487 my time in public service to health policy. It is my highest  
488 priority to improve the state of health care in our nation, and  
489 to do so we must put patients first, above politics, above  
490 partisanship.

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

496 Again, I would remind the committee that this is about  
497 people, helping people, making tough decisions. The Affordable  
498 Care Act is nothing shy of a failed political and social experiment  
499 that ignored the need, the desire, and the will of individuals  
500 across this country. To those people I simply say, "We hear you."  
501 I yield back.

502 The Chairman. The gentleman's time has expired. The chair

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503 recognizes the gentleman from New York, Mr. Engel, for 1 minute.

504 Mr. Engel. Well, as Ronald Reagan used to say, there you  
505 go again. The people that didn't like Obamacare, they are going  
506 to hate this. This is going to cost them more, give them less  
507 coverage, bad for Americans, terrible for seniors. People making  
508 between \$25- and \$75,000 are the ones who are really going to be  
509 terribly harmed.

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

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

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

524 The Chairman. The gentleman's --

525 Mr. Engel. -- with it. This doesn't fix it; it makes it  
526 worse.

527 The Chairman. The gentleman's time has expired. The chair

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528 recognizes the gentlelady, the Subcommittee Chair for  
529 Telecommunications, Mrs. Blackburn.

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

535 I applaud the efforts of this committee with the Patient and  
536 State Stability Fund programs. This is something that will give  
537 some needed flexibility to our states to allow them to address  
538 the needs that their -- that our constituents, their constituents,  
539 have. We know that this legislation led to a law that is too  
540 expensive to afford and too expensive to use, and I appreciate  
541 our efforts to get it off the books and address the concerns of  
542 our constituents.

543 Yield back.

544 The Chairman. The gentlelady yields back the balance of her  
545 time. The chair recognizes the gentleman from Texas, Mr. Green.

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

551 It will lead to millions losing health care. People pay more  
552 for less in ration and care. This plan makes a meaningful

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553 healthcare standard worse for millions of Americans. Under this  
554 plan, many Americans will be pushed into bad coverage that they  
555 can't afford to use, and millions more will become uninsured  
556 altogether.

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

564 The repeal bill will not protect patients, will not save  
565 money, and will not help working families. Instead, it is a  
566 drastic, devastating step backward, and the only people who stand  
567 to benefit are the healthy and the wealthy. And I will yield back  
568 my time.

569 The Chairman. The gentleman yields back the balance of his  
570 time. The chair recognizes the gentleman from Louisiana, the  
571 Whip of the House, Mr. Scalise.

572 Mr. Scalise. Thank you, Mr. Chairman. I think let us first  
573 be clear why we are here. Obamacare has failed the American  
574 people. This is my original version of Obamacare. I had just  
575 gotten on the committee in 2009, sat way down there at the very  
576 end as a freshman on this committee when Obamacare came through,  
577 and we predicted when we read this bill the devastation that would

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578 occur.

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

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

594           The Chairman. The gentleman's time --

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

597           The Chairman. -- has expired. The chair recognizes the  
598 gentlelady from Colorado for a 1-minute opening statement.

599           Ms. DeGette. Thank you, Mr. Chairman. Mr. Chairman, even  
600 though the majority has refused to send this bill a score to the  
601 CBO before we mark it up, Joe Antos from the American Enterprise  
602 Institute has estimated that 10 to 15 million people will lose

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603 their insurance because of this legislation, and a number of other  
604 think tanks have said the same.

605 I want to ask you a question, Mr. Chairman. Who are those  
606 10 to 15 million people? Is it Laurie Dunkley, my high school  
607 classmate who finally got insurance when she was age 56 of the  
608 Medicaid expansion? Is it the young woman who came to my  
609 listening session and said that finally, after years of mental  
610 illness, she was able to get treatment and now she is in graduate  
611 school and she is going to have a great job?

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

618 I yield back.

619 The Chairman. The gentlelady's time has expired. The  
620 chair recognizes the gentleman from Ohio, Mr. Latta, for purposes  
621 of a 1-minute opening statement.

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

626 As the gentleman, my colleague from Louisiana mentioned, we  
627 have seen that over time the Obamacare has not worked. And just

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628 by the numbers, 25 percent increase in premiums on most Americans  
629 this past year. One-third of the counties in this country only  
630 offer 1 insurer; 4.7 million Americans were kicked of their  
631 healthcare plans because of Obamacare; 18 failed Obamacare COOPs  
632 out of 23, costing the taxpayers about almost \$2 billion.

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

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

638 Mr. Doyle. Thank you, Mr. Chairman. For 7 years, you  
639 promised the American people you are going to repeal and replace  
640 Obamacare. And this is what you have come up with? This is a  
641 bad joke. No wonder you have been hiding this dog in a cave with  
642 an armed guard until Monday night. No wonder you are not holding  
643 hearings on this bill. No wonder you are rushing through this  
644 markup. No wonder you are going to try to vote it in 2 weeks.

645 Today Republicans give you survival of the fittest, starring  
646 health care for the healthy and wealthy. For the rest of  
647 Americans, you are going to pay more money, you are going to get  
648 less coverage.

649 The American Enterprise Institute, 10 to 15 million people  
650 are going to lose their health care. And how do they pay for this  
651 dog? Over in the Ways and Means Committee, they are playing  
652 reverse Robin Hood; \$600 billion in tax cuts for companies and

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653 rich people. Boy, they really are looking forward to getting that  
654 money. And you pay for this bill on the backs of the Medicaid  
655 expansion and Medicare recipients. It is disgraceful.

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

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

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

661 The Chairman. Time has expired. The chair recognizes the  
662 gentleman from New Jersey, Mr. Lance, for 1 minute for opening  
663 statement. He yields.

664 Mr. Guthrie. Mr. Olson. Yields. Mr. McKinley. Yield.  
665 Mr. Griffith. Yield. Who is after that? Mr. Bilirakis.

666 Mr. Bilirakis. Yield.

667 The Chairman. Mr. Johnson.

668 Mr. Johnson. Yield.

669 The Chairman. All right. Mr. Long. Mr. Mullin. Oh, no,  
670 wait. We have got to come over here. Mr. Bucshon, right? No.

671 Mr. Flores. Mrs. Brooks.

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

673 The Chairman. I recognize you for 1 minute for opening  
674 statement.

675 Mrs. Brooks. Today's markup is the beginning of an open and  
676 transparent process that will repeal Obamacare and rebuild our  
677 healthcare system, so that Americans' healthcare coverage works

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678 better for them. Today 45 percent of people paying the penalty  
679 for not buying insurance who have requested an exemption under  
680 the Obamacare individual mandate are under 35 years old.

681 The individual mandate is bad policy and doesn't work. I  
682 have been hearing this from my constituents for years. Young,  
683 healthy people simply aren't buying insurance coverage, which is  
684 driving up costs and premiums for everyone who does. Our plan  
685 encourages people of all ages to enroll in a plan that is right  
686 for them and incentivizes them to stay covered, making that  
687 coverage more affordable for everyone.

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

693 I look forward to our colleagues working to get this passed,  
694 and I yield back.

695 The Chairman. I thank the gentlelady. Now recognize the  
696 gentlelady from Illinois, Ms. Schakowsky, for 1 minute for an  
697 opening statement.

698 Ms. Schakowsky. As President Trump often says, bad, sad.

699 [Laughter.]

700 Ms. Schakowsky. Even if we could all agree that we need to  
701 make health care more affordable and accessible, this bill does  
702 the opposite. You pay more and you get less. The Republican

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703 repeal bill even gives huge tax breaks to the rich, while taking  
704 away health coverage from millions and millions of Americans,  
705 drastically increasing the costs in health insurance with the  
706 biggest increases for seniors and working families.

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

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

716 The Chairman. The gentlelady's --

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

718 The Chairman. -- time has expired.

719 Ms. Schakowsky. -- fix Obamacare.

720 The Chairman. The gentlelady's time has expired. The  
721 chair recognizes the gentleman from Oklahoma, Mr. Mullin, for 1  
722 minute.

723 Mr. Mullin. I reserve my time.

724 The Chairman. The gentleman reserves his time. The chair  
725 recognizes the gentleman, Mr. Butterfield, for 1 moment -- 1  
726 minute for an opening statement.

727 Mr. Butterfield. One of the proudest days in American

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728 legislative history was the enactment of the Affordable Care Act.  
729 It put in place a way for every American citizen to obtain  
730 affordable healthcare coverage. The law provides subsidies for  
731 those low and middle income Americans to assist with the purchase  
732 of insurance and took insurance companies out of the equation.  
733 It prevents insurance companies from denying coverage.

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

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

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

749 Mr. Collins. Mr. Chairman, I reserve.

750 The Chairman. The chair would now recognize the gentlelady  
751 from California, my friend Ms. Matsui, for 1 minute for an opening  
752 statement.

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753 Ms. Matsui. Thank you, Mr. Chairman. Six years ago, we  
754 carefully crafted a plan that has provided access to care for over  
755 20 million people. Today you are taking all of that away. This  
756 so-called plan will do nothing but ration care and drive up costs  
757 for hardworking families across this country.

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

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

771 We are united in our determination to stop this attempt to  
772 ration care for the most vulnerable in our communities. There  
773 is so much on the line today --

774 The Chairman. The gentlelady's --

775 Ms. Matsui. -- for so many --

776 The Chairman. -- time --

777 Ms. Matsui. -- and Republicans are ignoring what is at

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778 stake.

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

781 Mr. Cramer. I reserve.

782 The Chairman. The gentleman reserves his time. Mr.  
783 Sarbanes, you are recognized for 1 moment -- 1 minute for purposes  
784 of an opening statement.

785 Mr. Sarbanes. Thank you, Mr. Chairman. Make no mistake,  
786 this proposal will effectively destroy the health insurance  
787 exchanges, which have made a difference for millions of Americans  
788 across the country. It downgrades the credits that are available  
789 in the exchanges and eliminates other supports that offer relief  
790 from deductibles and co-pays.

791 The bottom line is the cost of purchasing health care in the  
792 exchanges will go up for many people, particularly for older  
793 Americans, those who are approaching Medicare but are not yet  
794 eligible who are trying to get coverage. This will effectively  
795 destroy the Medicaid program. It takes money away from the  
796 Medicaid program, which serves millions of hardworking Americans,  
797 people with disabilities, seniors in nursing homes, while giving  
798 a huge tax break to wealthy Americans, pharmaceutical companies,  
799 and the health insurance industry.

800 This proposal, the GOP proposal, sends us back to the days  
801 where millions of people are left out of the healthcare system  
802 and turn to hospital emergency rooms to get their care, driving

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803 the cost of premiums up for everyone else.

804 I yield back.

805 The Chairman. The gentleman yields back the balance of his  
806 time. The chair recognizes the gentlelady from California, Mrs.  
807 Walters.

808 Mrs. Walters. Thank you, Mr. Chairman. As we work to  
809 improve the Medicaid program, it is necessary that we maintain  
810 the existing state-federal partnership. A key piece of the  
811 reforms we are considering today is providing states with the  
812 flexibility to administer their individual programs. That  
813 includes the ability for states to innovate and implement  
814 initiatives within federal Medicaid guidelines.

815 Flexibility is critical because many states have implemented  
816 programs, such as California's Hospital Financing Program, to  
817 supplement state Medicaid funds. It is encouraging that nothing  
818 in this legislation limits that state flexibility to administer  
819 such programs.

820 Reforming the existing Medicaid program is critical.  
821 Without reform, we cannot ensure quality to our most vulnerable  
822 populations while safeguarding the long-term solvency of this  
823 essential program. An improved state-federal partnership that  
824 expands state flexibility is just one of the ways we can achieve  
825 that goal.

826 I yield back the balance of my time.

827 The Chairman. The gentlelady yields back the balance of her

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828 time. The chair recognizes the gentleman from California, Mr.  
829 McNerney, for a 1-minute opening statement.

830 Mr. McNerney. Thank you, Mr. Chairman. This Republican  
831 plan is trying to do health care on the cheap. The bottom line  
832 is that if you are family living paycheck to paycheck, you have  
833 a lot to be afraid of. You will either pay more for less coverage  
834 or you will lose coverage altogether.

835 In the 3 counties of my district, 263,000 gained coverage  
836 with the Affordable Care Act. All of them are at risk. In San  
837 Joaquin County, 4,000 people's jobs will be lost if the ACA is  
838 repealed like this. The Republican plan enhances health savings  
839 accounts, but how does that help people that live paycheck to  
840 paycheck? States will get less funding for Medicaid and will  
841 throw people off coverage or provide less coverage.

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

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

849 The Chairman. The gentleman's time has expired. The chair  
850 recognizes the gentleman from Pennsylvania, Mr. Costello, for an  
851 opening statement.

852 Mr. Costello. Reserve.

853 The Chairman. The gentleman reserves. The chair  
854 recognizes the gentleman from Vermont, Mr. Welch.

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

860 They say that this bill is a phony repeal of Obamacare. And  
861 you want to know something? They are right. Because there is  
862 a lot of plagiarism in this bill. The insurance reforms that all  
863 of you voted against you are now bragging you are keeping. The  
864 subsidies that you say are horrible you have changed from a direct  
865 subsidy that actually provided meaningful access to health care  
866 to on-the-cheap tax credits that don't do the job, but that is  
867 an entitlement that you say you are against.

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

872 The Chairman. The gentleman's time has expired. The chair  
873 recognizes the gentleman from Georgia, Mr. Buddy Carter, for 1  
874 minute.

875 Mr. Carter. Thank you, Mr. Chairman. Today we are taking  
876 the first step to fixing our healthcare system that is failing  
877 for millions of Americans. After watching promise after promise

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878 broken, it is clear that a top-down, one-size-fits-all model for  
879 health care has provided us with little choice in a wealth of  
880 mandates.

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

887 We are taking steps in our plan to strengthen the healthcare  
888 market by loosening Obamacare's age rating ratio, which is used  
889 to adjust premium amounts according to an individual's age. This  
890 unrealistic regulation has filled insurance pools with older,  
891 less healthy individuals while driving younger and healthy  
892 individuals from the insurance market, driving the cost of health  
893 care up for everyone.

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

896 The Chairman. The gentleman's --

897 Mr. Carter. -- the necessary steps --

898 The Chairman. -- time --

899 Mr. Carter. -- to repair our healthcare system, and I yield  
900 back, Mr. Chairman.

901 The Chairman. The gentleman's time has expired. The chair  
902 recognizes the Chairman of the DCC, my friend from New Mexico,

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903 Mr. Lujan.

904 Mr. Lujan. Thank you, Mr. Chairman. Today's bill should  
905 be about real people, real families living check to check, real  
906 parents trying to care for their sick kids, but that is not the  
907 bill before us today, not even close. This legislation begs 2  
908 questions for my friends across the aisle. Have they forgotten  
909 these real hardworking people, or are they intentionally ignoring  
910 them? Because this bill pits sick children against aging  
911 grandparents, and it turns its back on families living check to  
912 check.

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

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

926 The Chairman. The gentleman's time --

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

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928 The Chairman. -- has expired.

929 Mr. Lujan. -- any answers.

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

932 Mr. Hudson. Thank you, Mr. Chairman. Today is a great day  
933 for America. Today is about Sandra from Stanley County, North  
934 Carolina, whose deductible increased from \$200 a month before  
935 Obamacare to over \$3,000 a month. She told me that she actually  
936 some months has to decide between going to the doctor and buying  
937 groceries.

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

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

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

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

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953 The Chairman. The gentleman's --

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

956 The Chairman. The gentleman's time has expired. I  
957 appreciate the gentleman's comments. We will now go to Mr. Tonko  
958 for 1 minute.

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

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

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

975 I oppose this bill, and I will fight it with every fiber of  
976 my being and with all of the energy I have because, unlike some  
977 of my colleagues on the other side of the aisle, I did not get

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978 elected to take health care away from my constituents.

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

980 Mr. Tonko. I yield back.

981 The Chairman. The chair recognizes the gentlelady, Ms.

982 Clarke, for a minute for opening statement.

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

984 The Chairman. The gentlelady reserves. The chair  
985 recognizes the gentleman from Iowa for an opening statement.

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

987 The Chairman. The Chairman recognizes the gentleman from  
988 Oregon, Mr. Schrader, for an opening statement.

989 Mr. Schrader. Reserve also.

990 The Chairman. The gentleman recognizes Mr. Kennedy.

991 Reserves. Where do we go next? The gentleman from California  
992 I guess is next -- I am just trying to figure out the flow here  
993 -- is recognized for 1 minute.

994 Mr. Cardenas. Mr. Chairman, I reserve.

995 The Chairman. Reserves. I recognize the gentleman, the  
996 other gentleman, another gentleman from California, Mr. Ruiz.

997 Mr. Ruiz. Thank you, Mr. Chairman. I became a doctor to  
998 help struggling families get the care they need when they need  
999 it most. Healthcare providers like me want nothing more than for  
1000 patients to have adequate health coverage so they can have the  
1001 access to care that they need -- preventative, primary, follow-up  
1002 services, you name it.

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1003 But just because coverage is offered, if people can't afford  
1004 it, what good will it do? Affordability equals access. In my  
1005 years in medicine, I have never met a patient who didn't have  
1006 coverage because they didn't want it. They didn't have coverage  
1007 because they couldn't afford it, so I am deeply concerned that  
1008 this bill make premiums and other healthcare costs unaffordable  
1009 for working families and seniors, and they will lose their  
1010 insurance and care.

1011 At a time when far too many Americans are living paycheck  
1012 to paycheck, this bill will impose harsh penalties, call it a sick  
1013 tax, for patients for an entire year if, for no fault of their  
1014 own, lost their job and lost their insurance. It will drastically  
1015 increase premiums for seniors because they will have to pay 5 times  
1016 more coverage than young adults.

1017 This bill is unacceptable. This will make health care more  
1018 costly for families, for seniors, and they will get --

1019 The Chairman. The gentleman's --

1020 Mr. Ruiz. -- less in return.

1021 The Chairman. -- time has expired. The chair would  
1022 recognize the gentleman from Mississippi, Mr. Harper, for 1 minute  
1023 for an opening statement.

1024 Mr. Harper. Reserve.

1025 The Chairman. The gentleman reserves. Who is next on your  
1026 side? Mr. Peters, for an opening statement.

1027 Mr. Peters. Thank you, Mr. Chairman. I wasn't here for the

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1028 fight over Obamacare, but I came to this committee this year antsy  
1029 to be part of a constructive effort to continue to improve the  
1030 healthcare system. And there are a lot of great things in the  
1031 Affordable Care Act, which apparently the majority agrees,  
1032 because they are trying to preserve or recreate many of them.

1033 In some places like my district where so many get insurance  
1034 through their employer or through the Covered California  
1035 exchange, it is working pretty well. And, in fact, in my  
1036 district, the uninsured rate has dropped from 9.4 percent to 5.4  
1037 percent since the ACA was passed.

1038 But we know that in other markets they are lacking  
1039 competition and consumers are faced with fewer options. And I  
1040 acknowledge that these are challenges that need to be addressed,  
1041 but I also recognize that clearly there is no interest from the  
1042 majority in a bipartisan solution to fix them.

1043 Instead, we have a proposal that would damage these markets  
1044 even further and shift more costs onto working families. The  
1045 majority gave up on getting any of our votes before they even began  
1046 writing their bill, and that is a shame because we can do better.  
1047 We have to do better. And I hope whether this bill dies on the  
1048 floor of the House or the door to the Senate that we will do better  
1049 than this.

1050 The Chairman. The gentleman's time has expired. Are there  
1051 any members on the majority side that would like to see  
1052 recognition? Seeing none, the chair recognizes now the

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1053 gentlelady from Michigan, Mrs. Dingell, for 1 minute for an  
1054 opening statement.

1055 Mrs. Dingell. Thank you, Mr. Chairman. I have nothing but  
1056 respect for my colleagues on the other side, but, respectfully,  
1057 have huge differences today. Our job is to represent the working  
1058 men and women and their families of our district, and to fight  
1059 to protect them. As has been said several times, pure and simply,  
1060 this bill is less coverage, fewer protections, and higher costs.

1061 I wasn't in Congress when we passed the Affordable Care Act,  
1062 but I know someone who was intimately involved in the process.  
1063 In fact, we are in a room that bears his name. This was his life's  
1064 work, and I can tell you that on behalf of John Dingell, President  
1065 Ted Kennedy -- or Ted Kennedy, should have been, President  
1066 Franklin Delano Roosevelt, and the generations of other leaders  
1067 who fought for the right of every American for quality, affordable  
1068 health care, we cannot let you take health care away from people  
1069 who need it most, and we will not go down without a fight.

1070 I yield back the rest of my time.

1071 The Chairman. The gentlelady yields back the balance of her  
1072 time. Are there any members on the majority side seeking  
1073 recognition? Seeing none, any on the Democratic side seeking  
1074 recognition for an opening statement? Seeing -- is that a yes  
1075 now? Okay. The gentleman from Iowa, Mr. Loeb sack.

1076 Mr. Loeb sack. Thank you, Mr. Chair. Today we are  
1077 considering a bill that will rip quality care from Iowans. This

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1078 legislation works to repeal the Affordable Care Act, which has  
1079 helped Iowans get back on their feet and has provided quality  
1080 health care to thousands of Iowa families.

1081 Under the Affordable Care Act, 255,000 uninsured Iowans  
1082 gained expanded health insurance options, both through Medicaid  
1083 and private health plans within the marketplace. Additionally,  
1084 hundreds of thousands of Iowans have gained coverage for  
1085 affordable preventative healthcare services.

1086 Rather than improving our nation's health care, today's  
1087 legislation would move us backwards, stripping Iowans of  
1088 important healthcare services and covering fewer people at higher  
1089 costs. Since the debate about how to improve our nation's  
1090 healthcare system began, my number 1 priority has been to ensure  
1091 all Iowans and Americans have access to quality, affordable care.

1092 This legislation undermines that goal. Make no mistake  
1093 about it. Today the health care of my constituents, Iowans, and  
1094 Americans is at risk, and that is something that I will not stand  
1095 for, and I yield back.

1096 The Chairman. The gentleman yields back. Okay. Let us go  
1097 through the list here. Ms. Clarke for 1 minute for opening  
1098 statement.

1099 Ms. Clarke. Thank you, Mr. Chairman. I am against the sham  
1100 reverse Robin Hood, take from the poor, give to the rich, American  
1101 Healthcare Act. The Republicans would like to paint a rosy  
1102 utopian picture of life prior to the Affordable Care Act. That

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1103 is fake news, as Donald Trump would say.

1104 Well, let me remind you of how it really was prior to the  
1105 Affordable Care Act. Prior to the ACA, in the United States, one  
1106 of the wealthiest nations in the world, we had nearly 47 million  
1107 Americans who lacked health insurance. Additionally, a study by  
1108 the Department of Health and Human Services found that 17.1  
1109 million Americans under the age of 65 were underinsured, of which  
1110 9.3 million had employer-based insurance.

1111 Tragically, people in these situations often had to go  
1112 without vital health care simply because they couldn't afford it.  
1113 However, after the passage of ACA, only 8.6 percent of Americans,  
1114 about 27.3 million people, are uninsured, the first time in  
1115 history that the nation's uninsured rate fell below 9 percent.

1116 The American Healthcare Act puts all of these positive gains  
1117 at risk. We can't afford to go back to pre-ACA days. Health care  
1118 is a fundamental human right and not a commodity, not an iPhone,  
1119 as the Republicans are treating it, highly reckless and extremely  
1120 irresponsible. We have a responsibility to our seniors --

1121 The Chairman. The gentlelady's time has expired.

1122 Ms. Clarke. And I yield back, Mr. Chairman.

1123 The Chairman. Other members seeking recognition? Mr.  
1124 Schrader for 1 minute.

1125 Mr. Schrader. Thank you, Mr. Chairman. The Affordable  
1126 Care Act is responsible for 20 million Americans getting health  
1127 care and hundreds of thousands of Oregonians. It has begun to

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1128 bend the cost curve in healthcare spending, putting us on a path  
1129 to sustainability and reducing our deficit, and making sure the  
1130 Medicare Trust Fund is solvent for many years to come.

1131 I am disappointed to be here today as the Republicans try  
1132 and repeal this great act. We are marking the bill up without  
1133 any input from the Congressional Budget Office, risk falling back  
1134 on the progress we have made to reduce the deficit and ensure  
1135 seniors, children, and disabled have access to health care.

1136 The bill we are considering also rolls back a lot of the  
1137 progress we have made in my home state of Oregon, to bring down  
1138 costs and improve outcomes without cutting reimbursement.

1139 Perhaps worst of all, the bill in front of us today rolled back  
1140 a lot of successes we have had while failing to fix the problems  
1141 that need help. Rather than reduce premiums, it has the potential  
1142 to increase them as much as 30 percent. We need to do better.

1143 The Chairman. The gentleman's time has expired. Any  
1144 members on the Republican side seeking recognition? Seeing none,  
1145 the chair recognizes the gentleman, Mr. Kennedy.

1146 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, I was  
1147 struck last night by a comment that I heard made by Speaker Ryan  
1148 where he called this repeal bill "an act of mercy." With all due  
1149 respect our Speaker, he and I must have read different scripture.  
1150 The one that I read calls on us to feed the hungry, to clothe the  
1151 naked, to shelter the homeless, and to comfort the sick. It  
1152 reminds us that we are judged not by how we treat the powerful

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1153 but by how we care for the least among us.

1154 Mercy, defined in purely secular terms, compassionate  
1155 treatment for those in distress. It is kindness, and it is grace.  
1156 There is no mercy in a system that makes health care a luxury.  
1157 There is no mercy in a country that turns their back on those most  
1158 in need of protection -- the elderly, the poor, the sick, and the  
1159 suffering.

1160 There is no mercy in a cold shoulder to the mentally ill.  
1161 There is no mercy in a policy that takes for granted the sweat,  
1162 the tears, and the sacrifice of working Americans that they shed  
1163 every day, so that they might care for their families' basic needs  
1164 -- good, shelter, health, and hope for tomorrow. There is no  
1165 mercy --

1166 The Chairman. The gentleman's time --

1167 Mr. Kennedy. -- for the 2.6 million --

1168 The Chairman. -- has expired.

1169 Mr. Kennedy. -- people who will lose their job if Obamacare  
1170 is repealed. This is not an act of mercy.

1171 The Chairman. The chair now recognizes --

1172 Mr. Kennedy. It is an act of malice.

1173 The Chairman. -- the gentlelady from Washington State, the  
1174 Conference Chairman for the Republicans, Mrs. Cathy McMorris  
1175 Rodgers, for 1 minute for an opening statement.

1176 Mrs. McMorris Rodgers. Thank you, Mr. Chairman. We are on  
1177 a rescue mission. Obamacare, though well-intentioned, has

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1178 failed. It has failed in its goals, and it has failed in its  
1179 promises.

1180 People in eastern Washington are paying more and more for  
1181 health care. Millions of Americans have lost their health care  
1182 plans. Millions of Americans can no longer access the doctor of  
1183 their choice. Medicaid, a very important safety net, is plagued  
1184 with access problems, poor quality of health, unsustainable  
1185 funding, and this has been going on for years.

1186 And yet Obamacare forced about 50 percent of the newly  
1187 insured people into Medicaid nationwide. It was over 80 percent  
1188 in Washington State. This jeopardizes this important safety net  
1189 for the people who need it more -- the most -- the poor, the  
1190 elderly, children, people with disabilities.

1191 I recognize many individuals with disabilities rely on  
1192 Medicaid for their health care, and I am committed to ensuring  
1193 that they have access to care at home and in the community moving  
1194 forward. Everyone should have access to quality, affordable  
1195 healthcare coverage, and that is why we are moving forward with  
1196 a plan that protects individuals with preexisting conditions,  
1197 responsibly unwinds the Medicaid expansion, and helps Americans  
1198 afford health insurance through --

1199 The Chairman. The gentlelady's --

1200 Mrs. McMorris Rodgers. -- advanceable tax credits.

1201 The Chairman. -- time has expired. Are there other  
1202 members seeking recognition? The gentleman from California is

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1203 recognized for 1 minute for purposes of an opening statement.

1204 Mr. Cardenas. Thank you very much, Mr. Chairman. Ladies  
1205 and gentlemen, the Republicans are cheating hardworking  
1206 Americans. Their plan will force middle class families to pay  
1207 more for less. It takes away healthcare protections to up to 129  
1208 million Americans with preexisting conditions, and it means  
1209 seniors will pay up to \$2- to \$3,000 more every year.

1210 What is more, this bill lines the pockets of insurance  
1211 companies. If you have any lapse in coverage, insurance  
1212 companies have to charge you up to 30 percent more for the care  
1213 that you used to get. To add insult to injury, this bill gives  
1214 a tax break to CEOs of those insurance companies. That is what  
1215 I call the "keep quiet" clause.

1216 Middle class families get screwed under this bill. We know  
1217 that this bill will raise our national deficit and hurt our  
1218 economy, but we can't tell you exactly by how much because the  
1219 Congressional Budget Office hasn't had the opportunity to give  
1220 us that score.

1221 Myself and the rest of the members of the committee, your  
1222 elected representatives, were not allowed to see the bill until  
1223 2 days ago. When the Affordable Care Act was passed in 2010, the  
1224 House alone had 79 public hearings. The bottom line is this: the  
1225 Republican plan is doing all that it can to kick you to the curb  
1226 and take away your health care.

1227 I yield back.

1228 The Chairman. With that, the gentleman's time has expired.  
1229 Are there other members seeking recognition who have not been  
1230 recognized? At that point, then --

1231 Mr. Pallone. Mr. Chairman?

1232 The Chairman. -- the chair calls up the committee print.

1233 Mr. Pallone. Mr. Chairman?

1234 The Chairman. I will get to you in just a second. The chair  
1235 calls up the committee print and asks the clerk to report.

1236 Mr. Pallone. Mr. Chairman, I would like to --

1237 The Chairman. The chair calls up the committee print -- just  
1238 a moment; I will get to you -- and asks the committee print --  
1239 the clerk to report.

1240 The Clerk. Committee print, budget reconciliation --

1241 Mr. Pallone. Mr. Chairman?

1242 The Clerk. -- and legislative recommendations relating to  
1243 repeal and replace of the Patient Protection and Affordable Care  
1244 Act.

1245 [The committee print follows:]

1246

1247 \*\*\*\*\*COMMITTEE INSERT 1\*\*\*\*\*

1248 The Chairman. Without objection, the first reading of the  
1249 committee print is dispensed with, and the committee will print  
1250 -- the print will be open for amendment at any point. So ordered.

1251 With that, I would recognize the gentleman from New Jersey.

1252 Mr. Pallone. Okay. Mr. Chairman, I would like to enter  
1253 into some parliamentary inquiries about the process today. I  
1254 think it will make it easier for us if we -- if you can answer  
1255 certain questions pursuant to a colloquy with me.

1256 The Chairman. I am happy to have that discussion.

1257 Mr. Pallone. First of all, with regard to the schedule,  
1258 should we be prepared to work late into evening each markup day,  
1259 or do you plan to complete debate at a certain time and then move  
1260 to the next --

1261 The Chairman. It appears, based on the fact there are no  
1262 amendments available for consideration, that we should be done  
1263 fairly soon.

1264 Mr. Pallone. And what does that mean? What are you  
1265 referencing now, there are no --

1266 The Chairman. Well, I don't -- no amendments have been filed  
1267 or shared with the --

1268 Mr. Pallone. We have many amendments, Mr. Chairman.

1269 The Chairman. None of them --

1270 Ms. DeGette. Mr. Chairman?

1271 The Chairman. Just a moment, please. None of them -- we  
1272 are in a colloquy here. We have received no amendments. None

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1273 have been filed. We look forward to seeing your amendments.

1274 Mr. Pallone. Mr. Chairman, I don't understand what you are  
1275 talking about. There are numerous amendments on behalf of the  
1276 Democrats and the minority.

1277 The Chairman. We have no amendments at the table. No  
1278 amendments have been filed. It is hard for me to consider how  
1279 long we are going to be here until we know what your amendments  
1280 are.

1281 Mr. Pallone. Okay. If that is not --

1282 The Chairman. Can you tell me -- let me ask you a question.  
1283 How many amendments do you plan to offer?

1284 Mr. Pallone. I think we have about 100 amendments.

1285 The Chairman. One hundred amendments. We have not seen any  
1286 of them.

1287 Mr. Pallone. Well, we will certainly --

1288 The Chairman. When can we anticipate seeing these  
1289 amendments?

1290 Mr. Pallone. -- provide you with those amendments.

1291 The Chairman. When will we see those?

1292 Mr. Pallone. My understanding is that they are available.

1293 The Chairman. They are available now? We have not --

1294 Mr. Pallone. They will be provided within the customary  
1295 2-hour limit.

1296 The Chairman. All right. Well, we are kind of there with  
1297 the bill.

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1298 Mr. Pallone. Well, I don't think so. But anyway,  
1299 obviously, you are not going to answer --

1300 The Chairman. Actually, the bill is before --

1301 Mr. Pallone. -- you are not going to answer the questions  
1302 about the schedule. I am trying to get some handle here. If you  
1303 just want to be -- you know, try to jam this thing through and  
1304 not talk about the schedule, that is fine. I can play that game,  
1305 too. No questions, no answers about the schedule, correct?

1306 The Chairman. No, that is not what I --

1307 Mr. Pallone. Well, I simply asked a question.

1308 The Chairman. Gentleman, please suspend. I can't comment  
1309 on how long we are going to be here until I know how many amendments  
1310 we are going to consider.

1311 Mr. Pallone. All right. Then let us --

1312 The Chairman. You have told me now for the first time you  
1313 may have 100 amendments. That tells us we are going to be here  
1314 long -- I don't know how long people are going to debate those  
1315 amendments.

1316 Mr. Pallone. Let us go to the next --

1317 The Chairman. Let me finish. I am happy to give you  
1318 guidance once I know what you are planning in.

1319 Mr. Barton. Parliamentary inquiry, Mr. Chairman.

1320 The Chairman. The gentleman from Texas is recognized for  
1321 a parliamentary inquiry.

1322 Mr. Barton. Is it not the rule of the committee that

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1323 amendments have to be made available 2 hours before the markup  
1324 begins?

1325 Mr. Pallone. Two hours before the --

1326 The Chairman. It is the --

1327 Mr. Pallone. -- amendments are considered.

1328 The Chairman. If I could -- since I actually have the gavel  
1329 -- it is the policy of the committee that they be considered 2  
1330 hours in advance. That has been the tradition of the committee.  
1331 As you know as the Chairman -- I believe Mr. Upton knows --  
1332 generally, to be able to give more thoughtful consideration, the  
1333 sooner they are filed the better, so our staffs can review them,  
1334 members can review them. So --

1335 Mr. Barton. Okay. Further parliamentary inquiry.

1336 The Chairman. The gentleman is recognized for  
1337 parliamentary inquiry.

1338 Mr. Barton. It is the policy of the committee that  
1339 amendments be made in order -- be made available 2 hours before  
1340 the markup begins. And since this markup began at approximately  
1341 10:30, should not those amendments that the minority wishes to  
1342 offer have been already made available in order to be considered?

1343 Mr. Pallone. My understanding is --

1344 The Chairman. If I could answer.

1345 Mr. Pallone. -- it is 2 hours before the amendment --

1346 The Chairman. If the gentleman --

1347 Mr. Pallone. -- is considered.

1348 The Chairman. If the gentleman would suspend, it is the  
1349 normal policy that they would be provided ahead of time, 2 hours  
1350 in advance. That makes it all work better for all members on both  
1351 sides to be able to look at amendments.

1352 We look forward to the minority placing their amendments in  
1353 front of us and filing. But it is pretty hard for me to figure  
1354 out how long we are going to be here until I know how many  
1355 amendments we are going to have here.

1356 Mr. Pallone. All right. Let us move on.

1357 Ms. DeGette. Mr. Chairman, I have a parliamentary --

1358 The Chairman. Other --

1359 Ms. DeGette. -- inquiry.

1360 Mr. Barton. Another parliamentary inquiry.

1361 The Chairman. The gentleman is recognized for a  
1362 parliamentary inquiry.

1363 Mr. Barton. Now that we have established that the amendment  
1364 should be made available 2 hours before the markup --

1365 Mr. Pallone. Two hours before the --

1366 Mr. Barton. -- and they have not --

1367 The Chairman. Would the gentleman suspend?

1368 Mr. Barton. -- they have not been made available, at what  
1369 point does the Chairman intend --

1370 Mr. Pallone. Mr. Chairman?

1371 Mr. Barton. -- to begin regular order and consider --

1372 Mr. Pallone. There is no regular order here. Regular order

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1373 ended when you didn't have a subcommittee hearing --

1374 The Chairman. All right.

1375 Mr. Pallone. -- before the markup.

1376 The Chairman. All right. We are going to move on.

1377 Mr. Pallone. There is no regular order.

1378 Mr. Barton. With respect --

1379 Mr. Rush. Mr. Chairman?

1380 Mr. Barton. -- if the minority has --

1381 The Chairman. The gentleman will suspend.

1382 Mr. Rush. Mr. Chairman?

1383 The Chairman. The gentleman will suspend. Please, please,  
1384 please. The gentleman will suspend. We look forward to getting  
1385 your amendments and moving through on regular order.

1386 Now, I would recognize the gentleman from New Jersey. Do  
1387 you have another question?

1388 Mr. Pallone. Yes, I do. My understanding, based on what  
1389 you told us before the committee markup, was that amendments on  
1390 any section were going to be in order at any time. Now I am told  
1391 that there is -- now you want to move to a process where we go  
1392 section by section. That is not what we were told beforehand,  
1393 and I intend to proceed with having amendments open at any time  
1394 on any section rather than moving section by section.

1395 So let me ask again: is that the case? My understanding  
1396 was beforehand that you are not going to move section by section.

1397 The Chairman. Well, that is not -- what we shared with your

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1398 staff yesterday was our preference to follow the same procedures  
1399 that have been followed before, including by Mr. Waxman, former  
1400 chairman of this committee, to go -- and during the ACA markup  
1401 to go subtitle by subtitle. It is still open for amendment at  
1402 any time.

1403 If you don't want to proceed that way, that -- we will  
1404 recognize the amendments. It just makes it a more thoughtful  
1405 approach to go subtitle by subtitle. It is easier on both staffs  
1406 to work through the amendments. If it is a Medicaid amendment,  
1407 we are happy to go through the amendments. We will be here until  
1408 we finish the amendments.

1409 This was simply a way to make it more organized for the  
1410 committee members and for our staff to be able to work through  
1411 them, especially since we still don't have your 100 amendments.

1412 Mr. Pallone. Well, Mr. Chairman, I was told that your staff  
1413 indicated to us that we were going to be open to amendment on any  
1414 section at any time; we were not moving section by section.  
1415 Regardless of that, we do not -- regardless of that, we do not  
1416 intend to move section by section. We are going to offer  
1417 amendments on any topic as we proceed --

1418 The Chairman. All right.

1419 Mr. Pallone. -- not section by section.

1420 The Chairman. Then we will move on. The chair recognizes  
1421 himself for purposes of offering an amendment.

1422 Mr. Pallone. I have some additional questions, which I

1423 think would make things go easier, again --

1424 The Chairman. Really.

1425 Mr. Pallone. -- if we could go through them. Yes. Now,  
1426 you --

1427 The Chairman. We look forward to that.

1428 Mr. Pallone. Okay. Mr. Chairman, about rolling of votes,  
1429 you know that when we had our initial organizing meeting, I was  
1430 very much opposed to the idea of rolling votes. You expressed  
1431 the fact that you were not going to try to roll votes in most  
1432 circumstances. Today, in particular, because we have such an  
1433 important bill, because we are all here and we are going to debate  
1434 amendments as we go along, I see no reason to roll votes.

1435 So I would ask that we not move to a process of rolling the  
1436 votes, but, rather, proceed amendment by amendment with a  
1437 discussion, and not roll votes because it is important that  
1438 members be here for the entire debate. So I ask you that question.  
1439 I would ask that we not roll votes.

1440 The Chairman. Well, it always resides with the chair to make  
1441 that decision. But as I have said, I will consult with you on  
1442 those matters for the convenience of members, but we intend to  
1443 move forward amendment by amendment, vote by vote.

1444 Mr. Pallone. All right. I appreciate that. Now, my last  
1445 question is about the actual vehicle before us. My question is,  
1446 is what we are considering today a bill, a committee draft? What  
1447 exactly is it that we are considering?

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1448 The Chairman. It is a committee print.

1449 Mr. Pallone. Okay. So does that mean that, in terms of the  
1450 procedural pathway, that once this committee print has been  
1451 amended and the markup proceeding has concluded, will that then  
1452 be reintroduced in some form as a bill? Will it be introduced  
1453 as a bill once we finish? Will it be reported out of our  
1454 committee?

1455 The Chairman. As the gentleman probably knows, what we do  
1456 here is forward it up to the Budget Committee. This is the  
1457 reconciliation process. I know in the past, under the Democrats,  
1458 this process was skipped at some point, and everything just was  
1459 done up at Budget Committee.

1460 We are actually going through regular order to take  
1461 amendments, to go through a committee print, and then we will  
1462 submit our products to the Budget Committee.

1463 Mr. Pallone. All right.

1464 The Chairman. From there it goes to the Rules Committee,  
1465 and the Rules Committee will report a bill to the floor.

1466 Mr. Pallone. All right. So let me go back to that again.  
1467 What you are saying is because of a reconciliation process, and  
1468 alleged regular order -- again, I would point out that we are not  
1469 doing regular order because we didn't have a hearing and a  
1470 subcommittee markup.

1471 But if you are saying that this is going -- that this is the  
1472 reconciliation process, I don't understand how you can make that

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1473 statement because the fact of the matter is that much of what is  
1474 in this committee print is not in the nature of reconciliation.  
1475 I mean, it is -- a lot of this is what we call convertible, which  
1476 means it would have to be significantly changed before the Senate  
1477 could take it up as a --

1478 The Chairman. If the gentleman will yield --

1479 Mr. Pallone. -- reconciliation bill.

1480 The Chairman. -- questions of Senate are of the Senate's  
1481 decision-making, not ours. We are not bound by the rules of the  
1482 Senate. We are the United States House of Representatives. We  
1483 are the Energy and Commerce Committee. We will do our job in  
1484 regular order, as we have, under our rules with due consideration.

1485 Mr. Pallone. All right. So what you are saying, then, is  
1486 that even though this is a committee print, and not a bill, and,  
1487 therefore, is going to go through the reconciliation process, you  
1488 have gone beyond the reconciliation process in terms of the  
1489 subject matter, you know, going into things that are not -- could  
1490 not be part of the reconciliation process --

1491 The Chairman. That is not the case.

1492 Mr. Pallone. -- in the Senate.

1493 The Chairman. That is not the case. I am not saying that.  
1494 I don't believe that to be the case.

1495 Mr. Pallone. No, I understand. But, Mr. Chairman --

1496 The Chairman. If you will let me finish.

1497 Mr. Pallone. Yes.

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1498           The Chairman. I am not saying that. I don't believe that  
1499 to be the case. This was in our procedures of reconciliation.  
1500 As I say, the Senate has different procedures. We don't even have  
1501 the option to have the Senate parliamentarians come tell us what  
1502 we want. And, by the way, I don't want the Senate  
1503 parliamentarians telling us what we can or cannot do.

1504           Now, if we can proceed.

1505           Mr. Pallone. Well, let me just ask one more question.

1506           The Chairman. This was your last question.

1507           Mr. Pallone. Well, except that you made the point that made  
1508 me think about one other problem here. Why -- why, if you are  
1509 going through the reconciliation process, or if you are going to  
1510 go beyond it in terms of the Senate -- I know you are not worried  
1511 about the Senate; I don't quite understand that -- why is it that  
1512 we are going through this procedure as opposed to just doing a  
1513 regular bill? It would seem to me that --

1514           The Chairman. Because this is the reconciliation process.  
1515 This is open to us. We have instructions to the Budget Committee.

1516           So I appreciate the gentleman. We are going to move forward.  
1517 The chair recognizes --

1518           Mr. Pallone. Mr. Chairman, we have a question from the  
1519 gentleman from New Mexico.

1520           The Chairman. Excuse me. If you would suspend, we are  
1521 going to move forward with the regular order. The chair  
1522 recognizes -- the chair has not recognized anyone.

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1523 Mr. Pallone. Mr. Chairman, I have a motion. I have a motion  
1524 before we go through the amendment process.

1525 The Chairman. No, that is not how this is going to work.  
1526 The chair recognizes --

1527 Mr. Pallone. Well, Mr. Chairman, I have --

1528 The Chairman. -- himself for the purposes of --

1529 Mr. Pallone. -- a motion.

1530 The Chairman. -- offering an amendment in the nature of  
1531 a substitute.

1532 Mr. Pallone. Mr. Chairman, I have a --

1533 The Chairman. The clerk will report the --

1534 Mr. Pallone. -- parliamentary inquiry.

1535 The Chairman. The clerk will report the amendment.

1536 Mr. Pallone. No. Mr. Chairman, a parliamentary inquiry.

1537 The Clerk. Amendment to the committee print offered --

1538 The Chairman. The gentleman will suspend. The clerk will  
1539 report the amendment.

1540 Mr. Pallone. Parliamentary inquiry, Mr. Chairman.

1541 The Clerk. Amendment to the committee print offered by --

1542 Mr. Pallone. So you are not going to recognize me for a  
1543 parliamentary inquiry, Mr. Chairman.

1544 The Clerk. -- Title I, Energy and Commerce, Subtitle A --

1545 Mr. Pallone. I have a parliamentary inquiry --

1546 The Clerk. -- patient access to public --

1547 Mr. Pallone. -- Mr. Chairman.

1548 The Clerk. -- and health programs.

1549 [The amendment offered by Mr. Walden follows:]

1550

1551 \*\*\*\*\*COMMITTEE INSERT 2\*\*\*\*\*

1552 Mr. Pallone. Mr. Chairman?

1553 The Chairman. I ask unanimous --

1554 The Clerk. Section 101 --

1555 The Chairman. -- consent to suspend the -- without  
1556 objection, the reading of the amendment is suspended with.

1557 Mr. Pallone. Mr. Chairman, I am not -- I am simply asking  
1558 for recognition with regard to a parliamentary inquiry. If you  
1559 are not going to recognize that, I don't know how you are going  
1560 to proceed.

1561 The Chairman. Mr. Pallone, I didn't say I wouldn't  
1562 recognize you. I am trying to follow regular order. We were  
1563 trying to dispense with that. Then I will recognize you now for  
1564 your parliamentary inquiry.

1565 Mr. Lujan. Mr. Chairman, I objected to the suspension that  
1566 you were just going through, and that was the subject of my  
1567 parliamentary inquiry. So I object to proceeding forward --

1568 The Chairman. So you are asking -- which one of you wants  
1569 to go first with your parliamentary inquiry?

1570 Mr. Pallone. All right. Mr. Chairman, let me ask a  
1571 parliamentary inquiry. What is it that you just tried to do there  
1572 with the clerk in terms of suspension?

1573 The Chairman. We are on the -- this is -- I am surprised  
1574 you don't know this. This is an amendment in the nature of a  
1575 substitute.

1576 Mr. Pallone. All right. Before we get to the amendment in

1577 the nature of a substitute, I have a parliamentary --

1578 The Chairman. We are actually -- if I could correct you,  
1579 we are actually on the amendment in the nature of a substitute.

1580 Mr. Lujan. I objected though, Mr. Chairman.

1581 The Chairman. All right. Well, then, let us -- go ahead.

1582 Mr. Barton. He was not recognized, Mr. Chairman.

1583 Mr. Lujan. We don't have to be recognized to object, Mr.  
1584 Chairman.

1585 Mr. Barton. The Chairman --

1586 The Chairman. You do have to be --

1587 Mr. Barton. The Chairman has --

1588 The Chairman. The gentlemen --

1589 Mr. Barton. -- the power of recognition.

1590 The Chairman. The gentlemen will all -- we will get through  
1591 this. Let us just all settle down here. So what is your  
1592 parliamentary inquiry?

1593 Mr. Pallone. My parliamentary inquiry is as such. And,  
1594 first of all, let me say this, Mr. Chairman.

1595 The Chairman. You must state your parliamentary inquiry.

1596 Mr. Pallone. You have stated over and over again, from the  
1597 very first day when we began the organization of this committee  
1598 --

1599 The Chairman. Does the gentleman have a parliamentary  
1600 inquiry?

1601 Mr. Pallone. Yes. I would like to propose a motion to

1602 postpone the markup for 30 days.

1603 The Chairman. That is not a -- you are --

1604 Mr. Pallone. Well, the point is --

1605 The Chairman. The gentleman will suspend. I recognized  
1606 you for a parliamentary inquiry.

1607 Mr. Pallone. The problem that I --

1608 The Chairman. What is your inquiry?

1609 Mr. Pallone. My concern here, Mr. Chairman --

1610 The Chairman. What is your inquiry, please?

1611 Mr. Pallone. My inquiry is, why is it that after repeatedly  
1612 saying for the last few months --

1613 The Chairman. Please state your inquiry.

1614 Mr. Pallone. My inquiry is, again, if I can state it, if  
1615 you will let me state it, is that after the last 2 months of  
1616 repeatedly saying we were going to use regular order, that we were  
1617 not going to try to jam things down, the members --

1618 The Chairman. Does the gentleman have a parliamentary  
1619 inquiry?

1620 Mr. Pallone. Now you are proceeding to do exactly that.  
1621 Okay?

1622 The Chairman. So what is your inquiry?

1623 Mr. Pallone. I said to you that I would like to make a motion  
1624 to postpone the markup for 30 days. I don't understand why that  
1625 is not in order at this time. It should be in order.

1626 The Chairman. Do you have a motion at the desk?

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1627 Mr. Pallone. Yes. The motion is to postpone the markup for  
1628 30 days. It is motion number 1.

1629 Mr. Barton. I move to table the motion, if it really is a  
1630 motion.

1631 The Chairman. Do we have it? Where is it? Can your staff  
1632 provide it for us?

1633 Mr. Pallone. Yes.

1634 The Chairman. When did we receive it? You don't know.

1635 The Clerk. We received the motion 3 minutes ago.

1636 The Chairman. Okay.

1637 Mr. Barton. Don't we have to consider it for 2 hours before  
1638 you --

1639 The Chairman. No, not on a motion.

1640 The Clerk. Motion to postpone markup for 30 days, offered  
1641 by Rep. Pallone.

1642 [The motion follows:]

1643

1644 \*\*\*\*\*COMMITTEE INSERT 3\*\*\*\*\*

1645 Mr. Barton. I do move to table the motion, Mr. Chairman.

1646 The Chairman. All those in favor of --

1647 Mr. Pallone. No.

1648 The Chairman. -- tabling the motion?

1649 Mr. Pallone. Mr. Chairman, I think we should be able to have  
1650 some debate on this motion. Again, what is the rush? You said

1651 --

1652 The Chairman. Mr. Pallone, I know you don't -- the question  
1653 -- let me rule on this, please. A motion to table is not debatable  
1654 under our rules. And I know you care deeply about following our  
1655 rules.

1656 Mr. Pallone. Mr. Chairman, again, the same --

1657 The Chairman. So the question now occurs on the motion to  
1658 table. All those in favor will say aye.

1659 Those opposed, no.

1660 Mr. Pallone. We ask for the yeas and nays, Mr. Chairman.

1661 The Chairman. The ayes appear to have it. The motion is  
1662 tabled.

1663 Mr. Pallone. The --

1664 The Chairman. I am getting there. We will ask for a roll  
1665 call vote on the motion to table. All those in favor of tabling,  
1666 vote aye. Those opposed, no. The clerk will call the roll.

1667 The Clerk. Mr. Barton.

1668 Mr. Barton. Aye.

1669 The Clerk. Mr. Barton votes aye.

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1670 Mr. Upton.

1671 Mr. Upton. Aye.

1672 The Clerk. Mr. Upton votes aye.

1673 Mr. Shimkus.

1674 Mr. Shimkus. Aye.

1675 The Clerk. Mr. Shimkus votes aye.

1676 Mr. Murphy.

1677 Mr. Murphy. Aye.

1678 The Clerk. Mr. Murphy votes aye.

1679 Mr. Burgess.

1680 Mr. Burgess. Aye.

1681 The Clerk. Mr. Burgess votes aye.

1682 Mrs. Blackburn.

1683 Mrs. Blackburn. Aye.

1684 The Clerk. Mrs. Blackburn votes aye.

1685 Mr. Scalise.

1686 [No response.]

1687 Mr. Latta.

1688 Mr. Latta. Aye.

1689 The Clerk. Mr. Latta votes aye.

1690 Mrs. McMorris Rodgers.

1691 [No response.]

1692 Mr. Harper.

1693 Mr. Harper. Aye.

1694 The Clerk. Mr. Harper votes aye.

1695 Mr. Lance.  
1696 Mr. Lance. Aye.  
1697 The Clerk. Mr. Lance votes aye.  
1698 Mr. Guthrie.  
1699 Mr. Guthrie. Aye.  
1700 The Clerk. Mr. Guthrie votes aye.  
1701 Mr. Olson.  
1702 Mr. Olson. Aye.  
1703 The Clerk. Mr. Olson votes aye.  
1704 Mr. McKinley.  
1705 Mr. McKinley. Aye.  
1706 The Clerk. Mr. McKinley votes aye.  
1707 Mr. Kinzinger.  
1708 Mr. Kinzinger. Aye.  
1709 The Clerk. Mr. Kinzinger votes aye.  
1710 Mr. Griffith.  
1711 Mr. Griffith. Aye.  
1712 The Clerk. Mr. Griffith votes aye.  
1713 Mr. Bilirakis.  
1714 Mr. Bilirakis. Aye.  
1715 The Clerk. Mr. Bilirakis votes aye.  
1716 Mr. Johnson.  
1717 Mr. Johnson. Aye.  
1718 The Clerk. Mr. Johnson votes aye.  
1719 Mr. Long.

1720 Mr. Long. Aye.

1721 The Clerk. Mr. Long votes aye.

1722 Mr. Bucshon.

1723 Mr. Bucshon. Aye.

1724 The Clerk. Mr. Bucshon votes aye.

1725 Mr. Flores.

1726 Mr. Flores. Aye.

1727 The Clerk. Mr. Flores votes aye.

1728 Mrs. Brooks.

1729 Mrs. Brooks. Aye.

1730 The Clerk. Mrs. Brooks votes aye.

1731 Mr. Mullin.

1732 Mr. Mullin. Aye.

1733 The Clerk. Mr. Mullin votes aye.

1734 Mr. Hudson.

1735 Mr. Hudson. Aye.

1736 The Clerk. Mr. Hudson votes aye.

1737 Mr. Collins.

1738 Mr. Collins. Aye.

1739 The Clerk. Mr. Collins votes aye.

1740 Mr. Cramer.

1741 Mr. Cramer. Aye.

1742 The Clerk. Mr. Cramer votes aye.

1743 Mr. Walberg.

1744 Mr. Walberg. Aye.

1745 The Clerk. Mr. Walberg votes aye.

1746 Mrs. Walters.

1747 Mrs. Walters. Aye.

1748 The Clerk. Mrs. Walters votes aye.

1749 Mr. Costello.

1750 Mr. Costello. Aye.

1751 The Clerk. Mr. Costello votes aye.

1752 Mr. Carter.

1753 [No response.]

1754 Mr. Pallone.

1755 Mr. Pallone. Mr. Chairman, you are trying to rush this bill.

1756 You are not allowing for debate. And if this process continues  
1757 all day long, it is going to be a very unfortunate circumstance  
1758 here. We are going to be here all night for several days. I vote  
1759 no.

1760 The Clerk. Mr. Pallone votes no.

1761 Mr. Rush.

1762 Mr. Rush. Mr. Chairman, I fully concur with our ranking  
1763 member's position. I think that for you to keep talking about  
1764 regular order when you are certainly out of order, I won't --

1765 The Chairman. Let me just say for members, the regular order  
1766 during a roll call is not to have a debate on your vote.

1767 Mr. Rush. Mr. Chairman, here you go again --

1768 The Chairman. We will hold to regular order.

1769 Mr. Rush. -- talking about regular order when regular

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1770 order is not what you are exercising this morning.

1771 The Chairman. The gentleman is out of order.

1772 Mr. Rush. You haven't exercised it yet.

1773 The Chairman. The clerk will continue to call the roll.

1774 The Clerk. Mr. Rush.

1775 Mr. Rush. Mr. Rush votes no.

1776 The Clerk. Mr. Rush votes no.

1777 Ms. Eshoo.

1778 Ms. Eshoo. No.

1779 The Clerk. Ms. Eshoo votes no.

1780 Mr. Engel.

1781 [No response.]

1782 Mr. Green.

1783 Mr. Green. No.

1784 The Clerk. Mr. Green votes no.

1785 Ms. DeGette.

1786 Ms. DeGette. No.

1787 The Clerk. Ms. DeGette votes no.

1788 Mr. Doyle.

1789 Mr. Doyle. No.

1790 The Clerk. Mr. Doyle votes no.

1791 Ms. Schakowsky.

1792 Ms. Schakowsky. No.

1793 The Clerk. Ms. Schakowsky votes no.

1794 Mr. Butterfield.

1795 Mr. Butterfield. No.  
1796 The Clerk. Mr. Butterfield votes no.  
1797 Ms. Matsui.  
1798 Ms. Matsui. No.  
1799 The Clerk. Ms. Matsui votes no.  
1800 Ms. Castor.  
1801 Ms. Castor. No.  
1802 The Clerk. Ms. Castor votes no.  
1803 Mr. Sarbanes.  
1804 Mr. Sarbanes. No.  
1805 The Clerk. Mr. Sarbanes votes no.  
1806 Mr. McNerney.  
1807 Mr. McNerney. No.  
1808 The Clerk. Mr. McNerney votes no.  
1809 Mr. Welch.  
1810 Mr. Welch. No.  
1811 The Clerk. Mr. Welch votes no.  
1812 Mr. Lujan.  
1813 Mr. Lujan. No.  
1814 The Clerk. Mr. Lujan votes no.  
1815 Mr. Tonko.  
1816 Mr. Tonko. No.  
1817 The Clerk. Mr. Tonko votes no.  
1818 Ms. Clarke.  
1819 [No response.]

1820 Mr. Loeb sack.

1821 Mr. Loeb sack. No.

1822 The Clerk. Mr. Loeb sack votes no.

1823 Mr. Schrader.

1824 Mr. Schrader. No.

1825 The Clerk. Mr. Schrader votes no.

1826 Mr. Kennedy.

1827 Mr. Kennedy. No.

1828 The Clerk. Mr. Kennedy votes no.

1829 Mr. Cardenas.

1830 Mr. Cardenas. No.

1831 The Clerk. Mr. Cardenas votes no.

1832 Mr. Ruiz.

1833 Mr. Ruiz. No.

1834 The Clerk. Mr. Ruiz votes no.

1835 Mr. Peters.

1836 Mr. Peters. No.

1837 The Clerk. Mr. Peters votes no.

1838 Mrs. Dingell.

1839 Mrs. Dingell. No.

1840 The Clerk. Mrs. Dingell votes no.

1841 Chairman Upton.

1842 [No response.]

1843 Chairman Walden.

1844 [No response.]

1845 The Chairman. Swing and a miss.

1846 [Laughter.]

1847 The Chairman. Fred is back. Walden votes yes on table.

1848 Are there other members who wish to be recorded? The gentlelady  
1849 from Washington.

1850 Mrs. McMorris Rodgers. Aye.

1851 The Clerk. Mrs. McMorris Rodgers votes aye.

1852 The Chairman. The gentleman from Louisiana.

1853 Mr. Scalise. Aye.

1854 The Clerk. Mr. Scalise votes aye.

1855 The Chairman. Are there members on the minority side that  
1856 have not been recorded? Are there other members who have not been  
1857 recorded? The clerk will report the tally.

1858 The Clerk. Mr. Chairman, on that vote, there were 30 ayes  
1859 and 22 noes.

1860 The Chairman. Thirty ayes, 22 noes. The motion carries,  
1861 and the tabling motion is approved.

1862 Mr. Lujan. Mr. Chairman?

1863 The Chairman. Yes. The gentleman from New Mexico is  
1864 recognized. For what purpose does he seek recognition?

1865 Mr. Lujan. The first point, Mr. Chairman, is I had objected  
1866 to the dispensing of the reading.

1867 The Chairman. I thought you were asking for a parliamentary  
1868 inquiry.

1869 Mr. Lujan. In addition to objecting to the dispensing of

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1870 the reading, I was also asking for a parliamentary inquiry because  
1871 I was attempting to be recognized during your first request of  
1872 dispensing of the reading. And I wasn't recognized, so I thought  
1873 I would break decorum and just blurt it out the second time.

1874 My parliamentary inquiry is, what is the proper way to be  
1875 recognized to object when the Chairman is asking for -- whether  
1876 there is an objection to a ruling?

1877 The Chairman. So you ask for what reason you are seeking  
1878 recognition. It was -- if the gentleman will suspend -- it was  
1879 a little difficult to hear your objection over Mr. Pallone's  
1880 discussion at the same time. That is why I am trying to keep  
1881 regular order here, so that we can be in a regular process and  
1882 recognize members in regular order. And that is why I was trying  
1883 to have one at a time and manage this.

1884 So does the gentleman have a parliamentary inquiry?

1885 Mr. Lujan. Mr. Chairman, my question is, is there a ruling  
1886 from the chair on my objection to the dispensing of the reading?

1887 The Chairman. It came late.

1888 Mr. Lujan. It did not. Mr. Chairman, roll the tapes. I  
1889 mean, are we at the Oscars here? Can we put something up there  
1890 for us?

1891 The Chairman. The gentleman will suspend. The ruling of  
1892 the chair is the gentleman did object to the dispensing with the  
1893 reading of the bill, but this is why it is important and why I  
1894 will continue to try to get regular order, because it was difficult

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1895 to hear the gentleman down there when I had my friend here also  
1896 concerned about things.

1897 So that is why, for everybody's benefit and regular order,  
1898 I will keep regular order, so nobody is discriminated against.

1899 So is the gentleman objecting to the dispensing with the  
1900 reading of the bill?

1901 Mr. Lujan. Yes, Mr. Chairman. That was my objection.

1902 The Chairman. All right. Then the clerk will read the  
1903 bill. Members need to know this will take a couple of hours, which  
1904 is fine. We are happy to do that. It would be helpful to the  
1905 regular order process, if the gentlemen/gentleladies on either  
1906 side of the aisle have amendments, we would ask that you would  
1907 have the courtesy to file those amendments, so we can all get due  
1908 consideration of the various amendments. I am told you have 100  
1909 amendments or so by the Democrat leader.

1910 Mr. Upton. Mr. Chairman?

1911 The Chairman. Yes.

1912 Mr. Upton. Parliamentary inquiry. Is it possible to have  
1913 a vote to suspend reading of the bill? Is that --

1914 The Chairman. It is not.

1915 Mr. Upton. Okay.

1916 Mr. Lujan. Mr. Chairman, parliamentary inquiry?

1917 The Chairman. The gentleman is recognized.

1918 Mr. Lujan. Going forward, what is the proper way to be  
1919 recognized, if the Chairman is asking if there is an objection,

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1920 so that we can avoid having to yell and break decorum in --

1921 The Chairman. I wish I could help you with that. I was  
1922 trying to get order here, so that I could hear other members that  
1923 are down dais. I was having trouble getting that.

1924 Mr. Lujan. Okay. Thank you, Mr. Chairman.

1925 The Chairman. And so we are on the amendment in the nature  
1926 of a substitute. We are delighted to share it and read it. As  
1927 you know, it has been online since 6:00 on Monday. The clerk --

1928 Mr. Schrader. Mr. Chairman?

1929 The Chairman. -- or 3:00 yesterday.

1930 Mr. Schrader. Mr. Chairman?

1931 The Chairman. 10:00 yesterday. We are on the -- just a  
1932 second. I want to make sure I have got this right. We are on  
1933 the reading of the amendment, the substitute. That is what we  
1934 are on. That is what the gentleman objected to dispensing with  
1935 the reading of, so we will proceed. The clerk shall read.

1936 Let me recognize my friend from Oregon. For what purpose  
1937 do you see recognition?

1938 Mr. Schrader. I appreciate that, Mr. Chairman. I have a  
1939 motion at the desk on this particular nature of a substitute.

1940 The Chairman. Yes. I don't think we can get to that now  
1941 until we read the bill.

1942 Mr. Schrader. All right.

1943 The Chairman. We have to read it first. So the clerk will  
1944 read the --

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1945 Mr. Barton. Mr. Chairman, can I ask one more sincere  
1946 parliamentary inquiry?

1947 The Chairman. Yes, sir.

1948 Mr. Barton. At what point does this 2-hour clock start on  
1949 amendments needing to be presented, so they can be considered?  
1950 In other words --

1951 The Chairman. In advance of consideration.

1952 Mr. Barton. In advance of consideration. So if --

1953 The Chairman. That is in the --

1954 Mr. Barton. -- a member wishes to offer an amendment, at  
1955 some point today they need to have them at the desk 2 hours before  
1956 they are going to be offered. Is that correct?

1957 The Chairman. That is the Chairman's policy.

1958 Mr. Barton. Thank you, sir.

1959 The Chairman. The clerk will now read the bill -- the  
1960 amendment in the nature of a substitute.

1961 Mr. Pallone. Mr. Chairman, inquiry --

1962 The Chairman. Yes.

1963 Mr. Pallone. -- with regard to what Mr. Barton said. My  
1964 understanding is that the 2 hours is a courtesy, and we are going  
1965 to abide by that. But that doesn't mean that we are going to give  
1966 -- that if someone wants to offer an amendment a little later in  
1967 the process today that they can't.

1968 The Chairman. Well, I assume you are going to have rolling  
1969 groups of amendments come our way. We have been told to expect

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1970 to be here through the weekend.

1971 Mr. Pallone. Exactly.

1972 The Chairman. And that you have hundreds of amendments, not  
1973 100 or so. So --

1974 Mr. Pallone. Well, I just want to make sure that the answer  
1975 to Mr. Barton's question wasn't that every amendment has to be  
1976 given to you now. That is not the case. I want everyone to  
1977 understand that.

1978 The Chairman. Yes. As Chairman, I do have some discretion  
1979 in these matters in terms of giving priority to amendments.  
1980 Again, to improve the thoughtfulness of our legislative process,  
1981 it would be helpful that you all make your amendments available,  
1982 unless there is some reason not to. It just helps the overall  
1983 process, it helps the staff, and it makes it go better. People  
1984 make more informed decisions. So I don't know why you would hide  
1985 the ball. I am not accusing you of --

1986 Mr. Pallone. We are not trying to hide anything, even though  
1987 you have hidden a lot. But the bottom line is --

1988 The Chairman. Okay. We are going to go back to --

1989 Mr. Pallone. -- we are going to try to get those amendments  
1990 now.

1991 The Chairman. Thank you.

1992 Mr. Pallone. But they are not all going to be available  
1993 right now.

1994 The Chairman. Okay. We will see them when we see them then.

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1995 And we will go now to the reading of the substitute.

1996 The Clerk. Amendment to the committee print offered by Mr.  
1997 Walden. Page 1, strike line 1 and all that follows through the  
1998 end and insert the following: Title I, Energy and Commerce,  
1999 Subtitle A, Patient Access to Public Health Programs.

2000 Section 101, The Prevention and Public Health Fund. in  
2001 general, subsection (b) of section 4002 of the Patient Protection  
2002 and Affordable Care Act, 42 U.S. Code 300u-11, as amended by  
2003 section 5009 of the 21st Century Cures Act, is amended.

2004 In paragraph 1, by adding "and" at the end. In paragraph  
2005 3, by striking "each of the fiscal years 2018 and 2019" and  
2006 inserting "fiscal year 2018," and by striking the semicolon at  
2007 the end and inserting a period, and by striking paragraphs 4  
2008 through 8.

2009 Rescission of unobligated funds. Of the funds made  
2010 available by section 4002, an unobligated balance at the end of  
2011 fiscal year 2018 is rescinded.

2012 Section 102, Community Health Center Program. Effective as  
2013 if included in the enactment of the Medicaid Access and CHIP  
2014 Reauthorization Act of 2015, Public Law 114-10, 129 Statistic 89,  
2015 paragraph 1 of section --

2016 Mr. Lujan. Mr. Chairman, there is no order in this committee  
2017 room. Can we get order?

2018 The Clerk. -- of such Act is amended by inserting --

2019 Mr. Lujan. Mr. Chairman?

2020 The Clerk. -- an additional --

2021 Mr. Lujan. Mr. Chairman, there is no order. I can't hear  
2022 her.

2023 The Clerk. -- for fiscal --

2024 The Chairman. The members on both sides of the aisle will  
2025 please restrain themselves, so that the gentleman from New Mexico  
2026 can hear the reading, and so can others. So if the majority  
2027 members -- I am going to -- please, or, I am sorry, the minority  
2028 members and the majority members, but especially this conclave  
2029 right here, if we can hold it down. And to the audience as well.  
2030 You are exactly right. We want people to hear the reading of the  
2031 amendment.

2032 The Clerk. -- after 2017.

2033 Section 103, Federal Payments to States. In general,  
2034 notwithstanding section 504(a), 1902(a)(23), 1903(a), 2002,  
2035 2005(a)(4), 1202(a)(7), or 1205(a)(1), of the Social Security  
2036 Act, 42 U.S. Code 704(a), 1396a(a)(23), 1396b(a), 1396a,  
2037 1397d(a)(4), 1397bb(1)(7), 1399ee(a)(1), or the terms of any  
2038 Medicaid waiver in effect on the date of enactment of this Act,  
2039 and is approved under section 1115 or 1915 of the Social Security  
2040 Act, 42 U.S. Code 1315, 1396n, for the 1-year period beginning  
2041 on the date of the enactment of this Act, no federal funds provided  
2042 from a program referred to in this subsection that is considered  
2043 direct spending for any year may be made available to a State for  
2044 payment to a prohibited entry, whether made directly to the

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2045 prohibited entry or through a managed care organization under  
2046 contract with the State.

2047           Definitions. In this section, prohibited entry, the term  
2048 "prohibited entry" means an entry, including its affiliates,  
2049 subsidiaries, successors, or clinics that as the date of enactment  
2050 of this Act, is an organization described in section 501(c)93)  
2051 of the Internal Revenue Code of 1986 an exempt from tax under  
2052 section 101 -- 501(a) of such Code; is an essential community  
2053 provider described in section 156.235 of title 45, Code of the  
2054 Federal Regulations, as in effect on the date enacted of this bill,  
2055 that is primarily engaged in family planning services,  
2056 reproductive health, and related medical care; and provides for  
2057 abortions or other than an abortion, if the pregnancy is the result  
2058 of an act or rape or incest, or in the case where a woman suffers  
2059 from a physical disorder, physical injury, or physical illness  
2060 that would, as certified by a physician, place the woman in danger  
2061 of death unless an abortion is performed, including a  
2062 life-endangering physical condition caused by or arising from the  
2063 pregnancy itself.

2064           And for which the total amount of Federal and State  
2065 expenditures under the Medicaid Program under Title 21 of the  
2066 Social Security Act in fiscal year 2014 made directly to the entity  
2067 and to any affiliates, subsidies, successors, or clinics of the  
2068 entity, or made to the entity and any affiliates, subsidies,  
2069 successors, or clinics of the entity as part of a nationwide

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2070 healthcare provider network exceeding \$350 million.

2071 Direct spending. The term "direct spending" has the meaning  
2072 given that the term under section 250(c) of the Balanced Budget  
2073 and Emergency Deficit Control Act of 1985, 2 U.S. Code 900(c).

2074 Subtitle B, Medicaid Program Enhancement.

2075 Section 111, Repeal of Medicaid Provisions. The Social  
2076 Security Act is amended. In section 1902, 42 U.S. Code 1396a,  
2077 in subsection (a) (47) (B), by inserting "and provided that any such  
2078 election shall cease to be effective on January 1, 2020, and no  
2079 such election shall be made after that date" before the semicolon  
2080 at the end, and in subsection (1) (2) (C), by inserting "and ending  
2081 December 31, 2019," after "January 1, 2014."

2082 In section 1951(k) (2), 42 U.S. Code 1396n(k) (2), by striking  
2083 "during the period described in paragraph 1" and inserting "on  
2084 or after the date referred to in paragraph 1 and before January  
2085 1, 2020." And in section 1920(e), 42 U.S. Code 1396r-1(e), by  
2086 striking "under clause (i) (8), clause (i) (4), or clause (2) (20)  
2087 of subsection (a) (10) (9)" and inserting "under clause (i) (8) or  
2088 clause (ii) (20) of subsection 1902(a) (1) (A) before January 1,  
2089 2020, section 1902(a) (10) (A) (i) (4)."

2090 Subsection 12, Repeal of Medicaid Expansion. In general,  
2091 section 1902(a) (10) (A) of Social Security Act, 42 U.S. Code  
2092 1396a(a) (10) (A), is amended. in clause (i) (8), by inserting "at  
2093 the option of a State" after "January 1, 2014," and in clause  
2094 (2) (20) by inserting "and ending December 31, 2019" after "2014."

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2095           The termination of EFMAP for new ACA expansion enrollees.  
2096 Section 1905 of the Social Security Act, 42 U.S. Code 1396d, is  
2097 amended. In subsection (y) (1), in the matter preceding  
2098 subparagraph (a), by striking "with respect to" and all that  
2099 follows through "shall be" and inserting "with respect to amounts  
2100 extended before January 1, 2020, by such State for medical  
2101 assistance for newly eligible individuals described in subclause  
2102 8 of section 1902(a) (10) (A) (i), who are enrolled under the State  
2103 plan, or a waiver of the plan, before such date and with respect  
2104 to the amounts expended after such date by such State for medical  
2105 assistance and for individuals described in such subclause who  
2106 were enrolled under such plan, or waiver of such plan, as of  
2107 December 31, 2019, and who do not have a break in eligibility for  
2108 medical assistance under such State plan, or waiver, for more than  
2109 1 month after such date, shall be."

2110           And in subsection (z) (2), in subparagraph (A), by striking  
2111 "medical assistance for individuals" and all that follows through  
2112 "shall be" and inserting "amounts expended before January 1, 2020,  
2113 by such State for medical assistance for individuals described  
2114 in section 1902(a) (10) (A) (i) (8), who are non-pregnant, childless  
2115 adults with respect to whom the State may require enrollment in  
2116 benchmark coverage under section 1937 and who are enrolled under  
2117 the State plan, or a waiver of the plan, before such date and with  
2118 respect to the amount expended after such date by such State for  
2119 medical assistance for individuals described in such section, who

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2120 are non-pregnant childless adults with respect to whom the State  
2121 may require enrollment in benchmark coverage under section 1987,  
2122 who were enrolled under such plan, or waiver of such plan, as of  
2123 December 31, 2019, and who do not have a break in eligibility for  
2124 medical assistance under such State plan, or waiver, for more than  
2125 1 month after such date, shall be."

2126 And in subparagraph (B) (2), in subclause (III), by adding  
2127 "and" and the end and by striking subclauses (IV), (V), and (VI),  
2128 and inserting the following new subclause, "2017 and each  
2129 subsequent year is 80 percent."

2130 Sunset of essential health benefits requirement. Section  
2131 1937(b) (5) of Social Security Act, 42 U.S. Code 1397u-7(b) (5),  
2132 is amended by adding at the end the following, "This paragraph  
2133 shall not apply after December 31, 2019."

2134 Section 113, Elimination of DSH Cuts. Section 1923(f) of  
2135 the Social Security Act is amended in paragraph (7), in paragraph  
2136 (A), in clause (i), (I) in the matter preceding subclause (I) by  
2137 striking "2025" and inserting "2019," and (ii) in clause (ii),  
2138 (I) in subclause (I) by adding "and" at the end; in subclause (II)  
2139 by striking the semicolon at the end and inserting a period; and  
2140 (III) by striking subclauses (III) through (VIII); and (B) by  
2141 adding at the end the following new paragraph, "(C) Exemption from  
2142 exemption for non-expansion states.

2143 "(i) In general, in the case of a State that is a  
2144 non-expansion State for a fiscal year, subparagraph (A) (i) shall

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2145 not apply to the DSH allotment for such State and fiscal year.  
2146 (ii) No change in reduction for expansion states. in the case  
2147 of a State that is an expansion State for a fiscal year, the DSH  
2148 allotment for such State and fiscal year shall be determined as  
2149 if clause (i) did not apply.

2150 "(iii) Non-expansion and expansion state defined. The term  
2151 'expansion State' means with respect to a fiscal year, a State  
2152 that, as of July 1 of the preceding fiscal year, provides for  
2153 eligibility under the clause (i) (VIII) or (ii) (XX) of section  
2154 1902(a) (10) (A) for medical assistance under this title, or a  
2155 waiver of the State plan approved under section 1115. (II) the  
2156 Term 'non-expansion State' means, with respect to a fiscal year,  
2157 a State that is not an expansion State"; and (2) in paragraph (8),  
2158 by striking "fiscal year 2025" and inserting "fiscal year 2019."

2159 Section 114, Reducing State Medicaid Costs.

2160 Letting States disenroll high dollar lottery winners. In  
2161 general, section 1902 of the Social Security Act is amended, (a)  
2162 in section (a) (17), by striking "(e) (14), (e) (14)" and  
2163 inserting "(e) (14), (e) (15)," and (B) in subsection (e), in  
2164 paragraph 14 relating to modified adjusted gross income, by adding  
2165 at the end the following new subparagraph, "(J) Treatment of  
2166 certain lottery winnings and income received as a lump sum.

2167 "(i) In general, in the case of an individual who is the  
2168 recipient of qualified lottery winnings, pursuant to lotteries  
2169 occurring on or after January 1, 2020, or qualified lump sum income

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2170 received on or after such date, and whose eligibility for medical  
2171 assistance is determined based on the application of modified  
2172 adjusted gross income under subparagraph (A), a State shall, in  
2173 determining such eligibility, include such winnings or income,  
2174 as applicable, as income received.

2175 "(I) in the month in which such winnings or income, as  
2176 applicable, is received, if the amount of such winnings or income  
2177 is less than \$80,000; (II) over a period of 2 months, if the amount  
2178 of such winnings or income, as applicable, is greater than or equal  
2179 to \$80,000 but less than \$90,000; (III) over a period of 3 months,  
2180 if the amount of such winnings or income, as applicable, is greater  
2181 than or equal to \$90,000 but less than \$100,000; and (IV) over  
2182 a period of 3 months, plus 1 additional month for each increment  
2183 of \$10,000 of such winnings or income, as applicable, received,  
2184 not to exceed a period of 120 months for winnings or income of  
2185 \$1,260,000 or more, if the amount of such winnings or income is  
2186 greater than or equal to \$100,000.

2187 "(ii) Counting in equal installments. For the purposes of  
2188 subclauses (II), (III), and (IV) of clause (i), winnings or income  
2189 to which such subclauses apply shall be counted in equal monthly  
2190 installments over the period of months specified under such  
2191 subclause.

2192 "(iii) Hardship exemption. An individual whose income, by  
2193 application of clause (i), exceeds the applicable eligibility  
2194 threshold established by the State, may continue to be eligible

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2195 for medical assistance to the extent that a State determines,  
2196 under procedures established by the State under the State plan,  
2197 or in the case of a waiver of the plan under section 1115,  
2198 incorporated in such waiver, or as otherwise established by such  
2199 State in accordance with such standards as may be specified by  
2200 the Secretary, that the denial of eligibility of the individual  
2201 would cause an undue medical or financial hardship as determined  
2202 on the basis of criteria established by the Secretary.

2203 "(iv) Notifications and assistance required in case of loss  
2204 of eligibility. A State shall, with respect to an individual who  
2205 loses eligibility for medical assistance under the State plan,  
2206 or a waiver of such plan, by reason of clause (i), before the date  
2207 on which the individual loses such eligibility, inform the  
2208 individual of the date on which the individual would no longer  
2209 be considered ineligible by reason of such clause to receive  
2210 medical assistance under the State plan, or under any waiver of  
2211 such plan, and the date on which the individual would be eligible  
2212 to reapply to receive such medical assistance.

2213 "(v) Qualified lottery winnings defined. In this  
2214 subparagraph, the term 'qualified lottery winnings' means  
2215 winnings from a sweepstakes, lottery, or pool described in  
2216 paragraph (3) of section 4402 of the Internal Revenue Code of 1986  
2217 or a lottery operated by a multistate or multijurisdictional  
2218 lottery association, including amounts awarded as a lump sum  
2219 payment.

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2220 " (vi) Qualified lump sum income defined. In this  
2221 subparagraph, the term 'qualified lump sum income' means income  
2222 that is received as a lump sum from one of the following sources:  
2223 (1) monetary winnings from gambling, as defined by the Secretary  
2224 and including monetary winnings from gambling activities  
2225 described in section 1955 (b) (4) of Title 18, United States Code;  
2226 (II) income received as liquid assets from the estate, as defined  
2227 in section 1917 (b) (4) of a deceased individual"; and (ii) by  
2228 striking "(14) exclusion" and inserting "(15) exclusion."

2229 (2), Rules of construction. (A) Interception of lottery  
2230 winnings allowed. Nothing in the amendment made by paragraph  
2231 (1) (B) (i) shall be construed as preventing a State from  
2232 intercepting the State lottery winnings awarded to an individual  
2233 in the State to recover amounts paid by the State under the State  
2234 Medicaid plan under Title XIX of the Social Security Act for  
2235 medical assistance furnished to the individual.

2236 (B) Applicability limited to eligibility of recipient of  
2237 lottery winnings or lump sum income. Nothing in the amendment  
2238 made by paragraph (1) (B) (i) shall be construed, with respect to  
2239 a determination of household income for purposes of a  
2240 determination of eligibility for medical assistance under the  
2241 State plan under Title XIX of the Social Security Act, or a waiver  
2242 of such plan, made by applying modified adjusted gross income  
2243 under subparagraph (A) of section 1902 (e) (14) of such Act, as  
2244 limiting the eligibility for such medical assistance of any

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2245 individual that is a member of the household other than the  
2246 individual, or the individual's spouse, who received qualified  
2247 lottery winnings or qualified lump sum income as defined in  
2248 subparagraph (J) of such section 1902(e)(14), as added by  
2249 paragraph (1)(B)(i) of this subsection.

2250 B, repeal of retroactive eligibility. In general, State  
2251 plan requirements, section 1902(a)(34) of the Social Security Act  
2252 is amended by striking "in or after the third month before the  
2253 month in which he made application" and inserting "in or after  
2254 the month in which the individual made application."

2255 Definition of medical assistance. Section 1905(a) of the  
2256 Social Security Act is amended by striking "in or after the third  
2257 month before the month in which the recipient makes an application  
2258 for assistance" and inserting "in or after the month in which the  
2259 recipient makes application for assistance."

2260 Effective date. The amendments made by paragraph (1) shall  
2261 apply to medical assistance with respect to individuals whose  
2262 eligibility for such assistance is based on an application for  
2263 such assistance made, or deemed to be made, on or after October  
2264 1, 2017.

2265 C, ensuring States are not forced to pay for individuals  
2266 ineligible for the program. (1) In general, section 1137(f) of  
2267 the Social Security Act is amended by striking "Subsections (a)(1)  
2268 and (d)" and inserting "(1) Subsections (a)(1) and (d)"; and (B)  
2269 by adding at the end the following new paragraph.

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2270 " (2) (A) Subparagraphs (A) and (B) (ii) of subsection (d) (4)  
2271 shall not apply in the case of an initial determination made on  
2272 or after the date that is 6 months after the date of the enactment  
2273 of this paragraph with respect to the eligibility of an alien  
2274 described in subparagraph (B) for the benefits under the program  
2275 listed in subsection (b) (2) .

2276 " (B) An alien described in this subparagraph is an individual  
2277 declaring to be a citizen or national of the United States with  
2278 respect to whom a State, in accordance with section  
2279 1902(a) (46) (B) , requires, (i) pursuant to 1902(ee) , the  
2280 submission of a social security number; or (ii) pursuant to  
2281 1903(x) , the presentation of satisfactory documentary evidence  
2282 of citizenship or nationality."

2283 Two, no payments for medical assistance provided before  
2284 presentation of evidence. Section 1903(i) (22) of the Social  
2285 Security Act is amended: (A) by striking "with respect to amounts  
2286 expended" and inserting "(A) with respect to amounts expended";  
2287 (B) by inserting "and" at the end; and (C) by adding at the end  
2288 the following new subparagraph. "In the case of a State that  
2289 elects to provide a reasonable period to present satisfactory  
2290 documentary evidence of such citizenship or nationality pursuant  
2291 to paragraph (2) (C) of section 1902(ee) or paragraph (4) of  
2292 subsection (x) of this section, for amounts expended for medical  
2293 assistance for such an individual, other than an individual  
2294 described in paragraph (2) of such subsection (x) , during such

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2295 period."

2296 Three, conforming amendments. Section 1137(d)(4) of the  
2297 Social Security Act is amended. (A) in subparagraph (A), in the  
2298 matter preceding clause (i), by inserting "subject to subsection  
2299 (f)(2)" before "the State"; and (B) in subparagraph (B)(ii), by  
2300 inserting "subject to subsection (f)(2)" before "pending such  
2301 verification."

2302 D, updating allowable home equity limits in Medicaid. (1)  
2303 In general, section 1917(f)(1) of the Social Security Act is  
2304 amended. (A) in subparagraph (A), by striking "subparagraphs (B)  
2305 and (C)" and inserting "subparagraph (B)"; (B) by striking  
2306 subparagraph (B); (C) by redesignating subparagraph (C) as  
2307 subparagraph (B); and (D) in subparagraph (B), as so redesignated,  
2308 by striking "dollar amounts specified in this paragraph" and  
2309 inserting "dollar amount specified in subparagraph (A)."

2310 Two, effective date. (A) In general, the amendments made  
2311 by paragraph (a) shall apply with respect to eligibility  
2312 determinations made after the date that is 180 days after the date  
2313 of the enactment of section. (B) Exception for State  
2314 legislation. In the case of a State plan under Title XIX of the  
2315 Social Security Act, that the Secretary of Health and Human  
2316 Services determines requires State legislation in order for the  
2317 respective plan to meet any requirement imposed by amendments made  
2318 by this subsection, the respective plan shall not be regarded as  
2319 failing to comply with the requirements of such title solely on

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2320 the basis of its failure to meet such an additional requirement  
2321 before the first day of the first calendar quarter beginning after  
2322 the close of the first regular session of the State legislature  
2323 that begins after the date of the enactment of this Act.

2324 For the purposes of the previous sentence, in the case of  
2325 a State that has a 2-year legislative session, each year of the  
2326 session shall be considered to be a separate regular session of  
2327 the State legislature.

2328 Section 115, Safety Net Funding for Non-Expansion States.  
2329 Title XIX of the Social Security Act is amended by inserting after  
2330 1923 the following new section. "Adjustment in payment for  
2331 services of safety net providers in non-expansion States.

2332 "Section 1923A. (a) In general, subject to the limitations  
2333 of this section, for each year during the period beginning with  
2334 2018 and ending with 2021, each State that is 1 of the 50 States  
2335 or the District of Columbia and that, as of July 1 of the preceding  
2336 year, did not provide for eligibility under clause (i) (VIII) or  
2337 (ii) (XX) of section 1902 (a) (10) (A) for medical assistance under  
2338 this title, or a waiver of the State plan approved under section  
2339 1115, each such State or District referred to in this section for  
2340 the year as a 'non-expansion State' may adjust the payments  
2341 amounts otherwise provided under the State plan under this title,  
2342 or a waiver of such plan, to healthcare providers that provide  
2343 healthcare services to individuals enrolled under this title, in  
2344 this section referred to as 'eligible providers.'

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2345 " (b) Increase in applicable FMAP. Notwithstanding section  
2346 1905(b), the Federal medical assistance percentage applicable  
2347 with respect to expenditures attributable to a payment adjustment  
2348 under subsection (a) for which payment is permitted under  
2349 subsection (c) shall be equal to: (1) 100 percent for calendar  
2350 quarters in calendar years 2018, 2019, 2020, and 2021; and (2)  
2351 95 percent for calendar quarters in calendar year 2022.

2352 " (c) Limitations; disqualification of states. (1) Annual  
2353 allotment limitation. Payment under subsection 1903(a) shall  
2354 not be made to a State with respect to any payment adjustment made  
2355 under this section for all calendar quarters in a year in excess  
2356 of the 2 billion multiplied by the ratio of (A) the population  
2357 of the State with income below 138 percent of the poverty line  
2358 in 2015, as determined based the table entitled Health Insurance  
2359 Coverage Status and Type by Ratio of Income to Poverty Level in  
2360 the Past 12 Months by Age, for the universe of the civilian  
2361 non-institutionalized population for whom poverty status is  
2362 determined based on the 2015 American Community Survey 1-year  
2363 estimates as published by the Bureau of the Census to (B) the sum  
2364 of the populations under subparagraph (a) for all non-expansion  
2365 States.

2366 " (2) Limitation of payment adjustment amount for individual  
2367 providers. The amount of a payment adjustment under subsection  
2368 (a) for an eligible provider may not exceed the provider's costs  
2369 incurred in furnishing healthcare services, as determined by the

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2370 Secretary and net of payments under this title, other than under  
2371 this section, and by uninsured patients, to individuals who either  
2372 are eligible for medical assistance under the State plan, or under  
2373 a waiver of such plan, or have no health insurance or health plan  
2374 coverage for such services.

2375 " (d) Disqualification in case of State coverage expansion.  
2376 If a State is a non-expansion for a year and provides eligibility  
2377 for medical assistance described in subsection (a) during the  
2378 year, the State shall no longer be treated as a non-expansion State  
2379 under this section for any subsequent years."

2380 Section 116, Providing Incentives for Increased Frequency  
2381 of Eligibility Redeterminations. A, In general, section  
2382 1902(e) (14) of the Social Security Act, 42 U.S.C. 1396a(e) (14),  
2383 relating to modified adjusted gross income, as amended by section  
2384 114(a) (1), is further amended by adding at the end the following.

2385 K, frequency of eligibility redeterminations. Beginning on  
2386 October 1, 2017, and notwithstanding subparagraph (H), in the case  
2387 of an individual whose eligibility for medical assistance under  
2388 the State plan under this title, or a waiver of such plan, is  
2389 determined based on the application of modified adjusted gross  
2390 income under subparagraph (A), and who is eligible on the basis  
2391 of clause (i) (VIII) or clause (ii) (XX) of subsection (a) (10) (A),  
2392 a State shall redetermine such individual's eligibility for such  
2393 medical assistance no less frequently than once every 6 months.

2394 B, civil monetary penalty. Section 1128A(a) of the Social

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2395 Security Act, 42 U.S.C. 1320a-7(a), is amended, in the matter  
2396 following paragraph (10), by striking "or in cases under paragraph  
2397 (3)" and inserting the following "or in cases under paragraph (1)  
2398 in which an individual was knowingly enrolled on or after October  
2399 1, 2017, pursuant to section 1902(a)(10)(A)(i)(VIII) for medical  
2400 assistance under the State plan under Title XIX whose income does  
2401 not meet the income threshold specified in such section or in which  
2402 a claim was presented on or after October 1, 2017, as a claim for  
2403 an item or service furnished to an individual described in such  
2404 section but whose enrollment under State plan is not made on the  
2405 basis of such individual's meeting the income threshold specified  
2406 in such section, \$20,000 for each such individual or claim, in  
2407 cases under paragraph (3)."

2408 C, increased administrative matching percentage. For each  
2409 calendar quarter during the period beginning on October 1, 2017,  
2410 and ending on December 31, 2019, the Federal matching percentage  
2411 otherwise applicable under section 1903(a) of the Social Security  
2412 Act, 42 U.S.C. 1396b(a), with respect to State expenditures during  
2413 such quarter that are attributable to meeting the requirement of  
2414 section 1902(e)(14) relating to determinations of eligibility  
2415 using modified adjusted gross income of such Act shall be  
2416 increased by 5 percentage points with respect to State  
2417 expenditures attributable to activities carried out by the State,  
2418 and approved by the Secretary, to increase the frequency of  
2419 eligibility redeterminations required by subparagraph (K) of such

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2420 section relating to eligibility redeterminations made on a  
2421 6-month basis, as added by subsection (a).

2422 Subtitle C, Per Capita Allotment for Medical Assistance.  
2423 Section 121, Per Capita Allotment for Medical Assistance.

2424 Title XIX of the Social Security Act is amended. (1) in  
2425 section 1903, 42 U.S.C. 1396b, in subsection (a), in the matter  
2426 before paragraph (1), by inserting "and section 1903A(a)" after  
2427 "except as otherwise provided in this section" and (B) in  
2428 subsection (d) (1), by striking "to which" and inserting "to which,  
2429 subject to section 1903A(a)."

2430 And (2) by inserting after such section 1903 the following  
2431 new section, Section 1903A, Per Capita-Based Cap on Payments for  
2432 Medical Assistance. A, application of per capita cap on payments  
2433 for medical assistance expenditures. (1) In general, if a State  
2434 has excess aggregate medical assistance expenditures, as defined  
2435 in paragraph (2) for a fiscal year beginning with fiscal year 2020,  
2436 and the amount of payment to the State under section 1903(a) (1)  
2437 for each quarter in the following fiscal year shall be reduced  
2438 by one-fourth of the excess aggregate medical assistance  
2439 payments, as defined by paragraph (3), for that previous fiscal  
2440 year. In this section, the term "state" means only the 50 States  
2441 and the District of Columbia.

2442 (2) Excess aggregate medical assistance expenditures. In  
2443 this subsection, the term "excess aggregate medical assistance  
2444 expenditures" means, for a State and for a fiscal year, the amount,

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2445 if any, by which: (A) the amount of the adjusted total medical  
2446 assistance expenditures, as defined in subsection (b) (1) for the  
2447 State and fiscal year exceeds (B) the amount of the target total  
2448 medical assistance expenditures, as defined in subsection (c) for  
2449 the State and fiscal year.

2450 (3) Excess aggregate medical assistance payments. In this  
2451 section, the term "excess aggregate medical assistance payments"  
2452 means, for a State for a fiscal year, the product of: (A) the  
2453 excess aggregate medical assistance expenditures, as defined in  
2454 paragraph (2) for the State for the fiscal year; and (B) the  
2455 Federal average medical assistance matching percentage, as  
2456 defined in paragraph (4) for the State for the fiscal year.

2457 (4) Federal average medical assistance matching percentage.  
2458 In this subsection, the term "Federal average medical assistance  
2459 matching percentage" means, for a State for a fiscal year, the  
2460 ratio, expressed as a percentage of: (A) the amount of the  
2461 Federal payments that would be made to the State under subsection  
2462 1903(a) (1) for medical assistance expenditures for calendar  
2463 quarters in the fiscal year if paragraph (1) did not apply; to  
2464 (B) the amount of the medical assistance expenditures for the  
2465 State and fiscal year.

2466 (b) Adjusted total medical assistance expenditures.  
2467 Subject to subsection (g), the following shall apply: (1) In  
2468 general, in this section, the term "adjusted total medical  
2469 assistance expenditures" means for a State: (A) for fiscal year

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2470 2016, the product of the amount of the medical assistance  
2471 expenditures as defined in paragraph (2) for the State and fiscal  
2472 year, reduced by the amount of any excluded expenditures, as  
2473 defined in paragraph (3) for the State and fiscal year otherwise  
2474 included in such medical assistance expenditures; and (ii) the  
2475 1903A FY16 population percentage, as defined in paragraph (4) for  
2476 the State.

2477 Or (B) the fiscal year 2019 or a subsequent fiscal year, the  
2478 amount of medical assistance expenditures as defined in paragraph  
2479 (2) for the State and fiscal year that is attributable to 1903A  
2480 enrollees, reduced by the amount of any excluded expenditures,  
2481 as defined in paragraph (3), for the State and fiscal year  
2482 otherwise included in such medical assistance expenditures.

2483 (2) Medical assistance expenditures. In this section, the  
2484 term "medical assistance expenditures" means, for a State and  
2485 fiscal year, the medical assistance payments as reported by  
2486 medical service category on the Form CMS-64 quarterly expense  
2487 report, or successor to such a report form, and including  
2488 enrollment data and subsequent adjustments to any such report,  
2489 in this section referred to collectively as a CMS-64 report, that  
2490 directly result from providing medical assistance under the State  
2491 plan, including a waiver of the plan, for which payment is, or  
2492 may otherwise be, made pursuant to section 1903(a)(1).

2493 Excluded expenditures. In this section, the term "excluded  
2494 expenditures" means, for a State and fiscal year, expenditures

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2495 under the State plan, or under a waiver of such plan, that are  
2496 attributable to any of the following. (A) DSH, payment  
2497 adjustments made for disproportionate share hospitals under  
2498 subsection 1923. (B) Medicare cost-sharing, payments made for  
2499 Medicare cost-sharing as defined in section 1903(p)(3). (C)  
2500 Safety net provider payment adjustments in non-expansion States,  
2501 payment adjustments under subsection (a) of section 1923A for  
2502 which payment is permitted under subsection (c) of such section.

2503 (4) 1903A FY16 population percentage. In this subsection,  
2504 the term "1903A FY16 population percentage" means, for a State,  
2505 the Secretary's calculation of the percentage of the actual  
2506 medical assistance expenditures, as reported by the State on the  
2507 CMS-64 reports for calendar quarters in fiscal year 2016, that  
2508 are attributable to 1903A enrollees, as defined in subsection  
2509 (e)(1).

2510 C, target total medical assistance expenditures.

2511 (1) Calculation. In this section, the term "target total medical  
2512 assistance expenditures" means, for a State for a fiscal year,  
2513 the sum of the products for each of the 1903A enrollee categories,  
2514 as defined in section (e)(2) of: (A) the target per capita  
2515 medical assistance expenditures, as defined in paragraph (2) for  
2516 the enrollee category, State, and fiscal year; and (B) the number  
2517 of 1903A enrollees for such enrollee category, State, and fiscal  
2518 year, as determined in subsection (e)(4).

2519 (2), target per capita medical assistance expenditures. In

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2520 this subsection, the term "target per capita medical assistance  
2521 expenditures" means, for a 1903A enrollee category, State, and  
2522 a fiscal year, an amount equal to: (A) the provisional FY19  
2523 target per capita amount for such enrollee category, as calculated  
2524 under subsection (d)(5) for the State; increased by (B) the  
2525 percentage increase in the medical care component of the consumer  
2526 price index for all urban consumers, U.S. city average, for  
2527 September of 2019 to September of the fiscal year involved.

2528 Mr. Lujan. Mr. Chairman, parliamentary inquiry.

2529 Mr. Burgess. The gentleman is not recognized. We are  
2530 reading the bill at his request. The clerk will proceed.

2531 Mr. Lujan. Mr. Chairman, so we can be recognized at the end  
2532 of this? Because I have to step out to the restroom, so I  
2533 apologize to everyone but I have to go relieve myself.

2534 The Clerk. (d) Calculation of FY19 provisional target  
2535 amount for each 1903A enrollee category. Subject to subsection  
2536 (g), the following shall apply: (1) calculation of base amounts  
2537 for fiscal year 2016. For each State, the Secretary shall  
2538 calculate, and provide notice to the State not later than April  
2539 1, 2018, of the following:

2540 (A) The amount of the adjusted total medical assistance  
2541 expenditures, as defined in subsection (b)(1) for the State for  
2542 fiscal year 2016. (B) The number of 1903A enrollees for the State  
2543 in fiscal year 2016, as determined under subsection (e)(4). (C)  
2544 The average per capital medical assistance expenditures for the

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2545 State for fiscal year 2016 equal to, (i) the amount calculated  
2546 under subparagraph (A); divided by (ii) the number calculated  
2547 under subparagraph (B).

2548 (2) Fiscal year 2019 average per capita amount based on  
2549 inflating the fiscal year 2016 amount to fiscal year 2019 by  
2550 CPI-Medical. The Secretary shall calculate a fiscal year 2019  
2551 average per capita amount for each State equal to: (A) the  
2552 average per capita medical assistance expenditures for the State  
2553 for fiscal year 2016, calculated under paragraph (1) (C);  
2554 increased by (B) the percentage increase in the medical care  
2555 component of the consumer price index for all urban consumers,  
2556 U.S. city average, from September 2016 to September 2019.

2557 (3) Aggregate and average expenditures per capita for fiscal  
2558 year 2016. The Secretary shall calculate for each State the  
2559 following: (A) The amount of the adjusted total medical  
2560 assistance expenditures, as defined in subsection (b) (1) for the  
2561 State for fiscal year 2019; (B) the number of 1903A enrollees for  
2562 the State in fiscal year 2019, as determined under subsection  
2563 (e) (4).

2564 (4) Per capita expenditures for fiscal year 2019 for each  
2565 1903A enrollee category. The Secretary shall calculate, and  
2566 provide notice to each State not later than January 1, 2020, of  
2567 the following: (A) (i) For each 1903A enrollee category, the  
2568 amount of the adjusted total medical assistance expenditures, as  
2569 defined in subsection (b)(1) for the State for fiscal year 2019

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2570 for individuals in the enrollee category, calculated by excluding  
2571 from medical assistance expenditures those expenditures  
2572 attributable to expenditures described in clause (iii) or non-DSH  
2573 supplemental expenditures, as defined in clause (ii).

2574 (ii) In this paragraph, the term "non-DSH supplemental  
2575 expenditure" means a payment to a provider under the State plan,  
2576 or under a waiver of that plan, that: (I) is not made under  
2577 section 1923; (II) is not made with respect to a specific item  
2578 or service for an individual; (III) is in addition to any payments  
2579 made to the provider under the plan, or waiver, for any such item  
2580 or service; and (IV) complies with the limits for additional  
2581 payments to providers under the plan, or waiver, imposed pursuant  
2582 to section 1902(a)(30)(A), including the regulations specifying  
2583 upper payment limits under the State plan in part 447 of Title  
2584 42, Code of Federal Regulations, or any successor regulations.

2585 (iii) An expenditure described in this clause is an  
2586 expenditure that meets the criteria specified in subclauses (I),  
2587 (II), and (III) of clause (ii) and is authorized under section  
2588 1115 for the purposes of funding a delivery system reform pool,  
2589 uncompensated care pool, a designated state health program, or  
2590 any other similar expenditure, as defined by the Secretary.

2591 (B) For each 1903A enrollee category, the number of 1903A  
2592 enrollees for the State in fiscal year 2019 in the enrollee  
2593 category, as determined under subsection (e)(4); (C) For fiscal  
2594 year 2016, the State's non-DSH supplemental payment percentage

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2595 is equal to the ratio, expressed as a percentage, of: (i) the  
2596 total amount of non-DSH supplemental expenditures, as defined in  
2597 subparagraph (A) (ii) for the State for fiscal year 2016; to (ii)  
2598 the amount described in subsection (b) (1) (A) for the State for  
2599 fiscal year 2016.

2600 (D) For each 1903A enrollee category, an average medical  
2601 assistance expenditures per capita for the State for fiscal year  
2602 2019 for the enrollee category equal to: (i) the amount  
2603 calculated under subparagraph (A) for the State, increased by the  
2604 non-DSH supplemental payment percentage for the State, as  
2605 calculated under subparagraph (C), divided by (ii) the number  
2606 calculated under subparagraph (B) for the State for the enrollee  
2607 category.

2608 (5) Provisional FY19 per capita target amount for each 1903A  
2609 enrollee category. Subject to subsection (f) (2), the Secretary  
2610 shall calculate for each State a provisional FY19 per capita  
2611 target amount for each 1903A enrollee category equal to the  
2612 average medical assistance expenditures per capita for the State  
2613 for fiscal year 2019, as calculated under paragraph (4) (D) for  
2614 such enrollee category multiplied by the ratio of: (A) the  
2615 product of (i) the fiscal year 2019 average per capita amount for  
2616 the State, as calculated under paragraph (2); and (ii) the number  
2617 of 1903A enrollees for the State in fiscal year 2019, as calculated  
2618 under paragraph (3) (B); to (B) the amount of the adjusted total  
2619 medical assistance expenditures for the State for fiscal year

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2620 2019, as calculated under paragraph (3) (A).

2621 1903A enrollee; 1903A enrollee category. Subject to  
2622 subsection (g), for purposes of this section, the following shall  
2623 apply: (1) 1903A enrollee, the term "1903A enrollee" means, with  
2624 respect to a State and a month, any Medicaid enrollee, as defined  
2625 in paragraph (3) for the month, other than such an enrollee who  
2626 for such month is in any of the following categories of excluded  
2627 individuals: (A) CHIP, an individual who is provided, under this  
2628 title in the manner described in section 2101(a) (2), child health  
2629 assistance under Title XXI.

2630 (B) IHS, an individual who receives any medical assistance  
2631 under this title for services for which payment is made under the  
2632 third sentence of section 1905(b).

2633 (C) breast and cervical cancer services eligible individual,  
2634 an individual who is entitled to medical assistance under this  
2635 title only pursuant to section 1902(a) (10) (A) (ii) (XVIII).

2636 (D) partial benefit enrollees, an individual who: (i) is  
2637 an alien who is entitled to medical assistance under this title  
2638 only pursuant to section 1903(v) (2); (ii) is entitled to medical  
2639 assistance under this title only pursuant to subclause (XII) or  
2640 (XXI) of section 1902(a) (10) (A) (ii), or pursuant to a waiver that  
2641 provides only comparable benefits; (iii) is a dual eligible  
2642 individual, as defined in Section 1915(h) (2) (B) and is entitled  
2643 to medical assistance under this title, or under a waiver, only  
2644 for some or all of Medicare cost-sharing, as defined in section

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2645 1905(p) (3); or (iv) is entitled to medical assistance under this  
2646 title and for whom the State is providing a payment or subsidy  
2647 to an employer for coverage of the individual under a group health  
2648 plan pursuant to section 1906 or Section 1906A, or pursuant to  
2649 a waiver that provides only comparable benefits.

2650 (2) 1903A enrollee category. The term "1903A enrollee  
2651 category" means each of the following: (A) elderly, a category  
2652 of 1903A enrollees who are 65 years of age or older; (B) blind  
2653 or disabled, a category of 1903A enrollees, not described in the  
2654 previous subparagraph, who are eligible for medical assistance  
2655 under this title on the basis of being blind or disabled; (c)  
2656 children, a category of 1903A enrollees, not described in a  
2657 previous subparagraph, who are children under 19 years of age;  
2658 (d) expansion enrollees, a category of 1903A enrollees, not  
2659 described in a previous subparagraph, for whom the amounts  
2660 expended for medical assistance are subject to an increase or  
2661 change in the Federal medical assistance percentage under  
2662 subsection (y) or (z) (2), respectively, of section 1905.

2663 Other non-elderly, non-disabled, non-expansion adults. A  
2664 category of 1903A enrollees who are not described in any previous  
2665 subparagraph.

2666 (3) Medicaid enrollee. The term "Medicaid enrollee" means,  
2667 with respect to a State for a month, an individual who is eligible  
2668 for medical assistance for items or services under this title and  
2669 enrolled under the State plan, or a waiver of such plan, under

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2670 this title for the month.

2671 (4) Determination of number of 1903A enrollees. The number  
2672 of 1903A enrollees for a State and fiscal year, and, if applicable,  
2673 for a 1903A enrollee category, is the average monthly number of  
2674 Medicaid enrollees for such State and fiscal year, and, if  
2675 applicable, in such category, that are reported through the CMS-64  
2676 report, and subject to audit under H.

2677 (f) Special payment rules. (1) Application in case of  
2678 research and demonstration projects and other waivers. In the case  
2679 of a State with a waiver of the State plan approved under section  
2680 1115, section 1915, or another provision of this title, this  
2681 section shall apply to medical assistance expenditures and  
2682 medical assistance payments under the waiver, in the same manner  
2683 as if such expenditures and payments had been made under a State  
2684 plan under this title, and the limitations on expenditures under  
2685 this section shall supersede any other payment limitations or  
2686 provisions, including limitations based on a per capita  
2687 limitation, otherwise applicable under such a waiver.

2688 (2) Treatment of States expanding coverage after fiscal year  
2689 2016. In the case of a State did not provide for medical  
2690 assistance for the 1903A enrollee category described in  
2691 subsection (e) (2) (D) during fiscal year 2016, but which provides  
2692 for such assistance for such category in a subsequent year, the  
2693 provisional FY19 per capita target amount for such enrollee  
2694 category under subsection (d) (5) shall be equal to the provisional

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2695 FY19 per capita target amount for the 1903A enrollee category  
2696 described in subsection (e) (2) (E).

2697 (3) In case of a State failure to report necessary data. If  
2698 a State for any quarter in a fiscal year, beginning with fiscal  
2699 year 2019, fails to satisfactorily submit data on expenditures  
2700 and enrollees in accordance with subsection (h) (1), for such  
2701 fiscal year and any succeeding fiscal year for which such data  
2702 are not satisfactorily submitted: (A) the Secretary shall  
2703 calculate and apply subsections (a) through (e) with respect to  
2704 the State as if all 1903A enrollee categories for which such  
2705 expenditure and enrollee data were not satisfactorily submitted  
2706 were a single 1903A enrollee category; and (B) the growth factor  
2707 otherwise applied under subsection (c) (2) (B) shall be decreased  
2708 by 1 percentage point.

2709 (g) Recalculation of certain amounts for data errors. The  
2710 amounts and percentages calculated under paragraphs (1) and  
2711 (4) (C) of subsection (d) for a State for fiscal year 2016, and  
2712 the amounts of adjusted total medical assistance expenditures  
2713 calculated under subsection (b) and the number of Medicaid  
2714 enrollees and 1903A enrollees determined under subsection (e) (4)  
2715 for a State for fiscal year 2016, fiscal year 2019, and any  
2716 subsequent fiscal year, may be adjusted by the Secretary based  
2717 upon an appeal, filed by the State in such form, manner, and time,  
2718 and containing such information relating to data errors that  
2719 support such appeal, as the Secretary specifies, that the

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2720 Secretary determines to be valid, except that any adjustment by  
2721 the Secretary under this subsection for a State may not result  
2722 in an increase of the target total medical assistance expenditures  
2723 exceeding 2 percent.

2724 (h) Required reporting and auditing of CMS-64 data;  
2725 transitional increase in Federal matching percentage for certain  
2726 administrative expenses.

2727 (1) Reporting. In addition to the data required on form  
2728 Group VIII on the CMS-64 report form, as of January 1, 2017, in  
2729 each CMS-64 report required to be submitted, for each quarter  
2730 beginning on or after October 1, 2018), the State shall include  
2731 data on medical assistance expenditures within such categories  
2732 of service and categories of enrollees, including each 1903A  
2733 enrollee category and each category of excluded individuals under  
2734 subsection (e) (1) and the numbers of enrollees within each of such  
2735 enrollee categories, as the Secretary determines are necessary,  
2736 including timely guidance published as soon as possible after the  
2737 date of the enactment of this section, in order to implement this  
2738 section and to enable States to comply with the requirement of  
2739 this paragraph on a timely basis.

2740 (2) Auditing. The Secretary shall conduct for each State  
2741 an audit of the number of individuals and expenditures reported  
2742 through the CMS-64 report for fiscal year 2016, fiscal year 2019,  
2743 and each subsequent fiscal year, which audit may be conducted on  
2744 a representative sample, as determined by the Secretary.

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2745 (3) Temporary increase in Federal matching percentage to  
2746 support improved data systems for fiscal years 2018 and 2019. For  
2747 amounts expended during calendar quarters beginning on or after  
2748 October 1, 2017, and before October 1, 2019, (A) the Federal  
2749 matching percentage applied under section 1903(a)(3)(A)(i) shall  
2750 be increased by 10 percentage points to 100 percent; (B) the  
2751 Federal matching percentage applied under section 1903(a)(3)(B)  
2752 shall be increased by 25 percentage points to 100 percent; and  
2753 (C) the Federal matching percentage applied under section  
2754 1903(a)(7) shall be increased by 10 percentage points to 60  
2755 percent but only with respect to amounts expended that are  
2756 attributable to a State's additional administrative expenditures  
2757 to implement the data requirements of paragraph (1).

2758 Subtitle D, Patient Relief and Health Insurance Market  
2759 Stability. Section 131, Repeal of Cost-Sharing Subsidy.

2760 (a) In general, section 1402 of the Patient Protection and  
2761 Affordable Care Act is repealed. (b) Effective date. The repeal  
2762 made by subsection (a) shall apply to cost-sharing reductions,  
2763 and payments to issuers for such reductions, for plan years  
2764 beginning after December 31, 2019.

2765 Section 132, Patient and State Stability Fund.

2766 The Social Security Act, 42 U.S.C. 301, is amended by adding  
2767 at the end the following new title, "Title XXII, Patient and State  
2768 Stability Fund."

2769 Section 2201 Establishment of Program.

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2770           There is hereby established the Patient and State Stability  
2771 Fund to be administered by the Secretary of Health and Human  
2772 Services, acting through the Administrator of the Centers for  
2773 Medicare and Medicaid Services, in this section referred to as  
2774 the "Administrator," to provide funding in accordance with this  
2775 title to the 50 States and the District of Columbia, each referred  
2776 to in this section as a "State," during the period, subject to  
2777 section 2204(c), beginning on January 1, 2018, and ending on  
2778 December 31, 2026, for the purposes described in section 2202.

2779           Section 2202, Use of Funds.

2780           A State may use the funds allocated to the State under this  
2781 title for any of the following purposes: (1) Helping, through  
2782 the provision of financial assistance, high-risk individuals who  
2783 do not have access to health insurance coverage offered through  
2784 an employer enroll in health insurance coverage in the individual  
2785 market in the State, as such market is defined by the State,  
2786 whether through the establishment of a new mechanism or  
2787 maintenance of an existing mechanism for such purpose.

2788           (2) Providing incentives to appropriate entities to enter  
2789 into arrangements with the State to help stabilize premiums for  
2790 health insurance coverage in the individual market, as such  
2791 markets are defined by the State.

2792           (3) Reducing the cost for providing health insurance  
2793 coverage in the individual market and small group market, as such  
2794 markets are defined by the State, to individuals who have, or are

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2795 projected to have, a high rate of utilization of health services,  
2796 as measured by cost.

2797 (4) Promoting participation in the individual market and  
2798 small group market in the State and increasing health insurance  
2799 options available through such market.

2800 (5) Promoting access to preventative services; dental care  
2801 services, whether preventative or medically necessary; vision  
2802 care services, whether preventative or medically necessary;  
2803 prevention, treatment, or recovery support services for  
2804 individuals with mental or substance use disorders; or any  
2805 combination of such services.

2806 (6) Providing payments, directly or indirectly, to  
2807 healthcare providers for the provision of such healthcare  
2808 services as are specified by the Administrator.

2809 (7) Providing assistance to reduce out-of-pocket costs, such  
2810 as co-payments, co-insurance, premiums, and deductibles, of  
2811 individuals enrolled in health insurance coverage in the State.

2812 Section 2203, State Eligibility and Approval; Default  
2813 Safeguard.

2814 (a) Encouraging State options for allocations. (1) In  
2815 general, to be eligible for an allocation of funds under this title  
2816 for a year during the period described in section 2201 for use  
2817 for one or more purposes described in section 2202, a State shall  
2818 submit to the Administrator an application at such time, but, in  
2819 the case of allocations for 2018, not later than 45 days after

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2820 the date of enactment of this title and, in the case of allocations  
2821 for a subsequent year, not later than March 31 of the previous  
2822 year, in such form and manner as specified by the Administrator  
2823 and containing:

2824 (A) a description of how the funds will be used for such  
2825 purposes; (B) a certification that the State will make, from  
2826 non-Federal funds, expenditures for such purposes in an amount  
2827 that is not less than the State percentage required for the year  
2828 under section 2204(e) (1); and (C) such other information as the  
2829 Administrator may require.

2830 (2) Automatic approval. An application so submitted is  
2831 approved unless the Administrator notifies the State submitting  
2832 the application, not later than 60 days after the date of  
2833 submission of such application, that the application has been  
2834 denied for not being in compliance with any requirement of this  
2835 title and of the reason for such denial.

2836 (3) One-time application. If an application of a State is  
2837 approved for a year, with respect to a purpose described in section  
2838 2202, such application shall be treated as approved, with respect  
2839 to such purpose, for each subsequent year through 2026.

2840 (4) Treatment as a State healthcare program. Any program  
2841 receiving funds from an allocation for a State under this title,  
2842 including pursuant to subsection (b), shall be considered to be  
2843 a State healthcare program for purposes of sections 1128, 1128A,  
2844 and 1128B.

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2845 (b) Default Federal safeguard. (1) In General, (A) 2018.  
2846 For allocations made under this title for 2018, in the case of  
2847 a State that does not submit an application under subsection (a)  
2848 by the 45-day submission date applicable to such year under  
2849 subsection (a) (1), and in the case of a State that does not submit  
2850 such an application by such date that is not approved, subject  
2851 to section 2204(e), the Administrator, in consultation with the  
2852 State insurance commissioner, shall use the allocation that would  
2853 otherwise be provided to the State under this title for such year,  
2854 in accordance with paragraph (2) for such State.

2855 (B) 2019 through 2026. In the case of a State that does not  
2856 have in effect an approved application under this section for  
2857 2019, or a subsequent year beginning during the period described  
2858 in section 2201, subject to section 2204(e), the Administrator,  
2859 in consultation with the State insurance commissioner, shall use  
2860 the allocation that would otherwise be provided to the State under  
2861 this title for such year, in accordance with paragraph (2) for  
2862 such State.

2863 (2) Required use for market stabilization payments to  
2864 issuers. An allocation for a state made pursuant to paragraph  
2865 (1) for a year shall be used to carry out the purpose described  
2866 in section 2202(2) in such State by providing payments to  
2867 appropriate entities described in such section with respect to  
2868 claims that exceed \$50,000 or, with respect to allocations made  
2869 under this title for 2020 or a subsequent year during the period

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2870 specified in section 2201, such dollar amount specified by the  
2871 Administrator, but do not exceed \$350,000, or with respect to  
2872 allocations made under this title for 2020 or a subsequent year  
2873 during such period, such dollar amount specified by the  
2874 Administrator, in an amount equal to 75 percent, or with respect  
2875 to allocations made under this title for 2020 or a subsequent year  
2876 during such period, such percentage specified by the  
2877 Administrator, of the amount of such claims.

2878 Section 2204, Allocations.

2879 (a) Appropriation. For the purpose of providing  
2880 allocations for States, including pursuant to section 2203(b)  
2881 under this title, there is appropriated, out of any money in the  
2882 Treasury not otherwise appropriated: (1) for 2018, \$15 billion;  
2883 (2) for 2019, \$15 billion; (3) for 2020, \$10 billion; (4) for 2021,  
2884 \$10 billion; (5) for 2022, \$10 billion; (6) for 2023, \$10 billion;  
2885 (7) for 2024, \$10 billion; (8) for 2025, \$10 billion; and (9) for  
2886 2026, \$10 billion.

2887 (b) Allocations. (1) Payment, (A) In general, for amounts  
2888 appropriated under section (a) for a year, the Administrator  
2889 shall, with respect to a State and not later than the date  
2890 specified under subparagraph (B) for such year, allocate, subject  
2891 to subsection (e) for such State, including pursuant to section  
2892 2203(b), the amount determined for such State and year under  
2893 paragraph (2).

2894 (B) Specified date. For purposes of subparagraph (A), the

2895 date specified in this clause is: (i) for 2018, the date that  
2896 is 45 days after the date of the enactment of this title; and (ii)  
2897 for 2019 and subsequent years, January 1 of the respective year.

2898 (2) Allocation amount determinations. (A) For 2018 and  
2899 2019, (i) In general, for purposes of paragraph (1), the amount  
2900 determined under this paragraph for 2018 and 2019 for a State is  
2901 an amount equal to the sum of: (I) the relative incurred claims  
2902 amount described in clause (ii) for such State and year; and (II)  
2903 the relative uninsured and issuer participation amount described  
2904 in clause (iv) for such State and year.

2905 (ii) Relative incurred claims amount. For purposes of  
2906 clause (i), the relative incurred claims amount described in this  
2907 clause for a State for 2018 and 2019 is the product of: (I) 85  
2908 percent of the amount appropriated under subsection (a) for the  
2909 year; and (II) the relative State incurred claims proportion  
2910 described in clause (iii) for such State and year.

2911 (iii) Relative State incurred claims portion. The relative  
2912 State incurred claims proportion described in this clause for a  
2913 State and year is the amount equal to the ratio of: (I) the  
2914 adjusted incurred claims by the State, as reported through the  
2915 medical loss ratio annual reporting under section 2718 of the  
2916 Public Health Service Act for the third previous year; to (II)  
2917 the sum of such adjusted incurred claims for all States, as so  
2918 reported, for such third previous year.

2919 (iv) Relative uninsured and issuer participation a mount.

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2920 For purposes of clause (i), the relative uninsured and issuer  
2921 participation amount described in the clause for a State for 2018  
2922 and 2019 is the product of: (I) 15 percent of the amount  
2923 appropriated under subsection (a) for the year; and (II) the  
2924 relative State uninsured and issuer participation proportion  
2925 described in clause (v) for such State and year.

2926 (v) Relative State uninsured and issuer participation  
2927 proportion. The relative State uninsured and issuer  
2928 participation proportion described in this clause for a State and  
2929 year is: (I) in the case of a State not described in clause (vi)  
2930 for such year, 0; and (II) in the case of a State described in  
2931 clause (vi) for such year, the amount equal to the ratio of: (aa)  
2932 the number of individuals residing in such State who for the third  
2933 preceding year were not enrolled in a health plan or otherwise  
2934 did not have health insurance coverage, including through a  
2935 Federal or State health program, and whose income is below 100  
2936 percent of the poverty line applicable to a family of the size  
2937 involved; to (bb) the sum of the number of such individuals for  
2938 all States described in clause (vi) for the third preceding year.

2939 (vi) States described. For purposes of clause (v), a State  
2940 is described in this clause, with respect to 2018 and 2019, if  
2941 the State satisfies either of the following criterion: (I) The  
2942 number of individuals residing in such State and described in  
2943 clause (v) (II) (aa) was higher in 2015 than 2013; (II) The State  
2944 has fewer than 3 health insurance issuers offering qualified

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2945 health plans through the Exchange for 2017.

2946 (B) For 2020 through 2026. For purposes of paragraph (1),  
2947 the amount determined under this paragraph for a year, beginning  
2948 with 2020, during the period described in section 2201 for a State  
2949 is an amount determined in accordance with an allocation  
2950 methodology specified by the Administrator which:

2951 (i) takes into consideration the adjusted incurred claims  
2952 of such State, the number of residents of such State who for the  
2953 previous year were not enrolled in a health plan or otherwise did  
2954 not have health insurance coverage, including through a Federal  
2955 or State health program, and whose income is below 100 percent  
2956 of the poverty line applicable to a family of the size involved,  
2957 and the number of health insurance issuers participating in the  
2958 insurance market in such State for such year; (ii) is established  
2959 after consultation with healthcare consumers, health insurance  
2960 issuers, State insurance commissioners, and other stakeholders,  
2961 and after taking into consideration additional cost and risk  
2962 factors that may inhibit healthcare consumer and health insurance  
2963 issuer participation; and (iii) reflects the goals of improving  
2964 the health insurance risk pool, promoting a more competitive  
2965 health insurance market and increasing choice for healthcare  
2966 consumers.

2967 (c) Annual distribution of previous year's remaining funds.  
2968 In carrying out subsection (b), the Administrator shall, with  
2969 respect to a year, beginning in 2020 and ending with 2027, not

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2970 later than March 31 of such year: (1) determine the amount of  
2971 funds, if any, from the amounts appropriated under subsection (a)  
2972 for the previous year but not allocated for such previous year;  
2973 and (2) if the Administrator determines that any funds were not  
2974 so allocated for such previous year, allocate such remaining  
2975 funds, in accordance with the allocation methodology specified  
2976 pursuant to subsection (b) (2) (B).

2977 (A) to States that have submitted an application approved  
2978 under section 2203(a) for such previous year for any purpose for  
2979 which the application was approved; and (B) for States for which  
2980 allocations were made pursuant to section 2203(h) for such  
2981 previous year, to be used by the Administrator for such States,  
2982 to carry out the purpose described in section 2202(2) in such  
2983 States by providing payments to appropriate entities described  
2984 in such section with respect to the claims that exceed \$1 million.

2985 With respect to a year before 2027, any remaining funds being  
2986 made available for allocations to States for the subsequent year.

2987 (d) Availability. The amounts appropriated under subsection (a)  
2988 for a year and allocated to States in accordance with this section  
2989 shall remain available for expenditure through December 31, 2027.

2990 (e) Conditions for and limitations on receipt of funds. The  
2991 Secretary may not make an allocation under this title for a State,  
2992 with respect to a purpose described in section 2202.

2993 (1) in the case of an allocation that would be made to a State  
2994 pursuant to section 2203(a), if the State does not agree that the

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2995 State will make available non-Federal contributions towards such  
2996 purpose in an amount equal to: (A) for 2020, 7 percent of the  
2997 amount allocated under this subsection to such State for such year  
2998 and purpose; (B) for 2021, 14 percent of the amount allocated  
2999 under this subsection to such State for such year and purpose;  
3000 (C) for 2022, 21 percent of the amount allocated under this  
3001 subsection to such State for such year and purpose; (D) for 2023,  
3002 28 percent of the amount allocated under this subsection to such  
3003 State and for such purpose; (E) for 2024, 35 percent of the amount  
3004 allocated under this subsection to such State for such year and  
3005 purpose; (F) for 2025, 42 percent of the amount allocated under  
3006 this subsection to such State for such year and purpose; and (G)  
3007 for 2026, 50 percent of the amount allocated under this subsection  
3008 to such State for such year and purpose.

3009 (2) In the case of an allocation that would be made for a  
3010 State pursuant to section 2203(b), if the State does not agree  
3011 that the State will make available non-Federal contributions  
3012 towards such purpose in an amount equal to: (A) for 2020, 10  
3013 percent of the amount allocated under this subsection to such  
3014 State for such year and purpose; (B) for 2021, 20 percent of the  
3015 amount allocated under this subsection to such State for such year  
3016 and purpose; and (C) for 2022, 30 percent of the amount allocated  
3017 under this subsection to such State for such year and purpose;  
3018 (D) for 2023, 40 percent of the amount allocated under this  
3019 subsection to such State for such year and purpose; (E) for 2024,

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3020 50 percent of the amount allocated under this subsection to such  
3021 State for such year and purpose; (F) for 2025, 50 percent of the  
3022 amount allocated under this subsection to such State for such year  
3023 and purpose; and (G) for 2026, 50 percent of the amount allocated  
3024 under this subsection to such State for such year and purpose;  
3025 or (3) if such an allocation for such purpose would not be  
3026 permitted under subsection (c) (7) of section 2105 if such an  
3027 allocation were payment made under such section.

3028 Section 133, Continuous Health Insurance Coverage  
3029 Incentive.

3030 Subpart I of part A of Title XXVII of the Public Health  
3031 Service Act is amended: (1) in section 2701(a) (1) (B), by  
3032 striking "such rate" and inserting "subject to section 2711, such  
3033 rate"; (2) by redesignating the second section 2709 as section  
3034 2710; and (3) by adding at the end the following new section.

3035 Section 2711, Encouraging Continuous Health Insurance  
3036 Coverage.

3037 (a) Penalty applied. (1) In general, notwithstanding  
3038 section 2701, subject to the succeeding provisions of this  
3039 section, a health insurance issuer offering health insurance  
3040 coverage in the individual or small group market shall, in the  
3041 case of an individual who is an applicable policyholder of such  
3042 coverage with respect to an enforcement period applicable to  
3043 enrollments for a plan year beginning with plan year 2019, or,  
3044 in the case of enrollments during a special enrollment period,

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3045 beginning with plan year 2018, increase the monthly premium rate  
3046 otherwise applicable to such individual for such coverage during  
3047 each month of such period, by an amount determined under paragraph  
3048 (2).

3049 (2), Amount of penalty. The amount determined under this  
3050 paragraph for an applicable policyholder enrolling in health  
3051 insurance coverage described in paragraph (1) for a plan year,  
3052 with respect to each month during the enforcement period  
3053 applicable to enrollments for such plan year, is the amount that  
3054 is equal to 30 percent of the monthly premium rate otherwise  
3055 applicable to such applicable policyholder for such coverage  
3056 during such month.

3057 (b) Definitions. For purposes of this section:

3058 (1) Applicable policyholder. The term "applicable  
3059 policyholder" means, with respect to months of an enforcement  
3060 period and health insurance coverage, an individual who: (A) is  
3061 a policyholder of such coverage for such months; (B) cannot  
3062 demonstrate, through presentation of certificates described in  
3063 section 2704(e) or in such other manner as may be specified in  
3064 regulations, such as a return or statement made under section  
3065 6055(d) or 36C of the Internal Revenue Code of 1986, during the  
3066 look-back period that is with respect to such enforcement period,  
3067 there was not a period of at least 63 continuous days during which  
3068 the individual did not have creditable coverage, as defined in  
3069 paragraph (1) of section 2704(c) and credited in accordance with

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3070 paragraphs (2) and (3) of such section; and (C) in the case of  
3071 an individual who had been enrolled under dependent coverage under  
3072 a group health plan or health insurance coverage by reason of  
3073 section 2714, and such dependent coverage of such individual  
3074 ceased because of the age of such individual, is not enrolling  
3075 during the first open enrollment period following the date on  
3076 which such coverage so ceased.

3077 (2) Look-back period. The term "look-back period" means,  
3078 with respect to an enforcement period applicable to an enrollment  
3079 of an individual for a plan year beginning with plan year 2019,  
3080 or, in the case of an enrollment of an individual during a special  
3081 enrollment period, beginning with plan year 2018, in health  
3082 insurance coverage described in subsection (a) (1), the 12-month  
3083 period ending on the date the individual enrolls in such coverage  
3084 for such plan year.

3085 (3) Enforcement period. The term "enforcement period"  
3086 means: (A) with respect to enrollments during a special  
3087 enrollment period for plan year 2018, the period beginning with  
3088 the first month that is during such plan year and that begins  
3089 subsequent to such date of enrollment, and ending with the last  
3090 month of such plan year; and (B) with respect to enrollments for  
3091 plan year 2019 or a subsequent plan year, the 12-month period  
3092 beginning on the first day of the respective plan year.

3093 Section 134, Increasing Coverage Options.

3094 Section 1302 of the Patient Protection and Affordable Care

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3095 Act, 42 U.S.C. 18022, as amended: (1) in subsection (a)(3), by  
3096 inserting "and with respect to a plan year before plan year 2020"  
3097 after "subsection (e)"; and (2) in subsection (d), by adding at  
3098 the end the following: "(5) Sunset. The provisions of this  
3099 subsection shall not apply after December 31, 2019, and after such  
3100 date any reference to this subsection or level of coverage or plan  
3101 described in this subsection, and any requirement under law  
3102 applying such a level of coverage or plan shall have no force or  
3103 effect, and such requirement shall be applied as if this section  
3104 had been repealed."

3105 Section 135, Change in Permissible Age Variation in Health  
3106 Insurance Premium Rates.

3107 Section 2701(a)(1)(A)(iii) of the Public Health Service Act,  
3108 as inserted by section 1201(4) of the Patient Protection and  
3109 Affordable Care Act, is amended by inserting after "consistent  
3110 with section 2707(c)" the following, "or, for plan years beginning  
3111 on or after January 1, 2018, as the Secretary may implement through  
3112 interim final regulation, 5 to 1 for adults, consistent with  
3113 Section 2707(c), or other such ratio for adults, consistent with  
3114 section 2707(c) as the State involved may provide."

3115 [Applause.]

3116 The Chairman. Congratulations to our staff, and those who  
3117 watched. We thought about having our resident auctioneer take  
3118 over, and he could probably get it done in half the time, Billy  
3119 Long.

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3120 I know we have a motion. I know we are going to strike the  
3121 last word. What I would like to do now is just ask, are there  
3122 bipartisan amendments to Subtitle A of the amendment in the nature  
3123 of a substitute? So let me get that down.

3124 Now I am going to recognize the gentleman from Oregon, who  
3125 I think was next when we broke, because I believe he --

3126 Mr. Lujan. Can I just have a parliamentary inquiry?

3127 The Chairman. I --

3128 Mr. Lujan. Mr. Burgess said I couldn't ask it because we  
3129 were in the middle of the reading earlier.

3130 The Chairman. All right. Mr. Schrader, if you will wait,  
3131 I will defer to the gentleman from New Mexico for his --

3132 Mr. Lujan. Thank you, Mr. Chairman.

3133 The Chairman. Please state your parliamentary inquiry.

3134 Mr. Lujan. Mr. Chairman, now that we have read the bill,  
3135 when can the members of the committee ask questions about the  
3136 portion that was just read?

3137 The Chairman. So that is the next thing we will get into  
3138 is you will be -- we will get onto the bill now, but -- and then  
3139 you can strike the last word. That is when you would be able to  
3140 ask. So that is -- does that answer your question?

3141 Mr. Lujan. So there is a time for members --

3142 The Chairman. Of course. Oh, yes.

3143 Mr. Lujan. -- to ask questions about the bill that just  
3144 was read? Thank you, Mr. Chairman.

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3145 The Chairman. Yes. So now I would recognize the gentleman  
3146 from Oregon, Mr. Schrader. For what purpose do you seek  
3147 recognition?

3148 Mr. Schrader. Motion to postpone the markup until the CBO  
3149 score comes in.

3150 The Chairman. Is the motion at the desk?

3151 Mr. Schrader. Yes, it is.

3152 The Chairman. The clerk will report the motion.

3153 The Clerk. A motion to request that the consideration of  
3154 the legislation be postponed until the score of the legislation  
3155 by the Congressional Budget Office has been made available for  
3156 30 days. Offered by Mr. Schrader.

3157 Mr. Murphy. Mr. Chairman?

3158 The Chairman. For what purpose does the gentleman from  
3159 Pennsylvania seek recognition?

3160 Mr. Murphy. Mr. Chairman, I ask that that motion be tabled,  
3161 please.

3162 The Chairman. The gentleman moves that the motion be  
3163 tabled. That is non-debatable.

3164 Mr. Schrader. Mr. Chairman, before -- since I was nice and  
3165 backed off and made sure we could read the bill, and all that,  
3166 I would like to at least make a couple of comments about the motion,  
3167 if that is all right with the gentleman from Pennsylvania.

3168 The Chairman. I don't think we can now because he moved to  
3169 table. Table is a non-debatable motion, as I know the gentleman

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3170 knows.

3171 Mr. Murphy. I think --

3172 The Chairman. You will have an opportunity to strike the  
3173 last word, where you can make your arguments.

3174 Mr. Murphy. I think it is important to have the CBO report  
3175 before we vote on this, Mr. Chairman. We have always done that  
3176 historically. It seems very odd that we wouldn't have that,  
3177 especially given the impact of this bill. It could increase our  
3178 debt deficit dramatically. Millions of people are going to lose  
3179 health insurance, and premiums are going to go up.

3180 The Chairman. So with all due respect, the gentleman is not  
3181 recognized because we are on a motion to table. The motion to  
3182 table is non-debatable. I know you are going to want a recorded  
3183 vote. The clerk will call the roll.

3184 The Clerk. Mr. Barton.

3185 Mr. Barton. Aye.

3186 The Clerk. Mr. Barton votes aye.

3187 Mr. Upton.

3188 Mr. Upton. Aye.

3189 The Clerk. Mr. Upton votes aye.

3190 Mr. Shimkus.

3191 [No response.]

3192 Mr. Murphy.

3193 Mr. Murphy. Aye.

3194 The Clerk. Mr. Murphy votes aye.

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3195 Mr. Burgess.

3196 Mr. Burgess. Aye.

3197 The Clerk. Mr. Burgess votes aye.

3198 Mrs. Blackburn.

3199 Mrs. Blackburn. Aye.

3200 The Clerk. Mrs. Blackburn votes aye.

3201 Mr. Scalise.

3202 Mr. Scalise. Aye.

3203 The Clerk. Mr. Scalise votes aye.

3204 Mr. Latta.

3205 Mr. Latta. Aye.

3206 The Clerk. Mr. Latta votes aye.

3207 Mrs. McMorris Rodgers.

3208 Mrs. McMorris Rodgers. Aye.

3209 The Clerk. Mrs. McMorris Rodgers votes aye.

3210 Mr. Harper.

3211 Mr. Harper. Aye.

3212 The Clerk. Mr. Harper votes aye.

3213 Mr. Lance.

3214 Mr. Lance. Aye.

3215 The Clerk. Mr. Lance votes aye.

3216 Mr. Guthrie.

3217 [No response.]

3218 Mr. Olson.

3219 Mr. Olson. Aye.

3220 The Clerk. Mr. Olson votes aye.  
3221 Mr. McKinley.  
3222 Mr. McKinley. Aye.  
3223 The Clerk. Mr. McKinley votes aye.  
3224 Mr. Kinzinger.  
3225 Mr. Kinzinger. Aye.  
3226 The Clerk. Mr. Kinzinger votes aye.  
3227 Mr. Griffith.  
3228 Mr. Griffith. Aye.  
3229 The Clerk. Mr. Griffith votes aye.  
3230 Mr. Bilirakis.  
3231 Mr. Bilirakis. Aye.  
3232 The Clerk. Mr. Bilirakis votes aye.  
3233 Mr. Johnson.  
3234 Mr. Johnson. Aye.  
3235 The Clerk. Mr. Johnson votes aye.  
3236 Mr. Long.  
3237 Mr. Long. Aye.  
3238 The Clerk. Mr. Long votes aye.  
3239 Mr. Bucshon.  
3240 Mr. Bucshon. Aye.  
3241 The Clerk. Mr. Bucshon votes aye.  
3242 Mr. Flores.  
3243 [No response.]  
3244 Mrs. Brooks.

3245 [No response.]

3246 Mr. Mullin.

3247 Mr. Mullin. Aye.

3248 The Clerk. Mr. Mullin votes aye.

3249 Mr. Hudson.

3250 Mr. Hudson. Aye.

3251 The Clerk. Mr. Hudson votes aye.

3252 Mr. Collins.

3253 [No response.]

3254 Mr. Cramer.

3255 Mr. Cramer. Aye.

3256 The Clerk. Mr. Cramer votes aye.

3257 Mr. Walberg.

3258 Mr. Walberg. Aye.

3259 The Clerk. Mr. Walberg votes aye.

3260 Mrs. Walters.

3261 Mrs. Walters. Aye.

3262 The Clerk. Mrs. Walters votes aye.

3263 Mr. Costello.

3264 Mr. Costello. Aye.

3265 The Clerk. Mr. Costello votes aye.

3266 Mr. Carter.

3267 [No response.]

3268 Mr. Pallone.

3269 Mr. Pallone. Votes no.

3270 The Clerk. Mr. Pallone votes no.  
3271 Mr. Rush.  
3272 [No response.]  
3273 Ms. Eshoo.  
3274 Ms. Eshoo. No.  
3275 The Clerk. Ms. Eshoo votes no.  
3276 Mr. Engel.  
3277 [No response.]  
3278 Mr. Green.  
3279 Mr. Green. No.  
3280 The Clerk. Mr. Green votes no.  
3281 Ms. DeGette.  
3282 Ms. DeGette. No.  
3283 The Clerk. Ms. DeGette votes no.  
3284 Mr. Doyle.  
3285 [No response.]  
3286 Ms. Schakowsky.  
3287 [No response.]  
3288 Mr. Butterfield.  
3289 Mr. Butterfield. No.  
3290 The Clerk. Mr. Butterfield votes no.  
3291 Ms. Matsui.  
3292 [No response.]  
3293 Ms. Castor.  
3294 [No response.]

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3295 Mr. Sarbanes.  
3296 [No response.]  
3297 Mr. McNerney.  
3298 Mr. McNerney. No.  
3299 The Clerk. Mr. McNerney votes no.  
3300 Mr. Welch.  
3301 Mr. Welch. No.  
3302 The Clerk. Mr. Welch votes no.  
3303 Mr. Lujan.  
3304 Mr. Lujan. No.  
3305 The Clerk. Mr. Lujan votes no.  
3306 Mr. Tonko.  
3307 Mr. Tonko. No.  
3308 The Clerk. Mr. Tonko votes no.  
3309 Ms. Clarke.  
3310 Ms. Clarke. No.  
3311 The Clerk. Ms. Clarke votes no.  
3312 Mr. Loeb sack.  
3313 Mr. Loeb sack. No.  
3314 The Clerk. Mr. Loeb sack votes no.  
3315 Mr. Schrader.  
3316 Mr. Schrader. No.  
3317 The Clerk. Mr. Schrader votes no.  
3318 Mr. Kennedy.  
3319 Mr. Kennedy. No.

3320 The Clerk. Mr. Kennedy votes no.  
3321 Mr. Cardenas.  
3322 Mr. Cardenas. No.  
3323 The Clerk. Mr. Cardenas votes no.  
3324 Mr. Ruiz.  
3325 Mr. Ruiz. No.  
3326 The Clerk. Mr. Ruiz votes no.  
3327 Mr. Peters.  
3328 Mr. Peters. No.  
3329 The Clerk. Mr. Peters votes no.  
3330 Mrs. Dingell.  
3331 [No response.]  
3332 Chairman Walden.  
3333 The Chairman. Walden votes yes.  
3334 The Clerk. Chairman Walden votes aye.  
3335 The Chairman. Okay. Members wishing to be recorded? The  
3336 gentleman from Illinois.  
3337 Mr. Shimkus. I wish to be recorded as yes.  
3338 The Clerk. Mr. Shimkus votes aye.  
3339 The Chairman. The gentleman from Kentucky.  
3340 Mr. Guthrie. Aye.  
3341 The Clerk. Mr. Guthrie votes aye.  
3342 The Chairman. Gentleman from Texas.  
3343 Mr. Flores. Aye.  
3344 The Clerk. Mr. Flores votes aye.

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3345 The Chairman. Gentlelady from Indiana.  
3346 Mrs. Brooks. Aye.  
3347 The Clerk. Mrs. Brooks votes aye.  
3348 The Chairman. Gentleman from New York.  
3349 Mr. Collins. Aye.  
3350 The Clerk. Mr. Collins votes aye.  
3351 The Chairman. The gentleman from Georgia.  
3352 Mr. Carter. Aye.  
3353 The Clerk. Mr. Carter votes aye.  
3354 The Chairman. Okay. Let us go -- yes, the gentleman from  
3355 New York.  
3356 Mr. Engel. Votes no.  
3357 The Clerk. Mr. Engel votes no.  
3358 The Chairman. Gentlelady from Illinois.  
3359 Ms. Schakowsky. No.  
3360 The Clerk. Ms. Schakowsky votes no.  
3361 The Chairman. Gentlelady from California.  
3362 Ms. Matsui. No.  
3363 The Clerk. Ms. Matsui votes no.  
3364 The Chairman. Gentlelady from Florida.  
3365 Ms. Castor. No.  
3366 The Clerk. Ms. Castor votes no.  
3367 The Chairman. All right. Are there other members who have  
3368 not cast their vote that want to cast their vote? Seeing none,  
3369 the clerk will report the tally.

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3370 The Clerk. Mr. Chairman, on that vote, there were 31 ayes  
3371 and 20 noes.

3372 The Chairman. Motion to table is approved.

3373 Mr. Pallone. Mr. Chairman?

3374 The Chairman. For what purpose does the gentleman from New  
3375 Jersey seek recognition?

3376 Mr. Pallone. Move to strike the last word on the substitute.

3377 The Chairman. The gentleman is recognized for 5 minutes to  
3378 strike the last word.

3379 Mr. Pallone. Thank you, Mr. Chairman. A wise man named Sam  
3380 Rayburn, the longest-serving Speaker of the House and a former  
3381 chairman of this committee, once said, and I quote, "That any  
3382 jackass can kick down a barn, but it takes a good carpenter to  
3383 build one."

3384 For 7 years, Republicans vilified the Affordable Care Act.  
3385 For 7 years, they stopped at nothing to undermine its success.  
3386 They misled the public. They have purposely sabotaged insurance  
3387 markets through lawsuits, starving the stabilization programs of  
3388 their funding and administrative obstruction. And the list goes  
3389 on.

3390 And they kept promising they had a better way. Year after  
3391 year, speech after speech, they claimed they were working on a  
3392 bill that could replace the law. First, it was Speaker Boehner.  
3393 Then Speaker Ryan took the helm. And here we are, the illustrious  
3394 so-called "better way" was finally released 2 days ago.

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3395 But, Mr. Chairman, I don't understand what the rush is to  
3396 hold this markup today. Again, statements were made that this  
3397 was going to be through regular order. That is not true. There  
3398 has not been a hearing in the Health Subcommittee. There has not  
3399 been a markup in the Health Subcommittee. We are having a full  
3400 committee markup to consider a bill that repeals the Affordable  
3401 Care Act, considering that the bill was made public less than 48  
3402 hours, and the substitute, my understanding, was released  
3403 yesterday.

3404 So why are Republicans scheduling a markup when they have  
3405 not held one hearing on this bill? When our committee considered  
3406 the Affordable Care Act during the 111th Congress, Democrats  
3407 posted the bill for all to see for 30 days before markup. We also  
3408 held 79 committee hearings and markups over a 2-year period in  
3409 the committees of jurisdiction. This allowed us to hear from  
3410 people who liked the bill as well as those who didn't, so that  
3411 we could know what its impact would be.

3412 Now, at that time, I was Chairman of the Subcommittee on  
3413 Health, and the week after we publicly posted the bill my  
3414 subcommittee conducted 3 straight days of hearings on the bill.  
3415 This is the proper way to proceed on a bill that is going to  
3416 significantly impact every American and their health security.

3417 As members of Congress, we should have time to read and  
3418 understand what this bill will do and won't do, what it will cost,  
3419 who and how many people will be covered under the bill, and that

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3420 is what hearings on this Republican repeal bill would have  
3421 provided.

3422 But instead of hearings, the Republican majority wants to  
3423 move right to a markup in the full committee. I think that is  
3424 extremely unfortunate, to say the least. Scheduling this markup  
3425 today, in my opinion, makes a mockery of an open and transparent  
3426 process, not to mention the fact that, you know, so far, until  
3427 now, members were only given 1 minute to talk about them.

3428 So, Mr. Chairman, last week on March 2, all 24 committee  
3429 Democrats sent you a letter, a copy of which I have here and would  
3430 ask to be entered into the record without objection --

3431 The Chairman. Without objection.

3432 [The information follows:]

3433

3434 \*\*\*\*\*COMMITTEE INSERT 4\*\*\*\*\*

3435 Mr. Pallone. That letter recounted public statements made  
3436 by Speaker Ryan promising, and I quote, "A committee process with  
3437 public engagement and transparency." And I am sorry to say these  
3438 are not the characteristics I would use to describe the manner  
3439 in which the majority is proceeding on this bill.

3440 This legislation is going to have real and concrete effects  
3441 on all Americans. It could be devastating for tens of millions  
3442 of Americans who could lose their health care. The  
3443 inconveniences that would result from delaying this markup, and  
3444 actually going through the regular committee process, pale in  
3445 comparison to the damage that hasty action invites.

3446 And so, Mr. Chairman, again, I don't understand the rush.  
3447 My fear is that the Republicans don't want an open and transparent  
3448 process, because they don't want feedback from their constituents  
3449 and the American people before marking it up.

3450 And the main reason that I say that people will lose their  
3451 health insurance under this legislation is as follows. When we  
3452 did the Affordable Care Act, we knew that a lot of people whose  
3453 incomes were above the Medicaid level would not be able to afford  
3454 to pay for a premium. We knew that people at a little higher  
3455 income level, maybe up to 75-, 80,000 for a family for 4, would  
3456 only be able to afford it if they got a significant subsidy.

3457 What is happening here today with this bill is that that  
3458 significant subsidy is going to disappear. For those people at  
3459 a little higher income, and those people under the expanded

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3460 Medicaid, will be dropped because the Federal Government is not  
3461 going to give the states sufficient money to continue the  
3462 expansion or even the traditional Medicaid because of the cap.

3463 And so the bottom line is, the majority of people who got  
3464 their coverage under the Affordable Care Act, who didn't have it  
3465 before, are going to lose their coverage. And because of the  
3466 cutbacks in Medicaid, states will begin not only throwing people  
3467 off but also rationing care and losing benefits because you have  
3468 repealed the essential benefit package. And that is the  
3469 devastation that comes from this bill in a nutshell.

3470 I yield back.

3471 The Chairman. The gentleman yields back. Members seeking  
3472 recognition? I recognize the gentleman from Pennsylvania, Dr.  
3473 Murphy.

3474 Mr. Murphy. Thank you, Mr. Chairman. As Chairman of  
3475 Oversight and Investigations, I want to put a few things on the  
3476 record of hearings we have had on this issue. First of all, make  
3477 sure we have on the record that when the previous bill, the  
3478 Affordable Care Act, was presented before us, it changed  
3479 considerably. And the bills that we did actually have, our House  
3480 floor bypassed much of this process.

3481 But on Monday, March 6, 2017, we released a compendium of  
3482 all of our oversight conducted by our committee since the law  
3483 passed. It has been over the last 6 years, we compiled in its  
3484 entirety for the first time. It exposed a lot of serious

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3485 deficiencies in Obamacare or the Affordable Care Act that have  
3486 actually harmed the American people and wasted taxpayer dollars,  
3487 and it has paved the way to this legislation today.

3488           We have had over 31 oversight hearings on the Affordable Care  
3489 Act. The Subcommittee on Oversight and Investigations convened  
3490 18 hearings. The Subcommittee on Health convened 9 hearings, in  
3491 addition to legislative hearings. The '09 Health Subcommittees  
3492 convened 1 joint hearing. The full committee convened 3  
3493 hearings.

3494           There was 107 witnesses that testified before the committee,  
3495 and 38 witnesses were administration officials. The committee  
3496 released 5 investigative reports in the 114th Congress, including  
3497 59 findings and 9 recommendations.

3498           The committee's most notable oversight topics included, 1,  
3499 the administration's decision to fund the cost-sharing reduction  
3500 programs in the basic health program without a lawful  
3501 appropriation; 2, the failed launch of healthcare.gov and  
3502 mismanagement of the information technology systems by HHS and  
3503 its component agencies; 3, the failure of 4 out of 17 state-based  
3504 exchanges and the misuse of federal grant money in the creation  
3505 and operations of the state-based exchanges; and, 4, the closure  
3506 of 22 out of 28 COOPs -- that is, the consumer-operated and  
3507 oriented plan -- created by the Affordable Care Act and the

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3508 associated loss of 2 billion in taxpayer dollars.

3509           The committee's Democratic members have long criticized the  
3510 committee for the number of oversight hearings and investigations  
3511 conducted by the committee and asks that we not hold more. But  
3512 these investigations serve the essential function of creating a  
3513 public record that clearly documents the serious problems and  
3514 inefficiencies that exist in Obamacare and its implementation.

3515           And, I might add, many times I heard our friends on the other  
3516 side saying they recognized there were problems with the  
3517 Affordable Care Act and asked to work with us to overcome some  
3518 of these problems.

3519           Most recently, the Democratic members have criticized  
3520 Republicans for a "lack of transparency" in plans to repeal and  
3521 replace the Affordable Care Act. But the foundation for the  
3522 committee's repeal and replace plans can be found in the thousands  
3523 of pages of transcripts, and hundreds of hours of testimony of  
3524 the methodical and systematic oversight conducted by our  
3525 committee.

3526           And does the Health Chairman have any other comments on that?  
3527 I will yield to Dr. Burgess, Chairman of the Health Subcommittee.

3528           Mr. Burgess. Thank you. I thank the gentleman for  
3529 yielding. Mr. Chairman, just a couple of points on the fact that  
3530 the Affordable Care Act has seen serious, serious problems. A

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3531 third of all U.S. counties have only 1 insurer. By definition,  
3532 that is the opposite of choice. In 2017, 7 states saw premiums  
3533 increase more than 50 percent. That is the opposite of  
3534 affordable.

3535 From a Congressional Budget Office perspective, the  
3536 Congressional Budget Office score -- Mr. Chairman, if I recall  
3537 correctly, serving on the Health Subcommittee in 2009, we did not  
3538 have a markup of H.R. 3200 in the Health Subcommittee. It was,  
3539 in fact, a full committee markup. And, in fact, when the  
3540 reconciliation bill came forward in 2010, which allowed for the  
3541 passage of the Affordable Care Act, I think that went directly  
3542 to the Budget Committee and the floor.

3543 I don't recall having a markup of the reconciliation that  
3544 allowed Obamacare -- the Affordable Care Act to proceed. I don't  
3545 recall having it here in this committee. I don't recall having  
3546 a Congressional Budget Office score prior to that full committee  
3547 markup in July of 2009. But the Congressional --

3548 Mr. Schrader. Point of order.

3549 Mr. Burgess. -- Budget Office --

3550 Mr. Schrader. Point of order, Mr. Chairman.

3551 Mr. Burgess. -- Congressional Budget Office, on their own

3552 --

3553 Mr. Schrader. Point of order.

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3554 Mr. Burgess. -- projections, said 21 million people would  
3555 be covered under the Affordable Care Act. Today -- I am sorry,  
3556 for calendar year 2016, that number in fact was 10 million. So  
3557 the Congressional Budget Office score, while useful in helping  
3558 guide Congress, it is hardly --

3559 Mr. Burgess. Will the gentleman yield?

3560 Mr. Schrader. -- the final word on the issue. And then,  
3561 finally, I would just -- again, I need to reiterate that H.R. 3200,  
3562 which was the House version of what became the Affordable Care  
3563 Act, was marked up in the full committee. It did not come to our  
3564 Health Subcommittee, and the reconciliation process did not come  
3565 through our subcommittee or full committee. It went directly to  
3566 the Budget Committee and to the floor. In fact, there was talk  
3567 about it being deemed passed. Fortunately, that did not happen.

3568 The Chairman. The gentleman's --

3569 Mr. Schrader. But we did not come back to the committee.

3570 The Chairman. -- time has expired.

3571 Mr. Schrader. I yield back.

3572 The Chairman. The gentleman's time has expired. Are there  
3573 other members seeking recognition?

3574 Mr. Schrader. Point of order, Mr. Chairman? Just real  
3575 quick, just to correct the record. There was --

3576 The Chairman. Please state your point of order.

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3577 Mr. Schrader. Point of order is that there was, actually,  
3578 a misstatement in that CBO did give us a score before it came out  
3579 of the committee when the Affordable Care Act was passed back in  
3580 2009.

3581 The Chairman. Appreciate that. Yes. Other members  
3582 seeking recognition? The gentlelady from California, Ms. Eshoo,  
3583 for what purpose are you seeking recognition?

3584 Ms. Eshoo. I would like to strike the last word.

3585 The Chairman. The gentlelady is recognized for 5 minutes  
3586 to strike the last word.

3587 Ms. Eshoo. Thank you, Mr. Chairman. I am -- I think that  
3588 there is a huge deficiency here today around a very important  
3589 topic, and that is that we don't have a CBO score. This is not  
3590 something small or insignificant or some picky point just to be  
3591 made. Health care is part -- a very important sector of our  
3592 national economy.

3593 We need to know what this is going to cost. We need to know  
3594 what kind of health insurance is going to be possible, let alone  
3595 is it really going to be feasible? How much is the bill going  
3596 to cost? Who is going to pay for it? Is it going to act as a  
3597 deficit? Is it going to bring the deficit down? These are major,  
3598 major issues.

3599 And why it is left out, I mean, it is up to the majority to

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3600 explain that. You either don't care about it or you are worried  
3601 what it is going to bring out. I don't know, but -- or I have  
3602 a sense of it. But I want to reiterate for the record how  
3603 essential it is to have the CBO score.

3604 You have been harping on this for almost 7 years. You can't  
3605 wait a couple of weeks for the CBO to score your ideas? I mean,  
3606 there are lots of promises in this, but I think that we are missing  
3607 major facts. I mean, less than 48 hours ago, this plan was  
3608 unveiled to dismantle what is our healthcare system in our  
3609 country.

3610 This isn't any small issue. And the words in these  
3611 proposals, if they are to become law, walk right into people's  
3612 lives. And I want to reiterate, I don't know what members here  
3613 dropped their health insurance plan. Any of the Republicans  
3614 disengage from the plan that we are enrolled in? What has  
3615 happened to your family? Mine has worked very well. I have no  
3616 complaints about it. I have no complaints about it.

3617 So I will say once again, if it is good enough for members  
3618 of Congress, it should be good enough for our constituents.  
3619 Instead of providing members with the time to consider the details  
3620 of the plan, and, as I said, to get a score, there is an all-out  
3621 rush here. And I guess it is the -- it is more about the  
3622 advertising than it is about substance.

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3623 I believe that, from what I have read in this plan, that  
3624 people are going to lose health care, and I think those that get  
3625 to have it are going to pay more. What happens to seniors in this?  
3626 With the age rating, there is a multiplier to it. The older you  
3627 get, the more you are going to pay. That is why AARP has weighed  
3628 in, and they have weighed in in a very heavy way. This is serious.

3629 For those you that still have parents and are young, guess  
3630 what? You are going to have to help them. Millennials, step up.  
3631 Step up, because you are a stakeholder in this.

3632 What is going to happen to long-term care when you squeeze  
3633 the hell out of Medicaid? What happens to people that have  
3634 dementia and their children that need to help them? What is going  
3635 to happen to that money? You are squeezing of Medicaid. Your  
3636 per capita cap has a direct effect on long-term care for seniors,  
3637 because Medicaid, almost 60 percent of it, goes to long-term care.

3638 So, you know, there is up, down, sideways, and the  
3639 gentlewoman and the gentleman, and the this and the that, and we  
3640 are going to rush, and it was in room I don't know whatnot, and  
3641 we are going to give Americans everything. The President wants  
3642 more for people, not less.

3643 You know what? We are playing with people's lives here.  
3644 Playing with people's lives. And unless these questions can be  
3645 answered straight up, watch out, America, because it is misleading

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3646 advertising. In plain English, it is misleading advertising.

3647 So I --

3648 The Chairman. The gentlelady's time --

3649 Ms. Eshoo. Mr. Chairman, I regret that you have scheduled

3650 --

3651 The Chairman. -- has expired.

3652 Ms. Eshoo. -- this to rush it. No CBO score of this.

3653 The Chairman. The gentlelady's time has expired.

3654 Ms. Eshoo. And the hurt that is awaiting the American people  
3655 is of huge concern and should be everyone's.

3656 The Chairman. The chair recognizes the gentleman from  
3657 Texas, the Chairman of the Subcommittee on Health, Dr. Burgess.

3658 Mr. Burgess. Thank you, Mr. Chairman.

3659 The Chairman. Five minutes.

3660 Mr. Burgess. And, first off, on the issue of our individual  
3661 health insurance, because it was a requirement that you purchase  
3662 insurance in the D.C. exchange, I did not do that. I purchased  
3663 an unsubsidized bronze plan in the federal fallback exchange in  
3664 the State of Texas, and I will tell you it is the most God-awful  
3665 insurance I have ever had. It was expensive. The premiums were  
3666 beyond belief. They were paid with after-tax dollars.

3667 The deductible was just at \$6,000, almost made the insurance  
3668 unusable, but I thought it was important that I went through what

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3669 everyone else in the individual market in my district was  
3670 encountering. And it was that experience that led me to believe  
3671 that there has to be a better way.

3672 Now, on the issue of the CBO score, looking at the committee  
3673 report from H.R. 3200, Clause 3(d) of Rule 13 of the Rules of the  
3674 House of Representatives requires an estimate and comparison of  
3675 the costs that would be incurred in carrying H.R. 3200. The  
3676 committee anticipates that a CBO cost estimate letter will address  
3677 these issues when the bill proceeds to consideration on the House  
3678 floor.

3679 Thank you, Mr. Chairman. I yield back.

3680 The Chairman. The gentleman yields back the balance of his  
3681 time. The chair recognizes the gentleman from New York, Mr.  
3682 Engel, for 5 minutes.

3683 Mr. Engel. Thank you, Mr. Chairman. I move to strike the  
3684 last word. To me, the bottom line in this is the American people  
3685 will be paying more and getting less. Now, nobody is saying that  
3686 the Affordable Care Act was perfect. In fact, there were a lot  
3687 of things, and some of the things that my friends on the other  
3688 side of the aisle point out that were problems with the Affordable  
3689 Care Act, needed to be fixed. We could have fixed them. We could  
3690 have put our heads together, and we could have tried our best to  
3691 fix them.

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3692           What this does -- people don't care that much about the  
3693 nuances of this. The bottom line for them is, how much am I going  
3694 to have to pay, and what kind of care am I going to get? And I  
3695 will bet that on both those occasions this bill comes up short.  
3696 The majority of people who are going to be affected by this bill,  
3697 which is the majority of the American people, will wind up paying  
3698 more and getting less.

3699           And if you are a senior citizen, forget it. If you are in  
3700 a group that is almost a senior citizen, the 55 to 65 group, you  
3701 get socked. And if you are people making very little money,  
3702 \$25-, \$30,000 a year, you are going to get socked, and that is  
3703 the bottom line.

3704           You know, we come here and we debate on both sides of the  
3705 aisle, and we say things, and whatever. The bottom line is,  
3706 people want to know, what kind of health care am I getting? And  
3707 how much will I have to pay for it? And I will bet my bottom dollar  
3708 that the vast majority of American people, based on what I have  
3709 read in the bill and what we discussed on the bill, is that people  
3710 will be paying more and getting less.

3711           So if Obamacare was flawed, this drives the flaw even bigger  
3712 and better. And the way we could have perhaps done it is putting  
3713 our heads together -- and I said this before -- Medicare, Medicaid,  
3714 any kind of big bill that you have always has to be adjusted when

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3715 you see what works and what doesn't work. That is what we should  
3716 have been doing here, as far as I am concerned.

3717 My friends on the other side of the aisle's decision to charge  
3718 ahead on this bill, less than 2 days after its introduction, is  
3719 an affront to their constituents who are wondering how the bill  
3720 would affect them. But it is also an indication that they are  
3721 quite content to break one of the White House's central promises,  
3722 and the promise is I quote, "Come up with a new plan that is going  
3723 to be better health care for more people at a lesser cost."

3724 This does the opposite. The mere fact that this markup is  
3725 taking place shows that our Republican colleagues either aren't  
3726 concerned with providing health care for more people at a lesser  
3727 cost, or they know they can't do it with this bill. And why?  
3728 Because the non-partisan Congressional Budget Office has yet to  
3729 determine how much this bill would cost or how many Americans it  
3730 would cover.

3731 Without that analysis, there is absolutely no reason to  
3732 believe that this bill would achieve those goals, because if it  
3733 did, the Republicans would have held this markup with a readout  
3734 from CBO in their hand, ready and willing to show Americans how  
3735 the repeal bill works for them, and they are not doing that. So,  
3736 obviously, they have something to hide.

3737 I have heard suggestions that CBO's process is too lengthy,

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3738 and we can't wait. You know, Republicans have been promising a  
3739 better way for 7 years, and I have never heard of a CBO analysis  
3740 taking that long.

3741 If my colleagues on the other side of the aisle wish to move  
3742 forward without knowing what this bill costs, or how many  
3743 Americans it would cover, or who it would affect negatively, that  
3744 is their prerogative. But it is time to be up front about it.  
3745 You aren't waiting for a CBO score, either because you are not  
3746 concerned with giving better health care to more people, which  
3747 I doubt, at a lesser cost, or because you know that this bill can't  
3748 do it, which I think we are all going to find out pretty soon that  
3749 that is going to be the case.

3750 I yield back the balance of my time.

3751 The Chairman. Are there other members seeking recognition?  
3752 The gentleman from Indiana, Dr. Bucshon, seeks recognition. Five  
3753 minutes.

3754 Mr. Bucshon. Thank you, Mr. Chairman. I just want to say  
3755 that, you know, Republicans are committed to transparency and  
3756 regular order, and this is simply the first step in the process.  
3757 As with the development of any piece of legislation, Energy and  
3758 Commerce Committee members and staff drafted and refined  
3759 legislative language reflecting the concerns of our constituents,  
3760 and the mandate from voters to repeal and replace Obamacare.

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3761 Working collaboratively with other committees, our  
3762 counterparts in the Senate and the White House, we just introduced  
3763 a bill that is now public and available for every American to go  
3764 and read. Unlike Obamacare's 2,000-plus pages, our bill is under  
3765 100. And unlike Obamacare, members have a chance to read and  
3766 understand what they are voting on.

3767 It is typical that the CBO does not score a bill prior to  
3768 committee markup. We expect CBO to produce a score prior to any  
3769 final legislation's consideration on the House floor, as is common  
3770 procedure. In fact, we would respectfully remind my friends on  
3771 the other side of the aisle that major portions of the ACA were  
3772 marked up in the committee without a score, and the remaining parts  
3773 that were in the 2010 reconciliation instructions were never  
3774 marked up in this committee.

3775 Finally, the FY2017 budget passed by the House and the Senate  
3776 require that reconciliation instructions, like this legislation,  
3777 reduce the deficit by \$2 billion; thus, the policies in this bill  
3778 will only advance to the extent that they have an effect on cutting  
3779 the budget. The CBO score is a red herring.

3780 And it is important to note that, in the CBO score from the  
3781 Affordable Care Act, it says here from the CBO, "It is important  
3782 to note that the figures presented here do not represent a complete  
3783 cost estimate for the coverage provisions of the legislation.

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3784 They reflect specifications provided by the committee staff,  
3785 rather than detailed analysis of legislative language. They do  
3786 not include certain costs that the government would incur to  
3787 administer the proposed changes and the impact of the bill's  
3788 provisions on other federal programs." Nevertheless, the  
3789 estimates reflect major budgetary effects of H.R. 3200.

3790 And, you know, it is -- the Clause 3(d), Rule 13 of the Rules  
3791 of the House of Representatives requires that an estimate and  
3792 comparison of the costs that would be incurred in carrying out  
3793 H.R. 3200, the committee anticipates that a CBO cost estimate  
3794 letter will address these issues when the bill proceeds to the  
3795 House floor as Chairman Burgess just reported out. And this is  
3796 from a committee report from, at the time, majority Democrats.

3797 So I think, Mr. Chairman, in my remaining time, I would just  
3798 like to comment on, also, some supporters of our legislation --  
3799 and let me just read this. This is -- and I quote, "The  
3800 President's per capita cap proposal responds to the pleas of those  
3801 who want more cost discipline in Medicaid without terminating --  
3802 without terminating -- the guarantee of basic health and long-term  
3803 care to 36 million Americans. Under the President's approach,  
3804 states would have both incentives and tools to manage Medicaid  
3805 more efficiently, and the Federal Government would maintain its  
3806 commitment to sharing in the costs of providing care." This is

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3807 from former Congressman Henry Waxman.

3808 I would also like to point out that President Clinton said  
3809 a per capita cap would limit the amount of federal spending per  
3810 eligible person while retaining -- I repeat, retaining -- current  
3811 eligibility and benefit guidelines.

3812 So, Mr. Chairman, with that, I yield.

3813 Ms. DeGette. Will the gentleman yield?

3814 Mr. Bucshon. The gentleman will yield.

3815 Ms. DeGette. I just want to set the record straight. It  
3816 is true that the rules didn't require the CBO score until later  
3817 in the process. But before this committee marked up the  
3818 Affordable Care Act -- I think it was H.R. 3200 -- we had a CBO  
3819 score in hand. We had it in hand.

3820 Thank you for yielding.

3821 The Chairman. Would the gentleman yield?

3822 Mr. Bucshon. I will yield.

3823 The Chairman. So let me quote from the committee report from  
3824 that time, and I quote, to the Budget Committee, "Clause 3(d) of  
3825 Rule 13 of the Rules of the House of Representatives requires an  
3826 estimate and comparison of the costs that could be incurred in  
3827 carrying out H.R. 3200. The committee anticipates that the CBO  
3828 cost estimate letter will address these issues when the bill  
3829 proceeds to consideration on the House floor."

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3830 That is a quote --

3831 Ms. DeGette. But we had it.

3832 The Chairman. Well, you didn't --

3833 Ms. DeGette. We had it before --

3834 The Chairman. Apparently, you didn't share it because this  
3835 is your report in the committee. So if you had it, it was locked  
3836 up in a secret room --

3837 Ms. DeGette. I will get you the information.

3838 The Chairman. -- somewhere and never shared, because this  
3839 is actually -- I know Speaker Pelosi told the National Association  
3840 of Counties at the time you had to pass the bill, so people could  
3841 find out what is in it. And, apparently, CBO score going to  
3842 reconciliation was the same way.

3843 I yield back to the gentleman from Indiana.

3844 Mr. Bucshon. I yield back.

3845 The Chairman. The gentleman yields back. The chair  
3846 recognizes the gentleman from Texas, Mr. Green.

3847 Mr. Green. Thank you, Mr. Chairman. I move to strike the  
3848 last word. By the way, Speaker Pelosi was not part of the Energy  
3849 and Commerce Committee. So maybe if she was, because we had --  
3850 I read the bill, and it had 30 amendments to it in 2009.

3851 So, but the concern I have, after 7 years of demoralizing  
3852 and politicizing and undermining the Affordable Care Act, we are

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3853 here to mark up a sorry attempt to live up to false promises and  
3854 advance a bill that is crafted in secrecy. While the specifics  
3855 of the damaging efforts are not even fully known, make no mistake,  
3856 it will lead to millions losing coverage, people paying more for  
3857 less, and rationing of care.

3858         This plan makes every single meaningful metric worse for  
3859 millions of Americans. It will lead to more people without  
3860 insurance. It will lead to premiums going up, to co-pays going  
3861 up, and deductibles going up. It will lead to destabilizing  
3862 markets and rationing of care.

3863         Under this plan, many Americans will be pushed into bad  
3864 coverage that they can't afford to use, and millions more will  
3865 become uninsured altogether. It is simple. The bill cuts taxes  
3866 for the rich, raises premiums on older Americans, cuts financial  
3867 assistance for low and middle income working families, leads to  
3868 the rationing of care for more than 70 million Americans,  
3869 including seniors in nursing homes, pregnant women, children, and  
3870 people living with disabilities.

3871         The bill recycles failed ideas and has a lot worse problems.  
3872 It in no way lives up to the rhetoric of President Trump and said  
3873 that the prescription for getting more people less while having  
3874 coverage in all -- for all coverage are paying more. More will  
3875 become clear as experts and stakeholders study its effects, and

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3876 the independent, non-partisan Congressional Budget Office  
3877 releases its estimates, but the true -- basic truth is undeniable.

3878           Unlike this plan, the ACA had a clear policy goal. We wanted  
3879 more people to have insurance, more insurance, more affordable,  
3880 robust, stop abusive practices of the insurance industry, and  
3881 reduce long-term costs. Instead of working with us to build upon  
3882 the ACA, to the reality we have this bill. Repeal and replace  
3883 is a slogan, not a policy, and health care is a right for all,  
3884 not a privilege for a few.

3885           The repeal bill will not protect patients and will not save  
3886 money and will not help working families. Instead, it is a  
3887 drastic and devastating step backward, and the only people who  
3888 stand to benefit from it are the healthy and the wealthy.

3889           Health care is highly sensitive and deeply personal. And  
3890 as President Trump apparently just realized, incredibly  
3891 complicated. That is why we spent days and days on markup for  
3892 the Affordable Care Act. The stakes could not be higher for the  
3893 American people.

3894           But let me implore my colleagues to listen, not just from  
3895 us members of Congress but to critics from patients to economists  
3896 to stakeholders, like the American Medical Association, the  
3897 American Hospital Association, and stop ramming this  
3898 ill-conceived bill through.

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3899           Let me read something, and I would like to ask unanimous  
3900 consent to place into the record, Mr. Chairman, the American  
3901 Hospital Association letter in opposing this bill.

3902           The Chairman. Without objection.

3903           [The information follows:]

3904

3905

3906           \*\*\*\*\*COMMITTEE INSERT 5\*\*\*\*\*

3907 Mr. Green. Let me just read some of it in my last few  
3908 minutes. "On behalf of the 5,000 member hospitals, health  
3909 systems, and health coverage organizations, including 270,000  
3910 affiliated physicians, 2 million nurses, and other caregivers,  
3911 the 43,000 healthcare leaders who belong to our professional  
3912 groups, the American Hospital Association expressing our views  
3913 on the American Healthcare Act legislation to repeal and replace  
3914 the Affordable Care Act."

3915 We believe that legislation needs to be reviewed and  
3916 carefully evaluated regarding the impact on both individuals and  
3917 the ability of hospitals and health system, which are the backbone  
3918 of our nation's healthcare safety net in terms of our ability to  
3919 care for all those people. Any ability to evaluate the American  
3920 Healthcare Act, however, is severely hampered by the lack of  
3921 coverage estimates by the Congressional Budget Office.

3922 In addition to the lack of CBO score, we have some additional  
3923 policy concerns. For example, it appears that the effort to  
3924 restructure Medicaid program would have the effect of making  
3925 significant reductions in the program that provide services to  
3926 our most vulnerable populations and pays providers significantly  
3927 less than it is providing now.

3928 Let me just close by saying health care is vitally important  
3929 to working American families, and they rely on hospital systems.

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3930 We recognize the measure represents a first step, but it is  
3931 critical this process is thoughtful and focused.

3932 We ask Congress to protect our patients and find ways to  
3933 maintain coverage for all Americans possible, which this bill does  
3934 not. We look forward to continuing your work. We cannot support  
3935 the American Healthcare Act in its current form. That is why we  
3936 need some amendments.

3937 And I yield back my time.

3938 The Chairman. The gentleman yields back the balance of his  
3939 time. The chair recognizes the gentleman from Louisiana, the  
3940 Whip of the House, Mr. Scalise, for 5 minutes.

3941 Mr. Scalise. Thank you, Mr. Chairman. And I guess we  
3942 really need a little dose of reality as we are having this  
3943 conversation. As my friends on the other side I think want to  
3944 spend all day and all night and next morning trying to defend this  
3945 failed law, I think we need to go and put that reality in place  
3946 on what this law is really doing to families.

3947 CBO, by the way, this is the same CBO that, when Obamacare  
3948 did come to the floor, they made all those great promises about  
3949 how it was going to lower premiums. We all remember those claims,  
3950 even the President said, "You are going to pay \$2,500 less." And  
3951 Americans who have gotten double-digit increases every single  
3952 year wonder when that promise is going to be fulfilled. And, of

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3953 course, it can't be because of all of the unworkable mandates and  
3954 taxes in this law that we are going to repeal.

3955 CBO and the President talked about how it was going to reduce  
3956 the deficit. You remember that promise that was broken. I  
3957 haven't heard anybody apologize, by the way, for misleading the  
3958 American people when they made that false claim, but that is, in  
3959 fact, what happened.

3960 And so over the course of the last few years, and especially  
3961 in the context of the Presidential election that just occurred  
3962 a few months ago, there was a debate in the public, and it was  
3963 very clear. We, as House Republicans and Senate Republicans,  
3964 have been running for years saying, if we get the opportunity,  
3965 we are going to repeal Obamacare. We made that very clear, and  
3966 we held the majorities in the House and Senate with that promise.

3967 And then, in the Presidential election, Donald Trump, as a  
3968 candidate for President, was very clear he wants to repeal  
3969 Obamacare and replace it. And Hillary Clinton was very clear she  
3970 wanted to keep it. And so the public actually got to have a say  
3971 in this, and they elected Donald Trump with that mandate of  
3972 repealing Obamacare.

3973 So for anybody to think that we are going to just wait around  
3974 and wait around, we have asked CBO, by the way, for a score.  
3975 Anybody who thinks we are going to just wait and let some unelected

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3976 bureaucrats in Washington stop us from following through on our  
3977 promise to the American people that we are going to repeal this  
3978 failed law and finally rescue them from the double-digit increases  
3979 in premiums, and from the \$10,000 and more in deductibles, and  
3980 all of the other things that have destroyed good health care for  
3981 them, we are going to keep moving forward and fulfill that promise,  
3982 because the American people expect us to do it.

3983           They want us to do it, and CBO is eventually going to come  
3984 up with a score before it goes to Budget Committee, before it goes  
3985 to the House floor. But in the meantime, if they can't get the  
3986 score out there, we are still going to move forward and follow  
3987 through on that promise.

3988           And, by the way, who are making this promise to? I asked  
3989 my constituents just a few weeks ago, share your stories with me.  
3990 I want to know what Obamacare means to my constituents. I hear  
3991 from them all the time, for years, all the complaints. And look  
3992 what I got. All of these constituents who have talked about how  
3993 Obamacare is devastating health care for them.

3994           Look at the stories of the 4,500 deductible per family  
3995 member. That is destroying health care and jacking up their  
3996 premiums. People want to be rescued from this law, and they had  
3997 a say in the election. If the American people wanted Obamacare  
3998 to stay in place, they knew they had a choice, electing Donald

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3999 Trump means you are going to help expedite the repeal of Obamacare,  
4000 and he won the race.

4001 But why don't we listen to some other people that talked about  
4002 Obamacare. I rarely quote Bill Clinton on healthcare policy, but  
4003 Bill Clinton just a few months ago said, and I quote, "The people  
4004 who are getting killed on this deal are small businesses, people  
4005 and individuals who make just a little too much to get any of these  
4006 subsidies because they are not organized. They don't have any  
4007 bargaining power with the insurance companies, so they are getting  
4008 whacked." This is Obamacare that Bill Clinton is talking about.

4009 I will continue, and I quote, "So you have got this crazy  
4010 system where all of a sudden 25 million more people have health  
4011 care, and then the people who are out there busting it, sometimes  
4012 60 hours a week, wind up with their premiums doubled and their  
4013 coverage cut in half. It is the craziest thing in the world."

4014 I completely agree with Bill Clinton on this, because it is  
4015 destroying lives. It is jacking up costs for families. And when  
4016 CBO comes up with the score, that is going to be great. But in  
4017 the meantime, we are not going to wait on some unelected  
4018 bureaucrats to provide relief from Obamacare to the American  
4019 people. The country had their say, and I am glad that they spoke  
4020 loudly.

4021 I am glad this was an issue in the campaign, because that

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4022 means now there is a mandate, because we talked about repealing  
4023 Obamacare and it was front and center in the debate. The American  
4024 people spoke. We are not going to deny them this opportunity to  
4025 get this much-needed relief from this disastrous law.

4026 I yield back.

4027 The Chairman. The gentleman yields back the balance of his  
4028 time, I believe. I recognize the gentlelady from Colorado.

4029 Ms. DeGette. Move to strike the last word.

4030 The Chairman. The gentlelady is recognized for 5 minutes  
4031 to strike the last word.

4032 Ms. DeGette. Thank you, Mr. Chairman. Mr. Chairman, the  
4033 reason why we need the CBO score is not because of some arcane  
4034 procedure in the rules. It is because we need to know how this  
4035 bill is going to affect every single one of our constituents.

4036 Now, when we passed the original Affordable Care Act in 2015  
4037 -- I am sorry, in 2009, we did have a CBO score before this  
4038 committee marked it up. There was a verbal briefing on July 15  
4039 at 2:00 by the CBO, a bipartisan briefing, and then on July 17,  
4040 before this committee took the vote, the written CBO report came  
4041 in. So everybody knew how much this was going to cost.

4042 The Chairman. Would the gentlelady yield just for --

4043 Ms. DeGette. I will --

4044 The Chairman. -- clarification? Is that -- can you give

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4045 me the date on that letter, please?

4046 Ms. DeGette. I will, respectfully, ask to submit these  
4047 documents for the record, and I will let you look at them right  
4048 now.

4049 The Chairman. Can you just tell me the date on that while  
4050 you have it?

4051 Ms. DeGette. July 17.

4052 The Chairman. Okay. Thank you.

4053 Ms. DeGette. And I hope you will give me a few extra seconds,  
4054 Mr. Chairman. So then we found out, after the majority repealed  
4055 part of the Affordable Care Act a couple of years ago, exactly  
4056 how it was going to impact Americans when the CBO issued a report  
4057 then that said if you did this repeal and replace thing that the  
4058 House passed and the Senate passed and Obama vetoed, 18 million  
4059 people would lose their insurance.

4060 And then we find out today, from a number of groups, and  
4061 independent groups, including the American Enterprise Institute,  
4062 that if we pass this bill today -- this bill today, for which we  
4063 don't have a CBO score, then 10 to 15 million Americans could lose  
4064 their insurance.

4065 Now, I would think that people would want to know if their  
4066 constituents were going to lose their insurance before they would  
4067 want to vote on this bill today. And if the CBO is going to have

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4068 their score on Monday, I would think it would be an easy task to  
4069 wait until Monday.

4070 Certainly, Paul Ryan, Joe Barton, Dave Camp, and John Kline  
4071 thought it was important, because on June 23, 2009, they sent a  
4072 letter to Doug Elmendorf, the head of the CBO, demanding that we  
4073 have a score from the CBO before we mark the bill up.

4074 And, Mr. Chairman, I would ask unanimous consent to put that  
4075 letter, and also the January 2017 CBO estimate, into the record  
4076 as well.

4077 The Chairman. Just for clarification, July or January 2017,  
4078 or --

4079 Ms. DeGette. January --

4080 The Chairman. January --

4081 Ms. DeGette. -- 2017.

4082 The Chairman. -- 2017. Okay.

4083 Ms. DeGette. Now, I would ask unanimous consent to put those  
4084 in the record, Mr. Chairman. I would ask unanimous consent to  
4085 put those in the record.

4086 The Chairman. Yes, without objection. I am sorry.

4087 Ms. DeGette. Thank you.

4088 [The information follows:]

4089

4090 \*\*\*\*\*COMMITTEE INSERT 6\*\*\*\*\*

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4091 Ms. DeGette. So Mr. Burgess doesn't think, apparently, that  
4092 the members should care if their constituents are going to lose  
4093 their insurance because he doesn't think the CBO is important.  
4094 But it is important if our constituents lose their insurance.

4095 I just want to say a couple more things. My c  
4096 Chairman, Tim Murphy, says that we had numerous hearings in the  
4097 Oversight and Investigations Subcommittee. We did have numerous  
4098 hearings about the Affordable Care Act, but we have had zero  
4099 hearings about this bill. And I think it is extremely interesting  
4100 that my Republican colleagues today have had zero to say about  
4101 the substance of their bill.

4102 They keep talking about this is important, and our  
4103 constituents don't like the ACA, and so on and so forth. They  
4104 are not talking about what is in here. And the reason why they  
4105 are not is because this ill-conceived bill is going to be bad for  
4106 their constituents.

4107 Coverage -- after the election, President Trump said, and  
4108 I quote, "We are going to have insurance for everybody." But at  
4109 least according to the American Enterprise Institute, a lot of  
4110 people are going to lose their coverage.

4111 Number 2, affordability. President Trump also said we are  
4112 going to have, "Much better health care at a much lower cost."  
4113 But if you raise Americans' deductibles, as this bill will do,

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4114 if you gut the programs that help keep costs down, if you take  
4115 away the premium support and put the tax credits in, Americans  
4116 are going to pay a lot more money for their health care.

4117 Number 3, protections for patients. Republicans also have  
4118 promised to protect patients who have preexisting conditions.  
4119 Now, even though this repeal bill maintains the protections that  
4120 are in the ACA, it is not going to stop insurance companies from  
4121 raising everybody's rates. And also, older, sicker people are  
4122 going to have insurance rates raised.

4123 I could go on and on. I have a lot more things to say. But  
4124 the fact is, we could do this. Fred Upton and I and the whole  
4125 committee, this whole committee together, we did 21st Century  
4126 Cures. If we all took a step back and went back there, and we  
4127 can go in the Republican lounge. I have spent a lot of hours there  
4128 negotiating. We could go in there. We could improve and update  
4129 the Affordable Care Act. I wish that is what we would do on behalf  
4130 of our constituents.

4131 The Chairman. The gentlelady's time has expired.

4132 Mr. Barton. Mr. Chairman?

4133 The Chairman. The chair recognizes the gentleman from  
4134 Texas, the vice chair of the committee, and the former chairman  
4135 and ranking member of the committee, Mr. Barton, for 5 minutes.

4136 Mr. Barton. I love vice, Mr. Chairman, so I am glad to be

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4137 the vice chairman. That is so fun.

4138 I want to comment, since the gentlelady from Colorado  
4139 mentioned my name, about what she said. And the gentlelady is  
4140 a good friend of mine, and at some point this year she and I are  
4141 going to work together. I don't think that point is going to be  
4142 today, but we are going to work together.

4143 We did think that there should be a CBO score way back then.  
4144 We never got it, not an official score, but I will accept that  
4145 we wanted one, just like you want one. We want one, too. We are  
4146 all God's children. We all want a CBO score. It is not our fault  
4147 that the CBO is sitting in their bottom and not helping us.

4148 But there was a letter sent to the Chairman of the Ways and  
4149 Means Committee, Mr. Rangel of New York at that time, dated July  
4150 17, 2009, and in that letter -- and it wasn't sent to Mr. Dingell,  
4151 the chairman of our committee, it was sent to Mr. Rangel, the  
4152 chairman of the Ways and Means Committee. They did say that they  
4153 had completed a preliminary analysis of H.R. 3200, a preliminary  
4154 analysis.

4155 Now, this verbal briefing that the gentlelady from Colorado  
4156 referred to, the Republicans were excluded from, Mr. Chairman.  
4157 We weren't allowed to come. I tried to come, and I wasn't allowed  
4158 to. But I want to read from this letter that Mr. Rangel got.

4159 It says, "It is important to note here that the figures

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4160 presented do not represent a complete cost estimate for the  
4161 coverage provisions. They reflect specifications provided by  
4162 the committee staff, rather than a detailed analysis of the  
4163 legislative language. They do not include certain costs that the  
4164 government would incur to administer the proposed changes. They  
4165 do not include the impact of the bill's provisions on other federal  
4166 programs. Nevertheless, the estimates reflect the major net  
4167 budgetary effects of H.R. 3200."

4168 Do you know what that "net budgetary effect" was, Mr.  
4169 Chairman? It says, "It results in a net increase in the deficit  
4170 of an estimated \$65 billion by fiscal year 2019." It wasn't an  
4171 official estimate, but to the extent they could do some  
4172 preliminary numbers, they said it is going to cost \$65 billion.

4173 Now, let us go fast-forward to later in the year when the  
4174 Budget Committee took up what had been H.R. 3200, although it  
4175 wasn't called that at the time. This is a report to the House  
4176 dated October 14, 2009, and several other members have referred  
4177 to this. But where it talks about the committee cost estimate,  
4178 it is pretty straightforward.

4179 Clause 3(d) of Rule 13 of the Rules of the House of  
4180 Representatives require an estimate and comparison of the costs  
4181 that would be incurred in carrying out H.R. 3200. The committee  
4182 anticipates that a CBO cost estimate letter will address these

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4183 issues when the bill proceeds to consideration on the House floor.  
4184 But it was not presented when it was sent to the -- when the Budget  
4185 Committee took it up.

4186 So, again, we want a score; they want a score. We don't have  
4187 the score the score; we will get a score. But that is not a reason  
4188 not to mark this bill up.

4189 And with that, I will be happy to yield my time or yield back.

4190 The Chairman. The gentleman yields back the balance of his  
4191 time. The chair recognizes the gentleman from Pennsylvania, I  
4192 believe is next, Mr. Doyle, for 5 minutes.

4193 Mr. Doyle. Thank you, Mr. Chairman. I move to strike the  
4194 last word.

4195 The Chairman. The gentleman is recognized.

4196 Mr. Doyle. I want to share a letter that I received from  
4197 Governor Tom Wolf, who is governor of the great State of  
4198 Pennsylvania. I have become very concerned of the effects of this  
4199 bill on our Medicaid expansion program. Governor Wolf wrote me  
4200 to express his concern regarding the American Care Act. He has  
4201 urged us to vote no on this bill. I know he has sent copies of  
4202 this letter to other Pennsylvania members. He said, in short,  
4203 it will have a devastating consequence on our economy and our  
4204 constituents.

4205 The legislation, as it stands today, would disrupt

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4206 healthcare access and coverage for millions of Pennsylvanians.  
4207 Currently, there are more than 2.8 million Pennsylvanians  
4208 enrolled in Medicaid, more than 700,000 of whom have only recently  
4209 been able to access Medicaid through the expansion that he put  
4210 in place when he became governor in 2015.

4211         Of the people in the expansion population, 42,738 of them  
4212 live in my congressional district. More than 1.2 million of the  
4213 2.8 million Medicaid enrollees are children; 387,000 of them are  
4214 between the ages of 0 and 5 years old. There are more than 248,000  
4215 seniors receiving health care through Medicaid in Pennsylvania,  
4216 and the program supports over 30,000 individuals with  
4217 intellectual disabilities and autism, so that they can live in  
4218 their own communities as well.

4219         In his 2017-'18 proposed budget, 18.5 billion of the total  
4220 Medicaid budget -- that is 62 percent of the budget -- is going  
4221 to be spent on older Pennsylvanians and people with disabilities.  
4222 The proposal that we are considering here in Congress would freeze  
4223 Medicaid enrollment for low income adults without dependent  
4224 children beyond 2020, and convert Medicaid to a per capita  
4225 allotment using fiscal year 2016 as a base year, with sanctions  
4226 for states spending higher than their targeted aggregate amount.

4227         If the amount of federal funding for the expansion population  
4228 is reduced, Pennsylvania's Department of Human Services estimates

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4229 the cost of covering the more than 700,000 individuals in the  
4230 expansion population would be \$2 billion annually, not  
4231 considering any adjustments for cost increases or inflation  
4232 between now and 2020.

4233 In our current economic climate in Pennsylvania, this is  
4234 simply not a cost the state can absorb. We will be forced to  
4235 ration care for our most vulnerable residents, pitting seniors  
4236 against individuals with disabilities, against sick children in  
4237 a race for who is sicker and who needs care more immediately.

4238 Separate and apart from Medicaid, more than 413,000  
4239 Pennsylvanians have signed up for coverage through the health  
4240 insurance marketplace as of January 2017. Seventy-five percent  
4241 of those marketplace customers are estimated to be able to find  
4242 a plan in 2017 for less than \$100 a month as a result of financial  
4243 assistance.

4244 Subsidies available through the Affordable Care Act  
4245 currently offer protections for individuals living in rural and  
4246 other areas where premiums tend to be higher, but the proposal  
4247 that is being considered in Congress removes those subsidies for  
4248 individuals based on income and geographic location and, instead,  
4249 allocates tax credits based on age.

4250 This will have the disproportionate and unintended effect  
4251 of increasing costs for some of our most vulnerable residents,

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4252 most notably seniors, while decreasing costs and creating  
4253 incentives for wealthy individuals and insurance companies.

4254 Seniors represent one of the fastest-growing populations in  
4255 Pennsylvania, and shifting the burden of expensive healthcare  
4256 costs on them to offset costs for the rest of us is unfair and  
4257 disingenuous. These are individuals who have lived and worked  
4258 in our communities, sometimes their entire lives, and they will  
4259 suddenly be at the mercy of health insurance companies who will  
4260 no longer be restricted from charging them higher premiums than  
4261 the rest of us.

4262 More than 2.9 million Pennsylvanians are age 60 and over,  
4263 and research shows that nearly 70 percent of them reaching age  
4264 60 are expected to have long-term care service needs at some point  
4265 in their lifetime. The American Healthcare Act would cripple our  
4266 state's ability to cover optional services currently offered by  
4267 Medicaid, like prescription drug coverage and inpatient  
4268 psychiatric care for individuals under age of 21.

4269 The Chairman. The gentleman's time has expired.

4270 Mr. Doyle. And it goes on and on and on, and I am sure later  
4271 in the day we will be able to finish the rest of that letter.

4272 The Chairman. All right. I thank the gentleman from  
4273 Pennsylvania. The chair recognizes the gentleman from Texas, Mr.  
4274 Olson, for 5 minutes to strike the last word.

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4275 Mr. Olson. I thank the chair. In 2010, Obamacare promised  
4276 a better quality of care at a lower cost with the doctor of your  
4277 choice. All those promises have been broken. And while part of  
4278 this bill tries to salvage/rescue some of those promises, it tries  
4279 to make local care available with the doctor of your choice and  
4280 lower cost.

4281 This bill imposes a 1-year freeze on mandatory funding for  
4282 community providers who are engaged in family planning services  
4283 and reproductive health. It puts a ban, 1-year ban, on those  
4284 providers that provide abortions.

4285 In my home state of Texas, there are 36 such centers from  
4286 1 organization that are in Texas; Arlington, Texas; 3 in Austin,  
4287 Texas; Bedford, Texas; Brownsville; Cedar Hill; Dallas, 2;  
4288 Denton; Dickinson; Fort Worth has 2; Harlingen; Houston has 6;  
4289 Lewisville; Mesquite; Paris; Plano; 5 in San Antonio; Spring;  
4290 Stafford in my district; Tyler; and Waco. Thirty-six centers.

4291 There are 37 federally qualified health centers in my state,  
4292 and 300 more sites that give people access to the care they  
4293 deserve. There are these sites in Alpine, Texas; Lamesa, Texas;  
4294 Big Wells, Texas; and Fort Hancock, Texas. Fort Hancock is right  
4295 there by El Paso, on the border.

4296 If you go to one of the clinics that we put the moratorium  
4297 on with this bill, they have to drive 497.9 miles, 500 miles, to

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4298 get the care that they deserve. That will take 6 hours and 48  
4299 minutes. This bill simply says there is a better way -- local,  
4300 federally qualified health centers.

4301 This provision is very modest. It simply removes the  
4302 benefit of certain taxpayer dollars from large abortion providers  
4303 if they continue to do abortions outside of the current law called  
4304 the Hyde Amendment.

4305 Unlike some of the other clinics that perform these services,  
4306 federally qualified health centers provide comprehensive  
4307 medical, dental, and mental health, and other primary services.  
4308 This bill does not change the availability of funds for women's  
4309 health. It simply establishes a safeguard, so the nation's large  
4310 abortion clinics can't be providing such services through  
4311 Medicaid, and this is access to care for local people who need  
4312 it at their homes.

4313 A January 2007 Marist poll, about 74 percent of Americans,  
4314 including 54 of those who identify as pro-choice, are in favor  
4315 of "stiffer restrictions on abortion." A November 2016, a Susan  
4316 B. Anthony List poll found that 56 percent of Americans oppose  
4317 giving taxpayer dollars to some of these clinics. Reallocating  
4318 these funds away from the largest abortion providers supports  
4319 comprehensive health services and a better way to invest in  
4320 women's health on a local level.

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4321           And one thing back home about this bill, why it is so  
4322 important we pass this bill. This came from a man back home. He  
4323 is a 60-year-old self-employed geologist. In 2009, he had his  
4324 own Blue Cross PPO, and it cost him \$178 per month with a \$500  
4325 deductible. That was great. Had his own personal doctors. "I  
4326 could do whatever I wanted and was covered.

4327           "Obamacare came along, and the PPO increased to \$1,000 a  
4328 month. It is not affordable. My bronze plan went up to \$270 a  
4329 month, and then went to \$370, and then \$470 per month. The HMO  
4330 plan only had doctors who were in a small group. I was forced  
4331 to change positions. Last year Blue Cross changed my new rate  
4332 change, \$817 per month, a gut-punching \$6,500 deductible. That  
4333 is \$16,304 I have to spend before coverage occurs."

4334           And that is why this bill is so important we pass it, because  
4335 to keep the promise made to the American people -- better care,  
4336 lower cost, doctor of choice.

4337           The Chairman. The gentleman's time has expired. Other  
4338 members seeking recognition? The gentlelady from Illinois is  
4339 recognized for 5 minutes to strike the last word.

4340           Ms. Schakowsky. Thank you, Mr. Chairman. The Republican  
4341 repeal bill is nothing more than an attempt to rip coverage away  
4342 from millions of people and ration care. And even if we can all  
4343 agree -- no, no, no, I am sorry. I am starting over.

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4344 Here we go. I strike the last word.

4345 [Laughter.]

4346 The Chairman. I am not resetting the clock.

4347 [Laughter.]

4348 Ms. Schakowsky. I already said that. Bad, sad thing.

4349 Okay. I move to strike the last word. I strongly oppose this  
4350 legislation because it would rip insurance companies, insurance  
4351 coverage for millions of people, and ration care. I would like  
4352 to share the story of Tracy, a constituent of mine from Chicago,  
4353 whose family has greatly benefitted from the ACA.

4354 In 2013, Tracy's family got a phone call that changed their  
4355 lives forever. Her husband Carlo had an aggressive form of  
4356 leukemia. He was only 42 at the time. The situation was so dire  
4357 that he was given 2 hours to arrive at Northwestern Hospital, so  
4358 that he could begin treatment. At that moment in anyone's life,  
4359 the last thing they want to think about is how to afford the care  
4360 they need to survive.

4361 But Tracy started looking into her insurance policy and  
4362 noticed a \$1 million cap on lifetime benefits and started to panic.  
4363 It was entirely possible that her husband's care could exceed \$1  
4364 million, and then what would they do? Luckily, she called her  
4365 insurance company who told her that because of Obamacare her  
4366 family's health insurance plan no longer has an annual or a

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4367 lifetime limit. Her husband could get the care that he needed,  
4368 and they would not have to worry about how that care would be  
4369 covered.

4370 Tracy's husband is alive today because he had affordable  
4371 insurance that provided him with the treatment he needed without  
4372 fear of reaching his annual or lifetime cap, and he is now in  
4373 remission, but has a 20 percent chance of his cancer returning.  
4374 Not only can Tracy's family rest assured that because of Obamacare  
4375 her insurance plan cannot impose a limit, but also knows that her  
4376 husband cannot be denied insurance or charged more for that  
4377 insurance if he has to leave his job in order to get cancer  
4378 treatment.

4379 And, similarly, Tracy won't be penalized if she has to leave  
4380 the workforce to care for her husband, or another family member,  
4381 and lose her insurance coverage.

4382 So when Republicans talk about repealing the ACA, this is  
4383 who they are talking about. They are talking about taking quality  
4384 care away from my constituents, from their constituents, from  
4385 cancer patients, and from families that would be bankrupt if they  
4386 were forced to pay out of pocket for cancer treatment.

4387 And I am here today, and many of us are here today, to stand  
4388 up for Tracy, her family, and millions like them across the  
4389 country. And I am here to ask my Republican colleagues if they

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4390 are listening to people around the country and hearing their  
4391 demands. I am here to ask Republicans to understand why their  
4392 constituents are so afraid of what they are doing to Obamacare.  
4393 And I am here to ask Republicans, if they really came to Congress,  
4394 to take health care away from people who are desperate to have  
4395 it, and how you will explain to seniors and people with  
4396 disabilities and children that they don't deserve to be able to  
4397 afford the health care that they need.

4398 I want to just -- I want to put in the record a letter from  
4399 the AARP that I think all members got on behalf of the 38 million  
4400 members of AARP in all 50 states and District of Columbia and  
4401 Puerto Rico and the U.S. Virgin Islands. And this is what they  
4402 say, "We write today to express our opposition to the American  
4403 Healthcare Act. This bill would weaken Medicare's fiscal  
4404 sustainability, dramatically increase healthcare costs for  
4405 Americans aged 50 to 64, and put at risk the health care of millions  
4406 of children and adults with disabilities, and poor seniors, who  
4407 depend on the Medicare program for long-term services and supplies  
4408 and other benefits."

4409 Mr. Chairman, I ask unanimous consent --

4410 The Chairman. Of course. Without objection.

4411 Ms. Schakowsky. -- to put this in the record.

4412 [The information follows:]

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\*\*\*\*\*COMMITTEE INSERT 7\*\*\*\*\*

4415 Ms. Schakowsky. And I want to know how you will explain to  
4416 someone that their insurance charge them 30 percent more for their  
4417 insurance just because they left the workforce to care for a sick  
4418 family member or perhaps to take care of newborn children, and  
4419 this includes people with preexisting conditions.

4420 And so I yield back. Thank you.

4421 The Chairman. The gentlelady yields back the balance of her  
4422 time. Are there other members seeking recognition to speak on  
4423 this? I don't see anybody on the Republican side. The chair  
4424 recognizes the gentleman from North Carolina, right?

4425 Mr. Butterfield. That is right.

4426 The Chairman. Mr. Butterfield.

4427 Mr. Butterfield. Thank you very much, Mr. Chairman. Mr.  
4428 Chairman, I am, like my Democratic colleagues, absolutely  
4429 offended at the Republican effort to reduce people's access to  
4430 care and make health care more expensive for low income  
4431 individuals, children, families, and older Americans. This is  
4432 absolutely terrible. This is a nightmare, what we are seeing  
4433 unfold today.

4434 Millions of Americans and tens of thousands of people in my  
4435 district do not want to lose their health coverage, and this bill  
4436 would deprive them of that right. And so I am outraged, Mr.  
4437 Chairman, many Americans are outraged, that this secretive

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4438 healthcare plan was finally made public after being sequestered  
4439 in the bowels of the Capitol less than 2 days before this markup.

4440 The legislative text -- and we have heard that from other  
4441 members -- was literally under lock and key and protected by armed  
4442 Capitol police officers.

4443 The Chairman. Would the gentleman yield?

4444 Mr. Butterfield. Yes, I will yield.

4445 The Chairman. It was never in the Capitol. It was never  
4446 under armed lock and key. It was a discussion draft in the Health  
4447 Subcommittee office. So just to set the record right, because  
4448 I think I --

4449 Mr. Butterfield. Well, the news -- so the news reports that  
4450 this --

4451 The Chairman. That was totally wrong.

4452 Mr. Butterfield. So you deny that it was under lock and key.

4453 The Chairman. I fully -- well, if they locked the  
4454 subcommittee room when they left for the night.

4455 [Laughter.]

4456 The Chairman. But it was never in the Capitol. It was a  
4457 discussion draft, had a lot of opportunity for improvement. It  
4458 is like you do -- I mean, we are waiting to see your amendments  
4459 anytime. But just so you know, it was never -- it was never over  
4460 where they said it was. It was pretty laughable, actually. But

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4461 I did want anybody --

4462 Mr. Butterfield. Reclaiming --

4463 The Chairman. -- to use up their --

4464 Mr. Butterfield. Reclaiming my time --

4465 The Chairman. -- copier or toner or paper.

4466 Mr. Butterfield. Well, we have been led to believe, Mr.

4467 Chairman, that the legislative text was literally under lock and

4468 key, and I hope the news coverage today will continue to

4469 investigate whether that is true or not.

4470 In this time of Republicans tripping over themselves to save

4471 taxpayer money, the political theater that you allowed to be

4472 created is a terrible use of taxpayer money, and I think the

4473 American people, both Republican and Democrat, deserve an

4474 explanation and an apology if it happened.

4475 Many Republicans are, rightly, upset, as a select few members

4476 of this committee and the Republican conference drafted this bill

4477 in the cover of night with input from the White House. And I would

4478 like to at a later time, probably 10:00 or 11:00 tonight, ask staff

4479 what input, if any, the White House had in the drafting.

4480 It is clear that the Republican conference and the committee

4481 Republicans are not on the same page about how to help Americans

4482 access affordable health care. To what extent was the President

4483 involved in the drafting of this bill? To what extent was the

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4484 White House staff involved?

4485 Mr. Trump, President Trump, has said repeatedly, both during  
4486 the campaign for president and after he was sworn into office,  
4487 that everybody -- and he said it many times -- that everybody has  
4488 to be taken care of, and that the government is going to pay for  
4489 it. This draft bill, Mr. Chairman, misses that mark entirely.

4490 Also, the CBO has not had a chance to look at this bill in  
4491 order to provide a cost estimate. How can members vote on a bill  
4492 -- how can we vote on a bill when we do not have estimates of who  
4493 it might impact and how much it might cost? You are asking us,  
4494 Mr. Chairman, to commit legislative malpractice. We need to be  
4495 informed.

4496 Don't you think, Mr. Chairman, that the American people and  
4497 committee members deserve to know how much this is going to cost  
4498 the taxpayers and how many people will be affected? Democrats  
4499 have known for years that health care is complicated. That is  
4500 no secret. President Trump has apparently just come to that  
4501 realization.

4502 The ACA went through extensive debate and changes before the  
4503 law was passed. I remember it so well; I was here. Our  
4504 constituents and patient groups and the healthcare industry all  
4505 were able to consider the bill and provide input before President  
4506 Obama signed it into law. This markup has cut everyone, all of

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4507 our constituents, out of the process.

4508 They deserve better, and you, Mr. Chairman, and my Republican  
4509 colleagues, should rethink your decision to go forward, at least  
4510 delay the final vote in this committee until after we receive the  
4511 CBO score.

4512 After 7 years of complaining about the ACA and actively  
4513 trying to disrupt it and cause it to fail, it is disheartening  
4514 now to see a plan to supplant it that would eliminate coverage  
4515 for millions. This proposal contradicts Republicans' promises  
4516 to ensure people can keep their coverage, and I would hope that  
4517 we can expect more.

4518 Since the beginning of this Congress only a few months ago,  
4519 I have been in this room many times where Republicans have  
4520 discussed ways to make it harder for people to access their care.  
4521 I represent one of the poorer districts in the country, and I hear  
4522 from my constituents every day about their desire to see an  
4523 increase -- increase -- in access to health care.

4524 I have more, Mr. Chairman, that I will share with the  
4525 committee later this evening. I yield back.

4526 The Chairman. I thank the gentleman for his comments. Are  
4527 there members on this side -- I would recognize -- just as a matter  
4528 of procedure and process, they have called votes on the House  
4529 floor. So what I thought I would do is take one more motion to

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4530 strike the last word, and then we will break, so people have time  
4531 to go over to the votes. We will resume immediately after the  
4532 votes, but we will, you know, obviously, wait until members get  
4533 back.

4534 So I now recognize the gentlelady from Tennessee, Mrs.  
4535 Blackburn.

4536 Mrs. Blackburn. Thank you, Mr. Chairman. I am so pleased  
4537 to hear one of my colleagues across the aisle finally admit that  
4538 legislative malpractice was there when Speaker Pelosi said we were  
4539 going to have to pass something in order to read it and find out  
4540 what was in it. And I will also say I think it is legislative  
4541 malpractice to pass something that is false hopes. And according  
4542 to many of my constituents, that is exactly what has happened with  
4543 the Affordable Care Act.

4544 Just to read you through some of the letters from my  
4545 constituents, from a substitute teacher, "Is there any possible  
4546 relief that I might avail myself of to help offset this \$1,500  
4547 penalty I am having to pay? Is there anything I can do in order  
4548 to not have to pay the penalty?"

4549 Here is another one. "I purchased my own insurance and  
4550 watched it go from 480 with co-pays for the doctor and scripts  
4551 to 942, with \$2,500 deductible before any co-pays or  
4552 prescriptions, and then an 80/20 amount up to 6,700. All this

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4553 in only 3 years, all of those changes."

4554 "When the ACA was passed, our insurance went up 17 percent,  
4555 and our deductible from \$2,500 to \$6,400 apiece. That is a total  
4556 of 12,800 for our family, and now we have a 64 percent increase."

4557 Another one, "Now here we are in 2016, still left in peril  
4558 with fewer options to meet our needs." So there you go.

4559 Another one, "In 2016, I paid full premium, 909 a month, for  
4560 my ACA plan, and got no coverage because of the high \$6,500  
4561 individual deductible my wife and I were assigned. In 2017, the  
4562 cost for the plan jumped to \$1,950 a month. We received a 1,470  
4563 subsidy, lowering the premium to 480 a month, because we were  
4564 living off taxable savings and our income will be under \$30,000.  
4565 Our deductibles came down to 1,200, but the only qualifier is  
4566 taxable income to determine the subsidies. This program is a  
4567 mess."

4568 Okay. And then the list goes on and on. We have got just  
4569 so many of them. "Here we go again," is another constituent.  
4570 "Last year my rates went through the roof. This year, my provider  
4571 has dropped me, along with thousands of others in Nashville,  
4572 Knoxville, and Memphis. The very problems Obamacare was supposed  
4573 to address have only escalated."

4574 So there you go. The letters continue to come. The point:  
4575 this is something that is a false hope. This is why we are hard

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4576 at work on this.

4577 And, Mr. Chairman, I have the letter from Secretary Price  
4578 endorsing the reconciliation recommendations that are before us,  
4579 and I would like to submit that letter for the record. To my  
4580 colleagues --

4581 The Chairman. Without objection, so ordered.

4582 [The information follows:]

4583

4584 \*\*\*\*\*COMMITTEE INSERT 8\*\*\*\*\*

4585 Mrs. Blackburn. This is something that needs our attention.  
4586 It is time for us to clean this law up.

4587 I yield back.

4588 The Chairman. The gentlelady yields back the balance of her  
4589 time.

4590 At this time, I think we will take the committee into recess  
4591 for members to go vote on the House floor. We will resume our  
4592 deliberations upon completion of the votes and members'  
4593 opportunity to get back here.

4594 So the committee stands in recess.

4595 [Recess.]

4596 The Chairman. Okay, we will back to order the Committee on  
4597 Energy and Commerce. Are there any amendments, does anyone have  
4598 any amendments they want to proffer?

4599 Mr. Lujan. Mr. Chairman?

4600 The. Chairman. Yes.

4601 Mr. Lujan. Aren't we still on strike the last word?

4602 The Chairman. We can be, yes, but I was going to check and  
4603 see if anybody had any amendments.

4604 Mr. Lujan. If there is no one else seeking to be sought,  
4605 Mr. Chairman, I would like to be recognized to strike the last  
4606 word.

4607 The Chairman. That would be fine. I would be delighted to

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4608 recognize my friend from New Mexico for the last word, right?

4609 Mr. Lujan. The very previous word, Mr. Chairman. Thank  
4610 you, Mr. Chairman. I have a question of counsel. On page 62 of  
4611 the bill, where it is titled penalty. Can counsel answer when  
4612 people with preexisting conditions would get hit with a 30 percent  
4613 increase penalty?

4614 Counsel. The penalty doesn't pertain to individuals with  
4615 preexisting conditions specifically.

4616 Mr. Lujan. So people with preexisting conditions will not  
4617 ever get hit with a 30 percent penalty?

4618 Counsel. The penalty applies to anyone who does not  
4619 maintain continuous coverage.

4620 Mr. Lujan. Does that include people with preexisting  
4621 conditions?

4622 Counsel. With or without preexisting conditions.

4623 Mr. Lujan. So does that include people with preexisting  
4624 conditions?

4625 Counsel. Yes, that is right, with or without preexisting  
4626 conditions.

4627 Mr. Lujan. Can counsel tell us how much this bill costs?

4628 Counsel. We don't have a score yet from the Congressional  
4629 Budget Office.

4630 Mr. Lujan. Can counsel tell us when a CBO score will come?

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4631 Counsel. Not at this time.

4632 Mr. Lujan. Can counsel tell me if the bill that was read  
4633 earlier is the entire Republican bill?

4634 Counsel. So the aims before us the E&C instructions.

4635 Mr. Lujan. When you say the E&C instructions, does that mean  
4636 there is another part of this bill somewhere?

4637 Counsel. There is another committee marking it up, the Ways  
4638 and Means Committee.

4639 Mr. Lujan. So right now what has been described as Phase  
4640 1 of the Republican Repeal Plan, there is two pieces of legislation  
4641 currently being marked up?

4642 Counsel. That is correct.

4643 Mr. Lujan. So it is the House E&C and Ways and Means  
4644 Committees, both?

4645 Counsel. That is correct.

4646 Mr. Lujan. When we get a CBO score, will it include the  
4647 entirety of both versions of the bill cumulatively?

4648 Counsel. That is our expectation.

4649 Mr. Lujan. When we get a CBO score, will it include Phases  
4650 1, 2, and 3 as have been described by President Trump and Speaker  
4651 Paul Ryan that there, in fact, are three phases that the repeal  
4652 effort is going through?

4653 Counsel. The Congressional Budget Office will score the

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4654 legislation before them.

4655 Mr. Lujan. So have the Republicans submitted Phases 1, 2,  
4656 and 3 before the CBO?

4657 Counsel. The committee has talked with the Congressional  
4658 Budget Office about a variety of pieces of legislation.

4659 Mr. Lujan. Can general counsel not answer that question?  
4660 Do you know if Phases 1, 2, and 3 have been submitted to the CBO?

4661 The Chairman. If the gentleman would yield, I might be able  
4662 to help.

4663 Mr. Lujan. Quickly, Mr. Chairman, because we have only got  
4664 five minutes.

4665 The Chairman. Oh, okay, I will try to make it quick. First  
4666 of all, Bucket 3 is all kinds of legislative activities that we  
4667 hope to have bipartisan support on, so there is some that we have  
4668 talked about in terms of other bills we have even had hearings  
4669 on. So it is not really fair to counsel because he doesn't know  
4670 all the things we are working on.

4671 Mr. Lujan. Reclaiming my time. Does counsel know who among  
4672 the Energy and Commerce Committee staff submits legislation to  
4673 the CBO for score?

4674 Counsel. Any committee or person or office may submit  
4675 legislation to the Congressional Budget Office's for review.

4676 Mr. Lujan. Mr. Chairman, the point I am trying to get here

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4677 is it does not appear very clear that our Republican colleagues  
4678 in the majority, now any of us in the minority, are going to get  
4679 a true score. It appears that the score that we are going to get  
4680 that is supposed to come next Monday, per Speaker Ryan, is only  
4681 going to be on the parts that are currently before Energy and  
4682 Commerce and Ways and Means. Somebody earlier said, one  
4683 of my colleagues on the other side of aisle, that bureaucrats were  
4684 not going to be allowed -- unelected bureaucrats make decisions.  
4685 Everything that was described by President Trump and Speaker Ryan  
4686 today at a press conference said that it is going to an unelected  
4687 bureaucrat at HHS, Dr. Price, Secretary Price, to figure out  
4688 whatever Phase 2 is. And then we are going to get Phase 3 back  
4689 over here.

4690 So when our Republican colleagues are saying that this is  
4691 going to save the American people money, counsel doesn't have a  
4692 score to show whether it is going to cost more or cost less.

4693 Counsel. We don't have a score on the E&C print, the bill  
4694 before us.

4695 Mr. Lujan. Is there a baseline that counsel can maybe point  
4696 me to in the bill that is before us today of at least the minimum  
4697 cost that is currently in this bill?

4698 Counsel. Mr. Lujan, what do you mean by baseline?

4699 Mr. Lujan. Anything. I mean is there something here that

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4700 costs a dollar.

4701 Counsel. Baseline of what?

4702 Mr. Lujan. Is there something in the bill that shows that  
4703 there is any cost to counsel's understanding?

4704 Counsel. Well, so for example, the Patient and State  
4705 Stability Program, that program is funded at \$100 billion over  
4706 10 years.

4707 Mr. Lujan. So can I direct you to page 51 of the bill, what  
4708 is listed on page 51 on the bill?

4709 The Chairman. Just for clarification if I might, are you  
4710 talking about amendment H --

4711 Mr. Lujan. I am just trying to get a cost, Mr. Chairman.

4712 The Chairman. No, no, the amendment in the nature of the  
4713 substitute when you say bill.

4714 Mr. Lujan. Whatever is front of counsel.

4715 The Chairman. I just want to make sure if page 51 that you  
4716 are looking at is the same as counsel's.

4717 Mr. Lujan. Page 51 of what the staff read. What is on page  
4718 51 of what the staff read?

4719 Counsel. It is the allocation for appropriation.

4720 Mr. Lujan. Are there a lot of numbers there?

4721 Counsel. Yes, there are.

4722 Mr. Lujan. Are each of those lines listed in billions?

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4723 Counsel. That is correct.

4724 Mr. Lujan. Would it surprise you if that added up to \$1  
4725 trillion, 30 plus 30 plus 10 seven times gets to \$1 trillion?

4726 All I am saying, Mr. Chairman, is I hope we get a score in  
4727 the bill that is before us. That quickly gets you to \$1 trillion  
4728 and that doesn't include what is ever is happening at the Ways  
4729 and Means Committee. There are a lot of questions pending in  
4730 front of us and I certainly hope that we get answers to all of  
4731 these because as our colleagues have said when they have asked  
4732 for 14 days and 72 hours of things to be posted --

4733 The Chairman. The gentleman's time has expired.

4734 Mr. Lujan. I yield back, Mr. Chairman.

4735 The Chairman. And just for all the committee members.

4736 Minority/majority staff are notified of the CBO score, I believe  
4737 at the same time. I am being advised by counsel. So you will  
4738 be notified when we are notified. We all want that.

4739 You might check the math, too. I don't believe that is \$1  
4740 trillion there. It is probably \$100 billion which is what he  
4741 referenced. There is actually a big difference between \$100  
4742 billion and \$1 trillion.

4743 Are there other members seeking recognition? Has Ms. Matsui  
4744 already spoken? She has not. Ms. Matsui for five minutes.

4745 Ms. Matsui. Thank you, Mr. Chairman. I move to strike the

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4746 last word.

4747 Mr. Chairman, Republicans need to understand how this bill  
4748 is going to hurt people's lives. I have received, as many of my  
4749 colleagues have, hundreds and hundreds of stories of people in  
4750 their districts and certainly in my district in Sacramento, many  
4751 calls and in town halls and on social media. We are scared about  
4752 what an ACA repeal would mean for their families.

4753 I would like to share the story of one of my constituents,  
4754 Karise Hill. Karise is an amazing advocate who shared her story  
4755 with me and was at my healthcare town hall a few weeks ago.

4756 Several years ago, Karise found out she had a severe disease  
4757 that causes painful inflammation in the spine and other joints  
4758 in the body. To insurers, Karise's illness was a preexisting  
4759 condition. Worried that she would be denied coverage, Karise had  
4760 to refrain from seeking treatment until receiving the official  
4761 word that she was able to get health insurance. And even with  
4762 insurance, Karise's out-of-pocket costs were more than her  
4763 limited budget could handle.

4764 But with the passage of the Affordable Care Act, Karise was  
4765 able to sign up for a plan that was in her price range. She was  
4766 able to do so thanks to the assistance provided and the ACA to  
4767 help millions of Americans afford healthcare.

4768 As Karise said, "The Affordable Care Act made me feel

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4769 invested in a system where I felt I had options, control, and more  
4770 transparency."

4771 Now with Republicans' attempt to repeal the ACA, Karise lives  
4772 with uncertainty and fear once again. She is worried that  
4773 recipients of Medicaid, like herself, will suffer. I wish I could  
4774 tell Karise not to worry. But now I am going to have to tell her  
4775 that my Republican colleagues on this committee want to end the  
4776 Medicaid expansion, ripping the healthcare safety net away from  
4777 millions in California alone.

4778 Karise is worried that if her health insurance is taken away  
4779 because of her preexisting condition, her next medical emergency  
4780 will result in financial ruin.

4781 Now I am going to have to tell her that Republicans on this  
4782 committee are failing to fully protect people like her with  
4783 preexisting conditions by severely penalizing those who may  
4784 experience a lapse in coverage for any reason. Let's call this  
4785 what it is, a sick tax. Karise can't wait for the treatments that  
4786 she requires and we can't go back to a time when getting the medical  
4787 care people needed was not possible because of unfair barriers  
4788 in the system that were of no fault of their own.

4789 For people like Karise, this is too important for Republicans  
4790 to be playing political games. Now I am going to do everything  
4791 I can, and I am sure of my colleagues on this side of the aisle

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4792 also, to fight for people like Karise and the millions of others  
4793 who depend on ACA to live healthy and productive lives with their  
4794 families.

4795 Thank you, Mr. Chairman. I yield back.

4796 The Chairman. The gentlelady yields back the balance of her  
4797 time. I recognize myself for five minutes to ask questions of  
4798 counsel.

4799 Counsel, there are accusations that this reconciliation set  
4800 of instructions before us today would do some things that I believe  
4801 are not included in the text and that we are not doing. I would  
4802 like to ask you a series of technical questions.

4803 First, does the language in the ban on lifetime or annual  
4804 health insurance limits, yes or no?

4805 Counsel. No.

4806 The Chairman. So the language here does not -- we are doing  
4807 nothing to eliminate the limits or go back to where there are  
4808 limits on health insurance, right? And where can this be found  
4809 in the underlying law?

4810 Counsel. The lifetime and annual limits are within the  
4811 Section 2611 of the Affordable Care Act.

4812 The Chairman. And we do not repeal Section 2711 of the  
4813 Affordable Care Act?

4814 Counsel. Correct, and excuse me, Public Health Service Act.

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4815 The Chairman. Public Health Service Act.

4816 Counsel. 2711 of the Public Health Service Act.

4817 The Chairman. Does this language end the prohibition on  
4818 rescissions?

4819 Counsel. No.

4820 The Chairman. And where can this be found in the law? It  
4821 should be nearby 2711 if memory serves me right.

4822 Counsel. It is within Title 27 of the Public Health Service  
4823 Act. We are trying to find the exact section.

4824 The Chairman. You might look at 2712.

4825 Counsel. 2712 is right.

4826 The Chairman. There you go. My lucky day. So there is a  
4827 prohibition of rescissions. We do not repeal that. Does the  
4828 language end coverage of preventive health services, yes or no?

4829 Counsel. No.

4830 The Chairman. So our language does not end the provision  
4831 of coverage of preventive health services. And where can this  
4832 be found in the law? Is that under 2711?

4833 Counsel. That is correct.

4834 The Chairman. Now does this language end the prohibition  
4835 of preexisting condition exclusions or other discrimination based  
4836 on health status?

4837 Counsel. No.

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4838 The Chairman. Where can this be found in the law?

4839 Counsel. Section 2704.

4840 The Chairman. So prohibition of preexisting condition  
4841 exclusions or other discrimination based on health status, we do  
4842 not repeal that protection.

4843 Counsel. That is correct.

4844 The Chairman. Does this language end guaranteed  
4845 availability of coverage?

4846 Counsel. No.

4847 The Chairman. And where can this be found in the law?

4848 Counsel. It is 2702 of the Public Health Service Act.

4849 The Chairman. And that is the guaranteed availability of  
4850 coverage, so nothing we are doing here removes lifetime caps, you  
4851 don't go back to the days of preexisting conditions being  
4852 excluded, and we make sure there is coverage available. So five  
4853 for five.

4854 Does this language end guaranteed renewability of coverage?

4855 Counsel. No.

4856 The Chairman. And where can this be found in the law?

4857 Counsel. That is within Section 2703 of the Public Health  
4858 Service Act.

4859 The Chairman. Okay. Does this language end the practice  
4860 of dependents staying on their parents' plans until they are 26?

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4861 Counsel. No.

4862 The Chairman. Okay. And where can this be found in the law?

4863 Counsel. Section 2714 of the Public Health Service Act.

4864 The Chairman. Does this language end the ban on gender

4865 rating, meaning that we would go back to a situation where

4866 insurance companies charge women more than men?

4867 Counsel. No.

4868 The Chairman. No. And where can this be found in the law?

4869 Counsel. Section 2701 of the Public Health Service Act.

4870 The Chairman. Okay. I have got one more. Does this

4871 language reopen Medicare Part D, so-called donut hole?

4872 Counsel. No.

4873 The Chairman. And where can this be found in the law?

4874 Counsel. Section 1860D.

4875 The Chairman. Dash 14(a), I believe.

4876 Counsel. That is right.

4877 The Chairman. Medicare Coverage Gap Discount Program. So

4878 the point I am trying to make here is I know when I went over to

4879 vote I am getting all these questions about what we are doing and

4880 what may be happening. We have members be told by a major news

4881 network that we are eliminating coverage for black lung disease.

4882 Let's get to the truth. And the truth is right before us

4883 in what we are or we are not doing on reconciliation. And we are

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4884 protecting American citizens who have preexisting conditions.  
4885 We are not going back to the days of lifetime caps on your health  
4886 insurance. We are not kicking your kids off health insurance,  
4887 at least until they turn 26 which is the current law. We may help  
4888 you kick them out of the basement at some point, but we are not  
4889 kicking them off -- we are maintaining the existing protections  
4890 and the existing law in all of these sections. So I think it is  
4891 really important for our members who are deliberating on these  
4892 matters to understand the point of law, the point of the  
4893 reconciliation, what we are doing and what we are actually not  
4894 doing. So with that, I yield back the balance of my time.

4895 Are there other members seeking recognition? Ms. Castor,  
4896 for five minutes for purposes of striking the last word.

4897 Ms. Castor. Move to strike the last word. Well, Mr.  
4898 Chairman, the point is when you rip away coverage, affordable  
4899 coverage from millions of Americans, then what good is a consumer  
4900 protection against discrimination -- discrimination for  
4901 preexisting condition? And keeping your child on your policy  
4902 until they are 26, if you can't afford coverage anymore because  
4903 you remove the tax credits, you remove the pieces that make this  
4904 affordable. You eliminate what we have been able to do in  
4905 creating this broad insurance pool for individuals,  
4906 entrepreneurs, and some small business owners to be able to go

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4907 in and pool their purchasing power.

4908 So you say, yeah, we are not eliminating those protections,  
4909 but if you can't afford an insurance policy, how are you going  
4910 to be able to have that protection? So I just had to make that  
4911 counterpoint.

4912 And I know we continue to talk about why it is important to  
4913 understand what this bill costs and how many people are going to  
4914 be uninsured because of it and I think everyone has to acknowledge  
4915 it is not fair to ask the American people to wait, wait until  
4916 Monday. Is that responsible? It is not responsible for a  
4917 legislative body to say we are just going to go ahead and enact  
4918 before we really know the cost to the deficit and how many people  
4919 are going to be uninsured because of this.

4920 And one of the reasons this is so serious is that the  
4921 Republicans are engaging in a little bit of trickery. I grant  
4922 you that you ran and you have said for the past seven years we  
4923 want to repeal the Affordable Care Act. I understand that. I  
4924 have heard it a number of times. But the bulk of this bill  
4925 actually is a fundamental annihilation of what care we provide  
4926 across America for seniors in nursing homes, Alzheimer's  
4927 patients, kids and the disabled under Medicaid.

4928 How many of you heard that larger discussion as part of a  
4929 campaign? You go back, did you hear, was that really at issue

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4930 when they talked about repealing the ACA? Did you understand what  
4931 that meant for working families across America? The bulk of this  
4932 bill when you count up all the pages, really the monetary impact  
4933 in a lot of ways, is targeted to folks that really don't have a  
4934 voice. They don't have the high-paid lobbyists here.

4935 And the reason this is so serious and particularly insidious  
4936 is because the GOP bills cut Medicaid while providing immediate  
4937 windfall to millionaires. It operates like a tax increase on  
4938 middle class and working families. The top 400 earners in America  
4939 would see a tax break of about \$7 million per year.

4940 Meanwhile, if you have a loved one that has to go in skilled  
4941 nursing the support is not going to be there for you in future  
4942 years. They estimate -- there is one estimate out there, we don't  
4943 really know because we don't have the CBO score, but the Center  
4944 for Budget Policy, CBPP, has said this could mean about \$380  
4945 billion lost to states. So millionaires will get a big tax cut  
4946 averaging about \$57,000 apiece.

4947 Meanwhile, you are going to take billions from children, our  
4948 loved ones with Alzheimer's or a condition that requires nursing  
4949 home care or home and community-based care and that is why you  
4950 hear a lot of governors in states saying whoa, because they know  
4951 that is morally repugnant. And what they will have to do is make  
4952 a very difficult decision. And they will hear directly from their

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4953 neighbors, won't they, that they may have to raise taxes to do  
4954 this, raise taxes to provide care for kids. And meanwhile it is  
4955 largely hidden. This has been sprung on us.

4956 I know there has been talk in past years that they want to  
4957 reform Medicaid and turn it into block grants, but now this is  
4958 what this vote means without understanding the real impact and  
4959 how many families are going to be affected.

4960 I do have a couple of questions for counsel though. Is there  
4961 any portion of this bill that tackles the high cost of  
4962 pharmaceuticals?

4963 Counsel. There is no provision related to pharmaceuticals.

4964 Ms. Castor. See, that is one of the things where we could  
4965 work on improving the Affordable Care Act and driving down costs  
4966 rather than impacting kids and our older neighbors. We could  
4967 tackle the high cost of pharmaceuticals or bring greater  
4968 competition to some areas.

4969 Here is my next question. It is apparent the Republican bill  
4970 irresponsibly harms Medicare. We learned that there are some  
4971 estimates out there that the Medicare Trust Fund now is two years  
4972 more insolvent, meanwhile the --

4973 The Chairman. The gentlelady's time has expired.

4974 Ms. Castor. -- ACA has proved the solvency. Is there  
4975 anything in this bill --

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4976           The Chairman. The gentlelady's time has expired. The  
4977 chair recognizes the gentleman from West Virginia, Mr. McKinley,  
4978 for five minutes.

4979           Mr. McKinley. Thank you, Mr. Chairman, and striking the  
4980 last word, I have got a series of questions perhaps back to  
4981 counsel, if I might.

4982           During the break, I had an opportunity to speak to one of  
4983 the networks and they were suggesting to us, Mr. Chairman, that  
4984 this bill is going to strike the black lung benefits of the coal  
4985 miners in this country.

4986           I spent seven years working to try to help our coal miners.  
4987 This past eight years' administration killed 83,000 coal miner  
4988 jobs across this country. And the last thing that I would be doing  
4989 would be doing would be supporting something that would help them  
4990 -- or reduce their healthcare benefits, particularly as it relates  
4991 to black lung.

4992           So my question to you, counsel, is there anything in this  
4993 bill that does away with the black lung benefits to our coal  
4994 miners?

4995           Counsel. There is nothing in this bill that would affect  
4996 coal miner benefits.

4997           Mr. McKinley. And could it be, could it be, do we have the  
4998 100 plus amendments, yet? Have they been delivered? Do we have

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4999 it? So could it be in one of these mysterious amendments that  
5000 are still to be addressed that perhaps something could be done?  
5001 Is that possible?

5002 If it is not in the bill, I don't know where someone is getting  
5003 this story unless it is one of those -- someone is making up stories  
5004 to try to drive a wedge between us and the 26 states that mine  
5005 coal.

5006 Is there anything there that you know? You haven't seen the  
5007 amendments yet either?

5008 Counsel. We have not seen an amendment related to black lung  
5009 benefits.

5010 Mr. McKinley. So all these amendments remain mysterious,  
5011 behind closed doors, locked or whatever and we haven't seen any  
5012 of them yet.

5013 Counsel. I believe some amendments have been filed.

5014 Mr. McKinley. But importantly right now is I just want to  
5015 make sure that -- the coal fields, numbers of us represent those  
5016 coal fields across the 26 states. None of our coal miners are  
5017 going to lose their black lung benefits. I want to make sure that  
5018 is clear on the record.

5019 Counsel. There is no provision within this bill that  
5020 affects black lung benefits.

5021 The Chairman. So would the gentleman yield?

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5022 Mr. McKinley. Yes.

5023 The Chairman. Mr. McKinley, so your concern, based on a  
5024 network news request that there is something out there that is  
5025 going to hurt our coal miners, the black lung?

5026 Mr. McKinley. Someone is apparently --

5027 The Chairman. So you think maybe the Democrats have an  
5028 amendment that does that?

5029 Mr. McKinley. That is the only thing I can think of because  
5030 it is certainly not in the bill. So I can only think that there  
5031 must be something coming in one of these mysterious 100  
5032 amendments.

5033 The Chairman. This could easily -- if the gentleman yield,  
5034 this could be easily resolved if the Democrats would just make  
5035 their amendments available for the public to see.

5036 Mr. McKinley. Wouldn't that be novel?

5037 Ms. DeGette. Would the gentleman yield? Would the  
5038 gentleman yield, Mr. McKinley?

5039 Mr. McKinley. Yes.

5040 Ms. DeGette. Well, I think I can speak for all my colleagues  
5041 on this side of the aisle. We don't have any amendments that we  
5042 plan to offer that will stop benefits for black lung disease.

5043 Mr. McKinley. Thank you. Thank you.

5044 Ms. DeGette. But I would say --

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5045 Mr. McKinley. My question is why do you think that is out  
5046 there?

5047 Ms. DeGette. Well, I think it might be out there. I will  
5048 tell you. I think it might be out there because of some of the  
5049 provisions of your bill. For example, let's say somebody, one  
5050 of your miners gets sick and they lose their job and then their  
5051 insurance lapses, then they try to re-enroll in their insurance.  
5052 Then they would have to pay a 30 percent higher premium and they  
5053 might not be able to afford that premium. That is the only thing  
5054 I could think of and there are some other provisions in the bill  
5055 that might be similar to that in your bill that people would be  
5056 concerned.

5057 Or, for example, if somebody is between 50 and 65 years old  
5058 and their insurance premium goes up because of the rating, then  
5059 they might have to pay higher -- that is what those news reports  
5060 might be about.

5061 Mr. McKinley. If I could reclaim my time. With all due  
5062 respect, that is not how the policy works for our coal miners in  
5063 the industry. They are not going to be subject to this because  
5064 they have provisions under their bargaining rights or what they  
5065 have done with it.

5066 I just wanted to make sure that nothing happens to them  
5067 because it started yesterday. I had a group come in my office

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5068 to ask the question and now the media is talking about it.  
5069 Somebody is trying to drive a wedge on this bill when they are  
5070 using something that is absolutely just incorrect. Thank you.  
5071 I yield back my time.

5072 The Chairman. The gentleman yields back the balance of his  
5073 time. Are there other members seeking recognition? I think I  
5074 need to go to Mr. Rush next is my understanding.

5075 Mr. Rush, you are recognized for five minutes to strike the  
5076 last word.

5077 Mr. Rush. Thank you, Mr. Chairman. Mr. Chairman, there is  
5078 an adage, a familiar adage that says you can fool some of the people  
5079 some of the people some of the time, but you can't fool all of  
5080 the people all of the time.

5081 And Mr. Chairman, the Republicans seem to ignore the fact  
5082 that being the popular vote taken this past November was almost  
5083 overwhelmingly against the election of Donald Trump as the  
5084 President of the United States. The difference was over three  
5085 million votes. Notwithstanding the fact, Mr. Chairman, that the  
5086 majority of the voters in the last election voted against the  
5087 Republicans' so-called mandates to repeal the ACA. We are here  
5088 trying to do away with something that the American people have  
5089 demonstrably with their votes aggressively defended.

5090 Where is this notion coming from that you have a mandate from

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5091 the American people to change this dastardly path that you are  
5092 so determined to take this afternoon with this bill?

5093 My district, Mr. Chairman, there are over 2,012 Medicaid  
5094 enrollees. These are not just numbers. These are people,  
5095 families, individuals. They are mothers. They are fathers,  
5096 daughters and sons who rely on the Government to ensure that they  
5097 can afford healthcare.

5098 Mr. Chairman, I was really appalled late yesterday watching  
5099 in the news when I saw a leading member of the Republican caucus  
5100 being interviewed on one of the networks. And he had the arrogant  
5101 audacity to say that people should stop buying the latest cell  
5102 phone and start paying their premiums, their health premiums.

5103 Have we, members of this Congress, reached this new level  
5104 of callousness and disregard for our fellow citizens and the  
5105 right, the basic right of human healthcare for everybody? There  
5106 are young children who rely on this program, this Medicaid  
5107 program, to afford life-saving medication to treat their asthma  
5108 and other kinds of diseases. Mr. Chairman, probably in the last  
5109 six months, have paid more attention, been in the company of more  
5110 recipients of Medicaid than I would say any other member on this  
5111 committee. My wife is at this very moment fighting for her life.  
5112 And invariably I am at the University of Chicago Medical Center  
5113 interacting with other patients. And I know these patients are

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5114 relying on Medicaid. My wife, thank God, is not relying on  
5115 Medicaid. Your wife, if she was in the same condition, she would  
5116 not be relying on Medicaid. But don't ignore the fact, eliminate  
5117 the fact that you have constituents. I have constituents, all  
5118 relying on Medicaid. There are senior citizens in our districts  
5119 who rely on long-term care that this program provides to ensure  
5120 that their health is stable.

5121 Abolishing the Medicaid expansion will prevent 55,000 of my  
5122 constituents from accessing affordable healthcare and will have  
5123 a detrimental effect for them and for our society as a whole.  
5124 Cancer patients, asthma patients, all kinds of patients relying  
5125 on Medicare --

5126 The Chairman. The gentleman's time has --

5127 Mr. Rush. It is shameful. It is shameful. It is a  
5128 downright shame that we are here dealing with this issue. The  
5129 American people are suffering.

5130 The Chairman. The gentleman's time has expired. Are there  
5131 other members seeking recognition on the Republican side?  
5132 Anybody on the Republican side? If not, we go to Mr. Sarbanes,  
5133 I believe is next. Ms. Eshoo, just for the record, you already  
5134 struck the last word on this.

5135 Ms. Eshoo. I ask for unanimous consent to ask counsel.

5136 The Chairman. Well, we will try and get through our members

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5137 that haven't had a chance.

5138 So Mr. Sarbanes, you are recognized for five minutes. And  
5139 just before we start the clock, there is another call for a motion  
5140 to adjourn on the House floor, so we will break to vote for that  
5141 or against that, depending upon your persuasion. But right now  
5142 we go to Mr. Sarbanes for five minutes to strike the last word.

5143 Mr. Sarbanes. Thank you, Mr. Chairman. I move to strike  
5144 the last word.

5145 I wanted to take the opportunity to speak directly to some  
5146 of the people out there that I think are going to be harmed by  
5147 this proposal. And let me start with people in their early to  
5148 mid-50s who were hit hard over the last few years, particularly  
5149 in the economic downturn of 2009. Many of them lost their jobs.  
5150 And then when the economy picked back up a little bit, they  
5151 discovered that those jobs had become automated. They had been  
5152 replaced. We are talking about hundreds of thousands of people  
5153 across the country. They are now scraping a living together,  
5154 working a lot of part-time jobs. They don't have  
5155 employer-sponsored health coverage. They are exactly the kind  
5156 of person who has been benefitting by being able to go and purchase  
5157 an individual plan in the health exchanges that were set up under  
5158 the Affordable Care Act.

5159 But here is what is going to happen to you. First of

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5160 all, the premiums are going to become more expensive because the  
5161 age rating guidelines that were put in place by the Affordable  
5162 Care Act, those are gone under this bill.

5163 Secondly, the costs of deductibles and other out-of-pocket  
5164 expenses, co-payments, there won't be the relief there that the  
5165 Affordable Care Act now provides to lessen that burden and make  
5166 it easier to afford those things.

5167 Thirdly, the tax credits, the affordability tax credits that  
5168 were there to help you afford that premium that were very robust  
5169 and were based on a number of factors, age and income and  
5170 geography, those are now going to be replaced by downgraded  
5171 credits, flat credits, that will not make up for the loss and the  
5172 purchasing power of the credits that currently exist.

5173 The bottom line is that for people in their situation, the  
5174 repeal of the Affordable Care Act is going to make things much,  
5175 much more difficult and it is important for people to understand  
5176 how this is going to impact their specific situation. So I want  
5177 to try to make that clear and I think it is the reason that  
5178 Americans need to pay very close attention to what is being  
5179 proposed here.

5180 Let me talk to another group of people out there that I think  
5181 will be severely impacted. There are thousands of families  
5182 across this country, we know, are experiencing the pain and

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5183 anguish of a loved one who is suffering from an opioid or a heroin  
5184 addiction. And they need treatment services. They need  
5185 support.

5186 Many of those families, many of you who are looking for  
5187 treatment opportunities for someone in your family are  
5188 benefitting now because of the Medicaid expansion because the  
5189 essential health benefit plans that are provided through Medicaid  
5190 now cover these kinds of treatment services to bring some relief  
5191 to the anguish of your families.

5192 Under this proposal, Medicaid expansion will be undermined.  
5193 Ultimately, the essential health benefits plans and the kinds of  
5194 benefits that will be covered, including these sorts of treatment  
5195 services, will fall away. And that kind of support, that  
5196 treatment for your families, for those who are experiencing this  
5197 pain of addiction across the country will no longer be available.  
5198 There isn't a community in this country, there isn't a  
5199 congressional district in this country, that hasn't experienced  
5200 this crisis.

5201 So we need to think carefully before we move forward with  
5202 this repeal. We can't have a repeal that is going to put people  
5203 in that dire situation. And we are going to do our best on this  
5204 side of the aisle to provide good information to all of the various  
5205 groups out there that are being impacted by this proposal. If

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5206 you put it in the context, particularly if you put in the context  
5207 of these families that will be hard hit when the Medicaid expansion  
5208 is pulled back and when we really upend the traditional Medicaid  
5209 program in the ways that are being proposed, it leaves no  
5210 conclusion but to view this bill as wrongheaded, immoral, and  
5211 fundamentally inhumane and for those reasons we should reject it.  
5212 I yield back.

5213 The Chairman. The gentleman yields back the balance of his  
5214 time. The committee will be in recess. We will  
5215 reconvene immediately after this vote on the House floor.

5216 [Recess.]

5217 The Chairman. We will call the committee back to order. We  
5218 are in the amendment in the nature of a substitute. Are there  
5219 members seeking to strike the last word? The chair recognizes  
5220 the gentleman from California, Mr. McNerney for 5 minutes to  
5221 strike the last word.

5222 Mr. McNerney. Striking the last word. Because of the  
5223 Affordable Care Act, 20 million Americans gained access to health  
5224 care who did not have it before, but now we want to talk about  
5225 access to mental health care. The Affordable Care Act also  
5226 expanded access to mental health care by requiring all health care  
5227 plans to cover mental health and substance abuse treatment.

5228 The ACA recognized that mental health issues and substance

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5229 abuse disorders as important health conditions that made a  
5230 treatment affordable. It closed the gaps in insurance coverage.  
5231 Mental health is an issue that affects every district in every  
5232 state. Making sure that all Americans have access to mental  
5233 health care should be a priority.

5234 The Republican replacement bill removes protections in the  
5235 ACA that ensures all Americans have access to mental health care.  
5236 Quality health coverage should include preventive care and  
5237 lifesaving medical treatments. Under the Republican replacement  
5238 bill, maternity care, emergency services, preventive care and  
5239 mental health and substance abuse disorders treatments will no  
5240 longer be guaranteed for the millions of our families, friends,  
5241 and neighbors on Medicaid. All Americans deserve health coverage  
5242 that includes behavioral health treatments, access to mental and  
5243 behavioral and patient services and access to substance use  
5244 disorder treatment.

5245 The Republican bill also hurts older Americans, which is why  
5246 the AARP opposes this legislation. Just yesterday, I received  
5247 a call from a teacher in my district. She is 58 years old, she  
5248 is a diabetic, and she needs two insulin shots a day. She works  
5249 full time and lives paycheck to paycheck. After rent, car  
5250 insurance, and other needs, she cannot afford health coverage  
5251 without the Affordable Care Act. This bill would be devastating

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5252 to her and millions of other individuals and families in similar  
5253 situations. Those who like high deductible policies will love  
5254 this Republican plan.

5255 Mr. Chairman, we have heard for years including today that  
5256 the ACA has failed, but this is demonstrably false and now the  
5257 Republicans have found themselves painted into a corner. Because  
5258 of these false claims you are forced to try, to try to repeal the  
5259 Affordable Care Act, but your prescription really will be a  
5260 failure. Either it won't pass, which is my bet, or if it does  
5261 pass will put our healthcare system back into the hands of the  
5262 insurance companies. The result will be higher costs and less  
5263 coverage, and Americans will revolt.

5264 Mr. Chairman, withdraw this message bill and work with us  
5265 to improve the Affordable Care Act. Mr. Chairman, I yield to the  
5266 gentlewoman from Florida.

5267 Ms. Castor. I thank my colleague for yielding. I wanted  
5268 to just take a minute to ask another question of counsel relating  
5269 to Section 2711. This is kind of what the GOP bill does in place  
5270 of the individual mandate that say that encourage continuous  
5271 coverage.

5272 And I am asking this because I was talking with Jonah Moore  
5273 from Tampa, yesterday. I was with him. He has multiple  
5274 sclerosis, a wife and two kids. He has private insurance. He

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5275 didn't buy it through the exchange he went out and bought it  
5276 himself. He needs it desperately. He is very concerned about  
5277 preexisting conditions.

5278 But what he also as we were talking about the terms of the  
5279 bill, he said that he got into a dispute with his insurance company  
5280 and they said, oh, he hadn't paid. I don't know the particulars.  
5281 But he said, gosh, he would be very afraid if there was an argument  
5282 over lapse in coverage with the insurance company over a glitch.  
5283 And it is not clear in the bill how a dispute like that would be  
5284 determined.

5285 Whose word is final? How is that determined? Is this  
5286 particularly important for folks who have those preexisting  
5287 conditions if the insurance company says one thing and the facts  
5288 are the other?

5289 The. Counsel. State insurance commissioners usually have  
5290 an audit process. That was the way it worked before the  
5291 Affordable Care Act, so audits regarding who has continuous  
5292 coverage.

5293 Ms. Castor. So you are going back to -- I have heard a lot  
5294 from the other side. They don't like the faceless bureaucrats  
5295 out there making healthcare decisions, so that is the answer they  
5296 go back to, to dispute with an insurance company and you have to  
5297 work it out at the state level over a dispute?

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5298 The. Counsel. State audit process. There is also the  
5299 third-party --

5300 Ms. Castor. State audit process.

5301 The. Counsel. Yes, there is also third-party external  
5302 review in states as well to help with that.

5303 Ms. Castor. I yield back my time.

5304 Mr. McNerney. I yield back.

5305 The Chairman. The gentleman yields back. The other  
5306 members seeking recognition, representative from Oklahoma, Mr.  
5307 Mullin, is recognized for 5 minutes.

5308 Mr. Mullin. Mr. Chairman, I move to strike the last word.

5309 The Chairman. Recognized.

5310 Mr. Mullin. I yield time to Mr. Murphy.

5311 Mr. Murphy. I thank the gentleman. I wanted to respond,  
5312 Mr. Chairman, if I could, to some comments made from my friend  
5313 from California, who I know cares a great deal about those with  
5314 disabilities, those with mental illness, and those with substance  
5315 abuse. But this is more of a message for the people of America  
5316 that I want them to understand. This committee worked very  
5317 hard and I was never more proud than what this committee did in  
5318 passing unanimously the Helping Families with Mental Health  
5319 Crisis Act which then went to the floor and passed 422 to 2. That  
5320 powerful bill provided a lot of service in the mental health arena,

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5321 strengthened parity laws, authorized a number of programs, and  
5322 I want to make it very clear that this bill does not change any  
5323 of that law. This is some of this committee's greatest work,  
5324 probably its greatest bill in the last session as it was combined  
5325 into the 21st Century Cures Act.

5326 Mr. Kennedy. Will the gentleman yield?

5327 Mr. Murphy. Not yet. And I want people to know that. The  
5328 second thing is that the essential health benefit remains in the  
5329 Affordable Care Act. It is not struck at all in this bill.  
5330 Further, there is other language in this bill which allows grants  
5331 to go to the states out of the \$15 billion grant bill in the first  
5332 year and the second year, and then \$10 billion out of that to  
5333 maintain and to strengthen the mental health and substance abuse  
5334 services.

5335 So I want everybody to know that those are going to continue  
5336 to be part of this as we move forward. I also know in the future  
5337 we are going to continue to work on reforming some of the mental  
5338 health systems in America that under Medicaid many states do not  
5339 collect data on what happens to their folks in Medicaid. This  
5340 bill actually requires them to collect data, because what they  
5341 can't -- they don't even know what they don't know, and what you  
5342 don't measure you cannot manage.

5343 So this will help that as we know persons with mental illness

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5344 oftentimes have chronic illness, primarily heart disease,  
5345 diabetes, lung disease, infectious disease, but as you track those  
5346 and as you better wrap services around them you actually lower  
5347 healthcare costs, something we will get in the future. But by  
5348 the essential health benefit maintenance in this by further  
5349 grants, by parity, and by other elements of this bill it does not  
5350 undermine past issues with this. Mr. Kennedy, you wanted me to  
5351 yield to you for a moment?

5352 Mr. Kennedy. Yes, and maybe this is a question for counsel,  
5353 but I will leave it for you, Mr. Murphy, page 8 line 3 of the bill  
5354 at C., sunset of essential health benefits requirement.

5355 So when we say it does not touch the essential health benefits  
5356 for Medicaid expansion, I believe page 8 line 3 actually does do  
5357 that and it does put at risk the guarantees that are currently  
5358 put in place under the Affordable Care Act. It goes directly to  
5359 that which actually, I believe, gets to the gentleman's point from  
5360 West Virginia earlier. Yes, you are right about not being denied  
5361 based on preexisting condition. However, the provision, the  
5362 removal of the essential health benefits means that yes, you might  
5363 be able to get covered for black lung, but there is no guarantee  
5364 you can then afford the coverage to actually avail yourself of  
5365 the treatment. This gets to the very heart of what the bill  
5366 actually does.

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5367 Mr. Murphy. I appreciate my friend from Massachusetts.  
5368 Can I yield to Counsel Josh and ask him to respond directly to  
5369 that question about the essential health benefit?

5370 The. Counsel. Yes, sir. So the provision that Mr. Kennedy  
5371 asked about does repeal the application of essential health  
5372 benefits to alternative benefit plans in Medicaid, but the  
5373 regulation that CMS promulgated in March of 2016 applying the 2008  
5374 Public Health Service Act Wellstone and Pete Domenici Mental  
5375 Health Parity law to Medicaid alternative benefit plans and CHIP  
5376 still applies.

5377 Mr. Kennedy. To the expansion population?

5378 The. Counsel. It still applies to those who receive  
5379 Medicaid through alternative benefit plans.

5380 Mr. Kennedy. Counsel, if I can clarify --

5381 The Chairman. I would just say for regular order purposes  
5382 the time belongs to my friend from Oklahoma, Mr. Mullin.

5383 Mr. Mullin. I will yield to my friend from Massachusetts.

5384 Mr. Kennedy. You are a good man, Mr. Mullin. I have 40  
5385 seconds to try to keep it that way. Point of clarification then  
5386 understood that this law does not do anything to remove or kill  
5387 parity, but it doesn't then say if you are killing the essential  
5388 health benefits it doesn't say that you actually have to offer  
5389 mental health coverage to begin with.

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5390 The. Counsel. If individuals receive their coverage  
5391 through alternative benefit plans in Medicaid, the both  
5392 traditional Medicaid and alternative benefit plans, then the 2008  
5393 Mental Health Parity law still applies.

5394 Mr. Kennedy. But if you are not guaranteed the benefits,  
5395 you are saying you are guaranteed the coverage but we are not  
5396 guaranteeing the benefit if I can clarify the question.

5397 The Chairman. The gentleman's time has expired.

5398 Mr. Mullin. Mr. Chairman, I will yield back.

5399 The Chairman. The gentleman from Oklahoma's time has  
5400 expired. He has yielded back. Now we can go to others seeking  
5401 recognition to strike the last word who have not already spoken.  
5402 The chair recognizes the gentleman from Vermont, Mr. Welch, for  
5403 5 minutes to strike the last word on the amendment in that nature  
5404 of a substitute, the only amendment we have taken up so far.

5405 Mr. Welch. Thank you, Mr. Chairman. I move to strike the  
5406 last word.

5407 The Chairman. You are recognized, yes.

5408 Mr. Welch. Thank you very much. Congressman Scalise, I  
5409 think, is not here, but he said something that I have paid a lot  
5410 of attention to. He said that in the healthcare bill --

5411 The Chairman. Ladies and gentlemen, if we can have regular  
5412 order so that Mr. Welch may proceed.

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5413 Mr. Welch. Congressman Scalise said something that I have  
5414 paid a lot of attention to. He said that for a lot of people just  
5415 above the line where subsidies expire they are working harder but  
5416 health care is out of reach for them and they are not getting help  
5417 from the government and some of those folks have been in areas  
5418 where premiums have shot up. That is a problem. I acknowledge  
5419 that is a problem. I think all of us on our side acknowledge that  
5420 it is a problem. It is the market aspect of it for the individual  
5421 market is not working.

5422 Now there is a debate about how that happened, because when  
5423 we were passing this bill it was anticipated there would be  
5424 disruption and we tried to have risk corridors and provide  
5425 additional income revenue for the insurance companies as they were  
5426 trying to make the adjustments and that was taken out by Marco  
5427 Rubio in the Senate. So let's just put aside who is, quote,  
5428 responsible for this. Who is ever responsible for it, what Steve  
5429 Scalise said was a problem is a problem. And I am here as one  
5430 Democrat and I think all of us, we want to fix that. We want to  
5431 fix that. But in the process of fixing it we don't want to wreck  
5432 the good stuff that has really helped a lot of folks in this  
5433 country.

5434 You know, what we did with the insurance reforms, you opposed  
5435 those but now you embrace them and that is a good thing, but it

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5436 really made a difference. Half the people in Vermont have a  
5437 preexisting condition and they got hassled. If they wanted to  
5438 get coverage they could be denied or they could be hammered on  
5439 what that premium would be and that is true in your states as well.  
5440 We have changed that. That is a good thing.

5441 But the other aspects of this bill are going to make things  
5442 worse for the folks that Steve Scalise was speaking for. It is  
5443 not going to make it better. What we are going to do by, first  
5444 of all, going to this mandate where if you don't buy insurance  
5445 you get a 30 percent premium penalty that goes to the insurance  
5446 company, I just don't get that. Because, first of all, you are  
5447 not going to have people deciding to sign up because why not take  
5448 the risk especially if you are a young person and then when you  
5449 get sick pay the 30 percent for 1 year? And by the way, I think  
5450 there is a basic proposition, if all of us are going to be covered  
5451 and we all want to be covered all of us have to pay. That is the  
5452 way it works. There is no free lunch here.

5453 But now the next thing is you have changed in this bill and  
5454 I think you have to think about what the implications are from  
5455 direct subsidies to tax credits, but the whole question here is  
5456 a side-by-side assessment as to whether or not the amount of money  
5457 that is going to go to folks who need help to get insurance is  
5458 sufficient to allow them to buy it.

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5459           And whether it is a subsidy or a tax credit is less the  
5460 question than whether the amount that is there is going to do the  
5461 job, and it is not. The side-by-side shows that folks who are  
5462 deserving health care, folks who are working, folks that we all  
5463 think deserve respect because they pay their way but need help  
5464 with insurance, those folks are going to be left out. A lot of  
5465 folks are going to lose health care under this design.

5466           The other thing, capping Medicare, there is a concern on your  
5467 side somewhat that we acknowledge the cost of things matters, it  
5468 really does. But you don't solve the problem by just putting a  
5469 cap on what the Medicare payments to states and individuals will  
5470 be. We have got a problem with the explosion and the cost of  
5471 health care. We have done nothing in here about the prescription  
5472 drug prices. We have nothing here about the payment system  
5473 fee-for-service that just means that you run wild with how much  
5474 services get provided oftentimes with no particular benefit.

5475           So at the end of the day we are going to pass this burden  
5476 onto the state and tell them good luck. In 2020, these subsidies  
5477 go out and we are going to be asking our states to make the  
5478 terrible, the selfish choice decision about who they are going  
5479 to dump on the healthcare rolls or what benefits they are going  
5480 to cut, but we won't address what the cost drivers are.

5481           And there are some folks here, Larry Bucshon has a lot of

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5482 good ideas about how to address the cost and that is where we ought  
5483 to be going, not addressing the cost by throwing people off of  
5484 the healthcare rolls. Address the cost where the excess spending  
5485 is occurring and where the waste is occurring. We are not even  
5486 talking about that in this bill.

5487 The Chairman. The gentleman's time has expired.

5488 Mr. Welch. I thank you. I yield back.

5489 The Chairman. The gentleman's time has expired. Are there  
5490 other members seeking recognition to strike the last word? The  
5491 chair recognizes Mr. Tonko.

5492 Mr. Tonko. Thank you, Mr. Chair. I move to strike the last  
5493 word. It often gets lost in the back and forth of this place,  
5494 but at its heart our business here is to try to do right for the  
5495 American people. Every single one of us is here because somewhere  
5496 along the line I believe a special person touched our life and  
5497 inspired us to fight for change. For me, one of those people was  
5498 a Little Leaguer named Timothy Auclair. I met Timothy when he  
5499 was a 12-year-old boy on the baseball field where he exhibited  
5500 his charm and spunk that made anyone who knew him love him.

5501 Timothy struggled with mental illness and mental health  
5502 disorders and his family struggled along with him, fighting with  
5503 insurance companies to get him the care that he needed. The  
5504 insurance companies didn't know the Timothy that I knew where we

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5505 saw an extraordinary little guy in a fight for his own life, the  
5506 insurance companies saw expenses in a ledger book. They put caps  
5507 on his care and denied coverage for needed mental health  
5508 treatment.

5509 When Timothy received the care he needed he thrived, but his  
5510 family always knew that those caps and denials of coverage were  
5511 right around the corner. Things got worse for Timothy. In order  
5512 to get him the Medicaid coverage he needed, Timothy's parents were  
5513 forced to legally disown him. Can you imagine being forced to  
5514 make that decision in your own family? Unfortunately for Timothy  
5515 even that wasn't enough. At 12 years of age Timothy committed  
5516 suicide.

5517 For Timothy, the gains we made towards mental health parity  
5518 in passing the Affordable Care Act but they came too late.  
5519 Timothy lived at a time when our nation credo was that if you get  
5520 sick you are on your own. In the richest country on earth, a  
5521 country founded on the idea that we are all born with the  
5522 unalienable rights to life, liberty, and the pursuit of happiness  
5523 that is not good enough.

5524 The plan we have before us today takes us right back to those  
5525 dark times. It will allow big insurance companies to  
5526 discriminate against people like Timothy who need mental health  
5527 care. It will provide less help to low- and middle-income

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5528 families to purchase health care in order to pay for a \$195,000  
5529 average tax break for the wealthiest one-tenth of one percent.  
5530 Even by the rosier estimates, this repeal plan will rip  
5531 healthcare coverage away from millions of people. This is  
5532 not a plan to take care of kids like Timothy or their parents or  
5533 grandparents or anyone else who needs care. This is a plan for  
5534 my Republican colleagues to take care of their big-pocketed  
5535 donors. If he is out there looking down from heaven, Timothy  
5536 isn't listening for the ins and outs of enhanced FMAs, balanced  
5537 budgets, or actuarial values. He is watching us to make sure the  
5538 next Little Leaguer who needs our help is taken care of and that  
5539 we do right by our friends and neighbors who are counting on us.  
5540 Timothy is watching, I am watching, and the American people are  
5541 watching for certain. Let's not let them down.

5542 And to clarify the point that our colleague Mr. Kennedy  
5543 offered, if this bill is passed and Timothy as an adult was on  
5544 Medicaid he would not have guaranteed coverage to mental health  
5545 benefits because we take away those options, we don't mandate  
5546 them. So it doesn't matter if there is parity if you don't have  
5547 the mental health coverage provided in your insurance plan.

5548 With that I see I have a minute and a half remaining. Mr.  
5549 Kennedy, I will yield to Mr. Kennedy here.

5550 Mr. Kennedy. Thank you, Mr. Tonko. And I have a question

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5551 for the legislative counsel then just to try to make sure I fully  
5552 understand it. Based off of what you were saying, sir, I  
5553 understand the fact that this law does not impact mental health  
5554 parity, but it was a combination of mental health parity and the  
5555 ACA that included mental health benefits as part of the essential  
5556 health benefits package. Parity just says if you offer  
5557 mental health benefits they have to be offered at the same way  
5558 that physical health benefits are. It does not mandate the  
5559 offering of mental health benefits. With the combination of the  
5560 repeal language that we see on page 8, it means that mental health  
5561 benefits are not required now by federal law that it would be up  
5562 to the states to actually impose.

5563 So when we look at those essential health benefits whether  
5564 it is mental health care or potentially for other health  
5565 conditions that is no longer essentially covered or required to  
5566 be covered by this version of this text; is that not correct?

5567 The. Counsel. The text before us does remove the  
5568 application of the essential health benefits for the alternative  
5569 benefit plans in Medicaid.

5570 Mr. Kennedy. Sorry, it does what? I apologize, I just  
5571 didn't catch it. I am sorry, sir. I genuinely didn't hear what  
5572 you, it does what?

5573 The. Counsel. It does remove the application of the central

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5574 health benefits on the alternative benefit plans in the --

5575 Mr. Kennedy. It does remove them, yes.

5576 The. Counsel. Correct.

5577 Mr. Kennedy. Including mental health, yes. Thank you.

5578 Mr. Tonko. I appreciate that answer, it clarifies a lot.

5579 We yield back.

5580 The Chairman. The gentleman's time has expired. Are there  
5581 other members seeking to strike the last word? The gentlelady  
5582 from New York, right, Ms. Clarke, is recognized to strike the last  
5583 word for 5 minutes.

5584 Ms. Clarke. Thank you, Mr. Chairman. I just wanted to sort  
5585 of pick up where I left off earlier really just to drill down a  
5586 bit about New Yorkers and what the impact would be here. So prior  
5587 to the ACA in the United States, one of the wealthiest nations  
5588 as we know in the world, nearly 47 million Americans lacked health  
5589 insurance of which 13.5 percent were New Yorkers. New York City  
5590 hospitals were losing well over \$1.2 billion in charity costs per  
5591 year. Additionally, a study by the Department of Health and Human  
5592 Services found that 17.1 million Americans under the age of 65  
5593 were underinsured of which 9.3 million had employer-based  
5594 insurance.

5595 Tragically, people in these situations had to go without  
5596 vital health care simply because they could not afford it.

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5597 However, after the passage of the ACA, only 8.6 percent of  
5598 Americans or 27.3 million people are uninsured for the first time  
5599 in history that the nation's uninsured rate fell below nine  
5600 percent and New York's uninsured rate has been cut to five percent,  
5601 the lowest level in decades.

5602 Charity costs at New York's hospitals have declined, and due  
5603 to the essential health benefits requirement no American is  
5604 underinsured. The American Health Care Act, on the other hand,  
5605 puts all of these positive gains at risk. Here is what is at risk  
5606 for New Yorkers: 1,620,000 New Yorkers stand to lose their  
5607 coverage, and of the eight million New Yorkers who have  
5608 employer-sponsored insurance risk losing their preventive  
5609 services which are covered with no copays.

5610 We can't afford to go back to the days before the Affordable  
5611 Care Act. Health care we know is a fundamental right and not a  
5612 commodity as, you know, Republicans would have us believe as it  
5613 is being treated in this bill, and I believe that the government  
5614 has a responsibility to its citizens in securing affordable,  
5615 quality health care.

5616 So there are many reasons that I am opposed to this bill.  
5617 The spirit under which it has been written has been divisive, it  
5618 has been unfair, it has been deceptive, and we won't abide with  
5619 it. So I urge my colleagues to defy these efforts to turn back

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5620 the clock on health care. I say that we all must resist, push  
5621 back, resist. And I yield to my colleague, Mr. Lujan, at this  
5622 time.

5623 Mr. Lujan. Thank you very much, Ms. Clarke. I have a  
5624 question of general counsel. Will the committee be taking votes  
5625 on either the bill or the language in the alternative to that has  
5626 been filed, before Thursday at 6:00 p.m.?

5627 The Chairman. That would not be a question appropriate for  
5628 counsel.

5629 Mr. Lujan. Mr. Chairman, are we as a committee going to be  
5630 voting before 6:00 p.m. Thursday night in this committee on  
5631 anything?

5632 The Chairman. Well, you know, in the discussion I had with  
5633 the ranking member given that we have not seen how many amendments  
5634 but we are told you have hundreds of them, it is hard for me to  
5635 predict the timeline here in consideration, so it is hard for me  
5636 to answer.

5637 Mr. Lujan. Are you claiming my time, Mr. Chairman? I  
5638 apologize, are you claiming my time? I am curious why the  
5639 committee is ignoring the Walden 72-hour rule.

5640 Back in 2010 --

5641 The Chairman. There is no such thing.

5642 Mr. Lujan. -- there was a rule in 2010 where Chairman

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5643 Walden led an effort that no bill would be voted on for 72 hours  
5644 before --

5645 The Chairman. No, I -- since it --

5646 Mr. Lujan. If I may, Mr. Chairman, and I will finish  
5647 quickly, sir.

5648 The Chairman. Well, I just want to make sure it is accurate.  
5649 It is a 3-day rule, not a 72-hour rule. That is the rule of the  
5650 House and in the committee.

5651 Mr. Lujan. So on your website there is a press release that  
5652 says at least 72 hours before a vote to give the press, public,  
5653 and Members of Congress enough time to review it. Now I grew up  
5654 on a small farm, but a day is sunrise to sunrise, typically, and  
5655 72 hours is 72 hours. Now if that is not enough --

5656 The Chairman. So what was the date of that on my website?  
5657 That was probably --

5658 Mr. Lujan. January 13th, 2010. So the other question I  
5659 have is, why is this committee --

5660 The Chairman. So there is a lot after that.

5661 Mr. Lujan. If I may, Mr. Chairman, why is this committee  
5662 ignoring the 14-day rule which was supported by many members of  
5663 our colleague including our chairman that required that the bill  
5664 would be posted for 14 days prior to its voting? Mr. Chairman,  
5665 I know that process matters. There is language that was included

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5666 in the hearing --

5667 The Chairman. The gentleman's time has expired.

5668 Mr. Lujan. Thank you, Mr. Chairman.

5669 The Chairman. Are there other members seeking to strike the  
5670 last word? The gentleman from Iowa is recognized. Oh, wait a  
5671 minute, I apologize. We have someone on our side. The gentleman  
5672 from Mississippi is recognized.

5673 Mr. Harper. Thank you, Mr. Chairman, move to strike the last  
5674 word and I yield my time to the chairman, Mr. Walden.

5675 The Chairman. I thank the gentleman. So I would like to  
5676 go back to the issue of policy here and that relates to the  
5677 essential benefits, because I think there is some confusion about  
5678 the complexity of this and that there are different ways this  
5679 applies. And so I would like to take the time to make sure all  
5680 of our members fully understand what is in the amendment in the  
5681 nature of a substitute as it relates to the essential benefits  
5682 because it is more than just one area, correct?

5683 The. Counsel. That is correct, Chairman. So there are --

5684 The Chairman. Can you walk us through how essential  
5685 benefits would be treated here especially as it relates to mental  
5686 health and substance abuse?

5687 The. Counsel. That is right, so essential health benefits  
5688 applies in essentially two settings, one, the commercial

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5689 insurance market; second, Medicaid. And so I will walk through  
5690 the commercial insurance market.

5691 So Section 1302 of the Affordable Care Act included essential  
5692 health benefit requirements. Those included ten categories of  
5693 services under 1302(b). One of those services includes mental  
5694 health and substance use disorder services including behavioral  
5695 health treatment. The bill before the committee today does not  
5696 alter the application of the categories of essential health  
5697 benefit services for private health insurance coverage at all.  
5698 It does not alter those categories.

5699 The Chairman. So those essential benefits remain for  
5700 private health insurance?

5701 The. Counsel. Correct. So the categories would remain.

5702 The Chairman. Okay, now we will get there. Now can you  
5703 explain what happens when it comes to Medicaid? Your mike is not  
5704 on, Josh.

5705 The. Counsel. Section 112(c) would modify the Social  
5706 Security Act 1937(b)(5) and repeal the ACA's amendment to the  
5707 alternative benefit plans that had been created in the Deficit  
5708 Reduction Act of 2005 which apply the essential health benefits.  
5709 So it would remove the application of essential health benefits  
5710 for this narrow population that receive their coverage in  
5711 alternative benefit plans in Medicaid. It is not for all of

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5712 Medicaid, but for this smaller subset of individuals that are  
5713 covered through the alternative benefit plans.

5714 The Chairman. Okay, so for Medicaid itself what happens  
5715 with essential benefits?

5716 The. Counsel. So we don't make changes to the Medicaid  
5717 benefits related to other mental health requirements. It is this  
5718 narrow population that receives their Medicaid coverage through  
5719 an alternative benefit plan.

5720 Ms. DeGette. Would the gentleman yield? Would the  
5721 gentleman yield?

5722 The Chairman. No, actually I heard you, but I have another  
5723 question. So under the Patient and State Stability Fund, could  
5724 states use those funds to also help provide mental health and  
5725 substance abuse assistance to people that are Medicaid eligible?

5726 The. Counsel. So Chairman, under the Patient and State  
5727 Stability Fund, one of the uses of funds is to promote access to  
5728 preventive services, dental care services, or any combination of  
5729 such services as well as mental health and substance use  
5730 disorders. So that is one use of funds for the Patient and State  
5731 Stability Fund.

5732 The Chairman. And could you, counsel, could you turn to page  
5733 47, and I want to draw your attention to line 8 of Section 5. Could  
5734 you read that for me and for our members and describe what that

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5735 section means?

5736 The. Counsel. So page 47 line 8, this is one of the uses  
5737 for the Patient and State Stability Fund. \$100 billion is  
5738 provided over 10 years in state grants. One potential use of  
5739 funds under paragraph 5 is for prevention, treatment, or recovery  
5740 support services for individuals with mental or substance use  
5741 disorders, or any combination of such services.

5742 The Chairman. So there is \$100 billion the federal  
5743 government would put out to states that they could use for exactly  
5744 these very important services to our citizens.

5745 The. Counsel. Yes, so those services would be one use of  
5746 funds.

5747 The Chairman. That is a possibility for that use. They  
5748 could also buy down premiums, they could buy down deductibles  
5749 whatever their market needs, whatever their states need, whatever  
5750 their patients really need most. Local, state decision makers,  
5751 our governors, our state legislators could make those decisions  
5752 on how these funds could be spent within the context of the  
5753 allowable expenditures, yes?

5754 The. Counsel. That is correct.

5755 The Chairman. My time has expired. Are there others  
5756 seeking recognition?

5757 Mr. Loeb sack. Mr. Chair, will you give for a question?

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5758 The Chairman. I am out of time, my time expired. I would  
5759 now yield to the gentleman from Iowa --

5760 Mr. Loeb sack. I will move to strike the last word.

5761 The Chairman. -- 5 minutes to strike the last word.

5762 Mr. Loeb sack. Thank you, Mr. Chair. Since the debate about  
5763 how to improve our nation's healthcare system began, as I said  
5764 earlier my number one priority has been to ensure all Iowans, in  
5765 fact all Americans have the ability to access quality, affordable  
5766 care and the ability to provide for the families' ability to  
5767 access, not just access.

5768 That is very important in this debate, folks. This  
5769 Republican repeal legislation simply undermines that goal.  
5770 Instead of moving our nation forward, covering more Americans with  
5771 quality healthcare for less, this legislation is a step backwards.  
5772 It puts the health care of Iowans and I believe all Americans at  
5773 risk. It would make deep cuts to Medicaid covering fewer  
5774 vulnerable individuals. It would strip benefits covered under  
5775 Medicaid expansion including some of the most basic and often  
5776 lifesaving services including emergency services, newborn and  
5777 maternal care, mental health services, and critical pediatric  
5778 services.

5779 How can we go back to our districts and meet with constituents  
5780 who have gained healthcare coverage because of the ACA and tell

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5781 them they will be losing that care? We are told this legislation  
5782 would cover more people for less when in reality it will do the  
5783 opposite. Over 40,000 individuals in Iowa alone who are covered  
5784 through the ACA's Medicaid expansion would now stand to lose their  
5785 coverage.

5786 We should be working for these folks, for the hardworking  
5787 families working to make ends meet and provide healthcare coverage  
5788 for their families. Instead, this legislation would drive up the  
5789 cost of healthcare coverage making it inaccessible to many  
5790 Americans.

5791 I think we need to start focusing on what matters. We need  
5792 to focus on jobs. We need to focus on expanding rural broadband  
5793 which has a healthcare component to it. We need to increase rural  
5794 healthcare access or any of the other issues that really matter  
5795 to Iowa families and to all Americans. I do remain committed to  
5796 making improvements to the ACA. I voted for some of those  
5797 improvements in the past. But this bill is not going to go in  
5798 that direction, it will go in the opposite direction.

5799 And one last point on rural areas. I represent a rural part  
5800 of America and I am proud to represent that part of America, but  
5801 I am concerned that this legislation does little to nothing to  
5802 help those in rural areas. We must ensure that our nation's  
5803 healthcare policy works for all Americans. Too often we see folks

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5804 in rural areas, including much of the state of Iowa, denied access  
5805 to quality medical services. With nearly one in five uninsured  
5806 Americans living in rural America, it is imperative that any  
5807 policy put forth positively affects rural America.

5808 A few weeks ago when I was home over the weekend I visited  
5809 a number of rural hospitals and I asked them how they anticipate  
5810 the ACA is going to affect them. The fact of the matter it is  
5811 going to affect them very negatively because over the years since  
5812 the ACA they have been able to reduce the amount of charity care  
5813 that they have to accept. And this is going to be a problem  
5814 because it will affect their bottom lines and ultimately it is  
5815 going to affect the availability of health care in these hospitals  
5816 for those folks in my part of the world in that part of Iowa and  
5817 those rural parts of Iowa.

5818 What I have got, if I may, Mr. Chairman, with unanimous  
5819 consent I will request that I put into the record a statement from  
5820 the Iowa Hospital Association.

5821 The Chairman. Without objection.

5822 [The information follows:]

5823

5824 \*\*\*\*\*COMMITTEE INSERT 9\*\*\*\*\*

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5825 Mr. Loeb sack. Thank you. And I am just going to read a  
5826 couple parts of that very quickly. The title is ACA Replacement  
5827 Would Be Harmful to Iowans, and basically what they are saying  
5828 here is Americans are getting their first close look at a  
5829 congressional proposal to replace the federal Affordable Care  
5830 Act, also known as Obamacare.

5831 There is a lot to pore over, but the first and most overriding  
5832 concern from the hospital perspective is that access to health  
5833 care through safety net providers does not equal coverage and  
5834 coverage is essential to good health, a strong healthcare delivery  
5835 system, and reduced health care costs. This proposal threatens  
5836 to both reduce coverage and access for poor, elderly, and disabled  
5837 Iowans making it a significant step backward from the current law.

5838 There is more in here. Thank you for letting me submit it  
5839 to the record. I am going to yield now to my friend Mr. Doyle  
5840 from Pennsylvania.

5841 Mr. Doyle. Thank you very much. Mr. Chairman, when you  
5842 talk about optional services currently offered by Medicaid -- I  
5843 am quoting from a letter from our governor of Pennsylvania -- the  
5844 American Health Care Act would cripple Pennsylvania's ability to  
5845 cover optional services currently offered by Medicaid like  
5846 prescription drug coverage and inpatient psychiatric care for  
5847 individuals under the age of 21. It would force us to try and

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5848 regulate out-of-state health insurance companies, removing all  
5849 consumer protections we have worked so hard to put in place as  
5850 health insurance companies have become bigger and more focused  
5851 on their bottom line. It would reverse years of progress made  
5852 on health innovation, improved health outcomes, and quality of  
5853 care.

5854 I want to submit this letter in its entirety that Governor  
5855 Wolf has written to the Pennsylvania delegation for the record.

5856 The Chairman. Of course. I actually thought we had but,  
5857 without objection.

5858 [The information follows:]

5859

5860 \*\*\*\*\*COMMITTEE INSERT 10\*\*\*\*\*

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5861 Mr. Doyle. Thank you very much. I yield back.

5862 The Chairman. The gentleman yields back, the gentleman  
5863 yields back. Are there other members seeking recognition to  
5864 strike the last --

5865 Mr. Kennedy. Mr. Chairman, I have an inquiry for counsel.

5866 The Chairman. Let me see. The gentleman --

5867 Mr. Kennedy. Inquiry for counsel.

5868 The Chairman. No, I know, but did Mr. Schrader want to  
5869 strike the last word? I am trying to go in seniority order.

5870 Mr. Kennedy. Understood, sir.

5871 The Chairman. So I would recognize my colleague from  
5872 Oregon, Mr. Schrader, to strike the last word for 5 minutes.

5873 Mr. Schrader. Thank you, Mr. Chairman. I appreciate it  
5874 very much. I want to set the record straight a little bit. I  
5875 think that is important as we go through a long hearing like this  
5876 that first and foremost the election was no mandate on the ACA.  
5877 The ACA is more popular now than it has been for many years.

5878 I also want to correct the record. Someone keeps holding  
5879 this as the ACA. This is the ACA, man, two volumes. Maybe a guy  
5880 only read half of it, I get that and that may be a problem, but  
5881 as you notice, we have 123 pages we are looking at right now. Is  
5882 the ACA that is so horrible it is undoing America as we know it?  
5883 They are keeping a heck of a lot of it, folks, because it is good

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5884 legislation, it was a good piece of work.

5885           So let's get honest about what is going here, and frankly  
5886 it did reduce the deficit. I get tired of hearing this mythology  
5887 about it adding to the deficit. It was fully paid for. Unlike  
5888 this bill it was fully paid for. Reduce the deficit by \$350  
5889 billion over the 10-year time frame, maybe a trillion dollars  
5890 going forward. That is good legislation. Better health care,  
5891 better quality health care, reduce the deficit. That is why we  
5892 need to have this darn CBO score. How can you push this bill  
5893 without understanding what is going on?

5894           The other thing I would like to bring out is most of the  
5895 comments that I am hearing, almost all, from the other side is  
5896 problems with the individual market. I get that. You know, some  
5897 people are facing higher premiums, higher deductibles, but for  
5898 the first time ever, a lot of people are getting health care,  
5899 getting health care in that market.

5900           And that individual market we are all getting excited about,  
5901 that is five percent of the health care delivery in this country,  
5902 folks. Small group market is robust; the big group market is  
5903 robust; employer-based health care is robust. I mean, let's be  
5904 aware of what we are actually talking about, how big of a volume  
5905 it actually is.

5906           What does it do? What does this bill actually do? It

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5907 gradually shifts costs of Medicaid to the states and to the  
5908 individuals. That is undeniable. And the states, how many of  
5909 your guys' states can afford that? Not too many, they are  
5910 struggling now even with the 90 percent return. My state is  
5911 hopefully going to make it at the end of the day. They have done  
5912 it before.

5913 But these individuals can't afford, the term Medicaid by  
5914 definition, they can't afford to even with a subsidy to afford  
5915 health insurance, for goodness' sakes. It defunds the preventive  
5916 services fund. It is great to say you can get preventive  
5917 services, not if there is not any money to provide them. It is  
5918 optional now.

5919 The high risk pools, the high risk pool is going to take care  
5920 of all these high cost patients, the money in that is de minimis.  
5921 And it goes what, over 9 years, who picks up the tab? Oh, 50  
5922 percent goes to the states. And how affordable are high risk  
5923 pools? The deductibles can be \$25,000. People aren't going to  
5924 be able to get health care.

5925 So you can say all you want about it allows this or it allows  
5926 that; if it unaffordable Americans don't get health care. And  
5927 who pays for that? We do through our premiums, uncompensated  
5928 care, or we go back to the same horrible health care system we  
5929 had before that is inefficient and costs us more going forward.

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5930 Where is the money to do these things in this bill? Where is the  
5931 money? Where is the beef? There is nothing here. They repeal  
5932 all the revenues. Where are you going to get that 100  
5933 billion-plus for your stability fund? How are you going to afford  
5934 these refundable tax credits? I don't see it. I just don't see  
5935 it.

5936 The end result is that a fully funded Affordable Care Act  
5937 is being replaced by an unsustainable federal program that CBO  
5938 cannot score that will cause insurers to leave the market because  
5939 of the guaranteed issue-ish deal with no money to sustain the  
5940 refundable tax credits or the high risk pools. So states and  
5941 individuals are going to have to drop out, drop coverage and as  
5942 I said we are all going to pay for that. The very things  
5943 everyone likes to cheer about that is a waste of money we don't  
5944 want in our health care, like essential benefits and prevention  
5945 and the middle tiers, those are the very things that give us better  
5946 health. That should be our focus. Over the long term, yeah,  
5947 maybe short term my premium goes up because of those things, but  
5948 I know my kid and my grandkids are going to get better health care  
5949 early on so they cost us less going forward.

5950 That is what drives down healthcare costs. All those social  
5951 interventions are a huge plus and we are throwing them out right  
5952 now. I think this is not a good way to go forward, Mr. Chairman.

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5953 I would like to fix it --

5954 Ms. DeGette. Will the gentleman yield?

5955 Mr. Schrader. -- not just replace. Thank you, Mr.

5956 Chairman.

5957 Ms. DeGette. Will the gentleman yield?

5958 Mr. Schrader. I yield, yes, to Ms. DeGette.

5959 Ms. DeGette. I just want to point out with these alternative  
5960 benefit plans that counsel said were very narrow there is 11  
5961 million people on the Medicaid expansion, folks, and it is in 31  
5962 states including in most of our states. And those states will  
5963 not have to offer mental health coverage to the people, to the  
5964 11 million people who are on the Medicaid expansion. Let's not  
5965 sugarcoat this, folks. Eleven million people who now get mental  
5966 health coverage may not get it. Thank you for yielding, and  
5967 I yield back.

5968 The Chairman. The gentleman's time has expired. Are there  
5969 other members seeking to strike the last word? The gentleman from  
5970 Massachusetts recognized to strike the last word.

5971 Mr. Kennedy. Thank you, Mr. Chairman. Mr. Chairman, just  
5972 building off of what Ms. DeGette just said and that 11 million  
5973 -- I have got a chart here. I know we are trying to put it up  
5974 on the screen. But in case it is not available to or able to,  
5975 in Ohio that comes down to 151,000 people with mental illness and

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5976 substance use disorder that are in the Medicaid expansion,  
5977 151,000.

5978 In Pennsylvania nearly 81,000, in West Virginia over 200,000  
5979 people. So we can say that is a small number -- 200,000 in West  
5980 Virginia, 81,000 in Pennsylvania, and you will see other numbers  
5981 up there on the screen.

5982 [Chart.]

5983 Mr. Kennedy. That is what is at stake, and I would imagine  
5984 that for those 200,000 people in West Virginia that is not a small  
5985 issue for them.

5986 And so here is the takeaway that we need to make crystal clear  
5987 as we move forward that if we continue with this markup  
5988 out-of-pocket healthcare costs will rise for most American  
5989 families and leave many others with no coverage at all. More  
5990 money out of your paycheck every month to meet medical bills, more  
5991 dollars siphoned away from the mortgage or tuition or retirement  
5992 account to meet a rising price tag of premiums and copays and  
5993 deductibles.

5994 The last thing our system needs are those reforms because  
5995 despite the tremendous gains made by the ACA, not just in extending  
5996 coverage but reducing costs, the reality is that health care in  
5997 this country is still too expensive for many Americans and I  
5998 concede that. Democrats hear and understand this. We believe

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5999 no one should have to mortgage away their future or their kids'  
6000 future just to get the basic care that they need and we are  
6001 committed deeply to strengthen the ACA to make good on the promise  
6002 of affordable health care for all.

6003 But rather than work with us to find a way to bring costs  
6004 down, our Republican colleagues have moved forward with a bill  
6005 that eviscerates what financial assistance and protection was  
6006 there for working and middle class families and repurposes as tax  
6007 cuts for the wealthy. And they swing hardest at the people who  
6008 can least afford it, the elderly, the sick, the families in rural  
6009 communities in need in public assistance, the folks that don't  
6010 have endless savings accounts or reliable support systems in place  
6011 when they are hit with a bad illness, a bad accident, or bad luck.  
6012 For these people access to affordable health care isn't some  
6013 political talking point, it can be the difference, literally,  
6014 between life and death. The Republican appeal plan leaves those  
6015 families and communities in the dust.

6016 According to the Cato Institute, for anyone earning less than  
6017 \$29,700 a year, costs would rise by over \$4,000, \$4,000 out of  
6018 less than 30. Medicaid beneficiaries will be pushed out of  
6019 coverage. Seniors will watch their premiums skyrocket from one  
6020 year to the next. Americans of all incomes, ages, backgrounds,  
6021 and congressional districts will learn the painful lesson of what

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6022 it means to be underinsured.

6023 It means that even if you keep up with your premiums, even  
6024 if you are setting aside money with each paycheck, even if you  
6025 live a healthy life, one car crash, one broken bone, one unexpected  
6026 battle with addiction could put you on a path towards bankruptcy.

6027 In the 7 years before the ACA was implemented, our nation's  
6028 underinsured rate nearly doubled. In the 7 years since, it has  
6029 stabilized. We should be debating bills that continue this  
6030 trend. Instead, conservative and liberal healthcare experts  
6031 have said that this bill will only make it worse. President  
6032 Trump, Speaker Ryan, and countless other leaders in the Republican  
6033 Party have looked at the American public in the eye and said we  
6034 will promise to, quote, cover anyone with something that is,  
6035 quote, less expensive and, quote, that is much better.

6036 So let's put a human face on those promises and think about  
6037 the people and the families that those costs will hit hardest:  
6038 patients who face chronic illnesses that never truly retreat as  
6039 well as seniors and individuals with disabilities that require  
6040 long-term care.

6041 People like Jen Fox, a member of my team who is sitting in  
6042 the gallery right now who was diagnosed with Hodgkin's lymphoma  
6043 at the age of 19 received treatment thanks to the ACA only to be  
6044 diagnosed again the day after her 21st birthday. Although she

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6045 has now beat cancer twice, she will need costly follow-up tests  
6046 and treatment for the rest of her life.

6047           People like Pamela, a constituent of mine from Newton,  
6048 Massachusetts, who suffers from mental illness and receives care  
6049 thanks to Medicaid. Once again, even though she has made  
6050 impressive strides toward a healthy future, being able to afford  
6051 stays in treatment centers is critical to her continued recovery.

6052           People like the sons and daughter and mothers and fathers  
6053 and neighbors and friends at every corner of our country that are  
6054 battling substance use disorders in the midst of a devastating  
6055 opioid epidemic that has left no community across this country  
6056 unharmed, or any of the 508,000 million seniors living in states  
6057 represented by this committee whose long-term care is at risk  
6058 because of Medicare reforms proposed in this bill, 5.8 million  
6059 people that we on this committee represent who are at risk.

6060           For all of those Americans and the families that love them,  
6061 the guaranteed coverage for a preexisting condition is an empty  
6062 promise if unaffordable deductibles and copays move continued  
6063 treatment out of care and out of reach. Instead of opening tax  
6064 loopholes for insurance companies and their CEOs, we should be  
6065 holding these companies and CEOs accountable to the parity laws  
6066 that ensure substance use disorder and mental illness are covered  
6067 just as seriously and thoroughly as physical care are.

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6068           And when my Republican colleagues are so serious about  
6069 building consensus around a healthcare replacement bill that  
6070 actually increases care at lower cost and higher quality we will  
6071 sit down and negotiate. I yield back.

6072           The Chairman. The gentleman's time has expired. The chair  
6073 recognizes the gentleman from New Jersey, Mr. Lance. Your mike  
6074 needs to be on there, Mr. Lance.

6075           Mr. Lance. Thank you. And, Mr. Chairman, I yield to Mr.  
6076 Scalise.

6077           The Chairman. The gentleman is recognized for 5 minutes.  
6078 He yields to Mr. Scalise for 5 minutes to strike the last word.

6079           Mr. Scalise. Thank you, Mr. Chairman. And I appreciate  
6080 this conversation, but I guess some people have forgotten the  
6081 reality of what has happened in the last 7 years. Insurance  
6082 premiums have skyrocketed. People that look at this bill, most  
6083 of them recognize when you free people up to make their own choices  
6084 in health care of course costs are going to go down.

6085           Because unlike the bureaucrats in Washington, elitists, when  
6086 we saw some of these hearings with Secretary Sebelius years ago,  
6087 when I presented her case after case of constituents of mine who  
6088 liked what they had and wanted to keep it and yet were losing their  
6089 plans and I asked Secretary Sebelius there, under oath, and I said,  
6090 what would you tell that family that just lost their plan, and

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6091 she said oh, well, they must have had a lousy insurance policy.

6092 Well, first of all, they didn't think it was a lousy insurance  
6093 policy. They liked their insurance and they were promised by her  
6094 they were going to be able to keep it. And when I told her that  
6095 she said, oh, don't worry, you can go to the Obamacare website  
6096 and find a better plan. And during the hearing I went to the  
6097 Obamacare website and the site was down because it didn't even  
6098 work after over \$500 million of taxpayer money. Let's not forget  
6099 those facts. That is what is happening in healthcare. People  
6100 are paying more.

6101 Let me read you from some of my many constituents who have  
6102 shared their story with me, real stories about not what is going  
6103 to happen tomorrow, not what is going to happen next year, what  
6104 is happening now. I will start with Pamela from Mandeville. My  
6105 premium went up from 986 per month --

6106 Mr. Tonko. Mr. Chairman.

6107 Mr. Scalise. -- with a \$4,500 deductible to \$,346 per  
6108 month. This plan is required to have maternity and pediatric  
6109 vision. She is 57 years old. I am so frustrated. I just can't  
6110 afford this anymore. This is as much as my mortgage payment. Ida  
6111 said, I am on my fourth carrier. My copays have gone up and so  
6112 have my premiums. I lost my doctor the first year. Where was  
6113 that promise that was made to her by the way? And I have to drive

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6114 to a different city to do blood tests. Here is another.

6115 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6116 Mr. Scalise. Our health insurance premiums have gone up  
6117 more than a thousand dollars per month --

6118 Mr. Tonko. Mr. Chairman.

6119 Mr. Scalise. -- while out-of-pocket deductibles have  
6120 skyrocketed. Our premium of our family of four is more than our  
6121 mortgage. We were not financially able to keep our health care,  
6122 so for the first time in my life I am without health insurance.  
6123 We are now forced to pay a fine because we cannot afford this  
6124 astronomical premium. That is Christy from Slidell. These are  
6125 real people.

6126 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

6127 Mr. Scalise. And you are not going to interrupt the reading  
6128 of these real people because they are fed up with this law.

6129 So when you talk about higher costs, these are the higher  
6130 costs people are paying today. When President Trump said I am  
6131 going to rescue you from the failures, these are the failures.  
6132 Let me read you Richard from Abita Springs. I am a veteran and  
6133 Medicare. My wife, at age, and he says I will probably be in  
6134 trouble for telling you, is 63 years old, had good insurance with  
6135 a \$50 deductible, full coverage for \$375 a month.

6136 Mr. Tonko. Mr. Chairman, parliamentary inquiry.

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6137 Mr. Scalise. The next year, Obamacare made the new policy  
6138 jump to \$789 a month with maternity and child care, and a \$6,500  
6139 deductible. This is a 63 year old veteran. The next year, the  
6140 insurance company pulled that policy and wanted to raise  
6141 everything again with a different policy with a larger doctor  
6142 visit copay.

6143 Let's look at the math. Here is a reality check. Do you  
6144 want to talk about higher premiums? I sure do, because these are  
6145 the higher premiums people are paying today because of Obamacare.  
6146 Look at Arizona, over a hundred percent increase, the state of  
6147 Alabama, 58 percent increase, Tennessee, 63 percent. This is  
6148 what families are paying today in increased costs of health care  
6149 because of the unworkable mandates and taxes in Obamacare. So  
6150 yes, we are bringing a bill to provide relief so that we can  
6151 actually lower costs.

6152 [Slides.]

6153 Mr. Scalise. Now let's talk about choices. We can go to  
6154 the next slide. On the next slide we are going to see just what  
6155 is happening to families in terms of their choices for health care.  
6156 We are hearing all across the country of fewer and fewer choices  
6157 in many places, most parishes and counties across the country  
6158 where we are seeing a growing trend of only one provider in those  
6159 states.

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6160 One provider means a monopoly and you wonder why costs are  
6161 going up, because there are fewer and fewer choices for families  
6162 out there. Costs are skyrocketing, deductibles are going through  
6163 the roof, and families are losing care that they had that they  
6164 liked. This law doesn't work for families. Our bill actually  
6165 puts patients back in charge of their choices. If you don't trust  
6166 families to make those decisions I can see why you would oppose  
6167 our bill, but for everybody else that wants to actually be in  
6168 charge of their healthcare decisions again, who is smarter than  
6169 unelected bureaucrats in Washington and who are ready to have that  
6170 freedom that we are going to give them, give them a shot because  
6171 look at what is happening --

6172 The Chairman. The gentleman's time --

6173 Mr. Scalise. -- right now to the marketplace because of  
6174 the failures of Obamacare, let's provide that relief and get on  
6175 with it.

6176 The Chairman. The gentleman's time has expired.

6177 Mr. Scalise. I yield back the balance of my time.

6178 The Chairman. The gentleman's time has expired.

6179 Mr. Tonko. Mr. Chairman.

6180 The Chairman. Are there other members seeking recognition  
6181 to strike the last word?

6182 Mr. Tonko. Parliamentary inquiry.

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6183 The Chairman. The gentleman will state his inquiry.

6184 Mr. Tonko. Are we currently debating the amendment in  
6185 nature of a substitute to the Republican repeal plan or are we  
6186 addressing the Affordable Care Act?

6187 The Chairman. We are addressing the amendment in the nature  
6188 of a substitute. Yes, sir.

6189 Mr. Tonko. Well, thank you for that clarification. It was  
6190 difficult to tell as members seek to clarify or --

6191 The Chairman. Do you have another --

6192 Mr. Tonko. -- to discuss --

6193 The Chairman. The gentleman will suspend.

6194 Mr. Tonko. -- significant portions of your bill.

6195 The Chairman. Do you have a parliamentary inquiry?

6196 Mr. Tonko. I wanted to know what we are debating here today  
6197 of this bill.

6198 The Chairman. Yes, sir. I answered that.

6199 Mr. Tonko. And it seems as though we are not addressing the  
6200 bill before us, the amendment before us, and people seem to deny  
6201 the opportunity to discuss various specific portions of your bill.

6202 The Chairman. The gentleman's inquiry has been responded  
6203 to. Are there other members seeking recognition? The chair  
6204 recognizes the gentleman from California for purposes of a  
6205 5-minute opening, or to strike the last word.

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6206 Mr. Cardenas. Thank you very much, Mr. Chairman. During  
6207 my 5 minutes I would also like to submit for the record Jen's story  
6208 that was explained by Congressman Kennedy.

6209 The Chairman. Without objection.

6210 [The information follows:]

6211

6212 \*\*\*\*\*COMMITTEE INSERT 11\*\*\*\*\*

6213 Mr. Cardenas. Thank you so much. My first question is to  
6214 the legal team up front that has been answering some questions  
6215 for us. Can you please go to page 46 and please read line 8 and  
6216 9?

6217 The. Counsel. The state may use the funds allocated to the  
6218 state under this title for any of the following purposes.

6219 Mr. Cardenas. Okay. The word may jumps out at me. The  
6220 third word in that sentence says a state may. Can you please  
6221 explain in lawmaking terms the difference between may and shall?  
6222 So in other words if that sentence had the word shall to replace  
6223 the word may, what is the difference?

6224 The. Counsel. Requirement versus an option.

6225 Mr. Cardenas. Exactly. Thank you very much.

6226 The reason why I wanted to point that out is because when  
6227 you look at the page that was covered a little earlier, page 47,  
6228 it was explained that on line 8 and 9 it says, promoting access  
6229 to preventive services, dental care services, et cetera, and it  
6230 goes through a list. And then I think it was the chairman that  
6231 pointed out that there would be \$100 billion that would be made  
6232 available to the states so they could go ahead and they may choose  
6233 to provide services that under the Affordable Care Act are  
6234 required to be provided.

6235 And I think it was Ms. DeGette or one of my colleagues that

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6236 pointed out that there are about 11 million people in Medicaid  
6237 expansion. Was that you, Ms. DeGette? I would like to yield time  
6238 to Ms. DeGette to tell me if there is any relevancy or irrelevancy  
6239 to that \$100 billion pot given to the states and having 11 million  
6240 people who have been afforded the opportunity to have health care  
6241 through Medicaid expansion.

6242 Ms. DeGette. I thank the gentleman for yielding. And the  
6243 issue is if you have a small pot of money that you are giving to  
6244 the 31 states who have accepted the Medicaid expansion and if you  
6245 have 11 million people who are in that as Mr. Doyle accurately  
6246 pointed out, governors are simply not going to be able to give  
6247 all of the benefits to those 11 million people that they are now  
6248 required to get under the Affordable Care Act.

6249 And I should note the Medicaid expansion that expansion is  
6250 being given to people who are just above the poverty level so it  
6251 is not like they have lots of money in their pockets to go out  
6252 and buy insurance policies on the individual market. And it is  
6253 not like those people have employers who are willing to give them  
6254 insurance through their employer. Those people are just  
6255 basically stuck with what they get, but they are the ones who need  
6256 robust benefits.

6257 I thank the gentleman for asking that question because I am  
6258 deeply concerned about it as I know he is, and I yield back.

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6259 Mr. Cardenas. Thank you very much, Ms. DeGette. It is  
6260 woefully obvious even to people who are not lawmakers who are the  
6261 general public who are being hoodwinked by this bill, \$100 billion  
6262 to address the needs of people, there might be as many as 11 million  
6263 people across 31 states, is just a paltry amount of money.

6264 And again I say very respectfully that is hoodwinking the  
6265 public into thinking that \$100 billion will actually provide the  
6266 kind of health care and access that Americans deserve and that  
6267 have today and they deserve to continue that kind of coverage.

6268 At this time I don't even know where to start, but I am going  
6269 to give Ms. Castor the balance of my time.

6270 Ms. Castor. Well, thank you, Mr. Cardenas. There are so  
6271 many questions and this is why it is important to have hearings  
6272 before you head right into a markup after you have a bill that  
6273 comes out less than 48 hours ago.

6274 And one of the questions is based on the analysis that I have  
6275 seen, the Republican bill shortens the life of the Medicare trust  
6276 fund. Remember that under the ACA and according to the Medicare  
6277 trustees' report of 2016, we extended the life of Medicare by 11  
6278 years. Now this bill appears to hasten the insolvency of Medicare  
6279 by 4 years.

6280 I want to know, counsel, what information is in the record?  
6281 Is that in the ballpark, Medicare now insolvent 4 years earlier?

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6282 Is there information in the record on this?

6283 The. Counsel. What analysis are you referencing?

6284 Ms. Castor. There are a number of budget expert analyses  
6285 now. Many people have had an opportunity now to --

6286 The Chairman. The gentlelady's time has expired. Are  
6287 there other members seeking recognition?

6288 Ms. Castor. Can he answer the question though?

6289 The Chairman. The chair recognizes the gentleman from  
6290 Illinois.

6291 Mr. Shimkus. Thank you, Mr. Chairman. And I sat through  
6292 here all day and I appreciate the comments. I really do have great  
6293 respect for my colleagues on both sides and this is very similar  
6294 to what we went through when the Affordable Care Act was passed.  
6295 I would say that the proof will be in the product.

6296 Our side is saying based upon the letters we received or that  
6297 Obamacare is in a death spiral and it has failed. That is our  
6298 position and we do that because there is 25 percent average  
6299 increase in premiums this year. Nearly one-third of all U.S.  
6300 counties have only one insurer offering a plan; 4.7 million  
6301 Americans were kicked off their healthcare plan that they liked;  
6302 \$1 trillion in new taxes mostly falling on families and job  
6303 creators was part of that law.

6304 There have been 18 failed Obamacare CO-OPs out of 23 and the

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6305 CO-OPs were established as an alternative to the insurance markets  
6306 to keep prices down, but they couldn't even -- a CO-OP is a  
6307 not-for-profit -- they couldn't sustain themselves, \$53 billion  
6308 in new regulations requiring more than 176,800,000 hours of  
6309 paperwork, and then as my good friend and other colleagues have  
6310 read, you know, we have the letters too.

6311 Dated from Highland, I am now paying 990 for the Bronze plan  
6312 that covers my entire family which is more than I pay for my  
6313 mortgage. Before the ACA I was paying \$500 a month with a \$1,500  
6314 deductible. Now I have a \$6,300 deductible with a 12,600  
6315 deductible for my family. I cannot even use my plan because of  
6316 the high deductibles.

6317 So I love the comments and the words, people saying, you are  
6318 going to claim that when we pass this law our constituents are  
6319 going to pay more and get less. Well, that is what I have been  
6320 saying the last 7 years under Obamacare. My constituents right  
6321 now are paying more and getting less coverage.

6322 So as when we went over to vote and walked back again with  
6323 my friends, I think we believe this product will work. We believe  
6324 that once passed you are going to empower the individual market,  
6325 you are going to be able to have choice. Consumers are going to  
6326 have to access it. They are not going to be constrained by four  
6327 basic plans and policies.

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6328 Now we are going to stake our votes and our majority that  
6329 it will work. You all did your staking on Obamacare which failed.  
6330 Politically, you lost the majority of the House, you lost the  
6331 majority of the Senate, you lost the presidency, and I think that  
6332 part of that was the failure of Obamacare.

6333 So as we move this forward, we all know that we are on the  
6334 hook. And we believe in markets, we believe in competition, we  
6335 believe in transparency, and we believe that this will drive lower  
6336 costs and prices and all of our citizens on either side of the  
6337 Hill, on the aisle, we will all benefit from this.

6338 The Chairman. And I need to just let the gentleman know we  
6339 failed to start the clock at the right time so you have about 20  
6340 seconds left.

6341 Mr. Shimkus. I yield back the balance of my time.

6342 The Chairman. Thank you. Yes, we are trying to keep  
6343 everything fair here between the two and we forgot on that one.  
6344 So are there other members seeking recognition? The gentleman  
6345 from California is recognized for 5 minutes to strike the last  
6346 word.

6347 Mr. Ruiz. Thank you. I am disheartened that this bill will  
6348 cause millions of people to lose their health insurance and  
6349 therefore lose their care and medicines. Let's focus on Medicaid  
6350 for now. Medicaid is critical for senior nursing home care, for

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6351 children with disabilities, and families who work hard yet  
6352 struggle to live paycheck to paycheck. This bill caps Medicaid  
6353 payments to ration care per enrollees. Let me break this  
6354 down. States will get a certain amount of money regardless of  
6355 the actual cost it takes to care for patients. Healthcare costs  
6356 and medical inflation will continue to rise out of control and  
6357 the Medicaid federal block grant payments will not be enough and  
6358 less so over time. We know that costs will get passed on to  
6359 states, providers, and patients who already are overburdened.

6360 States will have the so-called flexibility and empowerment  
6361 to cut eligibility requirements, cut what type of care they will  
6362 pay for, yes, like mental health or even cancer treatments, and  
6363 cut payments that hospitals, doctors, and clinics need to care  
6364 for their patients. That is why the American Medical  
6365 Association, the National Physician Alliance oppose the bill.  
6366 That is why the American Hospital Association and Federation of  
6367 American Hospitals cannot support the bill.

6368 Simply put, there will be millions more uninsured, millions  
6369 more in uncompensated care, Medicaid will cover less needed care,  
6370 and the burden of those costs will be on working families and  
6371 everyone else. And I mean everyone else who will pay for the costs  
6372 of care for the uninsured patients. You know, when I see a  
6373 patient in the emergency room, what they ask about most are am

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6374 I going to be okay? Can you help me feel better? And how much  
6375 is this going to cost? Will I be able to afford this visit, the  
6376 medicine you prescribe, and the follow-up care? The ACA helped  
6377 over 20 million people have health insurance for the first time.  
6378 It helped sick people get the care they need to feel okay. It  
6379 helped hospitals and emergency departments care for more people  
6380 because uncompensated care decreased and it helped people afford  
6381 their medicine more.

6382 The ACA is not perfect. Nobody ever said it was, and we  
6383 should and could improve it. This bill on the other hand will  
6384 hurt hospitals, hurt providers, and hurt patients. Hospitals and  
6385 doctors will be less able to take care of Medicaid patients and  
6386 the new millions of uninsured patients that they will see. This  
6387 bill does nothing to reduce healthcare costs, and as a result  
6388 healthcare costs will continue to rise out of control and so will  
6389 premiums and deductibles for everyone.

6390 This bill does nothing to reduce the cost of medicine.  
6391 Instead it gives tax breaks to corporations. And adding insult  
6392 to injuries creates a sick tax penalty for working families who  
6393 get sick, lose their jobs and their insurance through maybe no  
6394 fault of their own, and use that penalty as payment to insurance  
6395 companies. This bill will make working families, middle class,  
6396 and vulnerable populations pay more and it will help millionaires

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6397 pay less.

6398           This is grossly unfair. This is a violation of our American  
6399 value of fairness. Let's not misdiagnose the problem. Let's not  
6400 make seniors pay more. Let's not make families who live check  
6401 by check pay more. There are ways to help reduce premiums and  
6402 deductibles and still protect coverage for care for everyone.  
6403 Yes, even people with preexisting illnesses. Yes, even the sick  
6404 who visit the emergency departments.

6405           Here are some solutions. To reduce healthcare costs for  
6406 everyone we need to help insure more people, not uninsure  
6407 millions. To reduce healthcare costs and premiums for everyone  
6408 we need to help reduce the cost of pharmaceutical drugs and allow  
6409 Medicare to negotiate drug prices with pharmaceutical drug  
6410 companies. To reduce healthcare costs and premiums for everyone  
6411 let's work on getting more people in the exchanges so the risk  
6412 pool improves, not sabotage the exchanges to hurt patients for  
6413 political gain like Republicans have done relentlessly even  
6414 before the exchanges were even set up.

6415           This bill doesn't help people. This bill does the opposite.  
6416 This bill will harm millions of people. This bill will make  
6417 millions lose their health insurance and make millions who have  
6418 insurance pay more and get less coverage and less care while giving  
6419 tax breaks to corporations.

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6420 At this point I will yield my time to Mr. Tonko from New York.  
6421 Mr. Tonko. Thank you. Mr. Chair, earlier you stated that  
6422 this bill does nothing to eliminate the essential health benefits  
6423 in the marketplace. That sounds good. It seems to go against  
6424 the Republican rhetoric about government mandated benefits. So  
6425 my question for you is will you pledge to the American people to  
6426 not eliminate or reduce the essential health benefits in the  
6427 marketplace as we move forward with this legislation?

6428 Mr. Barton. [Presiding.] I would tell my friend I am not  
6429 the chairman. If I were I would say -- well, I won't say what  
6430 I will say. I would just say I am not the chairman. I cannot  
6431 answer that question for him.

6432 Mr. Tonko. Can you get an answer to our question?

6433 Mr. Barton. I will attempt it. But the gentleman's time  
6434 has expired. Does anybody on the majority side seek recognition?  
6435 For what reason does the gentleman from Florida seek recognition?

6436 Mr. Bilirakis. Strike the last word, Mr. Chairman.

6437 Mr. Barton. The gentleman is recognized for 5 minutes.

6438 Mr. Bilirakis. Thank you, Mr. Chairman. And I want to  
6439 thank Chairman Walden for his fairness and his patience. He has  
6440 given everybody an opportunity to speak and I appreciate that so  
6441 very much, and I know you will be fair as well, Mr. Vice Chair.

6442 I would like to take an opportunity to bring up a few examples

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6443 of exactly how the Affordable Care Act has negatively impacted  
6444 my constituents. A small business owner in Dade City, Florida,  
6445 told me about the problems the Affordable Care Act has caused for  
6446 her family-owned pest control company. The company has been in  
6447 her family for 35 years and now they are struggling, Mr. Chairman.

6448 Running her business day to day, making her bottom line  
6449 became extremely difficult under the ACA. Providing her  
6450 hardworking employees with insurance not only became more  
6451 expensive, but it became more and more time consuming. And she  
6452 wants to provide the insurance, but the employer mandate is not  
6453 working. It is putting people out of business and she has to lay  
6454 off employees and it is a real shame.

6455 We should be making it easier for small businesses to grow  
6456 and exceed not harder, Mr. Chairman. And again, small  
6457 businesses, let's face it, they create the majority of the jobs  
6458 in this country; I think we can all agree on that point. Another  
6459 constituent from New Port Richey, Florida, told me her premiums  
6460 skyrocketed from \$250 a month to \$1,000 a month under the ACA and  
6461 her \$1,000 deductible more than doubled. This follows a pattern  
6462 that many of my constituents are seeing.

6463 A husband and wife from Land O' Lakes, Florida, told me that  
6464 under the ACA their deductible has spiked, their premiums have  
6465 doubled, and they are getting less coverage. They are getting

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6466 less coverage. That is not the way we want to go. In fact their  
6467 plan forces his wife to pay the full price for medication without  
6468 the benefit of a copay because she can't meet her plan's high  
6469 deductible. Before the ACA she was able to use a copay and  
6470 medication and doctors' visits were affordable. I am not saying  
6471 to go back to that but we have a better way, a better plan.

6472           Across Florida premiums have increased by, substantially  
6473 they have increased. Seventy three percent of the counties in  
6474 Florida only have one provider under the ACA, and in Pasco County,  
6475 my congressional district, folks will only have two options for  
6476 health care by 2018. Not acceptable. The American Health Care  
6477 Act is the answer to lower costs, expand choices, and give patients  
6478 more control.

6479           This bill reflects the feedback I have heard from my  
6480 constituents over the past 8 years. With our bill we will put  
6481 in place a healthcare system that works for Florida and the nation.  
6482 Thank you, Mr. Chairman. And I don't know if anyone wants my time.  
6483 I yield back.

6484           Mr. Barton. Does the gentleman want to yield to --

6485           Mr. Bilirakis. I will yield, absolutely.

6486           Mr. Barton. Does any member wish to take Mr. Bilirakis' last  
6487 2 minutes? Seeing none, the chair would ask if anybody on the  
6488 minority side seeks recognition.

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6489 Mr. Peters. Mr. Chairman, I move to strike the last word.

6490 Mr. Barton. The gentleman from California is recognized for  
6491 5 minutes to strike the requisite number of words.

6492 Mr. Peters. This is an undeniably terrible process and I  
6493 did get a chuckle out of what I saw on Fox News, which is not often  
6494 a source that I quote.

6495 [Slides.]

6496 Mr. Peters. I don't know if you can see this, but it says  
6497 unknown in new healthcare plan: cost and how many lose or gain  
6498 insurance. That is all we don't know is the cost and how many  
6499 gain or lose insurance. That is a pretty significant hole in our  
6500 understanding, and the justification for this process is often  
6501 that this is what happened in 2009. That doesn't really impress  
6502 me, because it turns out about 57 percent of the 115th Congress  
6503 wasn't here in 2009, so we weren't all around to have wrought that  
6504 problem.

6505 And also a lot of people who on the majority side complained  
6506 about that process and said they were aggrieved by it and they  
6507 would never do it and here we are doing the same thing. There  
6508 is just no justification for this. There have been hearings, yes,  
6509 but the hearings have been about the Affordable Care Act not about  
6510 the bill before us. We have had no hearings about this bill.

6511 And the ranting and raving about the failures of Obamacare

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6512 don't logically support the notion that this particular bill will  
6513 do anything about the failings of Obamacare whatever they may be.  
6514 In fact, we would remember that before the Affordable Care Act,  
6515 or since the Affordable Care Act was passed, the rate of increase  
6516 in healthcare cost has been slower than beforehand. And the fact  
6517 is we just have had no discussion, no hearings, no analysis of  
6518 whether this bill before us would actually address any of the  
6519 remaining issues that are left by the Affordable Care Act in some  
6520 of the markets, which we would acknowledge we want to work on.  
6521 In fact that is one of the things I had hoped that we could do  
6522 in a bipartisan manner.

6523 Now in the short time since the bill was declassified we have  
6524 learned that there are a number of opponents. These opponents  
6525 are significant players in our healthcare system. They include  
6526 the American Hospital Association, AARP, the American Medical  
6527 Association, and that is just some of the groups that begin with  
6528 the letter A. You know, there is a whole bunch of people who want  
6529 to weigh in on this and haven't had the chance.

6530 And I will just talk about I was given the email from the  
6531 analysis of the Blue Shield of California with a couple of things  
6532 that really ought to concern us all and I think those of us who  
6533 are concerned about fiscal responsibility in particular. I will  
6534 read a couple.

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6535           The tax credit as designed creates a cliff that creates a  
6536 steep penalty for work. Republicans have criticized  
6537 entitlements for creating a disincentive for work, but the tax  
6538 credit as proposed creates a severe penalty for low-income people  
6539 trying to move off of Medicaid. Enrollees who make just enough  
6540 to move out of low-cost Medicaid would receive a tax credit that  
6541 would be insufficient to purchase comparable coverage. And this  
6542 is coming from Blue Shield so they ought to know.

6543           For many of these enrollees, the higher premium and  
6544 out-of-pocket costs would consume any additional income and  
6545 create a negative incentive to work. Is that really what we want  
6546 to do? Is that really what the majority wants to do is in an effort  
6547 to get out of entitlements trap people in this entitlement? I  
6548 don't think so. And we haven't had a chance to talk about it.

6549           There is also analysis that the tax credit that is only  
6550 age-adjusted leads to inefficient federal spending and that it  
6551 is subsidizing people who can afford to buy health care and are  
6552 buying health care without subsidy. That is something we ought  
6553 to talk about and we ought to understand. This proposal has  
6554 been called Obamacare Lite because it holds onto a number of the  
6555 advantages of Obamacare: on your parents' until age 26, lifetime  
6556 caps, preexisting conditions. I guess all those things would be  
6557 accredited to Obamacare despite the complaints about it. But if

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6558 it is Obamacare Lite I would agree it is light on a few things.  
6559 It is light on public deliberation, it is light on public fund,  
6560 it is light on funding, it is light on fiscal responsibility, it  
6561 is light on preventive care, it is light on mental health coverage,  
6562 and it is just lightweight and I think we can do better.

6563 I stand here willing and ready to work in a bipartisan way  
6564 to really address today's market conditions in a way that would  
6565 really provide more access to affordable care to all Americans.  
6566 This doesn't do the job. I would yield the rest of my time to  
6567 Mr. Cardenas.

6568 Mr. Cardenas. Thank you very much. I would like to share  
6569 quickly a story. I had a town hall meeting a couple of weeks ago  
6570 in my district and a man stood up and he said, I am paying 25 percent  
6571 more for my insurance than I was before the Affordable Care Act.  
6572 And I am like, well, that is not good. And then all of a sudden  
6573 he started to explain that he had three surgeries and four  
6574 hospitalizations.

6575 And then I asked him a follow-up question. I said, sir,  
6576 before the Affordable Care Act had you gotten the three surgeries  
6577 for your cancer and four hospitalizations how much would you have  
6578 paid in deductibles? And he said, oh, they would have taken away  
6579 my house. And I said, well, how much did you pay for those  
6580 surgeries? And he said I paid 60-some hundred dollars; that is

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6581 it. And he said, I am caught up on my bills. Otherwise, before  
6582 the Affordable Care Act they would have taken my house. I yield  
6583 back.

6584 Mr. Barton. The gentleman's time has expired. Does  
6585 anybody on the majority side seek recognition? The gentleman  
6586 from North Dakota, for what purpose?

6587 Mr. Cramer. Move to strike the last word.

6588 Mr. Barton. The gentleman is recognized for 5 minutes.

6589 Mr. Cramer. Thank you, Mr. Chairman. Mr. Chairman, I  
6590 wasn't going to say anything in this round, but I think Mr. Shimkus  
6591 got a very important point. When the Affordable Care Act or  
6592 Obamacare was pitched, we were told that premiums were going to  
6593 come down for every family by \$2,500 a year, and of course we know  
6594 that that has been completely false. You could keep your plan.  
6595 That is false. Keep your doctor, all those things that we have  
6596 litigated many times. And so we are trying a different path.

6597 And I think Mr. Cardenas asked a pointed question when he  
6598 asked, what is the difference between may and shall in our bill?  
6599 It is an important question and counsel answered it perfectly.  
6600 One is a requirement; one is what you are allowed to do. So then  
6601 it comes down to that most fundamental point, who do you trust?  
6602 Do you trust your state, your governor, the governor's appointees  
6603 that oversee healthcare in your state, the legislature, or do you

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6604 trust the unelected bureaucrat in Washington, D.C.? We tried the  
6605 unelected bureaucrat in Washington, D.C., and we saw every promise  
6606 of Obamacare, nearly every promise, broken. Now we have an  
6607 opportunity to provide flexibility. The difference between may  
6608 and shall, I believe, is flexibility.

6609           And if we want to get to the cost point, which I think my  
6610 friend from Vermont spoke to very eloquently we need to bend the  
6611 cost curve of healthcare down. Markets do that. We tried the  
6612 mandate. That didn't do it. And why would it, when you think  
6613 about it? If you mandate people have to have something and then  
6614 provide a blind check to pay for it, you are not going to drive  
6615 the cost curve down.

6616           But if you trust the consumer in the form of a patient with  
6617 a tax credit to shop in a competitive marketplace, costs have to  
6618 come down to be competitive. So let's trust people. Let's trust  
6619 markets. Let's trust states as opposed to, you know, bureaucrats  
6620 in Washington, D.C., with mandates and a blank check.

6621           I want to get to another issue and that was a statement about  
6622 that we have heard several statements about how this is Republican  
6623 plan is going to perhaps reduce Medicare and expedite its demise.  
6624 Have we forgotten that Obamacare took \$800 billion out of Medicare  
6625 as just a down payment on Medicare, have we forgotten that? It  
6626 is a fact. Listen, if we are going to -- yes, obviously you didn't

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6627 forget. So what is going to drive the costs down is innovation,  
6628 that flexibility that we give to governors and to states.

6629 And by the way I have heard all the exaggeration of people  
6630 losing their healthcare. I have pages of people who lost their  
6631 healthcare. I have pages of testimonials from North Dakota of  
6632 people who have coverage but don't have care because they can't  
6633 afford the care that comes with their coverage. They can't pay  
6634 the deductibles, the copays, the premiums, but technically they  
6635 have care.

6636 And I will spare all the testimonials until maybe a later  
6637 time if this keeps going, but I would prefer to get to the substance  
6638 of the amendment and the bill and start voting with that. I would  
6639 yield to anybody that wants to take the last minute and a half  
6640 or yield back, Mr. Chairman.

6641 Mr. Barton. Does the gentleman yield back?

6642 Mr. Cramer. I do.

6643 Mr. Barton. Is there any member on the minority? The  
6644 gentlelady from Michigan, for what reason does she seek  
6645 recognition?

6646 Mrs. Dingell. Mr. Chairman, I move to strike the last word.

6647 Mr. Barton. The gentlelady is recognized for 5 minutes.

6648 Mrs. Dingell. Thank you, Mr. Chairman. I think a lot of  
6649 people in this room have amnesia and are remembering a utopia that

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6650 I don't remember. I worked for the auto industry back in the time  
6651 that we were passing this bill and the reality was that the cost  
6652 of healthcare was more than the cost of steel in an automobile  
6653 and people couldn't get access to insurance. More than 60, 62  
6654 percent of the personal bankruptcies that were happening in this  
6655 country were due to the medical costs that people had and people  
6656 simply couldn't afford insurance.

6657           And here is another reality. The average family premiums  
6658 for employer coverage grew just five percent between 2010 and 2016  
6659 compared with an average of eight to ten percent annually for the  
6660 previous decade. And I did a quick Google and I can find as many  
6661 stories as you all have about what was happening to people's  
6662 personal insurance benefits that were going up that cost 20  
6663 percent, 24 percent.

6664           And here is a reality. Since this bill passed, more than  
6665 20 million Americans have gained access and coverage because they  
6666 could now afford insurance. There is so many issues with this  
6667 bill I am finding it hard to start, where to begin. I strongly  
6668 believe that the best test of our nation's values is how we treat  
6669 the most vulnerable among us, people who during difficult times  
6670 have nowhere to turn.

6671           This is one of the most fundamental roles of government,  
6672 helping our fellow neighbor who is down on their luck. That is

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6673 part of who we are as Americans. And when judged by this test,  
6674 the ACA repeal bill we see before us fails miserably. This bill  
6675 would be an absolute catastrophe for senior citizens, mothers,  
6676 children, and those with complex medical conditions.

6677 Let's start with senior citizens. They are facing a war on  
6678 two fronts with this repeal bill, a new age tax that will  
6679 drastically increase costs seniors pay for their healthcare, and  
6680 they will have to deal with rationed care under the Medicaid  
6681 program. The number one thing I hear from seniors back home is  
6682 how scared they are. Most of them are living on a fixed income  
6683 and they are looking for support and how to lower the costs they  
6684 face not increase them. And for any senior watching this today,  
6685 this repeal bill will mean more costs and fewer benefits for you.

6686 This bill also ends the Medicaid expansion which has been  
6687 so successful in my home state of Michigan. The program was  
6688 championed and it is still championed by a Republican governor  
6689 and has covered almost 7,000 people. But the story doesn't end  
6690 there. The Healthy Michigan Plan is widely supported by our  
6691 business community and by healthcare providers because of the  
6692 economic impact it brings to our state.

6693 A report by the University of Michigan, which I would ask  
6694 unanimous consent to put in the record, found that Medicaid  
6695 expansion is responsible for adding 39,000 jobs in our state in

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6696 just 2016. Two-thirds of these jobs are outside the healthcare  
6697 sector. Medicaid expansion is also responsible for increasing  
6698 personal income in the state by \$2 billion each year through 2021.  
6699 Why would we turn our backs on this?

6700 This bill not only ends the successful Medicaid expansion  
6701 program, but it rations care under Medicaid. I find it  
6702 unconscionable that we are using a program that provides critical  
6703 healthcare services to over 70 million of the most vulnerable  
6704 Americans as a piggy bank to pay for the cost of repealing taxes  
6705 on the wealthy.

6706 And finally, let's not forget the progress the ACA has made  
6707 in extending that coverage to the 20 million Americans. Before  
6708 it, the uninsured rate was 18 percent nationally. Almost 47  
6709 million Americans did not have health insurance. Today, the rate  
6710 is down to 10.5 percent. So the question to this committee is  
6711 will this bill improve upon those gains or will it turn the clock  
6712 back?

6713 So while we are all waiting eagerly for the CBO score, you  
6714 don't need to be an economist to figure out that slashing Medicaid,  
6715 making seniors pay more, and cutting critical financial support  
6716 to help making sure it is more affordable will result in American  
6717 people, and many of them, losing their health care.

6718 Mr. Barton. The gentlelady's time has expired. Are there

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6719 any members on either side that haven't struck the requisite  
6720 number of words it would wish to do so at this point in time? If  
6721 not, the chair will ask the rhetorical question, are there any  
6722 bipartisan amendments? Seeing no hands raised, are there  
6723 amendments? The gentleman from New Jersey seeks recognition to  
6724 offer an amendment?

6725 Mr. Pallone. Thank you, Mr. Chairman. I have an amendment  
6726 at the desk. It is Amendment Pallone Number 4.

6727 [The amendment of Mr. Pallone follows:]

6728

6729 \*\*\*\*\*COMMITTEE INSERT 12\*\*\*\*\*

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6730 Mr. Barton. The clerk will report the amendment.

6731 The Clerk. Amendment to the Amendment in the Nature of a  
6732 Substitute offered by Mr. Pallone.

6733 Mr. Barton. The gentleman is recognized for 5 minutes to  
6734 explain his amendment.

6735 Mr. Pallone. Thank you, Mr. Chairman. My amendment would  
6736 change the title to the Republican Pay More for Less Act, and I  
6737 really want to explain why I believe that that is exactly what  
6738 this bill does before us. But let me explain one thing. You  
6739 know, I heard from a lot of our colleagues and my biggest concern  
6740 here today in terms of our Republican colleagues is that they keep  
6741 talking about the ACA, why they don't like the ACA, give stories  
6742 about the ACA and how bad it is. But no one has really explained  
6743 how the bill before us is actually going to improve on any of the  
6744 things that they criticize the ACA for.

6745 And I think that, you know, Mr. Shimkus started out by saying  
6746 that, you know, the Republicans are putting their jobs on the line  
6747 today with this bill in the way that we may have 9 years ago with  
6748 the ACA. But again, you only put your job on the line if this  
6749 bill becomes law. It is not going to become law. It is just a  
6750 message amendment.

6751 As my colleagues have already pointed out, the AARP, the AMA,  
6752 so many groups have already come out and said they are against

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6753 it, and the Freedom Caucus on the Republican right has come out  
6754 against this. So I believe this is nothing more than a message  
6755 vehicle, and I just want to explain why I don't think that any  
6756 of the concerns that have been expressed by the ACA will in any  
6757 way be cured or helped by this legislation.

6758 Mr. Scalise talked about premiums going up. Well, premiums  
6759 are going to go up even more when you break the insurance pool  
6760 and you don't have the younger and healthier people in the pool  
6761 because there is no longer a mandate. Premiums are going to go  
6762 up for everyone a lot more. He talked about deductibles. The  
6763 deductibles are too high. Well, you have in this legislation a  
6764 provision that allows deductibles and copays to even go higher,  
6765 through the roof. He talked about, you know, seniors. We know  
6766 that you have this rating system which allows you to, not seniors  
6767 but the people that are from maybe 50 to 65, well, right now they  
6768 could be charged three times as much, under this legislation they  
6769 could be charged five times as much. The Medicaid expansion is  
6770 significantly reduced over the next few years. People are going  
6771 to be kicked off Medicaid. There is not essential benefits  
6772 package which means a lot of people are going to get less benefits.

6773 And where are all these people, the people that are going  
6774 to lose their coverage because the subsidy is gone and the \$2,000  
6775 tax credit doesn't make up for the subsidy for many of these people

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6776 who you know are getting subsidized 70 percent, some of them are  
6777 getting 7, 8,000, \$9,000 subsidy and now they are going to get  
6778 a 2,000 tax credit, they are not going to be able to buy insurance.  
6779 They are going to be kicked off their insurance.

6780 The Medicaid people are going to be kicked off their  
6781 insurance because there is no money to the states to pay for it.  
6782 And where do they go? You say you aren't going to fund Planned  
6783 Parenthood or other clinics. You are not making up for the fact  
6784 that community health centers essentially are going to get, or  
6785 hospitals are not going to get reimbursement for Medicaid or  
6786 private insurance.

6787 Are they going to be able to go to the clinics? No, the  
6788 clinics are going to be overflowing. Are they going to be able  
6789 to go to Planned Parenthood if they are women? No, those places  
6790 are going to be closed. Are they going to be able to go to the  
6791 hospital emergency room? Well, where are the hospitals going to  
6792 get the extra money to expand their emergency rooms? Anybody who  
6793 has been to one knows how expensive that is.

6794 So there is no place to go because there is no money. They  
6795 are repealing the pay-fors in the ACA. Mrs. McMorris Rodgers said  
6796 that well, we can't continue with the ACA because it is  
6797 unsustainable funding. The only reason it is unsustainable is  
6798 because you going to repeal all the pay-fors and you aren't going

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6799 to have any money left to pay for the things to pay for the care  
6800 for the people who need it.

6801           So I just want to use an example. I mean, I think it is  
6802 important to use examples, but I want to end with this. I have  
6803 a constituent, Michelle, from New Brunswick. She is a survivor  
6804 of childhood cancer. Sadly, Michelle lost her job due to a health  
6805 condition in 2014-15, but as a result of the health insurance  
6806 exchange and the Affordable Care Act, she was able to maintain  
6807 affordable coverage and receive the care she needed to recover  
6808 from the long-term effects from cancer. Now Michelle is back in  
6809 the workplace contributing to our economy.

6810           But how do I tell Michelle and the more than 335,000 cancer  
6811 survivors in New Jersey that they will have the coverage they need  
6812 to keep their cancer in remission? The answer is I can't tell  
6813 them that with this bill because this bill doesn't help. This  
6814 bill doesn't correct any of the things that my colleagues on the  
6815 other side have talked about. They don't explain to us how it  
6816 is helping, how it is going to make a difference because it is  
6817 not, and because they also know it is not going anywhere.

6818           CBO is going to come out next week with a score and it is  
6819 going to show that it doesn't even save any money. It won't even  
6820 meet the reconciliation requirements. So it just upsets me a  
6821 great deal, because we have people that are suffering and that

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6822 need help. They got the help with the ACA. They are not going  
6823 to get the help with this bill. I yield back.

6824 The Chairman. The gentleman's time has expired, any members  
6825 wishing to seek recognition on the gentleman's amendment on the  
6826 Republican side?

6827 Mr. Bucshon. Mr. Chairman.

6828 The Chairman. Oh, yes. Mr. Bucshon is recognized to speak  
6829 on the amendment. We will reset the clock and you may proceed.

6830 Mr. Bucshon. Well, Mr. Chairman, I just want to remind  
6831 everyone why we are here. Obamacare has failed the American  
6832 people and it is only getting worse. It would be irresponsible  
6833 to do nothing; it is a rescue mission. Obamacare has broken  
6834 promise after promise. President Obama said the costs would go  
6835 down, but instead the American people are paying more and more  
6836 for health care. Premiums are up, deductibles are up, and that  
6837 is not only in the exchanges. That is in the other marketplaces.

6838 He said if you like your doctor you can keep it. I can tell  
6839 you factually as a physician that is not true. Millions of plans  
6840 were canceled, 4.7 million people lost their plans that they  
6841 liked. Patients and families deserve better and that is what we  
6842 are going to give them. Our plan will lower costs and empower  
6843 patients to make the right healthcare decisions for themselves  
6844 and their family, put the power back in the states where it belongs

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6845 not in some bureaucracy in Washington.

6846 Our plan does protect people with preexisting conditions,  
6847 I have patients with those, and allows young adults to stay on  
6848 their parents' insurance until age 26 so they can get their lives  
6849 off the ground. Our plan creates a Patient and State Stability  
6850 Fund to help lower income patients afford healthcare and repair  
6851 state markets damaged by Obamacare. States can use these funds  
6852 to cut out-of-pocket costs or promote access to preventive  
6853 services like annual checkups.

6854 And our plan strengthens Medicaid. This program is a  
6855 critical lifeline for millions of Americans, but it has its flaws  
6856 including fewer choices and less access to quality care; more and  
6857 more physicians won't take it. Obamacare's expansion made those  
6858 problems worse. To responsibly unwind the expansion our plan  
6859 would freeze new enrollment and Obamacare's expansion and  
6860 grandfather existing enrollees. Anyone currently on the  
6861 expansion is not going to lose their coverage, but over time, the  
6862 CBO says these individuals as they see their income change will  
6863 naturally cycle off of this program.

6864 Our plan also refocuses Medicaid's limited resources to the  
6865 patients in most need. We propose a per capita allotment to  
6866 determine a fair level of funding for states based on the number  
6867 of enrollees in each unique Medicaid population. This idea has

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6868 been around for a long time. It is not just a Republican idea.  
6869 It has been supported by key Democrats in the past, as I mentioned  
6870 former Chairman Waxman, President Bill Clinton, former Vice  
6871 President Joe Biden, former Secretary of State John Kerry, former  
6872 Majority Leader Harry Reid, and the list goes on.

6873 So Mr. Chairman, we are here today because Obamacare is  
6874 failing the American people and I hear it every day in my district.  
6875 So we need to continue to do what we can to get costs down for  
6876 the American people and this is the first step in the process to  
6877 make that happen. I would like to yield to any Republican member  
6878 who would like my 2 minutes. Then I yield back my time, Mr.  
6879 Chairman.

6880 The Chairman. The gentleman yields back the balance of his  
6881 time. Are there other members seeking recognition? The  
6882 gentlelady from California, I will try and go in seniority order,  
6883 is recognized on the amendment.

6884 Ms. Eshoo. Thank you, Mr. Chairman. I support this  
6885 amendment and I want to tell a brief story about a constituent  
6886 of mine, Claudia Decker, whose daughter relied on Medicaid after  
6887 a debilitating stress injury took her out of the work force. Her  
6888 daughter was forced to quit her job after sustaining a repetitive  
6889 stress injury and Claudia was initially able to cover her daughter  
6890 under her employer-sponsored insurance, but then once her

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6891 daughter turned 26, she would have been without coverage.

6892 But thanks to the Affordable Care Act Claudia's daughter had  
6893 another option, Medicaid. Under Medicaid the daughter was able  
6894 to find suitable doctors who she continued with after she was  
6895 healed enough to return to her job and get employer-sponsored  
6896 health insurance coverage. Instead of fighting through  
6897 debilitating pain to remain in the job for the purpose of  
6898 maintaining health insurance, Claudia's daughter had the freedom  
6899 and the choice to not only leave her job, but she also got the  
6900 treatment that she needed.

6901 After innumerable tests and 9 months of rest, Claudia's  
6902 daughter was able to return to the work force and regain employer  
6903 health insurance. Medicaid covered the doctors' visits, the  
6904 tests, and provided her with the comfort of knowing that her stress  
6905 injury would not mean financial ruin both for herself and her  
6906 family. So Medicaid functions this way for millions of average  
6907 and lower income and disabled Americans who really not that many  
6908 years ago had the deck stacked against them before the ACA.

6909 I would also like to comment on something that many members  
6910 have referred to and I have had constituents tell me the same  
6911 things that many of the Republicans have stated today. My premium  
6912 has gone up 25 percent. I don't have this, I don't have that.  
6913 There is a lot of conflating that has gone on.

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6914           When I start peeling back the onion, I mean most frankly,  
6915 I have constituents brilliant in their own professions but bought  
6916 catastrophic coverage for themselves and then complained that  
6917 nothing was covered when they needed to go to the doctor and  
6918 something happened to them. And I said, well, who the heck sold  
6919 you this policy? Why did you buy this policy? Whatever made you  
6920 think that this was good coverage? Well, the fellow that I have  
6921 dealt with for years sold me the policy.

6922           So I think while we on our side acknowledge that certainly  
6923 changes and reforms to ACA are in order and we will work with you  
6924 on that, that we also should acknowledge together that our  
6925 constituents have conflated a lot of things and blamed everything  
6926 on the ACA and that simply is not the case either. So I think  
6927 by gutting the federal funding which is in obviously the Medicaid  
6928 program that the story that I just told about this constituent's  
6929 daughter that there are others across the country not only in my  
6930 congressional district but in yours as well that are going to be  
6931 affected by that and I think that we all need to have an  
6932 appreciation of that.

6933           And so I support the amendment. I think that it is one that  
6934 is worthy of our support and I yield back. Can I ask a question  
6935 since I have this time now?

6936           The Chairman. Yes, ma'am.

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6937 Ms. Eshoo. Okay. I have some quick questions of the  
6938 counsel, okay. Now the latest figures which 2014 that there are  
6939 23-1/2 million people in our country that have filed their short  
6940 form for their tax return, how do they receive a refundable tax  
6941 credit? That is my first question.

6942 The Chairman. The only thing I would say is that is probably  
6943 a Ways and Means question not an Energy and Commerce.

6944 Ms. Eshoo. All right, then we will ask Ways and Means.  
6945 Where in the bill are the prevention measures? Because in the  
6946 ACA, adults, women, children, cholesterol screening, hepatitis  
6947 C, cancer, breast and cervical cancer, STD, STI screenings have  
6948 no copayment and no coinsurance, is this the case with the proposal  
6949 that we are debating?

6950 And the last question that I would like to ask is does the  
6951 legislation prohibit insurers from offering family planning  
6952 coverage?

6953 The Chairman. If you are quick, the time has expired.

6954 Ms. Eshoo. Yes, my time has expired, so can I get the answer?

6955 The Chairman. I will let you, I should have probably done  
6956 that earlier. But yes, go ahead and answer.

6957 The. Counsel. So I believe the first question was in  
6958 reference to where in the bill is their funding for preventive  
6959 services?

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6960 Ms. Eshoo. No, where in the bill are these prevention  
6961 measures retained?

6962 The. Counsel. Related to insurance or funding?

6963 Ms. Eshoo. The copayments, no copayment, no coinsurance for  
6964 these prevention measures.

6965 The. Counsel. Ms. Eshoo, if you are referencing Section  
6966 2713 of the Public Health Service Act, coverage of public health  
6967 services, that provision is not affected by the bill before us.

6968 Ms. Eshoo. So that means that they are retained?

6969 The. Counsel. Correct.

6970 Ms. Eshoo. In all insurance policies?

6971 The. Counsel. Correct.

6972 Ms. Eshoo. And what about the prohibition, is there any  
6973 prohibition relative to the offering of family planning coverage?

6974 The. Counsel. No.

6975 The Chairman. Okay, the gentlelady's time has expired.

6976 Ms. Eshoo. Thank you.

6977 The Chairman. This is why it is good to get these answers.  
6978 Members on the Republican side seeking recognition, I think it  
6979 is our side. The gentleman from Illinois, chairman of the  
6980 Environment Subcommittee, Mr. Shimkus.

6981 Mr. Shimkus. Thank you, Mr. Chairman. Just to speak  
6982 against the amendment, as I stated earlier when we did the strike

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6983 the last word, I spent the last 7 years discussing Obamacare and  
6984 the health care and the common phrase which you could Google and  
6985 find in most of the written stories is that my constituents pay  
6986 more and get less. So I think that changing the title to what  
6987 my colleague and friend Mr. Pallone wants would be totally in  
6988 opposition to what my constituents have experienced over the past  
6989 7 years as we pay more and get less.

6990 And another case from my district was Jan from Neoga. I am  
6991 a healthy, 61 year old female with a grandfathered if-you-like-it,  
6992 your policy, you-can-keep-it plan. That policy started at \$254  
6993 a month and now a few years later will be \$858 a month for the  
6994 same policy, a 47 percent 1-year increase from \$590 a month in  
6995 2016 to \$858 a month in 2017. And the other portion of this  
6996 is the failure of the healthcare law forced people to purchase  
6997 insurance and it wasn't, they didn't have the option of buying  
6998 catastrophic packages because that was eliminated. You only got  
6999 the Bronze or the Silver or the Gold or the Platinum. You were  
7000 mandated to buy one of these plans and then you could not use it  
7001 because you could not pay the deductible.

7002 And my hospitals who agreed with supporting the Affordable  
7003 Care Act thought they would get compensated when people went into  
7004 the emergency room. The real result is they didn't because with  
7005 their Obamacare insurance plans they still could not afford the

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7006 deductible. So the compassionate care payment by the hospital  
7007 actually went up, actually went up. So I yield back my time.

7008 Mr. Pallone. Can I ask the gentleman to yield just on that  
7009 point?

7010 Mr. Shimkus. My time is -- it is up to the chairman.

7011 The Chairman. Well, it is your time.

7012 Mr. Shimkus. I yield back, but I --

7013 The Chairman. The gentleman yield back so --

7014 Mr. Shimkus. I would be honored to --

7015 The Chairman. If you want to yield.

7016 Mr. Shimkus. I would love to.

7017 The Chairman. Okay.

7018 Mr. Pallone. I am trying not to be too critical, because  
7019 you know I consider you a friend. The problem that I see though  
7020 is that you and the others continue to talk about how bad the ACA  
7021 is, and my point earlier when I mentioned you by name was because  
7022 I would like to see how you feel that your bill is going to improve  
7023 any of these things.

7024 Now you mentioned deductibles. The way I read this bill,  
7025 I am not going to ask counsel because I read it and I think it  
7026 is clear, the restrictions that we put on, or that have made it  
7027 more difficult to increase deductibles with the private insurance  
7028 market, a lot of those are relaxed now. So I would venture to

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7029 argue that if you have someone who is complaining about  
7030 deductibles, those deductibles are going to go up even more.

7031 Mr. Shimkus. Yes, but I reclaim my time because as you know  
7032 we have two bills moving through the right with the same process.  
7033 The benefit of what is going on now is you talk to our friends  
7034 in Ways and Means is the strong development of Health Savings  
7035 Accounts which fills that gap, right. You buy insurance for a  
7036 higher cost. If you live healthy lifestyles you will be able to  
7037 roll that over. The catastrophic number gets better, your  
7038 payments get less if you believe in markets and competition.

7039 Mr. Pallone. Well, look, let me say this. Thank you, Mr.  
7040 Shimkus, for now saying how you think the situation is going to  
7041 improve. I don't agree because I think deductibles will go more  
7042 because you are eliminating a lot of the limitations that we had  
7043 in the ACA, but I will acknowledge that you did now explain to  
7044 me why you think things would get better.

7045 Mr. Shimkus. And if I could reclaim my time just on the same  
7046 thought is people will buy insurance that they want to buy. They  
7047 are not going to be mandated to buy a package of things that they  
7048 will never use also.

7049 Mr. Pallone. But they are not going to be able to afford  
7050 it. That is the problem, don't you see?

7051 The Chairman. Will the gentleman yield?

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7052 Mr. Shimkus. I would yield to the chairman.

7053 The Chairman. And this is actually the fact, because if you  
7054 look at the number of people that decided to pay the IRS penalty  
7055 and the number of people that got a waiver, I think it is 19.2  
7056 million versus the 10 million that actually bought the product  
7057 on the market. And that is because the way ACA drives up costs  
7058 for young people because of the artificial bands that we are  
7059 releasing in this bill, they are sticking it to young people who  
7060 we actually need in the pools to make this work. The gentleman's  
7061 time has expired.

7062 Mr. Pallone. It will raise them on older people.

7063 The Chairman. The gentleman's time, Mr. Shimkus' time has  
7064 expired. Going down the dais here, the gentleman from New York  
7065 Mr. Eliot Engel recognized on the amendment.

7066 Mr. Engel. Thank you very much, Mr. Chairman. My friend  
7067 Mr. Shimkus used the words, and I used those exact words before,  
7068 pay more and get less. Well, if you think people paid more under  
7069 Obamacare and got less, wait until this bill is implemented.  
7070 People, the bottom line is that they will pay more and get less,  
7071 and the average person, and I want to say it again because I think  
7072 it is very important, just cares about two things. We can argue  
7073 all the nuances and you did this and we did that and we didn't  
7074 have this, the bottom line is people want to know what is my

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7075 coverage and how much am I going to pay for it? That is the bottom  
7076 line. And it seems to me there is enough brains on both sides  
7077 of the aisle where we could have put our heads together and tried  
7078 to come up with a fix. Because I am not going to tell you that  
7079 there wasn't any problems with Obamacare, there was, but I do know  
7080 that every single congressional district's uninsured rate has  
7081 dropped since the Affordable Care Act went into effect, every  
7082 single district. And so there are good things in there.

7083 Perhaps this bill tried to keep the good things, but as my  
7084 colleagues have pointed out where is the money? You have to pay  
7085 for it. And so what is going to happen here is maybe people are  
7086 going to have access to care but they are not going to be able  
7087 to afford it so they are not going to have the care. And that  
7088 is the problem here, because if it really helped and really did  
7089 that we would be able to get a cost of this, it wouldn't have been  
7090 rushed through, and things would have been all laid out to show  
7091 where things or how things will get better. That is not the case  
7092 here.

7093 Now I support Mr. Pallone's amendment because one of my  
7094 constituents, I would like to tell the story, Deborah from  
7095 Larchmont, New York, she reached out to my office with the moving  
7096 story about the impact of the Affordable Care Act, what impact  
7097 it has had on her. So she said, quote, my husband lost his job

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7098 in 2009 and I a freelancer are left with providing health insurance  
7099 for my family. The ACA saved us from completely unaffordable  
7100 options we had before. I want the Republicans to understand that  
7101 I am the face of Obamacare and this uncertainty causes me to lose  
7102 sleep every night, unquote.

7103 I was touched by this story and I am heartbroken to know that  
7104 one of my constituents is forced to live with this kind of fear  
7105 and I am sure it is replicated all over the country. Deborah's  
7106 eloquent words are an important reminder of what is at stake here.  
7107 My friends on the other side of the aisle are so consumed by their  
7108 desire to make good on 7 years of ripping into Obamacare, not  
7109 giving it a chance, not putting our heads together to try to fix  
7110 it, misguided promises, I hope that stories like Deborah's would  
7111 make them consider for a moment their own constituents who might  
7112 be losing sleep frightened at the coverage of a treatment or the  
7113 financial peace of mind they have gained through the ACA will be  
7114 ripped away from them.

7115 Again we could tweak, I have said this before and I want to  
7116 repeat it again. When there are major bills like the Affordable  
7117 Care Act, you pass these bills and you see what works and what  
7118 doesn't work and what doesn't work you try to fix because nothing  
7119 is going to work a hundred percent. We weren't able to do that.  
7120 We lost the majority and our friends on the other side of the aisle

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7121 didn't want to fix anything. So we voted whether or not to repeal  
7122 Obamacare in its total 64 times or something like that, but what  
7123 we should have been doing is putting our heads together and finding  
7124 a bill, finding a way to help --

7125 The Chairman. Would the gentleman yield?

7126 Mr. Engel. Yes.

7127 The Chairman. I would just point out for the record that  
7128 they weren't all strict repeal votes, and in fact 20 of those bills  
7129 became laws signed by President Obama and Democrats cast 4,775  
7130 of those votes on those bills because we recognized as you did  
7131 some things had to be changed, just for the record.

7132 Mr. Engel. But there were never votes, Mr. Chairman, on  
7133 fixing what was the matter and what was the problem. It really  
7134 wasn't. It was more of a poke in the eye, we are going to fix  
7135 you, we hate Obamacare and that is it. There was -- and we hate  
7136 Obama too. I don't hate Obama, but --

7137 The Chairman. Actually, we --

7138 Mr. Engel. -- feeling on the other side of the aisle. So  
7139 there really wasn't an attempt and anybody here who is honest knows  
7140 that there really wasn't an attempt for us to get together and  
7141 try to fix it. I think what you are doing is worse. I think what  
7142 you are doing is going to make it harder. And if it is true that  
7143 we lost the majority because of Obamacare, I think you guys are

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7144 putting yourselves in jeopardy of losing the majority because of  
7145 this monstrosity. I yield back.

7146 The Chairman. The gentleman yields back. Are there other  
7147 members -- the good doctor from Texas, the chairman of our Health  
7148 Subcommittee, Dr. Burgess is recognized to speak on the amendment.

7149 Mr. Burgess. Thank you, Mr. Chairman. And this amendment  
7150 brings back a lot of memories for me because the March evening  
7151 of 2010 that what eventually became the Affordable Care Act, the  
7152 night that that went to the Rules Committee I presented myself  
7153 to the Rules Committee with 18 amendments that I had individually  
7154 drafted. And one of them was to strike the word affordable from  
7155 the title of the Affordable Care Act because it didn't look to  
7156 be in any way affordable to me. It looked like someday we were  
7157 going to run out of other people's money and then we would be in  
7158 great difficulty. So I have a lot of sympathy from the gentleman  
7159 from New Jersey who is offering this as an amendment.

7160 Let me just say that as, the days I was in practice when I  
7161 was driving to work in the morning there wasn't a single morning  
7162 that I drove to work that I thought I hope I am average today.  
7163 I hope I am just good enough today. I always showed up to do my  
7164 best work. And I believe our friends on the other side of the  
7165 dais also feel that same way. And, you know, one of the things  
7166 that has troubled me through the discussion tonight, this

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7167 afternoon and tonight, is the sort of the concept that the states  
7168 would not act in the best interest of their people.

7169 I mean, I never served in a state legislature. I never had  
7170 that privilege. I never offered myself to run for an office in  
7171 the state legislature. I have a lot of respect for people who  
7172 do serve in state legislatures, state assemblies. I know we have  
7173 a good number of folks on this committee who have served in that  
7174 capacity. I know there are a number of people on the other side  
7175 of the dais who have served in their state legislatures or state  
7176 assemblies in New Jersey, New York, Texas, Colorado, Vermont, New  
7177 York, Oregon, California. I stipulate that every day that those  
7178 individuals went to work in those states they went to do their  
7179 best work.

7180 So I will just tell you one of the things that I am really  
7181 excited about in the bill that we have before us is what is called  
7182 the Patient and State Stability Fund. I think one of the things  
7183 we have heard from governors in a bipartisan fashion when we have  
7184 had discussions during the evaluation of what would be in this  
7185 bill, you know, you normally don't use the words exciting and  
7186 health policy together in a sentence, but some of those  
7187 roundtables with governors, it really was exciting to hear the  
7188 health policy that they discussed.

7189 They are anxious. They want to be involved. I don't want

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7190 to name names, but the governor of Utah in fact even talked about  
7191 when the Affordable Care Act was being done and you are going to  
7192 reform health care in this country from soup to nuts, why would  
7193 you not involve the governors? A former governor from Arkansas  
7194 used to have a television show when I was on his, being interviewed  
7195 one evening. It was almost a plaintive assertion that the  
7196 governors really wanted to be involved in this process but were  
7197 not allowed.

7198 Mr. Chairman, I am grateful that you have opened the doors  
7199 to the governors. I am grateful that you have opened the doors  
7200 to our counterparts in state assemblies and state legislatures.  
7201 I think that is extremely important.

7202 I don't want to spend a lot of time revisiting history. We  
7203 have certainly worked on things to try to fix some of the more  
7204 egregious problems in the Affordable Care Act. There is one we  
7205 worked on this committee shortly after the Republicans took over  
7206 the majority. In fact, the night that this passed in the  
7207 committee in July of 2009, right at the end of what was a very  
7208 long markup and a very contentious markup kind of reminiscent of  
7209 this, an entirely new provision was offered up. It was only  
7210 placeholder language.

7211 We had never had a single hearing on it. We have never had  
7212 any ability to discuss it or debate it. It is what was known as

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7213 the Community Living Assistance and Services Support Act, or the  
7214 CLASS Act, to establish a voluntary, long-term insurance program  
7215 for community-based services and supports. But it didn't focus  
7216 on reducing the cost of long-term care insurance for Americans.  
7217 It exploited taxpayer confidence by creating a poorly structured  
7218 program that was doomed to fail. The Congressional Budget  
7219 Office estimated the CLASS Act would reduce the budget deficits  
7220 by \$81 billion over the next decade. The CLASS Act however showed  
7221 only the tax collections in the first decade. Its explosive  
7222 spending growth was hidden beyond the budget window. Complaints  
7223 about the insolvency of the program came from both sides of the  
7224 dais as well as from the administration's own chief actuary during  
7225 the 2009 debate over the Affordable Care Act, Kent Conrad, senator  
7226 from North Dakota.

7227 Chairman of the Senate Budget Committee said the CLASS Act  
7228 was a Ponzi scheme of the first order. So we helped you by getting  
7229 rid of the CLASS Act and that was one of those bipartisan efforts  
7230 to improve the Affordable Care Act after its passage in 2010. I  
7231 yield back.

7232 The Chairman. The gentleman's time has expired. The chair  
7233 recognizes the gentleman from Texas, Mr. Green, to speak on the  
7234 amendment.

7235 Mr. Green. Thank you, Mr. Chairman. And with tongue in

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7236 cheek about the, I support Mr. Pallone's amendment even though  
7237 the title like my colleague from Texas and our chair of the Health  
7238 Subcommittee tried to do the same thing in 2010. But let me just,  
7239 I have a couple good examples I want to say about the Affordable  
7240 Care Act, but my frustration is that I served in the state  
7241 legislature 20 years. I have been here since 1993, and I don't  
7242 think I can think of whether serving in the Texas legislature that  
7243 there was a law passed the next session didn't go back and revisit  
7244 that law and fix it no matter what party you were and that is what  
7245 has happened with the Affordable Care Act.

7246           There were minor changes that were done in the last 6 years,  
7247 but there were things we could have done in our committee and Ways  
7248 and Means Committee should have done if it was so bad you wouldn't  
7249 have to wait to have a unified government like you do now.

7250           But let me talk about the Affordable Care Act and the benefits  
7251 it has done. Health care is deeply personal and sensitive. I  
7252 think all of our physicians will say that to their patients it  
7253 is important. It is difficult to imagine the stress that families  
7254 are under when faced with a loved one's healthcare needs or an  
7255 inability to afford that care. And I represent a district that  
7256 that happens every day for people who couldn't afford health care,  
7257 or the life-altering impact of an accident that leads to crushing  
7258 medical debt, having to worry about being able to go to a doctor

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7259 when you are sick, or putting off care because you don't have an  
7260 insurance or cannot afford it is a grim reality that too many of  
7261 our Americans face.

7262           Thankfully far fewer do than ever before because of the  
7263 Affordable Care Act, and that is why we are opposing your bill  
7264 because we think it is going to make it worse. The Affordable  
7265 Care Act took major steps to expand coverage and make insurance  
7266 more affordable and meaningful, protect consumers from abuses of  
7267 the insurance industry and make health care more affordable.  
7268 Unfortunately my colleagues insist on taking us backwards. One  
7269 of these metrics to the legislation before us today would produce  
7270 worse outcomes than the Affordable Care Act.

7271           I would like to tell the story of a couple of my constituents  
7272 who would directly impact by this repeal effort. Just yesterday  
7273 I met a young woman from our district who actually worked as a  
7274 page at the capital during high school when we had pages. She  
7275 was diagnosed with arthritis as a teenager and was unable to obtain  
7276 insurance when she aged off Medicaid when she turned 18. It  
7277 wasn't until the Affordable Care Act that she could get coverage  
7278 that was affordable for her family and actually covered her  
7279 condition so she could get the care she desperately needed.

7280           Another one of my constituents wrote in about her son who  
7281 was diagnosed with uveitis when he was only 7. Uveitis is an

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7282 inflammation of the membrane of the eye and is in the family of  
7283 autoimmune disorders that includes psoriasis, spondylitis, and  
7284 inflammatory bowel disease to name a few. Autoimmune disorders  
7285 usually travel in packs, and later that year he was diagnosed with  
7286 another inflammatory disease, AS, a form of arthritis that  
7287 primarily impacts the hips and the spine. His condition got even  
7288 more complex when he eventually developed IBS. The diagnosis  
7289 took months as his case does not display signs and the symptoms  
7290 consistent with any clear protocol.

7291 His mother wrote our office to share her son's story and the  
7292 impact of the ACA has on her family. She writes, he is a driven  
7293 and strong child. He is in the fifth grade but he also attends  
7294 math class in the middle school with his sister. On his own  
7295 initiative he tested out the fifth grade math to accelerate, he  
7296 is a straight A student. He plays soccer. After historically  
7297 having two bad experiences as a goalie for his team, he decided  
7298 to attend goalie training and is now the top goalie, and I  
7299 represent Northside, but from here to Kingwood which is north of  
7300 our district. The kid has grit and he has heart.

7301 On behalf of this young soccer star and millions of the kids  
7302 like him, please be assured I will fight to repeal the Affordable  
7303 Care Act. But over the last 6 years we could have worked together  
7304 and fixed some of the things before they got aggravated because

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7305 as I have heard from my other colleagues, there is never a law  
7306 that is passed or a bill that is considered that is perfect, in  
7307 Congress or a state legislature, and that is why I think after  
7308 6 years of trying to repeal it we should have done some real working  
7309 together before that. And I yield back the balance of my time.

7310 The Chairman. The gentleman yields back the balance of his  
7311 time. Are there members on the Republican side seeking  
7312 recognition, members on this side? Okay, who is next up on yours?  
7313 We will go to the gentleman from Pennsylvania, Mr. Doyle, is  
7314 recognized to speak on the amendment on the title of the bill.

7315 Mr. Doyle. Thank you, Mr. Chairman. I support the  
7316 amendment. You know, there is a lot of amnesia on this committee.  
7317 Let me just remind my friends where we were before the Affordable  
7318 Care Act and what your constituents got for their money. Before  
7319 the ACA, insurance companies could discriminate against sick  
7320 people. We put a waiver on the preexisting condition clause that  
7321 they couldn't do that anymore. That didn't exist before ACA.

7322 In America, one of the leading causes of bankruptcy were  
7323 people that were losing their homes because they had insurance,  
7324 but they had a child or someone in the family with a chronic  
7325 condition and they would come up against their cap and they  
7326 couldn't get any more payment from the insurance company and they  
7327 would hold fish fries to try to raise money to buy medicine for

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7328 their kids and eventually they went bankrupt and lost their homes.  
7329 We put an end to that.

7330 We said insurance companies can't cap your benefits annually  
7331 or lifetime. That didn't exist before the Affordable Care Act.  
7332 Women were being charged twice as much as men. We put an end to  
7333 that. Children can stay on their parents' policy now until they  
7334 are 26. That didn't exist before the Affordable Care Act. We  
7335 expanded the Medicaid program. Fourteen million Americans got  
7336 covered on that, 11 million of which never had insurance before  
7337 for the first time got insurance under the Affordable Care Act.  
7338 That didn't exist before we implemented that.

7339 So don't call this a failure because it is not a failure.  
7340 If it was such a failure, why isn't that you haven't just abolished  
7341 all those things we did? No, you haven't. You are keeping  
7342 preexisting conditions. You are keeping caps on the benefits.  
7343 You know, you are letting kids stay on their policy until they  
7344 are 26, because these were good things that we did on the  
7345 Affordable Care Act that the American people support.

7346 Now all you have done in this bill is basically give away  
7347 \$600 billion over the next 10 years to corporations and rich  
7348 people. You have taken that money out the bill, and now the way  
7349 you are going to pay for this is to eviscerate the Medicaid  
7350 expansion program, to just eviscerate the Medicaid expansion

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7351 program and to take money out of the Medicare trust fund. This  
7352 is an improvement? You haven't done a thing to lower costs in  
7353 this bill.

7354           You are going to see the elderly pay more for their insurance  
7355 because these subsidies aren't based on one's income anymore they  
7356 are based on their age. And now the bands are going to be five.  
7357 You are going to be able charge insurance companies five times  
7358 as much as the youngest band in the program where right now it  
7359 is three. All these things that you are making such a big deal  
7360 that you are keeping, because if you didn't keep them you guys  
7361 would be tarred and feathered out of your districts. But you are  
7362 keeping them because these were things that we did that every one  
7363 of you voted against when we did this with the Affordable Care  
7364 Act.       So let's stand here, those of us that did this bill,  
7365 and watch 50 of our colleagues lose their positions because they  
7366 knew it was the right thing to do and cast the vote anyway and  
7367 try to take credit that you have somehow done something great for  
7368 the American people. The only thing that is any good about what  
7369 you are proposing are the things that we did 8 years ago in the  
7370 Affordable Care Act. I yield back.

7371           The Chairman. The gentleman yields back. The chair  
7372 recognizes the vice chair of the full committee, Mr. Barton.

7373           Mr. Barton. Well, thank you, Mr. Chairman. I rise in

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7374 opposition to my friend from New Jersey's amendment. I don't  
7375 think we need to debate that a lot. Before I comment on my friend  
7376 from Pennsylvania's comments, I have been on this -- this is my  
7377 31st year on this committee, 31 years. I will never match John  
7378 Dingell who was on the committee probably 50 years -- yes, I hope  
7379 I don't either.

7380 But I am not going to commend the minority, but I do want  
7381 to acknowledge that I think you all set a record for the longest  
7382 time period between the opening of a full committee markup and  
7383 the actual calling up of an amendment. I believe that would be  
7384 a record. Now whether, yes, I don't know that is necessarily a  
7385 good thing, but in terms of the minority doing what minorities  
7386 do, I have to say you all did a good job. So I want to commend  
7387 you on that. Yeah, I understand. I understand.

7388 So now, let me comment on what Mr. Doyle was talking about.  
7389 First of all, before what we now call the Affordable Care Act  
7390 actually was initiated or was unveiled and debated I was the  
7391 ranking minority member and I am trying to mightily to engage Mr.  
7392 Waxman who was the chairman in a bipartisan effort on health care  
7393 with the approval of the minority leader and the minority whip.

7394 And Mr. Waxman was amenable to doing that but he just never  
7395 quite got around to it until the day that we were finally supposed  
7396 to meet he called me up and said we are going to have to postpone

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7397 our meeting, Joe. And I said why, and he said, well, we are going  
7398 to unveil our bill at 11:00 in a press conference.

7399 So some of the things that we were willing to work on and  
7400 were in what became the Affordable Care Act we supported at the  
7401 time. We supported coverage for preexisting conditions. We  
7402 supported keeping young adults on their parents' plans and things  
7403 like that, so that is why we are keeping them now. We didn't  
7404 oppose that part of the bill.

7405 But I do want to substantively comment on this, we are  
7406 eviscerating the Medicaid expansion. Now I personally think we  
7407 are too generous and I have an amendment at the appropriate time  
7408 to tweak it a little bit. But having said that, the people that  
7409 are in states that accepted the Medicaid expansion funding at 100  
7410 percent federally funded, we are not kicking one of them off.  
7411 They stay. The bill as it is currently drafted even allows states  
7412 to add additional Medicaid expansion enrollees until December the  
7413 31st, 2019. It lets them be added.

7414 And then, once we do put a freeze on adding additional  
7415 Medicaid enrollees, it allows on attrition to take that population  
7416 over time back down to the traditional Medicaid match rate. That  
7417 is not evisceration. Whatever it is, you know, if you are in a  
7418 state that expanded Medicaid you are allowed and you get 95 percent  
7419 federal funding -- well, right now it is 95. Well, finally it

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7420 comes down to 90 percent for perpetuity, which I think is another  
7421 minor problem with the bill, but that is a fight I have to fight  
7422 over on this side of the aisle -- that that is not draconian and,  
7423 you know, let's have a debate, but let's have a debate on the facts,  
7424 Mr. Chairman.

7425 The Chairman. Will the gentleman yield?

7426 Mr. Barton. I would be happy to yield.

7427 The Chairman. The other point to make is if you have any  
7428 faith and confidence in your state and your state legislature,  
7429 I would argue nearly all of the stories we have heard today are  
7430 people who are on Medicaid who could continue on Medicaid. The  
7431 argument is over whether the federal taxpayer, whether we have  
7432 to borrow the money from somebody else to give to the states, many  
7433 of whom have surpluses by the way, at a different match rate.  
7434 Rather than 90 percent, the match rate is somewhere between 50  
7435 and 73 percent.

7436 The question isn't whether they get coverage. The question  
7437 is what share of the federal government should pay versus the state  
7438 and local governments should pay. That is what the argument we  
7439 are having here is and -- oh, your time has expired.

7440 Mr. Barton. Anyway my time has expired. I oppose the  
7441 Pallone amendment.

7442 The Chairman. And yields back. The chair recognizes, for

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7443 what purpose does the gentlelady from Illinois seek recognition?

7444 Ms. Schakowsky. I move to strike the last word.

7445 The Chairman. And speak on the amendment, the gentlelady  
7446 is recognized.

7447 Ms. Schakowsky. Thank you. I do support the amendment but  
7448 I would like to address what we have just been talking about, about  
7449 the states and about trusting them and about the governors.  
7450 Because what we know is 32 of the states that you can figure out  
7451 is the majority of states actually did expand Medicaid and  
7452 Republican governors now are very concerned that the law would  
7453 force millions of their low-income earners off the insurance  
7454 rolls.

7455 And here is what the Nevada governor, a Republican, Brian  
7456 Sandoval, had to say today. He said, we have said all along work  
7457 with the governors, that it should be a governor-led effort and  
7458 for the Congress to rely on the governors. He said, well, they  
7459 came out with their own bill which doesn't include anything the  
7460 governors have talked about. And so the Republican governors who  
7461 represent the majority of Republican governors come from states  
7462 that did expand Medicaid.

7463 The Chairman. Would the gentlelady yield?

7464 Ms. Schakowsky. Sure.

7465 The Chairman. Is that what Governor Sandoval wrote?

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7466 Ms. Schakowsky. I am reading a quote from him, yes.

7467 The Chairman. That we didn't include anything?

7468 Ms. Schakowsky. That is what it says.

7469 The Chairman. I would like to see the letter.

7470 Ms. Schakowsky. Now they came out with their own bill which  
7471 doesn't include anything that the governors have talked about,  
7472 and I am certain that he is referring to the Medicaid issue.

7473 And so, you know, this was a plan that in my state of Illinois  
7474 three million more people will be able to get health care and my  
7475 Republican governor made it very clear that this provision, that  
7476 this part of the repeal and replace simply does not work for the  
7477 state of Illinois and for people. And so, you know, let's trust  
7478 the states. Let's trust the governors. They are telling us that  
7479 this is a very bad bill for them.

7480 And now I would like to share the story of a couple women  
7481 in my district who have benefited from the ACA. My constituent  
7482 Brenda has lupus and before the ACA no insurance company would  
7483 cover her in the individual market. She works part-time so she  
7484 relied on the insurance her husband received through his job, but  
7485 then in August 2016 her husband unfortunately lost his job.  
7486 Because of the ACA, Brenda and her husband were able to get  
7487 insurance through the marketplace and could not be denied coverage  
7488 or charged more for it. But under the Republican repeal bill

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7489 Brenda and her husband could be charged massive penalties by their  
7490 insurance company if they did not obtain insurance after Brenda's  
7491 husband lost his job. So we talk about how great this is and how  
7492 you are keeping protection for people with preexisting  
7493 conditions, but if you have someone who has lost their coverage  
7494 because they lost their job for 63 days for just about 2 months,  
7495 then yes, they can get coverage for at least a 30 percent increase  
7496 in the premium.

7497 So to add insult to injury, the Republican repeal will cause  
7498 premiums to rise and will allow insurance companies to charge  
7499 older Americans more for their coverage. So Brenda and her  
7500 husband could be charged considerably more for their insurance,  
7501 not to mention they would face as they said the 30 percent penalty  
7502 imposed by their insurance company if they were unable to maintain  
7503 continuous coverage after Brenda's husband lost his job.

7504 I have a bunch more of the examples. We are all talking about  
7505 anecdotes, but ultimately we are talking about millions and  
7506 millions and millions of people who will either have to pay more  
7507 and get less or lose their care all together. And so I would  
7508 suggest that let's go back to the Affordable Care Act which you  
7509 have affirmed that many pieces of it you like, you want to keep  
7510 them, and let's start with that as the base and then figure out  
7511 together how we can craft a plan, not a repeal and replace which

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7512 it really isn't anyway, to come up with the improvements that any  
7513 big bill like that would need. And, you know, I would say to  
7514 my colleague Mr. Barton, you know, you voted, you say you liked  
7515 a lot of the legislation but you voted against the Affordable Care  
7516 Act. Why can't we start now? We tried for 6 years, but we can  
7517 start now, take the bill and try and make it more workable for  
7518 everyone. And I yield back.

7519 The Chairman. The gentlelady's time has expired. Are  
7520 there other members seeking recognition on the Pallone amendment?  
7521 Okay, we will go to Mr. Butterfield, is recognized to speak on  
7522 the amendment.

7523 Mr. Butterfield. Thank you very much, Mr. Chairman. Mr.  
7524 Chairman, let me rise in support of the Pallone amendment. Mr.  
7525 Pallone's amendment accurately describes what will happen if this  
7526 legislation in fact passes. If you don't believe it, just wait  
7527 for the CBO score that is going to be published next week.

7528 Let me draw your attention to the incredible impact that the  
7529 Affordable Care Act has had on individuals and the lifesaving  
7530 benefits it has created for people in my district in eastern North  
7531 Carolina. Since the ACA was signed into law, millions of  
7532 Americans have gained access to quality healthcare services and  
7533 hundreds of thousands more have seen their health insurance  
7534 improved.

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7535           The ACA has played a significant role in reducing worry among  
7536 Americans who previously struggled to pay unaffordable medical  
7537 bills when they got sick. We cannot afford, Mr. Chairman, to go  
7538 back to the days when Americans were forced to pay more money for  
7539 less coverage and when insurance companies rationed the care  
7540 people received. My constituents do not want to go back to the  
7541 days when healthcare emergencies could bankrupt families. This  
7542 harmful bill rolls back the clock and will rip health care away  
7543 from my constituents, and whether you believe it or not from your  
7544 constituents.

7545           And Chairman Walden, my constituents have made it clear the  
7546 ACA saves lives. Today I want to share the story of Julie  
7547 Chamberlain who lives and works in my district in Greenville,  
7548 North Carolina. Julie, Mr. Chairman, is 55 years old and for the  
7549 first time in her adult life she is able to afford health insurance  
7550 because of the ACA even though she has a preexisting condition.  
7551 Before the ACA's enactment Julie tried to get coverage but could  
7552 not afford the expensive policies she was being offered due to  
7553 her preexisting condition.

7554           Mr. Chairman, repealing the ACA will endanger health care  
7555 for millions of Americans. Julie is just one of them. And  
7556 because she is over 50 years of age, Julie is at risk of no longer  
7557 being able to afford health insurance under the replacement plan

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7558 because this bill will allow insurance companies to charge much  
7559 higher premiums for older Americans than they were allowed to  
7560 charge under the Affordable Care Act. In fact, the bill is  
7561 estimated to raise premiums for older Americans by \$3,200. That  
7562 is a lot of money for people trying to put food on the table and  
7563 trying to pay for their children's education and to keep up with  
7564 their bills. People simply cannot afford that amount of money  
7565 and would lose coverage all together.

7566 At the thought of losing her coverage, Julie said, and I  
7567 quote, I know if the ACA is repealed I will not have health  
7568 insurance any longer and I worry tremendously about losing my  
7569 coverage, end of quote. Please listen to Julie and the millions  
7570 of Americans like her who are living in a state of worry that this  
7571 bill will make their health care unaffordable.

7572 Julie's story is just one of more than 35,000 people in my  
7573 district alone who now have insurance as a result of the ACA. I  
7574 heard from many of them on Saturday, February 25th, when I had  
7575 a town hall meeting in Durham. Like many of my Democratic  
7576 colleagues I heard from more than 600 constituents who support  
7577 the ACA.

7578 Even though my Republican colleagues fear public interaction  
7579 and are missing in action, the voices of my constituents deserve  
7580 to be heard. Like Julie, many of these individuals would no

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7581 longer be able to afford health insurance, healthcare insurance,  
7582 if this is repealed. This bill is also alarming because it would  
7583 prevent states like North Carolina -- and I do not trust my state  
7584 legislature -- like North Carolina that did not expand Medicaid  
7585 from choosing to expand it in the future. This bill stands to  
7586 block more than 650,000 North Carolinians from gaining coverage  
7587 under Medicaid if the state expands the program in the future.

7588 The fact that my colleagues across the state, across the  
7589 aisle, continuously propose ways to reduce health coverage for  
7590 Americans, many of whom reside in my district, is unacceptable.  
7591 I will do everything within my power to protect the many North  
7592 Carolinians and Americans who rely on the coverage and protections  
7593 provided under the ACA. I urge my colleagues to oppose this  
7594 harmful bill and I support the amendment offered by Mr. Pallone.  
7595 I yield back.

7596 The Chairman. The gentleman yields back the balance of his  
7597 time. The chair recognizes the gentleman from Kentucky, Mr.  
7598 Guthrie, for 5 minutes to speak on the amendment.

7599 Mr. Guthrie. Thank you, Mr. Chairman. I know earlier you  
7600 talked about that we did vote different bills and all the votes  
7601 that people are saying was just to repeal Obamacare there were  
7602 bills that we all voted for that were to improve and try to help  
7603 people that were being affected by Obamacare. And in 2015,

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7604 a bill I authored, and it was a bipartisan bill, Congressman  
7605 Cardenas and I authored a bill, it was voice voted on the House  
7606 floor, voice voted on the Senate and October 7th it was signed  
7607 by President Obama. And this is what the bill did. Obamacare  
7608 was set to force states to change the definition of a small group  
7609 market from 1 to 50 employees to 1 to 100 employees. This meant  
7610 that the employees across the country were about to be forced into  
7611 plans loaded with mandates and regulations like essential health  
7612 benefits, or EHBs.

7613 By giving states this option Republicans and Democrats alike  
7614 acknowledged two very important things. Now this is important.  
7615 We gave states choice and we protected employees from the mandates  
7616 in benefits and regulations like essential health benefits. Not  
7617 a single member on either side of the aisle stopped the process  
7618 and it cleared both houses of Congress by a voice vote and signed  
7619 by the President.

7620 So the question is why should individuals be treated any  
7621 differently? Why would members on the other side of the aisle  
7622 discriminate on individuals who are out of work, why wouldn't we  
7623 allow the individuals to have the same protections against the  
7624 regulations and mandates that would raise prices for their health  
7625 insurance that we gave to people in the small business market?

7626 We also learned that states respond well given choice.

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7627 There is a map that has been posted, 46 states when we gave them  
7628 the option to not change the definition of a small group market  
7629 from 1 to 50 to 1 to 100 responded to that. We should give patients  
7630 relief from mandates and regulations and give states the choice  
7631 to allow that for individuals like we did for people in the small  
7632 business market. And I yield back.

7633 The Chairman. Will the gentleman yield?

7634 Mr. Guthrie. Yes, I will yield.

7635 The Chairman. I appreciate the gentleman because I think  
7636 it is important along this context. I know during that 2010 year,  
7637 if memory serves right, I think led by Mr. Shimkus and others there  
7638 was a request of the then majority to do oversight of Obamacare,  
7639 some 13 different requests that we sort of quickly documented,  
7640 and of course they were denied. But I want to share a story  
7641 too because it is more, there are stories out there where Obamacare  
7642 has been a negative. Mrs. Dana O., a Klamath County rancher, she  
7643 wrote to me just a few days ago and said, quote, please repeal  
7644 Obamacare and give us some relief. Our health insurance for two,  
7645 the standard Silver, is \$1,850 a month. We cannot afford that  
7646 so changed to standard Bronze, half the coverage and still costs  
7647 more than the standard Silver did last year. It is \$1,501 a month.  
7648 On top of that we paid \$11,000 in medical bills. This is totally  
7649 outrageous. We are cattle ranchers. Our product has lost 30

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7650 percent of its value in the last 2 years, government is forcing  
7651 us out of business, please continue to support repeal of  
7652 Obamacare.

7653 Ms. April J. from Deschutes County, a small business owner,  
7654 wrote me in October and said, I received a letter today from my  
7655 insurance company, Providence. They won't be offering my plan  
7656 next year. In order to get a plan similar to what I have  
7657 currently, \$939 a month, my new premiums will be \$1,503 a month,  
7658 an increase of \$564 per month.

7659 By the way this plan is for a family of three who is  
7660 self-insured as we own our own small business. That means I must  
7661 somehow work an extra 65 hours a month more in order to pay for  
7662 health care for my family or I drastically raise my prices to cover  
7663 the cost which then in turn makes it more difficult on my  
7664 customers. Does anybody understand this major domino effect that  
7665 is happening? In the last 3 years my premiums have gone from \$685  
7666 a month up to 1,500 a month, 18,000 a year.

7667 So this law is actually hurting people in my district. We  
7668 have expanded Medicaid in my district. We kick no one off who  
7669 is on it today. They are grandfathered in at the higher  
7670 reimbursement rate, so they are there. And so we are trying to  
7671 strike this balance where we repair this individual market that  
7672 inescapably, factually, is collapsing. It is collapsing. Last

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7673 year there were 225 counties where you only had one choice. This  
7674 year it is 1,022. I believe there are five states where there  
7675 is one choice. That was before Humana came out of the market and  
7676 before Aetna's CEO said it is in a death spiral.

7677 We are trying to save this market. We are trying to get to  
7678 where people like Dana and April can afford insurance for their  
7679 families. The gentleman's time has expired. Are there others  
7680 on this? I recognize Ms. Matsui for 5 minutes to speak on the  
7681 amendment.

7682 Ms. Matsui. Thank you, Mr. Chairman. I move to strike the  
7683 last word and I support the Pallone amendment. I support this  
7684 amendment in honor of my constituent Elizabeth. Elizabeth is the  
7685 mother of a young daughter with type 1 diabetes and she wrote to  
7686 me, quote, no parent wants her child to get sick and especially  
7687 not get a chronic, life-threatening disease, but that is a life  
7688 we are now living. She wrote to me about her daughter's future  
7689 and her concerns for her for her entire family. As she so  
7690 eloquently said, quote, my family's very existence is dependent  
7691 on my child's access to health care, end quote.

7692 Elizabeth and her husband are teachers. She has, quote,  
7693 done the math. If we had to pay out-of-pocket for our daughter's  
7694 health care it would cost more than an entire year's salary for  
7695 a teacher, but what could we do? The only choice is to keep her

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7696 alive and this is going to be a constant concern for the rest of  
7697 her life, unquote.

7698 Mr. Chairman, Elizabeth asked me to fight to keep health care  
7699 for the most vulnerable. That is why I am sharing her story today.  
7700 We should be working together. All of us know Elizabeths in our  
7701 lives. We should be working together to improve the Affordable  
7702 Care Act and build on the progress we have made, not rushing to  
7703 tear it down. We should be trying to make access to health care  
7704 easier for Elizabeth and her daughter and the millions of parents  
7705 and children like them. Instead, this Republican bill would rip  
7706 health care away from millions of Americans for all but the  
7707 healthiest and wealthiest in our nation. We are offering them  
7708 less coverage, fewer protections, and higher costs.

7709 My Republican colleagues seem to be telling the American  
7710 people to cross their fingers and hope they never get sick. But  
7711 as Elizabeth and so many families in every community in our country  
7712 know, sometimes that is not how it goes. Mr. Chairman, these  
7713 families deserve better than being asked to pay more for less care.  
7714 Thank you, and I yield the remainder of my time to Mr. Lujan.

7715 Mr. Lujan. Thank you, Ms. Matsui. And since we are quoting  
7716 governors and talking about governors, there is a few articles  
7717 that I wanted to reference so that our colleagues are aware of  
7718 them. There was a political article dated February 20th of 2017,

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7719 entitled, How Mike Pence used Obamacare to Halt Indiana's HIV  
7720 Outbreak.

7721           When then-Governor Mike Pence faced the worst public health  
7722 crisis to hit Indiana in decades he turned to Obamacare, a program  
7723 he vilified and voted against. In 2015, as a rash of HIV infection  
7724 spread through rural southern Indiana, state health officials  
7725 parachuted into Scott County and enrolled scores of people into  
7726 Obamacare's expanded Medicaid program so they could get medical  
7727 care and substance abuse treatment. Many were addicted to  
7728 opioids and had contracted HIV by sharing dirty needles.

7729           On March 7th, Oregon Governor Kate Brown said Tuesday that  
7730 Republicans' healthcare replacement proposal for the Affordable  
7731 Care Act moves health care backward. In a statement, the  
7732 Democratic governor said Tuesday that since the Affordable Care  
7733 Act, also known as Obamacare, took effect, Oregon's uninsured rate  
7734 has dropped from 17 percent to 5 percent with 95 percent of  
7735 Oregonians now insured. She predicted the Republican plan would  
7736 reduce Oregonians' access to care and increase costs for women  
7737 and seniors.

7738           Other quotes that I think are important to note for my  
7739 colleagues, Club for Growth opposes RyanCare. That is the first  
7740 time I have seen that -- RyanCare. Americans for Prosperity, take  
7741 it back to the drawing board they said on 3/5/2017. Americans

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7742 for Prosperity, Koch Brothers, and Freedom Partners oppose the  
7743 House bill. Heritage Action, Republicans should begin a genuine  
7744 effort to deliver on longstanding campaign promises that create  
7745 a free market healthcare system and empowers patients and doctors.

7746 FreedomWorks, it allows insurance companies to assess a 30  
7747 percent penalty on those who don't keep continuous coverage for  
7748 63 days. They oppose it for a different reason, but they go on  
7749 to say: which is an individual mandate by any other name. Many  
7750 other quotes, Mr. Chairman, that I plan to share with our  
7751 colleagues tonight, and with that I yield back.

7752 The Chairman. The gentleman yields back the balance of his  
7753 time. The chair recognizes the gentleman from Ohio, Mr. Latta.

7754 Mr. Latta. Well, thanks, Mr. Chairman, and I would like to  
7755 rise in opposition. I know we have been talking about a lot of  
7756 our constituents, but I would like to also contribute what I have  
7757 heard from my constituents from Perrysburg. I wish to address  
7758 the Affordable Care Act that was put through by President Obama.  
7759 I do not have insurance. However, I self-pay my doctor bills and  
7760 do not ask the government for any assistance.

7761 The thing I am upset about is that I will be penalized for  
7762 not having insurance, probably around a thousand dollars this  
7763 year. I think that my money would be better spent being saved  
7764 by me in case I need to go to the doctor. My husband left me after

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7765 38 years and my insurance left also. I work hard and save my  
7766 money. I was also working 30 hours per week before the law was  
7767 passed and now I am only allowed to work 24. I was hurt by  
7768 Obamacare. Why does the government need my money?

7769 From Delphos, I am on the exchange and there is only one  
7770 provider available. However, they do not offer any services in  
7771 Delphos. To sign up with them I would have to give up my family  
7772 doctor, my wife's ophthalmologist, my orthopedic, and my hospital  
7773 of choice. I was out with a company this past week, they have  
7774 about 50 employees. They received their insurance quote for this  
7775 coming year of a 44 percent increase. Instead of giving their  
7776 employees raises or buying more machinery, they can hire more  
7777 people; they will be paying more for insurance.

7778 Another small company of 15 received theirs, 65 percent.  
7779 Another constituent told me that he has insurance but he really  
7780 doesn't have insurance because he can't afford to use it because  
7781 of the high premiums and the high deductibles. A constituent from  
7782 Monclova, I would like to see some changes in the healthcare law  
7783 with regard to insurance premiums. We are a family of four. My  
7784 husband has had numerous surgeries in the past 15 years.

7785 Before Obamacare we could afford insurance and not have a  
7786 very high deductible and be able to pay for the lifesaving medical  
7787 services that were provided. Since Obamacare our insurance

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7788 premiums have gone up every year along with a very high deductible.  
7789 This is about the same amount that we pay for our mortgage. Our  
7790 deductible is \$5,000. We are in debt approximately \$17,000 in  
7791 just medical bills. We can barely make payments on all the bills  
7792 plus pay our premium each month. Something has to be done. We  
7793 did not struggle with this before Obamacare, please help.

7794 From Leipsic, I do not believe Obamacare is the answer  
7795 because of the rising costs and the refusal of some doctors to  
7796 take on certain insurance companies. My husband is 63 and I am  
7797 62. Together we have a check for \$2,300 each month going to health  
7798 insurance. This expensive policy has a 3,000 deductible each or  
7799 \$6,000 for both of us. Since we are both on expensive meds, we  
7800 end up paying an additional \$6,000.

7801 My husband is self-employed, we are responsible for paying  
7802 our own. Because of the rising cost of health insurance we are  
7803 making our employees pay a higher cost each year. However, we  
7804 have been losing money so we had to close the business and four  
7805 men lost their jobs. As for husband and myself, there is light  
7806 at the end of the tunnel when we finally hit 65-1/2. But in the  
7807 meantime that leaves little funds left to put away for our  
7808 retirement as we draw closer to that time.

7809 Our son and his wife who were on Medicaid last year found  
7810 that they were very limited to doctors and hospitals that they

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7811 could use. They could not keep their current doctors. I know  
7812 that you have a huge task ahead trying to come up with a new plan,  
7813 but I wanted to give input in what was happening to us in northwest  
7814 Ohio and in Middle America. Mr. Chairman, I yield back the  
7815 balance of my time.

7816 The Chairman. The gentleman yields back the balance of his  
7817 time. Are there other members wishing to speak or can we go to  
7818 a vote? Oh, I am sorry. Yes, if the people will suspend. The  
7819 gentlelady from California has a UC to put some things in the  
7820 record.

7821 Ms. Eshoo. Mr. Chairman, I ask for unanimous consent to  
7822 place two documents in the record, one from a Dr. Muller in my  
7823 district, the other a U.S. News and World Report piece by David  
7824 Entwistle who is the CEO of Stanford Medical Center.

7825 The Chairman. Without objection, those documents will be  
7826 entered into the record.

7827 [The information follows:]

7828

7829 \*\*\*\*\*COMMITTEE INSERT 13\*\*\*\*\*

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7830 Ms. Eshoo. Thank you very much.

7831 The Chairman. The chair now recognizes the gentlelady from  
7832 Florida, Ms. Castor, for 5 minutes to speak on the amendment.

7833 Ms. Castor. Well, thank you, Mr. Chairman, for recognizing  
7834 me. I think that Mr. Pallone's amendment renaming the bill the  
7835 Pay More For Less bill is very apt. It is a much better  
7836 description of what will happen if this is enacted into law. And  
7837 you don't have to take it from me, the opposition has been pouring  
7838 in all day and I thought I would reference just a few of them.

7839 The American Medical Association has come out in opposition  
7840 to the bill and they say, in part, more than 20 million Americans  
7841 currently have healthcare coverage due to the Affordable Care Act,  
7842 and among the AMA's highest priorities for ongoing health system  
7843 reform efforts is to ensure that these individuals maintain that  
7844 coverage. While we agree that there are problems with the ACA  
7845 that must be addressed, we cannot support the GOP bill as drafted  
7846 because of the expected decline in health insurance coverage and  
7847 the potential harm it would cause to vulnerable patient  
7848 populations. They sign off as, and critically we urge you to do  
7849 all that is possible to ensure that those who are currently covered  
7850 do not become uninsured.

7851 Easter Seals has also weighed in, in opposition. They say  
7852 Easter Seals -- and remember, they are the leading the nonprofit

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7853 organization that helps individuals with disabilities access  
7854 their community and especially under Medicaid. Easter Seals is  
7855 greatly concerned that the GOP bill removes the federal funding  
7856 guaranteed that currently exists in Medicaid.

7857         People with disabilities rely on Medicaid-funded services  
7858 such as attendant care, adult day, and home health services to  
7859 remain in their homes and communities. Restricting Medicaid  
7860 resources by capping the federal amount available to states and  
7861 including further reductions based on aggregate Medicaid  
7862 expenditures will further limit access to services.

7863         The National Nurses United also opposes the GOP bill. On  
7864 behalf of the 150,000 registered nurse members of National Nurses  
7865 United we urge you to oppose the GOP bill. The American Health  
7866 Care Act poses a mortal threat to the health and well-being of  
7867 our patients and to the health security of our country. In fact,  
7868 there is not a single aspect of this legislation that will benefit  
7869 our patients who lack the healthcare services they need.

7870         The Leukemia & Lymphoma Society also say that on behalf of  
7871 their society and the 1,200,000 Americans living with a blood  
7872 cancer diagnosis they are writing to urge leaders and members of  
7873 the Energy and Commerce and Ways and Means Committee to vote no  
7874 on the GOP bill. The Trust for America's Health, they are a  
7875 nonprofit, nonpartisan organization, they say under the proposed

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7876 bill millions could lose health insurance and we are particularly  
7877 concerned about access to health coverage for those with limited  
7878 incomes. Without affordable insurance coverage for these  
7879 individuals we will see increased levels of preventable illness,  
7880 injuries, and death. In addition, we believe that it is important  
7881 to guarantee that all insurance both public and private offers  
7882 evidence-based, preventive services without cost to the patient.

7883 There are many more and they are going to keep pouring in,  
7884 I am afraid, because what they want us to do is what the Democrats  
7885 have been offering to do. Let's slow this down, let's begin to  
7886 work together. I have listened very closely to my colleagues'  
7887 stories from their districts. Remember, it is not collapsing  
7888 everywhere. In Florida we have 1.7 million Floridians who went  
7889 into healthcare.gov and found affordable health insurance. In  
7890 my neck of the woods we have a competitive market.

7891 So why don't we sit down and work together on how we broaden  
7892 competition in areas of the country that don't have it? We know  
7893 there is nothing in the bill to tackle the high cost of  
7894 pharmaceuticals. That is an area that I would hope we could sit  
7895 down to, but turning this into a more inefficient, costly system  
7896 where people don't have insurance and then the folks with  
7897 insurance have to pick up the tab because our other neighbors will  
7898 have access but they won't have coverage that provides financial

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7899 stability in their lives, that is not the way to solve this  
7900 problem. It is costly, it is inefficient, and we owe the American  
7901 people much more. I yield back the balance of my time.

7902 The Chairman. The gentlelady yields back the balance of her  
7903 time. The chair is going to recognize the gentleman from  
7904 Oklahoma, Mr. Mullin, for 5 minutes to speak on the amendment.

7905 Mr. Mullin. Thank you, Mr. Chairman, and I will say I rise  
7906 to oppose the amendment. There has been a lot of talk about this  
7907 not being affordable or we are stripping it away from the American  
7908 people, and I know my colleague from Florida who just got done  
7909 speaking was talking about it is working in Florida. Well, it  
7910 is not working in other places. In Oklahoma alone, through  
7911 the exchange we saw 76 percent increase. In Arizona last year  
7912 alone, we had 116 percent increase. Why are the premiums  
7913 skyrocketing? It is because of the mandates from Obamacare. It  
7914 is not affordable and our colleagues on the other side know this.  
7915 So why are they arguing? Why are they having this conversation?  
7916 We are talking about being honest with the American people. They  
7917 know it was failing regardless of who got elected in November.  
7918 If it was Hillary Clinton or current President Trump, we were going  
7919 to be in this hearing room and we were going to have a discussion  
7920 about health care of the American people.

7921 Why is it that all of a sudden this is such a surprise to

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7922 the other side? Many of my colleagues from the other side came  
7923 to us and said, hey, we are going to have to work together on this,  
7924 are you willing to help us? My question to them was why? It is  
7925 yours. It is your baby, you fix it. And I was surprised by the  
7926 answer that I received. Well, if we don't we are going to go to  
7927 a single-payer system, really? If we are going to be honest with  
7928 the American people then let's be honest with our intentions.

7929 What are the options here? We know we can't keep it the way  
7930 it is going, it is not sustainable. Insurers are pulling out of  
7931 the market, there are fewer choices for the American people, but  
7932 yet our colleagues on the other side continue to want to argue  
7933 for a failed policy even to the point of saying it cost our  
7934 colleagues 50 seats but we stood with it. The American people  
7935 spoke up and said it is failing.

7936 That is why you lost 50 seats, not because it is the right  
7937 policy, it is because it was a failed policy. Yet we are still  
7938 here and we have been in markup since 10:30 a.m. and we haven't  
7939 had one single vote. Because of a delay tactic, maybe it is just  
7940 because you guys have nothing better to do? I am not trying to  
7941 be insulting, but if we are going to get started on fixing  
7942 something that you know is broke at what point do we start having  
7943 an open conversation? I have many friends on the other side of  
7944 the aisle. I am open and willing to talk to people when we can

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7945 have a reasonable conversation.

7946 But you can't honestly look at the camera and say that this  
7947 bill is perfect and that it wasn't failing. You can't honestly  
7948 say that there is more access and it is more affordable today than  
7949 it was in 2010. That conversation cannot happen. So what is the  
7950 option, do nothing and let it fail? Go to what plan B was for  
7951 you guys to a single-payer system, or put it back in control of  
7952 the American people? I think the American people made it very  
7953 clear they want control of their health care, not a bunch of  
7954 bureaucrats in Washington, D.C. With that I yield back.

7955 The Chairman. The gentleman yields back the balance of his  
7956 time. Are there others seeking recognition? The gentleman from  
7957 Vermont, I believe, is next. Oh, did the gentleman from  
7958 California, Mr. McNerney, want -- you too, okay. We are trying  
7959 to stay in seniority. I don't want you two to get cranky with  
7960 each other, so we will -- are you, yes. So we will go with the  
7961 gentleman from California since he is so much more senior than  
7962 the gentleman from Vermont. Mr. McNerney, you are recognized for  
7963 5 minutes.

7964 Mr. McNerney. Thank you, Mr. Chairman. I strike the last  
7965 word. I am in support of Congressman Pallone's amendment to  
7966 change the short title of the bill to Pay More for Less. I do  
7967 so in honor of a constituent, Denise Jefferson. Denise Jefferson

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7968 credits the ACA with saving her life. She was diagnosed with  
7969 colon cancer at age 41. Her second cancer diagnosis came at age  
7970 59, this time ovarian cancer. At the time, Denise had a good  
7971 private insurance policy even though it was very expensive due  
7972 to her preexisting condition.

7973 A few weeks after being diagnosed with ovarian cancer Denise  
7974 received a letter from her insurance company. Well, guess what  
7975 it said. They informed her that they were canceling her policy.  
7976 She was told that she would only be covered for the surgery, her  
7977 policy would end after that. It would not cover the required 5  
7978 months of chemotherapy to treat her cancer.

7979 But luckily, the Affordable Care Act had just become law.  
7980 Because of the Affordable Care Act she was able to secure a policy  
7981 to cover her cancer treatment and scans. Denise says that had  
7982 it not been for the ACA she would not be alive today.

7983 Unfortunately Denise's story is not unique. She is among the  
7984 millions of people who have received important health care because  
7985 of the Affordable Care Act, care they would not have access to  
7986 before the Affordable Care Act was enacted.

7987 Today we are marking up the Republican repeal bill, a bill  
7988 that will probably take away care for people like Denise. It will  
7989 penalize people who do not have continuous coverage and punish  
7990 those with preexisting conditions. The provisions of the ACA

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7991 saved lives. It has expanded health care to more people than ever  
7992 before, uninsured rates are at a record low, people are able to  
7993 get access to primary care physicians, and this catches  
7994 life-threatening conditions like cancer early enough to be  
7995 effective for treatment.

7996 Mr. Chairman, can we have order?

7997 The Chairman. The gentleman may proceed.

7998 Mr. McNerney. People who have had cancer in the past no  
7999 longer have to worry about coverage. Because of the ACA,  
8000 insurance companies cannot deny coverage because of an individual  
8001 has preexisting conditions. We have made great progress in  
8002 regards to healthcare coverage and healthcare access. That is  
8003 why I support Congressman Pallone's amendment.

8004 Now before close I would like to talk about my friend, the  
8005 gentleman from Illinois', remarks earlier today. Let's face it,  
8006 health care is tough. It is going to be expensive. It is clear  
8007 that the Democratic Party believes that the Affordable Care Act  
8008 has been successful but needs improvement. It is also clear that  
8009 the Republicans believe that the ACA is in a death spiral as we  
8010 often hear and that this bill would improve things. Naturally,  
8011 the Democrats don't agree with that idea and here is why. The  
8012 Republican bill eliminates the fees needed to keep premiums and  
8013 deductibles down. I don't see how that will do anything but cause

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8014 premiums and deductibles to increase.

8015 But the gentleman is right, the Democrats paid a big price  
8016 for enacting the Affordable Care Act and now the Republicans are  
8017 setting themselves up to pay a very big price. Now in the House  
8018 of Representatives the majority does its will if it has a will,  
8019 which is in doubt in this case, but I caution you, be careful what  
8020 you wish for.

8021 On the other side you saw the turmoil we faced in 2009 and  
8022 2010 with our town halls and we got hammered in the election. Now  
8023 you all are getting hammered in town halls, and I caution you,  
8024 if you live in a competitive district you are going to face a tough  
8025 election.

8026 Mr. Chairman, I yield back.

8027 Mr. Doyle. Will the gentleman yield?

8028 The Chairman. The gentleman yields back.

8029 Mr. Doyle. Will the gentleman yield?

8030 Mr. McNerney. Who is asking?

8031 Mr. Doyle. Will you yield?

8032 Mr. McNerney. Yes. I yield.

8033 The Chairman. Very good.

8034 Mr. Doyle. I would just like to say to our friend from  
8035 Oklahoma, none of us think this bill is perfect. I have never  
8036 heard a single Democrat say that this bill was perfect. We knew

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8037 that it needed work and we wanted for the last 7 years to work  
8038 with Republicans to try to improve this bill. You guys weren't  
8039 very interested in that.

8040 I am not sure what the gentleman is talking about when he  
8041 talks about mandates. What mandate in the Obamacare bill does  
8042 he take issue with? Certainly not with preexisting conditions  
8043 or caps on benefits or letting your child stay on the policy to  
8044 26. So I am curious, what is it we are mandating?

8045 Mr. Shimkus. Will the gentleman yield?

8046 Mr. Doyle. Yes, sure.

8047 Mr. Shimkus. What about men having to purchase prenatal  
8048 care? I am just -- is that not correct?

8049 Mr. Doyle. Reclaiming my time.

8050 Mr. Shimkus. I am sure they --

8051 Mr. Doyle. Reclaiming my time.

8052 The Chairman. Whoa, whoa, whoa.

8053 Mr. Doyle. There is no such thing as ala carte --

8054 The Chairman. Regular order.

8055 Mr. Doyle. There is no such thing as ala carte insurance,

8056 John. You know, you don't get to --

8057 Mr. Shimkus. That is the point. That is the point. We  
8058 want the consumer to be able to go to the insurance market and  
8059 be able to negotiate on a plan --

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8060 Mr. Doyle. Reclaiming my time.

8061 The Chairman. Whoa, whoa.

8062 Mr. Doyle. You tell me what insurance company will do that.

8063 There isn't a single insurance company in the world that does that,  
8064 John.

8065 The Chairman. The gentleman's time --

8066 Mr. Doyle. You are talking about something that doesn't  
8067 exist.

8068 The Chairman. The gentleman's time has expired. Are there  
8069 members on this side of the aisle that are -- yes, the gentleman  
8070 from Michigan, Mr. -- if we could have order. The gentleman from  
8071 Michigan, Mr. Walberg, is recognized for 5 minutes to speak on  
8072 the amendment.

8073 Mr. Walberg. I thank the chairman, and as a freshman on this  
8074 committee I hesitated to speak up. But as I listened to this  
8075 amendment initially I thought it would be like in most other  
8076 committees, it would be put up for a few comments and then  
8077 withdrawn because it doesn't seem serious. It doesn't seem  
8078 serious at all.

8079 Bottom line is what has happened as a result of the Affordable  
8080 Care Act is what is not affordable. It has hurt people. I was  
8081 here in 2008, was sent home for 2 years of R&R. The Democrat who  
8082 defeated me voted for this thing, I came back in 2010, and since

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8083 that time I have continued to come back and the Affordable Care  
8084 Act has continued to be a problem in my district. I mean, let's  
8085 get serious about this. If anything is a pay-more-for-less act,  
8086 we are talking about the Affordable Care Act. Obamacare is a  
8087 disaster. Insurance markets are collapsing. We can't deny  
8088 that. Healthcare costs are soaring, patients are dwindling,  
8089 their choices are gone.

8090 We believe, and my colleague from North Dakota so eloquently  
8091 talked about the impact of markets and competition, we live in  
8092 a country we ought to expound upon that. We have set and charted  
8093 the course for the rest of the world in competition. I come from  
8094 the Great Lakes state. I come from the motor capital of the world.  
8095 We found for a while we didn't compete and then we found out we  
8096 needed to compete and we came back, and products, quality,  
8097 everything has been brought about for the consumer.

8098 Premiums increased by an average of 25 percent this year for  
8099 the millions of Americans trapped in a failed Obamacare exchange  
8100 plan. Obamacare is unsustainable and it is hurting far more than  
8101 it is helping. Pay more for less, absolutely. That is why we  
8102 are doing this exercise. That is why we are rescuing the people.  
8103 My district in Michigan needs rescuing from Obamacare.

8104 Let me just read some actual experiences, and like the rest  
8105 of you we could have a book here. Marty from Jackson, Michigan,

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8106 is retired and her husband is self-employed. In 2015, they  
8107 purchased the Bronze policy with a premium of \$250 a month and  
8108 a deductible of \$6,000 per person. In 2016, their premiums nearly  
8109 quadrupled to 989 a month. In November of 2016, they canceled  
8110 their health insurance because, why, they could not afford the  
8111 premiums increase in 2017. Now they are both uninsured. That  
8112 is the Affordable Care Act and we are debating an amendment that  
8113 says we are putting up something that will cost people more? You  
8114 have got to be kidding.

8115 Gary from Grand Ledge, Gary was promised he could keep his  
8116 healthcare plan, but when Obamacare went into effect his plan was  
8117 canceled. Gary's health insurance monthly premium has gone from  
8118 \$450 a month prior to the Affordable Care Act to \$1,100 a month.  
8119 He can't afford to pay 13,000 a year for health insurance. For  
8120 the first time in his adult life he and his family will be  
8121 completely uninsured.

8122 Mary from Reading, her healthcare costs have gone from about  
8123 \$400 a month to more than \$1,700 a month under Obamacare along  
8124 with a huge out-of-pocket payment. She has had to go with a plan  
8125 she didn't want in order to be able to get cancer treatment across  
8126 the state line in Indiana. Her costs have gone up exponentially  
8127 and she says she will go bankrupt this year because of it. I could  
8128 go on and on with that.

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8129           Again I thought that this would be an amendment, Republican  
8130 Pay More for less Care act would be something just to postulate  
8131 on, but I guess it is legitimate and yet is a farce. That is why  
8132 we are fighting this tonight because in fact the Affordable Care  
8133 Act was unaffordable and you paid for more for less and you didn't  
8134 have a choice. Let's give the people a choice. I yield back.

8135           The Chairman. The gentleman yields back the balance of his  
8136 time. The chair now recognizes the gentleman from Vermont, Mr.  
8137 Welch, for 5 minutes to speak on this amendment.

8138           Mr. Welch. Thank you very much. Mr. Chairman, I think this  
8139 actually is an important amendment to allow all of us to tell  
8140 stories about individuals we represent, and as I have been sitting  
8141 here listening to the stories they are pretty powerful. And some  
8142 of the stories are about people who as a result of the failure  
8143 of the individual market suddenly find themselves without  
8144 insurance, high and dry. Some of the stories are about people  
8145 who never thought they would have insurance within reach and they  
8146 have it as a result of the Affordable Care Act and just in time.  
8147 They have cancer. They have kids with serious conditions.

8148           So then we tell our stories, but then we don't analyze what  
8149 the problem is. Mr. Shimkus, you talked about, you know, the  
8150 insurance that you want and it reminded me, I had a neighbor. His  
8151 name was Shorty Sawyer and he was somebody you would know in your

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8152 district. Incredibly hardworking, not educated very well, used  
8153 to do maple syrup. He used to cut cord wood for sale, plow  
8154 driveways, worked in the woods a lot, and he managed through  
8155 dangerous work to go without injury for like 60 years. And one  
8156 day in the woods he dropped a tree on his shoulder and it was badly  
8157 fractured, and my neighbor was around and drove him down to the  
8158 hospital.

8159           And Shorty was very proud because he thought he had insurance  
8160 and it was company called Golden Rule and Shorty had been paying  
8161 into this insurance company for years, and he didn't have much  
8162 money so he thought he was doing the responsible thing. He got  
8163 to the hospital and found out that his policy did not cover any  
8164 kind of hospitalization.

8165           So he had been paying money forever, thought he had coverage,  
8166 he had a legitimate, I mean an incredible injury out there in the  
8167 woods and managed to get himself back to his car, found a neighbor  
8168 who took him down, and the coverage he had was nonexistent. And  
8169 that is the problem about the rhetoric about selling stuff across  
8170 state lines. That is fine. Under this bill you can do it. You  
8171 can sell insurance across state lines, but it has got to meet some  
8172 standards.

8173           The Chairman. Actually that is not in the bill, just so you  
8174 know.

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8175 Mr. Welch. Well, in the Affordable Care Act. My point here  
8176 is that the stories that we are telling that move each of us as  
8177 we tell them because it is real people with real lives that need  
8178 real insurance, they are both true. They are both true. And if  
8179 we are going to be like responsible to solve the problems that  
8180 you are talking about with people you represent -- and by the way  
8181 I have some people in Vermont who are by and large in support of  
8182 the Affordable Care Act in my stories that are telling me to repeal  
8183 it because they can't afford it.

8184 Now I write back to them and I say you have got a problem  
8185 and we have a responsibility to fix it, but I have to tell you  
8186 repealing the healthcare bill won't solve your problem. My view  
8187 is it will make it worse, but we can have a discussion and debate  
8188 about that. But these stories are in fact quite important because  
8189 they are really true. They are both true. But if we disregard  
8190 the reality of the experience of your people and you disregard  
8191 the reality of the experience of the people whose stories we are  
8192 telling, we are ending up in the same place with a mixed up system  
8193 and the hardworking people in this country being insecure about  
8194 whether they have health care.

8195 You know, the folks who have plenty of money do not need us  
8196 to pass any bill at all. But the vast majority of Americans, look,  
8197 most of those folks they have like 20 or 30 or \$40,000 in for

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8198 retirement. They are like a paycheck away from losing a home.  
8199 They don't even think of how it is going to be possible for them  
8200 to put their kids through school. And health care has been  
8201 outrageous. In one respect it just marches, marches, marches up  
8202 in its cost. No control over the cost, and we are doing nothing  
8203 about addressing the structural cost in health care.

8204           You know, this fee-for-service system we all know is broken,  
8205 that is like time and materials. It is like telling someone to  
8206 build you a house. You don't want to know how much it is going  
8207 to cost. Just tell me how much time you spend, how much materials  
8208 you spend and we will pay the bill. That is a disaster, to quote  
8209 a certain American. So these stories are not, in a way they are  
8210 very compelling because they are real, but the reality of the story  
8211 you tell does not deny the reality of the story we tell. And  
8212 doesn't that suggest that there is some mutual obligation here  
8213 to have a final story that helps the folks you are talking about  
8214 and preserves the protections of the people we are talking about?  
8215 I yield back.

8216           The Chairman. The gentleman's time has expired. I  
8217 appreciate the gentleman's comments and I can assure the gentleman  
8218 that while in reconciliation we are constricted in what we can  
8219 do, but it is my intent as chairman of the committee to pursue  
8220 the cost drivers of health care and hopefully in a bipartisan way.

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8221 And as I say, we can't do much of that here necessarily, but believe  
8222 me I have had people come to me and talk about the 340B program,  
8223 I have had them talk to me about a lot of things and I concur.  
8224 So hopefully when we get past this piece we can come together and  
8225 we can look at these in a very thoughtful way.

8226 You know, I heard the other day about a naloxone injector.  
8227 It is the same deal as EpiPen, at OHSU a ninefold increase. They  
8228 told me \$5,600. This is outrageous. So we are going to look at  
8229 these things, I assure the gentleman. And I appreciate his tone,  
8230 tenor, and his commitment to work with us on that.

8231 I now recognize, let's see, who was next? I think Mr.  
8232 Johnson was next on our side of the aisle. Mr. Johnson.

8233 Mr. Johnson. Thank you, Mr. Chairman. You know, I have  
8234 heard the cries from our colleagues on the other side of the aisle  
8235 talking about slow this process down. You know, I am here as are  
8236 several of our colleagues on this committee because of the pace  
8237 at which the Affordable Care Act was put in place in 2010. Mr.  
8238 Chairman, I think you have gone way beyond the point of  
8239 reasonableness in allowing transparency and debate on this very,  
8240 very critical issue, because this kind of transparency and debate  
8241 did not occur when the Affordable Care Act was put in place in  
8242 2010.

8243 Now I have heard talk about real people with real lives and

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8244 real problems. Let's look at some of those people in Appalachia.  
8245 Proctorville, Ohio, here is a story. We just received notice from  
8246 our healthcare provider that they are discontinuing our  
8247 individual healthcare plan because it doesn't meet all the  
8248 requirements of the new healthcare reform laws known as the  
8249 Affordable Care Act. As a result, on our new renewal date they  
8250 are transitioning us to a healthcare plan that is compliant with  
8251 Obamacare. Our monthly premium will go from \$403.91 to  
8252 \$1,591.82. That is a 400 percent increase. How can they call  
8253 it an affordable health act when it will cost up to four times  
8254 as much?

8255 Here is one in my hometown of Marietta, Ohio. In January,  
8256 my health insurance premium with Blue Cross Blue Shield was \$876  
8257 a month. On 9/23, it went to \$2,200 a month and last week it got  
8258 canceled altogether. This is crazy. I was planning to hire a  
8259 marketing coordinator for my office in December, but not now, not  
8260 until I can figure out what my costs will end up being.

8261 Here is one in Bellaire, Ohio. I am self-employed. My wife  
8262 and I have been on the Ohio Valley Health Plan for about 20 years.  
8263 We had a bare-bones plan, \$722 per month 80/20 coverage with  
8264 copays. This year it has changed to \$980 a month, 60/40 coverage,  
8265 \$4,500 deductible each -- that is 9,000 in deductible -- and higher  
8266 copays. When I asked why such a drastic change occurred with

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8267 seemingly less coverage I was told because they had to. My wife  
8268 and I are 58 years old. We are in good health. However, we are  
8269 getting to the age of maybe needing health care and now we are  
8270 worried it is not going to be there for us -- affordability.

8271 Here is another one. For the first time in several years  
8272 my husband and I will not be covered by health insurance. My plan  
8273 doesn't meet the Obama standards and is being canceled. We do  
8274 not qualify for any credits or subsidies. We cannot afford the  
8275 expensive premiums being offered. We are considering cutting  
8276 back on some of our customers in order to reduce our income so  
8277 we can qualify for assistance. Not only will we not have  
8278 insurance, but we will also be fined. This is ridiculous.

8279 Here is one in Carrollton, Ohio. Here is how their premiums  
8280 increased. He is a 58 year old married couple. Neither my wife  
8281 nor I are smokers. Under the Affordable Care Act 2009, a \$544  
8282 a month premium, by 2015 it had increased to \$1,346, look at that  
8283 increase. Here is the big one. Get rid of Obamacare comes a cry  
8284 from my constituent in Richmond, Ohio. It costs me \$20,000 per  
8285 year for health insurance with a \$9,000 deductible since Obamacare  
8286 has started.

8287 Mr. Chairman, there is a big difference between coverage and  
8288 access. When you have a \$20,000 a year premium and a \$9,000  
8289 deductible that is \$29,000 out of your pocket before the insurance

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8290 pays a dime. That is not access to affordable health care.  
8291 People aren't going to use their insurance when it costs that much.  
8292 I rise in opposition to my good friend Mr. Pallone's amendment  
8293 because it is simply not true. I yield back.

8294 Mr. Shimkus. [Presiding.] The gentleman's time has  
8295 expired. The chair now recognizes the gentlelady from Colorado,  
8296 Ms. DeGette, for 5 minutes.

8297 Ms. DeGette. Thank you so much, Mr. Chairman, and I am glad  
8298 you are in the chair because I want to talk about the statement  
8299 that you made earlier to Mr. Doyle about having to get coverage  
8300 for pregnancy. And the truth is, almost all employer-based plans  
8301 cover all the whole range of benefits for people. What we are  
8302 really talking about is the individual market, and most people  
8303 on your side of the aisle are talking about these horror stories  
8304 under the ACA in the individual market.

8305 But as we established earlier this evening, earlier this  
8306 evening we established the essential benefits from the ACA still  
8307 stay in your bill. So what we need to do rather than have a big,  
8308 general debate about the ACA, we need to look at this legislation  
8309 that is pending before this committee today and we need to see  
8310 how is this pending legislation going to impact what is happening  
8311 in the ACA?

8312 Now before we had the ACA, only 12 percent of the individual

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8313 market covered maternity health care. And so what that meant is  
8314 if you were a woman -- and P.S., it is International Women's Day,  
8315 so maybe that is not the best thing for you to be saying, Mr.  
8316 Chairman -- is only 12 percent, so women by nature had to pay more  
8317 for insurance because they were women because they might get  
8318 pregnant or need birth control or have issues. That was  
8319 eliminated in the ACA helping millions of women be able to afford  
8320 their maternity and child care and childbirth.

8321 Now, you know, you just have to look and see, does this bill  
8322 address the problem that you are trying to identify? And what  
8323 we are trying to say on this side of the aisle is that in fact  
8324 there are issues with the Affordable Care Act and we know we need  
8325 to fix them in a bipartisan way. We know that. But what this  
8326 bill does is it makes it even worse for the people who have been  
8327 able to get health care.

8328 And I want to talk just quickly about two people. Last month  
8329 I had a listening session in Denver for people to come and talk  
8330 about how the Affordable Care Act impacted them and I had 200  
8331 people show up at this listening session. And of course they  
8332 couldn't all talk, but I got a lot of them to write out cards,  
8333 but a couple of them talked. Well, a lot of them talked, but one  
8334 of them was Amanda Miller.

8335 Now here is Amanda Miller. She is a young woman. She and

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8336 her, I think they are in their 20s, she and her husband they changed  
8337 jobs. So while they were unemployed they decided they should buy  
8338 an insurance policy on the exchange because they are good citizens  
8339 and they thought even though they are healthy what might happen.  
8340 Right after that they got in a terrible car accident when they  
8341 were visiting her parents at Christmas and a truck fell over on  
8342 them. And as she said to me, she said you could see more of my  
8343 husband's skull than you could see of his scalp. And she said  
8344 if there wasn't a car full of nurses following them he would have  
8345 bled out. Can you imagine? She stood there and said that in  
8346 front of 200 people.

8347 And she said that he has now had to have, I think, 19  
8348 operations and she said that their hospital bill of \$16,000 was  
8349 paid in full because they were on the exchange. And now she is  
8350 worried because if you take that away from them, then, number one,  
8351 they wouldn't be able to pay for that hospitalization; number two,  
8352 he would have a preexisting condition and his insurance rates  
8353 would go through the roof. And in fact, his health insurance  
8354 company, Molina, said that if the Republican bill today passes,  
8355 premiums for people like Amanda and everybody else are going to  
8356 jump more than 30 percent in 2018 and that is on top of the current  
8357 premium increases that are projected under the ACA. How are  
8358 people like that going to pay for insurance?

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8359 Just quickly, one other story I want to tell you is Lisa  
8360 Schomp of Denver. She got a neuroimmune disease and she only was  
8361 able to work part-time. Because she only works part-time she is  
8362 not eligible for insurance through her employer. The high risk  
8363 pool had a long waiting list and she couldn't afford the premiums.  
8364 And so then she got more disease, so she finally got a part-time  
8365 job but she couldn't afford the insurance. Finally, she went on  
8366 the Medicaid expansion and now she can afford treatment and she  
8367 doesn't have medical debt. What is going to happen to her?

8368 You know, before the ACA, addressing a serious illness  
8369 required two arduous battles, recovery and then repayment.  
8370 Before the ACA, the number one cause of personal bankruptcy was  
8371 medical bills. So we can sit here all night long, and I suspect  
8372 we may, and we can talk, you guys can talk about, oh, all the people  
8373 who were harmed by the ACA and we can talk about the people who  
8374 benefited, but in truth we have to see if this bill solves the  
8375 problem and I humbly submit that it does not. We should scrap  
8376 it, sit down, try to fix the problem together.

8377 Mr. Shimkus. The gentlelady's time has expired, anyone  
8378 seeking recognition on the majority side? The chair recognizes  
8379 the gentleman from Pennsylvania, Mr. Costello, 5 minutes.

8380 Mr. Costello. Yes, very briefly. I just want to echo the  
8381 sentiments that my colleague from Vermont said about the fact that

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8382 I think both sides do have stories and they are both true and I  
8383 think that is very much worth stating. It is a point of  
8384 frustration for me that it is now 9:20 and we are certainly willing  
8385 to be here for as many days as it takes and we are on the first  
8386 amendment when the hearing started at 10:30 and it is about the  
8387 name of the bill rather than substantive amendments.

8388 And I believe it would be very helpful in the spirit of  
8389 working together to have and advance the amendments that are going  
8390 to be offered. I believe as the ranking member indicated there  
8391 is going to be hundreds of them. And because all these stories  
8392 are true and because we all want to improve our healthcare system,  
8393 the earlier we get all these substantive amendments and we move  
8394 on to actually debating the substantive amendments and not having  
8395 motions to adjourn on the House floor over and over and over again  
8396 and reading the text of the bill for an hour, all of which just  
8397 wastes time rather than dealing with fixing our healthcare law,  
8398 I imagine that every single person watching this on television  
8399 is waiting for us to actually talk about the amendments and not  
8400 delay or protract that discussion talking about what the name of  
8401 the bill is going to be or disrupting these hearings by having  
8402 to go to the floor for motions to adjourn. I yield back.

8403 Mr. Shimkus. The gentleman yields back his time. The chair  
8404 now recognizes the gentleman from New Mexico, Mr. Lujan, for 5

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8405 minutes.

8406 Mr. Lujan. Thank you, Mr. Chairman. I want to thank the  
8407 staff for taking the time to read the bill at my request, because  
8408 everyone on this committee got a thorough reading of the bill.  
8409 And the complexities associated that are built into this bill with  
8410 the sections that are referenced that were not read, I hope the  
8411 members in this chamber take the time to go and see where those  
8412 references are and read those parts of the bill so that they know  
8413 what they are repealing. This is an important process.  
8414 Making sure that we have time to look at this language is  
8415 critically important rather than ramming it down the throats of  
8416 the American people. No hearings on this bill. This is the first  
8417 day of hearings, first one on this bill that was posted at 6:00  
8418 p.m. on Monday night, I was told. So thank you to general counsel.  
8419 I know it wasn't easy. I tried to keep up with you. You were  
8420 trying to get through it pretty quickly and I respect that, but  
8421 at least it gave an opportunity to do that.

8422 In response to my colleague Mr. Johnson about the openness  
8423 with this process, here is what one of our colleagues said. Not  
8424 exactly a progressive, I don't even know that you could call him  
8425 a moderate, very conservative, self-identified leader in the U.S.  
8426 Senate, his name is Mike Lee. What Mike Lee said is this is  
8427 exactly the type of backroom dealing and rushed process that we

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8428 criticize Democrats for and it is not what we promised the American  
8429 people. We don't know how people will use this new tax credit.  
8430 We don't know how much it will cost. And we don't know if this  
8431 bill will make health care more affordable for Americans.

8432 One of our former colleagues who is now in the U.S. Senate  
8433 --

8434 Mr. Johnson. Will the gentleman yield?

8435 Mr. Lujan. Yes.

8436 Mr. Johnson. One of your former colleagues named Charlie  
8437 Wilson voted for the bill and I took his place in 2010. I yield  
8438 back.

8439 Mr. Lujan. Well, Mr. Johnson, I appreciate that. But  
8440 again, when Mike Lee says this is the kind of backroom dealing  
8441 that rushed the process through that Democrats were criticized  
8442 for I don't think you disagreed with me, you just said you beat  
8443 him, so kudos to you. It doesn't change that this is a backroom  
8444 deal that didn't make the light of day --

8445 Mrs. Blackburn. If the gentleman would yield?

8446 Mr. Lujan. -- no, I won't -- until 10:00 p.m., or sorry,  
8447 6:00 p.m. on Monday night. Bill Cassidy went on to say that he  
8448 called for a CBO score and wants to see how many people lose  
8449 coverage, how much is added to the debt.

8450 Now Mr. Chairman, I know that Chairman Walden is not here

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8451 so I don't know if Mr. Burgess might be able to answer this question  
8452 or committee staff, Mr. Burgess being the chairman of the  
8453 subcommittee. But Chairman Walden in response to Mr. Welch's  
8454 observation that people could purchase insurance across state  
8455 lines, Chairman Walden said that that is not in this version of  
8456 the bill. At a press conference earlier today with Speaker Ryan,  
8457 Speaker Ryan said that it will be in phase 3 of the bill. Can  
8458 any one of my Republican colleagues enlighten us on that?

8459 Mr. Shimkus. Yes, if the gentleman would yield.

8460 Mr. Lujan. Yes, sir.

8461 Mr. Shimkus. So we have always talked about this being in  
8462 three buckets, right. The first bucket is reconciliation which  
8463 is the process going on today here in Energy and Commerce and Ways  
8464 and Means. The second bucket is what Secretary Price can do  
8465 through his power, and it is a lot, through HHS. The third bucket  
8466 is going to have to move legislation that crosses the 60-vote  
8467 threshold in the Senate that being one of them.

8468 Mr. Lujan. I appreciate that explanation, Mr. Chairman.  
8469 So again, will this committee get a score of how much this is going  
8470 to cost the American people based that this is built in three  
8471 phases? I don't know that any one of our colleagues can answer  
8472 those questions which is why several more of our colleagues have  
8473 gone on to say --

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8474 Mr. Burgess. Will the gentleman yield on that?

8475 Mr. Lujan. Just 1 second, Dr. Burgess. I have a double  
8476 question for you as well. Michael Cannon from Cato, this bill  
8477 is a train wreck waiting to happen. National Review, all in all  
8478 through the bill is a disappointment. It is not too late to get  
8479 a second opinion. And Mr. Burgess, I would be happy to yield to  
8480 you because one thing I want to understand, sir, is at CPAC you  
8481 were asked a question about the number of people being uninsured  
8482 going up and you said that so if the numbers drop, I would say  
8483 that is a good thing because we restore personal liberty in this  
8484 country. And I would yield.

8485 Mr. Burgess. On the issue of the CBO score, the CBO score  
8486 on this bill was requested in early January and we are still  
8487 awaiting that result. We will not have a CBO score as  
8488 administrative functions --

8489 Mr. Lujan. Reclaiming my time.

8490 Mr. Shimkus. It is the time of the gentleman from New  
8491 Mexico, the gentleman from Texas.

8492 Mr. Lujan. If I can get clarification, Mr. Burgess, you said  
8493 you requested the score on this bill in January, but we were told  
8494 as late as Thursday that there was no bill that was ready for the  
8495 public to see? What is going on? I yield back, yield to the  
8496 chairman.

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8497 Mr. Burgess. There have been drafts of this bill that have  
8498 been worked on and really going back into last year. So the fact  
8499 that we were going to --

8500 Mr. Lujan. Mr. Chairman, based on this revelation I hope  
8501 that the CBO scores --

8502 Mr. Shimkus. The gentleman's time has expired.

8503 Mr. Lujan. -- that have been made available to the  
8504 Republicans are made available to the minority, my goodness.

8505 Mr. Shimkus. The gentleman's time has expired. The chair  
8506 now recognizes the gentleman from Michigan, a former chairman of  
8507 the full committee, Mr. Upton.

8508 Mr. Upton. Strike the last word, please.

8509 Mr. Shimkus. The gentleman is recognized for 5 minutes.

8510 Mr. Upton. So I want to say I really appreciated the remarks  
8511 from the gentleman from Vermont, because those personal stories  
8512 really do drive us. We do know those people on both sides the  
8513 winners and losers. And for those of us on this side, I think  
8514 we have probably heard from more folks that actually think that  
8515 Obamacare has been a loser for them.

8516 I can remember going through a company in my district and  
8517 they were scared to death that because of Obamacare the employer  
8518 was going to drop their coverage and they would simply pay a fine  
8519 and they would be put into the exchanges and they would lose a

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8520 much better plan, and directly contrary to the,  
8521 you-can-keep-your-plan-if-you-like-it. And I can remember a few  
8522 years ago I actually had a bill on the House floor that a good  
8523 number of Democrats voted for with every Republican that you could  
8524 keep your plan if you liked it, which was one of the underlying  
8525 promises of the bill. It passed the House; it did not get through  
8526 the Senate.

8527 As I look at the good work that this committee did on the  
8528 21st Century Cures, it is those personal stories that drove every  
8529 one of us to support that bill and we passed unanimously. Joe  
8530 Barton and I are among those that were here in the '90s. We can  
8531 remember a bill offered by, a bipartisan package offered by Mr.  
8532 Rowland and Mr. Bilirakis -- not Gus, but Mike -- that was  
8533 bipartisan on health care. It wasn't brought up because it would  
8534 have defeated the Hillary plan and the committee didn't want to  
8535 take that embarrassing vote and that was probably one of the  
8536 reasons why the House flipped in the '94 election because of that  
8537 healthcare debate, as I remember.

8538 So as we all think about our -- and, you know, I was one as  
8539 many of us here on this side believe that we did need healthcare  
8540 reform. We needed it on and we can remember those stories on  
8541 prescription drugs, going to senior centers and watching seniors  
8542 literally cutting the pills in half at mealtime so that those pills

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8543 would go twice as far, and that is why we passed Part D. Great  
8544 credit to President Bush 43 because that was a driving force for  
8545 him, a wonderful accomplishment that he campaigned on and  
8546 delivered, and seniors are much better off, I think, generally  
8547 by about 85 percent approval rating of that new benefit that in  
8548 fact the Congress did.

8549 Now as we look at this bill I have to compliment the many  
8550 ideas that we have been working on for some time. We have talked  
8551 about the kids under 26 years old. We had just a good number of  
8552 students from Michigan State that were in the audience. They are  
8553 on a capitol tour, they like that provision that we have and it  
8554 is bipartisan. We over here like the HSAs quite a bit. And I  
8555 have got to believe that at the end of the day that is going to  
8556 come through the Ways and Means Committee so we can do that.

8557 Now most of us, all of us I hope, want to make sure that  
8558 preexisting conditions are not discriminated against as people  
8559 look for health insurance. No cap on insurance, I can remember  
8560 some of those big disease groups and all of a sudden you would  
8561 hear from constituents and they would be very concerned that they  
8562 were going to hit that target and no longer be eligible for health  
8563 insurance. We took care of that.

8564 A number of us worked with our governors on both sides of  
8565 the aisle to make sure that there was a safety net, in essence,

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8566 for those states that expanded Medicaid and that will last for  
8567 all of them with new entrants through 2019 until they naturally  
8568 move on with attrition whether they become eligible for Medicare,  
8569 get a job, whatever it might be.

8570 So what I am saying is, these ideas I think that we have  
8571 retained make a good landing place for all of us in a bipartisan  
8572 way to say yes, there are healthcare reforms that we want. These  
8573 are some good ones, but what alarms us, and it has not happened  
8574 here much if at all, is some of the comments by some trying to  
8575 derail this, trying to scare people by saying oh, there is going  
8576 to be huge Medicare cuts and, you know, that type of thing.  
8577 Medicare is not included in this bill, you know, there are no cuts  
8578 in this bill.

8579 And as we have had tele-town meetings and discussions back  
8580 at home as we have tried to listen to folks, there is a genuine  
8581 fear that in fact this bill does something that in fact it does  
8582 not. Now we provide those protections that we want. I would like  
8583 to think that we would have gone much farther after nearly 11 hours  
8584 than having one amendment that is yet to be disposed of which only  
8585 impacts the title, but we are prepared to stay long, and at the  
8586 end of the day at the end of the process I hope that it can be  
8587 in fact a productive one that reaches the House floor and  
8588 ultimately to the President working with the Senate, and I yield

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8589 back.

8590 Mr. Shimkus. The gentleman yields back his time. The chair  
8591 now recognizes, I believe, the gentlelady from New York, Ms.  
8592 Clarke, for 5 minutes.

8593 Ms. Clarke. I thank you, Mr. Chairman. I really rise to  
8594 support Mr. Pallone's amendment. We do believe that this is a  
8595 pay more for less scheme, and so I would like to support this  
8596 amendment in the honor of my constituent Mary Sunderland. Mr.  
8597 Chairman, I am speaking on behalf of the people of the 9th  
8598 congressional district who in solidarity with the women, men, and  
8599 children who will be impacted by this misguided piece of  
8600 legislation.

8601 Mending our healthcare system is the most important issue  
8602 facing the American people. They deserve to know what is in this  
8603 bill. I have received hundreds of calls from people in my  
8604 district, real people whose lives have been saved thanks to the  
8605 Affordable Care Act. One constituent in particular told me that  
8606 ACA has immeasurably benefited her family's health, financial  
8607 security, and peace of mind.

8608 Mary Sunderland, her husband was diagnosed with cancer of  
8609 the salivary gland right around the time of their daughter's first  
8610 birthday. They were devastated. The thought of their daughter  
8611 losing her dad and being a young widow was terrifying. At the

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8612 same time her husband learned the due to a merger he would likely  
8613 be laid off from the job where he had worked for the past decade.  
8614 It was a terrifying time for the family.

8615 But they found some comfort in the fact that thanks to the  
8616 ACA's cap on annual out-of-pocket expenses and provisions about  
8617 preexisting conditions, they could rest easy knowing their family  
8618 wouldn't be devastated by medical bills and that insurance  
8619 companies wouldn't be able to deny them the coverage that he was  
8620 due, due to his health history. In the end, Ms. Sunderland's  
8621 husband underwent successful surgery to remove his tumor and he  
8622 was able to find another job.

8623 My constituent ended her conversation by saying our family  
8624 has been slowly recovering the hope and optimism that we felt  
8625 before his cancer diagnosis, but his cancer could return at any  
8626 time and even if it doesn't, if the ACA is repealed he could be  
8627 denied coverage as a cancer survivor. My daughter needs her  
8628 father, and losing the ACA would make it more likely that she would  
8629 grow up without him. They are terrified at the prospect of losing  
8630 the protections that the ACA has provided to their family.

8631 And these are real statements from real people, real people  
8632 who are frightened to lose their health insurance, because losing  
8633 their health insurance means loss of access to medication and  
8634 lifesaving cures. 3.4 million New Yorkers will lose their

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8635 coverage if the ACA is repealed and if this sham replacement is  
8636 put in place. Millions more around the country will lose their  
8637 care altogether.

8638 At this time I would like to yield the balance of my time  
8639 to the gentlelady from Florida, Ms. Castor.

8640 Ms. Castor. Well, I thank Ms. Clarke for yielding the time.  
8641 I wanted to follow up on Mr. Lujan's revelation and because it  
8642 appeared that he was able to elicit the fact that the majority  
8643 may have some documents related to CBO scoring. And I would like  
8644 to ask counsel, have you all talked with CBO over the past couple  
8645 of weeks on this version of this bill?

8646 The. Counsel. There have been ongoing discussions with the  
8647 various components of the bill with the Congressional Budget  
8648 Office.

8649 Ms. Castor. And were any of those communications done in  
8650 writing?

8651 The. Counsel. The communication takes place verbally and  
8652 in-person meetings generally.

8653 Ms. Castor. So there is nothing, there are no documents in  
8654 writing, no emails that were exchanged with the Congressional  
8655 Budget Office over how you score the bill or portions of the bill?

8656 The. Counsel. Typically, conversations take place in  
8657 person because it is due to technicalities and --

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8658 Ms. Castor. So typically it takes -- that is the way this  
8659 --

8660 The. Counsel. If I have received an email or other staff  
8661 have received email it is generally requesting time to speak and  
8662 time to meet and the conversations take place to get a better  
8663 understanding of the technicality.

8664 Ms. Castor. Could you provide the documents to the minority  
8665 so that we can have a better idea? I mean, we are being asked  
8666 to vote --

8667 Mr. Shimkus. Will the gentlelady yield?

8668 Ms. Castor. I am happy to yield.

8669 Mr. Shimkus. I don't think that is an appropriate request  
8670 to provide counsel.

8671 Ms. Castor. But we are being asked to vote on a bill that  
8672 affects everyone across the country --

8673 Mr. Shimkus. We have a --

8674 Ms. Castor. -- without having any information and this  
8675 seems like there might be a source --

8676 Mr. Shimkus. The gentlelady's time has expired, but I would  
8677 just end by saying we are not conducting an investigation at this  
8678 time. Now the gentlelady's time has expired. Who seeks time?  
8679 The gentleman from Virginia, Mr. Griffith, for 5 minutes.

8680 Mr. Griffith. Thank you, Mr. Chairman, and I appreciate it

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8681 very much. I find it interesting that we are currently debating  
8682 the title to the bill. And it is an interesting principle of  
8683 parliamentary procedure that one should not be amending a bill  
8684 unless if their amendment were to be adopted they plan to vote  
8685 for the bill. So in essence that based upon that principle the  
8686 Democrats are telling us tonight that if we merely change the title  
8687 they would be able to accept the bill.

8688 Now let me go back to Jefferson and Jefferson's Manual,  
8689 because while the committee process has changed over time, while  
8690 that process has changed over time they used to appoint  
8691 committees. They didn't have standing committees. Jefferson  
8692 lays out in his manual of parliamentary practice and procedure  
8693 that those who take exceptions to some particulars in the bill  
8694 are to be a part of the committee, but none who speak directly  
8695 against the body of the bill should be a part of the committee  
8696 dealing with amendments to the bill.

8697 That is where this whole principle of you don't amend the  
8698 bill unless if your amendment is adopted you are willing to vote  
8699 for it. He goes on to say, for he that would totally destroy will  
8700 not amend it. He who would totally destroy will not amend it.  
8701 The child, referencing the bill, the child is not to be put to  
8702 a nurse that cares not for it.

8703 So I would submit, ladies and gentleman, it appears that the

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8704 title is more important than the substance to my friends on the  
8705 other side of the aisle. Now I would hope that wasn't the case,  
8706 but it does seem that we have spent hours and hours and hours  
8707 worrying about the title of this bill as opposed to getting down  
8708 to the policy. I have also heard as comments have been made that  
8709 the other side has been willing to work with us, but my experience  
8710 was early on and continued until November was that every time we  
8711 would raise some issue related to the Affordable Care Act we were  
8712 met with derision and taunts that we were crazy or just didn't  
8713 want to go forward with this great plan they had.

8714           Tonight we hear they recognize their many problems within  
8715 it and they would love to work with us, but that isn't what I heard  
8716 before. Likewise, when we start talking about documents and  
8717 trying to get documents, our committee is still trying to get  
8718 documents which we were told we weren't going to get from the Obama  
8719 administration, trying to determine how they came about the cost  
8720 sharing subsidies without authority to spend that money. It is  
8721 in the bill but the money is not in the bill, and the Democrat  
8722 Senate removed the cost sharing subsidy portions of, or the part  
8723 that paid for that and yet they continued in the Obama  
8724 administration to spend that money without any authority from  
8725 Congress, we haven't been able to get those documents.

8726           So before we start worrying about what documents may be

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8727 floating around out there about a CBO score, perhaps we can get  
8728 some real information on the Affordable Care Act itself and how  
8729 they have been operating it without lawful authority.

8730 Now I also have stories from back home as we were all out  
8731 on the hustings over the last year. We have heard many, many  
8732 stories. We have all heard stories and I appreciate that. But  
8733 when a lady tells me that she is worried that it is killing her  
8734 family financially that her deductible is too high, she stops me  
8735 at a county fair and says her husband is sick and as a result of  
8736 that they are selling assets because their deductibles are so  
8737 high, their copays are so high they can't afford the so-called  
8738 Affordable Care Act and ask me to get rid of it.

8739 I get letters, you know, on a regular basis from constituents  
8740 who tell me that they can't afford the Affordable Care Act as it  
8741 is called, that they don't understand why this system is so poor,  
8742 people who tell me that it is hurting everything that they are  
8743 doing, and then conversations that just come up where parents are  
8744 trying to decide whether or not they buy the medication for their  
8745 children. This happened within the last couple of weeks, whether  
8746 or not they should buy the medication for their children because  
8747 it is not a life-threatening illness and it might make them feel  
8748 a little bit better, but their copay is so high and their  
8749 deductible is so high that they are not sure it is worth spending

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8750 the money. They are having to debate that in their households.

8751 So I submit to you that anybody who thinks that the Affordable  
8752 Care Act is in fact working is mistaken and we need to be coming  
8753 up with a new plan. I think this proposal before us tonight is  
8754 a good plan. It is far better than what is currently on the table.  
8755 I hope we will get on to passing it, but if there are in fact some  
8756 constructive amendments I would like to see them because debating  
8757 about a cute title to poke fun at Republicans is not really wanting  
8758 to work with us, it is just playing more games. And I yield back.

8759 Mr. Shimkus. The gentleman's time has expired. Who seeks  
8760 time on the minority side? Seeing none -- oh, the gentlelady from  
8761 Michigan, Mrs. Dingell, is recognized for 5 minutes.

8762 Mrs. Dingell. Thank you, Mr. Chairman. I rise to support  
8763 the Pallone amendment. For the last several months like many of  
8764 my colleagues I have been traveling through my district meeting  
8765 with students, seniors, and working families whose lives have been  
8766 significantly impacted by the Affordable Care Act. Since the ACA  
8767 was enacted in 2010, the uninsured rate in Michigan has fallen  
8768 by more than 50 percent with nearly 700,000 residents gaining  
8769 coverage.

8770 Everywhere I go people come up to me scared to death and ask  
8771 what is going to happen to their health care. I walked in  
8772 Starbucks a month ago and a woman just broke into tears. That

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8773 was a topic of a roundtable discussion I held in Taylor, Michigan,  
8774 with healthcare providers, labor leaders, and working families  
8775 to talk about what the ACA means to them. The story that  
8776 struck me the most was from a local clergyman, Bishop Walter  
8777 Scargill who gained coverage for the first time through the  
8778 Medicaid expansion. He told me, quote, the impact on black men  
8779 with increased access to insurance coverage is big. We didn't  
8780 take care of ourselves until it was too late, then we had to go  
8781 to the ER. Sometimes some of us died. Now we can go get checked  
8782 out early. I heard from a local UAW worker who told me, quote,  
8783 I come from a family where many of its members have struggled with  
8784 cancer. They would not have been able to have gotten healthcare  
8785 coverage after leaving their jobs or would have gone bankrupt with  
8786 the ACA.

8787 The stories don't stop there. A couple of weeks ago I met  
8788 with doctors, nurses, and patients at Beaumont Hospital in  
8789 Dearborn who told me that 60,000 Beaumont patients were covered  
8790 through Medicaid expansion. I heard the story of a 56 year old  
8791 mother of two who works full-time in a small business of only three  
8792 employees where no healthcare coverage was offered and where she  
8793 makes marginal income at best. She did not have insurance prior  
8794 to the ACA. When the marketplace first opened she was so  
8795 relieved.

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8796            Since she signed up for coverage, she has suffered a heart  
8797            attack, an EGD, and a broken shoulder. The emergencies were one  
8798            thing, but the woman had not seen a doctor or had preventive care  
8799            in years. Her sister wrote to Beaumont and wondered if perhaps  
8800            her heart attack could have been avoided. Now she is on heart  
8801            medication covered by insurance and getting healthier every day.  
8802            She routinely goes and gets all of her preventive screenings and  
8803            is more vigilant about her health than her siblings who have never  
8804            been without health insurance. Can you imagine what her bills  
8805            would have been without the ACA? Life would never have been the  
8806            same for her or her children. This is about real people and their  
8807            lives and making health care accessible at an affordable cost.  
8808            These are the people who will pay the price if the ACA is repealed  
8809            and Medicaid expansion is thrown out.

8810            And we keep talking of stories and there are stories on both  
8811            sides as my other colleagues have said, but we forget about the  
8812            people we were watching before the Affordable Care Act passed that  
8813            were cutting their pills in half and that couldn't afford to eat  
8814            or were making decisions. We have to make sure that we are not  
8815            going to penalize people who suddenly have hope and take that hope  
8816            away from them again. The ACA may not perfect, but it has  
8817            significantly benefited families in my district and across the  
8818            country. We cannot take that care away.

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8819 Mr. Lujan, I yield my time to Mr. Lujan.

8820 Mr. Lujan. Thank you, Mrs. Dingell. And Mr. Chairman,  
8821 since I have been sharing some of these quotes I thought I might  
8822 continue. I think I ended with the National Review. All in all,  
8823 this bill is a disappointment and it is not too late to get a second  
8824 opinion. We heard from a conservative commentator by the name  
8825 of Avik Roy, House GOP's Obamacare replacement will make coverage  
8826 unaffordable for millions. The critical mistake of the AHCA, it  
8827 kind of sounds like a cough, doesn't it, AHCA. The critical  
8828 mistake of the AHCA is the insistence on flat, non-means tested  
8829 tax credits. The flat credit will price many poor and vulnerable  
8830 people out of the health insurance market. ACA critic, Robert  
8831 Laszewski on the House GOP plan, it won't work; worse than  
8832 Obamacare itself.

8833 Mr. Chairman, I just certainly hope that we take time to read  
8834 some of these articles and understand what others out there  
8835 especially from my friends on the other side of the aisle, people  
8836 that generally agree with your approaches to legislation. I will  
8837 close with this one. The Washington Post Jennifer Rubin, voting  
8838 without knowing critical facts of the proposal --

8839 The Chairman. The gentleman's time has now expired.

8840 Mr. Lujan. -- arguably is the most irresponsible display  
8841 of governance in my lifetime.

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8842 The Chairman. The gentleman's time has expired. Are there  
8843 any other members seeking recognition, of course there are. Mr.  
8844 Tonko, we are delighted to welcome you to this party on this  
8845 amendment, please proceed for 5 minutes.

8846 Mr. Tonko. Thank you, Mr. Chair. I move to strike the last  
8847 word. Mr. Chair, earlier you stated that this bill does nothing  
8848 to eliminate the essential health benefits in the marketplace.  
8849 But there seems to be some disagreement amongst our Republican  
8850 colleagues as to that thinking and also seems to go against the  
8851 rhetoric of Republicans about government-mandated benefits. So  
8852 my question for you is will you pledge to the American people that  
8853 your party will not eliminate or reduce the essential health  
8854 benefits portion of as it relates to the marketplace as we move  
8855 forward with negotiations on this measure?

8856 The Chairman. I am sorry, was that a question to me?

8857 Mr. Tonko. Right. Would you pledge to continue -- you  
8858 stated that there is nothing about eliminating the essential  
8859 health benefits in the marketplace with this bill, and I said there  
8860 seems to be some disagreement amongst your colleagues about that  
8861 thinking and it seems to go against the rhetoric of Republicans  
8862 that government-mandated benefits should not be imposed on  
8863 people. So my question is will you pledge to the American people  
8864 to not eliminate or reduce via your party any of the essential

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8865 health benefits in the marketplace?

8866 The Chairman. Well, here is what I will pledge is we are  
8867 going to save the individual marketplace from total and utter  
8868 collapse which is what it is on now.

8869 Mr. Tonko. It is about the essential health benefits.

8870 The Chairman. On the individual marketplace, as you know,  
8871 one out of every three counties has only got one choice and it  
8872 is getting skinnier than that going forward. So we want to make  
8873 sure that people have access to affordable health insurance.  
8874 That is what we are working on. I think the counsels have  
8875 addressed what this legislation does in its present time on  
8876 essential benefits which is generally --

8877 Mr. Tonko. I reclaim my time.

8878 The Chairman. Of course.

8879 Mr. Tonko. It was specifically about the essential health  
8880 benefits package that you say is not eliminated in this bill.  
8881 Will you pledge to the American public that you and your party  
8882 will keep those in place as we go forward on these negotiations?

8883 The Chairman. I think we have had a discussion about the  
8884 essential benefits here today. There has certainly been  
8885 questions raised about them. I feel we have addressed those  
8886 questions going forward.

8887 Mr. Tonko. Do you pledge -- I reclaim my time. Do you

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8888 pledge to keep them in the bill as we go forward?

8889 The Chairman. Well, as you know we are in an open  
8890 legislative process as we speak, and I am going to let the will  
8891 of the --

8892 Mr. Tonko. So the answer is no?

8893 The Chairman. That is not quite what I said.

8894 Mr. Tonko. Do you answer not yes?

8895 The Chairman. It is your time.

8896 Mr. Tonko. Well, I will ask again. Will you pledge to keep  
8897 them in the package for the marketplace?

8898 The Chairman. Mr. Tonko, this is your time to debate the  
8899 bill, you are welcome to do that.

8900 Mr. Tonko. Well, I guess I didn't get an affirmative answer  
8901 to that. I rise in support of the Pallone amendment today on  
8902 behalf of all the constituents in my district who have benefited  
8903 from the Affordable Care Act. One of those constituents Carol  
8904 Bell who lives in Castleton-on-Hudson, New York, shared her story  
8905 with me and I would like to share it with you.

8906 She states, I am 58 years old and am an ovarian cancer  
8907 survivor. I was diagnosed with late stage cancer in 2009. At  
8908 that time I was covered through my government job with a \$4,000  
8909 annual deductible. I had excellent insurance but my treatment  
8910 took 18 months and was hugely expensive. Each round of

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8911 chemotherapy cost \$5,000. I stopped adding the bills up at a half  
8912 a million and they came very close to my lifetime cap when my  
8913 treatment was done. It cost millions of dollars.

8914 In 2010, the ACA kicked in. I was a single mom putting my  
8915 daughter through college and would have been bankrupt for the rest  
8916 of my life without the ACA. Without the ACA laws over the health  
8917 community, I very likely would have been capped in my lifetime  
8918 benefit. It enabled her, she goes on to state, to move closer  
8919 to her daughter and to shift work environments. After my cancer  
8920 I never got my stamina back but had a demanding job that required  
8921 a lot of travel. I was too fatigued to be able to keep up so I  
8922 retired early, though I have since returned to the work force.  
8923 And she goes on to make mention of all this great activity that  
8924 was covered by the Affordable Care Act.

8925 And when I asked Carol if there is anything you could tell  
8926 the people who want to repeal ACA what it would mean, she told  
8927 me it is a life and death matter and if you do not give people  
8928 health they will not give their efforts back to their community.  
8929 When you are struggling to make ends meet and don't have health  
8930 care you are not going to donate to the community that you call  
8931 home because you need to have your bases covered first to be a  
8932 firm pillar of that community. And she went on to say that  
8933 while it may not be perfect, but dang, it was a good start. So

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8934 I agree with my constituent, Mr. Chair, it was a dang good start  
8935 and we can't go backwards. And with that I yield back.

8936 The Chairman. The gentleman's time has expired. Are there  
8937 other members seeking recognition? The gentleman from  
8938 Massachusetts, Mr. Kennedy.

8939 Mr. Kennedy. Mr. Chairman, thank you for the invitation to  
8940 the party. Two points that I would like to make, sir. One is  
8941 a couple letters from my constituents. And we have heard  
8942 constituent voices on both sides of the aisle tonight which I  
8943 appreciate and I appreciate those from our Republican colleagues  
8944 as well. But I want to make sure that just as I hear your stories  
8945 you also hear ours because there are people that benefited and  
8946 continue to benefit from this bill.

8947 So one is Veronique from Wellesley Hills who writes that this  
8948 was just what was going on before the ACA. In 2012, there is a  
8949 fire in the building and we woke up in our bedroom full of smoke.  
8950 After my husband had been treated in the ER for smoke inhalation,  
8951 the insurance company proceeded to lie to us and the hospital for  
8952 months, delaying payments, claiming they were still processing,  
8953 and in the end my husband had to pay a thousand dollars out of  
8954 his own pocket; the terms of the policy were never met.

8955 She continues, with so many people working freelance these  
8956 days it is necessary for there to be options for individual plans.

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8957 When we moved to Massachusetts at the end of 2014 we did our  
8958 research using MassHealth Connector and bought insurance that had  
8959 everything we needed from a reputable, nationally known company.  
8960 We felt so blessed to be able to continue our work without having  
8961 to worry about the insurance company defrauding us.

8962 Another woman, Alexandra, from Wellesley, writes that a very  
8963 dear family member of mine has polycystic kidney disease, a  
8964 chronic preexisting condition. Prior to the ACA we were unable  
8965 to find affordable coverage for them due to their PKD and if were  
8966 able to find an available insurance plan at all. Thanks to the  
8967 ACA, our family has access to the health care that we need  
8968 regardless of the preexisting conditions like PKD.

8969 Another letter coming in from Pamela from West Newton writes  
8970 that she struggles with mental illness. Myself along with many  
8971 others with mental illness rely on day treatment centers to stay  
8972 out of the hospital. MassHealth, our Medicaid plan in  
8973 Massachusetts, pays for these treatments which are necessary for  
8974 positive healing. Before going to day treatment centers I often  
8975 found myself back at the hospital very soon after being  
8976 discharged. After being admitted to a local community service  
8977 center with the help of the Massachusetts Department of Mental  
8978 Health I was able to make positive strides towards mental  
8979 stability.

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8980           These stories are very real.   These patients are very real.  
8981   These benefits are very real, and I urge my colleagues on the other  
8982   side of the aisle hear those voices, hear those stories as we try  
8983   to, as you go through these reform efforts.           The second  
8984   point I want to make because it has been said over and over and  
8985   over again that the ACA is a job killer, I represent a state with  
8986   2.8 percent unemployment rate and a 2.8 percent uninsured rate.  
8987   The fact that this is a job killer, that allegation is just false.  
8988   You want to see what happens when Democrats and Republicans come  
8989   together to make this bill work, come to Massachusetts where the  
8990   water is warm and the economy is strong.   We would welcome you  
8991   there.

8992           For those of you that wonder what will happen if the bill  
8993   is repealed, there is some data out there about the job losses  
8994   that will result from an ACA repeal.   California, for example,  
8995   333,600 jobs lost.   Florida, 181,000 jobs lost.   Georgia, 71,500  
8996   jobs lost.   Illinois, 114,300 jobs lost.   Indiana, 55,400 jobs  
8997   lost.   Kentucky, 44,500 jobs lost.   Louisiana, 36,800 jobs lost.  
8998   Michigan 101,500 jobs lost.   Mississippi, 16,400 jobs lost.  
8999   Missouri 46,100 jobs lost.   New Jersey, 86,400 jobs lost.   New  
9000   York 130,700 jobs lost.   North Carolina 76,200.   North Dakota  
9001   8,200.

9002           Mr. Mullin.   Will the gentleman yield?

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9003 Mr. Kennedy. Ohio -- not yet, we are getting there --

9004 Mr. Mullin. Come on. I was just --

9005 Mr. Kennedy. -- 126,300. Oregon 45,300. Pennsylvania  
9006 137,200. Tennessee 57,000. Texas 174,700.

9007 Mr. Mullin. Will the gentleman yield from Massachusetts?

9008 Mr. Kennedy. Virginia -- I am telling you, we are almost  
9009 there. Hold on a second. Virginia 51,600. Washington 40,900.  
9010 West Virginia 16,500 jobs. Okay, now I am done, Mr. Mullin, yes.

9011 Mr. Mullin. Well, I was just wanting to see if I was as good  
9012 of a friend to you as you, or I was to you as you were to me because  
9013 I yielded to you pretty quick. What source are you using for that?

9014 Mr. Kennedy. That would be the Commonwealth Fund, sir.

9015 Mr. Mullin. The Commonwealth Fund?

9016 Mr. Kennedy. The website is available, I can give you the  
9017 website if you like, [www.commonwealthfund.org](http://www.commonwealthfund.org).

9018 Mr. Mullin. Who are they funded by, do you know?

9019 Mr. Kennedy. I do not know that but I am guessing it is not  
9020 going to be the Republican National Committee with those figures.

9021 Mr. Mullin. Well, I mean, and I just say that because I am  
9022 all about, you know, statistics. God, I love numbers because  
9023 numbers don't lie, but I want to make sure we are using right  
9024 numbers. I yield back.

9025 The Chairman. Will the gentleman yield? Will the

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9026 gentleman yield since you mentioned Oregon?

9027 Mr. Kennedy. Yes, I would yield.

9028 The Chairman. I met with your governor Charlie Baker, and  
9029 what he said is under Mass-Care you have 97 percent coverage under  
9030 Romneycare, Mass-Care, and when the ACA took effect seven million  
9031 people went off private insurance, seven million people were added  
9032 to Medicaid. Their bill in your state was another \$1.3 billion  
9033 addition on Medicaid which meant as a 50/50 FMAP state, 1.3 billion  
9034 was taxpayer support too.

9035 Mr. Kennedy. And Chairman --

9036 The Chairman. And 97 percent of the people are still  
9037 covered.

9038 Mr. Kennedy. Yes, a little over 97 percent of the people  
9039 are covered.

9040 The Chairman. Yes, so same number, but what ACA did in  
9041 Massachusetts he told me was move people off private insurance  
9042 onto Medicaid which cost the state a billion-three and cost  
9043 federal taxpayers a billion-three.

9044 Mr. Kennedy. And luckily, we have a Republican governor  
9045 that is trying to import to try to shift that back, get the business  
9046 community bought in with an additional fee from those folks to  
9047 make sure that we maintain high quality coverage. And our  
9048 governor as you know has been one of the leading voices in the

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9049 Republican Party about the importance of Medicaid and Medicaid  
9050 expansion.

9051 The Chairman. And the gentleman's time has expired. Are  
9052 there other members -- and he is a Republican. Are there other  
9053 members seeking recognition? The gentleman from California, Mr.  
9054 Peters.

9055 Mr. Peters. I trust Mr. Kennedy's numbers, but I am not sure  
9056 about the water being warm in Massachusetts. I wanted to  
9057 introduce you to my friend Charlie McMahon. Charlie is young lady  
9058 that I met. I want to read a letter from her mother. Ladies and  
9059 gentlemen, I am writing today to ensure that my 3-year-old  
9060 daughter Charlie, she has since turned 4, has access to the medical  
9061 care she needs as a child fighting cancer and to why the Affordable  
9062 Care Act being revoked would detrimental to my family.

9063 We are your average, American, middle class family. We have  
9064 two daughters, ages 7 and 3, my husband and I both have good jobs  
9065 and own our home San Diego. On June 28th, 2016, we heard those  
9066 words no parent is prepared to hear, your daughter has cancer.  
9067 Charlie, our healthy 3 year old had been diagnosed with leukemia.  
9068 Sadly, after the initial shock of this diagnosis, my very next  
9069 concern was I hope our insurance covers this. Her medical bills  
9070 over a 6-month period have reached a quarter million dollars  
9071 excluding prescriptions and daily medications. That is the

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9072 equivalent to 3,000 tickets to Disneyland, 2,000 lift tickets to  
9073 a local ski mountain, 233 plane tickets to visit our family in  
9074 Ireland.

9075 My husband and I both work for small businesses that are  
9076 required to offer employer-sponsored insurance. We purchased  
9077 our insurance through the California health exchange. We are  
9078 currently enrolled in a Sharp HMO program. We are limited to  
9079 which insurance plan we can purchase since her care can only be  
9080 provided by specialists at Rady Children's Hospital. With our  
9081 current plan we have spent \$6,500 in addition to our monthly  
9082 premium of \$437. We will spend this for the next 2 to 3 years  
9083 while she undergoes treatment.

9084 Even after her completing her current 2-1/2 years of  
9085 chemotherapy treatment, she is at risk for numerous future  
9086 complications such as lung, liver, heart, and major organ damage;  
9087 she is also at high risk of developing secondary cancers. I am  
9088 not asking for a handout. I work hard, I pay income taxes, sales  
9089 taxes, and property taxes. I think the misconception is that the  
9090 Affordable Care Act only benefits people who are needy, poor, or  
9091 not working which is untrue. It guarantees people like my  
9092 daughter access to affordable health care who otherwise would be  
9093 denied based on preexisting health conditions.

9094 If the Affordable Care Act is revoked my daughter will lose

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9095 access to medical care. She will have to pay out-of-pocket for  
9096 her treatment with costs likely totaling more than \$1 million.  
9097 She will also be discriminated against in the future when applying  
9098 for future health insurance by being denied or charged more. As  
9099 a mother, my focus needs to be on Charlie and my family and not  
9100 distracted with concerns over losing healthcare coverage or how  
9101 we will afford it. I want my daughter to live a long, healthy  
9102 life and she needs access to health insurance to have that.

9103 We called Stephanie, Charlie's mom, today to make sure she  
9104 is doing okay, make sure it was okay to talk about this. She was  
9105 eager to have her story told. And I will tell you that the problem  
9106 I have with this whole process is that I know that folks on the  
9107 other side will say, don't worry, she will be covered. But I have  
9108 heard again, since the draft of this law was released or  
9109 declassified, as I said, that hospitals, doctors, and the AARP  
9110 and other organizations have raised concerns about what access  
9111 will really be. And that is why I think the process here is  
9112 really, really wrong that we should not be rushing this.

9113 We should be able to go through a process where you have a  
9114 CBO score where we have hearings and testimony from folks who are  
9115 expressing their concerns about this, the basis for their concerns  
9116 about the lack of coverage, so we can tell folks like Charlie and  
9117 her mom whether they really will be covered. Because I can't go

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9118 honestly tell them that they will be and I don't think anyone in  
9119 this room can be sure that she will get health coverage.

9120 So I wanted to share that story with you. You can look up  
9121 Stephanie McMahon, she is a hairdresser. She has a daughter with  
9122 no hair. She uses the hashtag no hair, don't care. They are a  
9123 very, very upbeat family going through some tough times, but they  
9124 deserve to know that Charlie is going to be able to afford her  
9125 treatment, and that is why we are fighting about this today. And  
9126 I will yield my time to Mrs. Dingell.

9127 Mrs. Dingell. I just wanted to answer Mr. Mullin's  
9128 question. I am very good at Dr. Google, and the Commonwealth Fund  
9129 was originally funded by the principal investor in Standard Oil,  
9130 second largest funding then came from the doctor who pioneered  
9131 the pap test, and the Commonwealth Fund does not typically accept  
9132 donations but got several other in the '80s from corporate donors,  
9133 just to answer from Dr. Google. Thanks.

9134 Mr. Peters. I yield back.

9135 The Chairman. The gentleman yields back. Are there other  
9136 members seeking recognition? Republican side? We go then and  
9137 continue on with the Democratic side, Mr. Cardenas from  
9138 California, you are recognized for 5 minutes.

9139 Mr. Cardenas. Thank you very much, Mr. Chairman. I will  
9140 continue to share a few stories, but I wish I could go home and

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9141 tell a story about how we worked through the night and we wrote  
9142 language on a bill as Democrats and Republicans and we worked  
9143 together and created something that we all can maybe swallow a  
9144 little bit of this and a little bit of that or something we can  
9145 live with. But unfortunately we are dealing with a bill and  
9146 having to try to amend it as best we can on a bill that was just  
9147 plopped on our desk or just given availability to us just 2 days  
9148 ago, and unfortunately it is not that bipartisan cooperation that  
9149 I think everybody wants from Republicans and Democrats.

9150 I strike the last word, Mr. Chairman, because I want to tell  
9151 you about Robert's story. It is a family story. Robert doesn't  
9152 live in my district. He lives a few miles outside my district  
9153 in Congressman Knight's district. And he supports, Congressman  
9154 Knight supports the repeal of the Affordable Care Act, but many  
9155 of his constituents don't agree with him. 6 years ago Robert's  
9156 daughter Elliott was born with a rare condition called  
9157 arthrogyposis multiplex congenita. I should ask you, Doctor, to  
9158 read that for me, but here we are. This condition left her with  
9159 very limited movement and she lacked the ability to walk.

9160 When she was born, Robert was under COBRA through his job.  
9161 All of you remember COBRA, right, the good old days, huh? When  
9162 Elliott was ready to get surgery to help improve her life, Robert  
9163 was on a new insurance plan that denied coverage because her

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9164 condition was preexisting. But lo and behold, just a week later,  
9165 the Affordable Care Act kicked in on this provision and they were  
9166 called by their insurance and said she is now covered. Just a  
9167 week later they got the wonderful phone call that Elliott could  
9168 get the surgery. This is a preexisting condition that before  
9169 the Affordable Care Act his daughter was denied, but because of  
9170 the Affordable Care Act she was able to get that surgery. After  
9171 years of major surgery and hard work on behalf of the people who  
9172 helped Elliott, her family and her doctors, Elliott was able to  
9173 take her first steps. Robert and his wife were able to find her  
9174 a school that recognizes her needs and she is going into the first  
9175 grade this year. Then, and this is what is really amazing, folks,  
9176 Robert and his wife decided to adopt another child with similar  
9177 needs as their daughter because they realized that they could now  
9178 afford to cover both of these two little beautiful children.

9179 Robert wrote to me and he said, and I quote, I love my family  
9180 more than anything and it has occurred to me in the last few days  
9181 that none of this would have been possible without the Affordable  
9182 Care Act, end quote. These are real people, ladies and gentlemen,  
9183 and this story is just one story of the 129 million people who  
9184 will be put back at the mercy of the insurance companies of being  
9185 denied coverage under today's bill. States will painfully reduce  
9186 coverage if this bill becomes law, because this bill prescribes

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9187 a shortage of funding disguised as local control that basically  
9188 says, States, you deal with it.

9189 We are going to dangle this money that sounds like a lot of  
9190 money, but when you break it down it might come down to maybe a  
9191 hundred dollars per year per person who has a precondition or who  
9192 would lose their coverage under Medicaid, and this bill is exactly  
9193 going to take us back not to the good old days but to the days  
9194 where the insurance companies ruled and Americans suffered and  
9195 children like Elliott, parents like Robert were unable to give  
9196 the love and care to their children that they so much deserve.

9197 A little while ago I talked about a gentleman who came to  
9198 my town hall meeting and he talked about lamenting over the fact  
9199 that he pays 25 percent more for his healthcare coverage. But  
9200 let's not forget, ladies and gentlemen, I don't think there is  
9201 one Republican today that actually admitted that before the  
9202 Affordable Care Act kicked in that insurance in states was at a  
9203 minimum average of seven percent year-over-year going up and in  
9204 some states it was closer to 20 percent year-over-year going up.

9205 So when we talk about people paying more for their coverage  
9206 today we should juxtapose that against what people would pay if  
9207 it wasn't for the Affordable Care Act. And we are talking about  
9208 back in the days when people, when insurance companies used to  
9209 charge more for less. And that is what this bill has taken us

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9210 back to, so that people can be at the mercy of insurance companies.  
9211 And I will tell you this, the Affordable Care Act is not perfect  
9212 but I think it goes by that old saying, you can't always get what  
9213 you want, but the Affordable Care Act got people what they needed.  
9214 I yield back.

9215 The Chairman. The gentleman yields back the balance of his  
9216 time. The chair now recognizes the gentlelady from Tennessee for  
9217 5 minutes on this amendment.

9218 Mrs. Blackburn. Thank you, Mr. Chairman. I am so pleased  
9219 that the issue of the governors came up, because some of our  
9220 governors have weighed in on this issue, and the chairman just  
9221 mentioned a few moments ago the governor of Massachusetts and his  
9222 concern with what had happened with people gravitating and being  
9223 moved from private sector insurance to the Medicaid expansion and  
9224 what that did to the state budget.

9225 And I think that our governors have the right to be concerned  
9226 about this. They have that responsibility for delivering  
9227 Medicaid. And I have some articles in front of me that have quotes  
9228 from some of our governors. And Wisconsin Governor Scott Walker,  
9229 he is calling the bill that we have before us tonight an important  
9230 first step. And his quote, we will continue working with the  
9231 Trump administration, Congress, and governors across the country  
9232 as we seek a personalized, patient-centered plan that treats

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9233 people as humans and not like numbers.

9234           And from the stories we have all read it is something we want  
9235 for individuals to get that personalized, focused care that they  
9236 need. We also know that many people have been disenfranchised  
9237 through the Affordable Care Act. Here we have Minnesota's  
9238 Democratic governor on Wednesday said, Obamacare is no longer  
9239 affordable to increasing numbers of people, the latest sign of  
9240 Democrats' growing concern about the law's rising insurance cost.  
9241 This is a governor who sees what is happening not only with  
9242 Medicaid but in that individual market that people are saying this  
9243 insurance is too expensive to afford. We know that only two  
9244 million people out of the nine to ten million that are in the  
9245 exchanges buy it without a subsidy. Now think about that, two  
9246 million people are able to buy it without a subsidy. Yes indeed,  
9247 too expensive to afford.

9248           And here you have Governor Martinez from New Mexico. The  
9249 governor opposes Obamacare and believes it needs to be replaced  
9250 with a system that doesn't hurt small businesses and doesn't raise  
9251 premiums on our families. Now why would these governors say this?  
9252 It is because, yes indeed, they are looking at the application  
9253 of the healthcare law and they are seeing firsthand, realizing  
9254 the concerns that are there.

9255           And, you know, Mr. Chairman, as we have read letters that

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9256 are coming from constituents, I have a couple of my constituents,  
9257 again letters that have come to me. Here is one. Just another  
9258 annual update on the wonderful ACA, Unaffordable Careless Act,  
9259 as I refer to it, benefit of the White House and Congress messing  
9260 with our lives without the understanding of their actions.

9261 My insurance will be dropping Williamson County healthcare  
9262 plans as of January 1, 2017, and non-renewing existing policies  
9263 effective that date. It seems they are getting exactly what they  
9264 are trying to accomplish in controlling the American citizens  
9265 through their health and bankrupting the medical insurance  
9266 programs that we were all happy with. The liberals can be counted  
9267 on to deliver just the opposite of what their words portray. So  
9268 not only did we not get to keep our doctor, we did not save \$2,500  
9269 in premiums. Our costs and deductibles are not affordable. We  
9270 are paying for coverage we don't want or need. Now we have lost  
9271 our carrier and coverage with fewer options available.

9272 This is the problem that we have. We know that it exists  
9273 and we think it is appropriate that we fix it for the American  
9274 people. That is why we are debating this legislation tonight.  
9275 We need to move to the amendments of the bill. We need to move  
9276 to the heart of the matter, and with that I yield back my time.

9277 The Chairman. The gentlelady yields back her time. Are  
9278 there other members? The good doctor from California is

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9279 recognized for 5 minutes.

9280 Mr. Ruiz. Thank you. I support this amendment in honor of  
9281 Rex from Palm Springs who wrote to me to share the life-changing  
9282 impact the ACA has had on him. Before the ACA, Rex was being  
9283 priced out of the insurance market. His premiums were rising at  
9284 an unsustainable rate. When he tried to change plans to reduce  
9285 his premiums he was denied coverage because it was determined he  
9286 had preexisting conditions he didn't realize that he had. So he  
9287 had no other option other than to pay the rising premiums or just  
9288 simply go without much needed coverage. Nearly at age 60 and  
9289 looking towards retirement, Rex wondered how he would ever afford  
9290 these costs.

9291 In 2013 when he obtained coverage through Covered  
9292 California, which is California's insurance exchange, he was  
9293 thrilled to learn that the new plan saved him more than \$1,500  
9294 that year in premiums alone. Furthermore, the plan he was able  
9295 to purchase was actually better, providing more coverage while  
9296 also reducing his annual out-of-pocket expenses.

9297 Unfortunately, the bill we are considering today will allow  
9298 insurers to charge older Americans five times more for their  
9299 premiums than they charge young Americans. Just to be clear five  
9300 times more for older Americans approaching 65. This is right at  
9301 the time in a person's life when maybe your health starts getting

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9302 a little more complicated, you need a few more tests, or maybe  
9303 you don't recover so quickly from illness. It is also right at  
9304 the time in a person's life when they are looking towards  
9305 retirement wondering how they are going to make it all work  
9306 financially.

9307 For Rex who is approaching Medicare eligibility age, this  
9308 means his premiums will almost certainly rise, once again pricing  
9309 him out of affordable health care, essentially making health  
9310 insurance so expensive for older Americans that they will be  
9311 forced out of having insurance. So we have to ask ourselves, what  
9312 good is having insurance for sale if you can't afford it? It is  
9313 like saying you won't deny people's option to buy an expensive  
9314 BMW but it doesn't mean they can afford it, and if they can't then  
9315 they are priced out of their insurance, for example.

9316 You know who can afford the rising cost, the millionaires  
9317 who will be getting the massive tax breaks on the back of our  
9318 nation's seniors. This is unacceptable. It is time to stop  
9319 playing political games with the health of the American people  
9320 and defeat this misguided attempt to repeal the ACA which will  
9321 make things worse, more expensive with less coverage. Instead,  
9322 let's work together to improve it. This bill hurts the people  
9323 that need it the most and I cannot stand and let the right to  
9324 affordable, accessible health care be taken away from them.

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9325 In fact, the National Council on Aging will also not stand  
9326 by. They say, quote, we are troubled that the legislation  
9327 gradually eliminates the important Medicaid expansion which  
9328 extended health insurance coverage to 11 million adults including  
9329 about 1.5 million people aged 55 to 64, and that it repeals  
9330 incentives to improve access to Medicaid home- and  
9331 community-based services under the Community First Choice  
9332 program.

9333 I yield the rest of my time to John Sarbanes from Maryland.

9334 Mr. Sarbanes. I thank the gentleman for yielding. As we  
9335 wrap up our debate on this amendment I wanted to share the story  
9336 of a woman I met the other night in Howard County, Maryland, where  
9337 we had a town hall with myself and a number of my colleagues.  
9338 Phyllis relayed the experience of first her husband passed away,  
9339 and then she told this story of what happened subsequently.

9340 She said, I was insured for 8 years. During that time I was  
9341 hospitalized several times and billed thousands of dollars that  
9342 I neither had nor could spare if I did. For years we received  
9343 calls from medical collection agencies from 8:00 a.m. to 8:00  
9344 p.m., 7 days a week. A very stressful way to live for a cardiac  
9345 patient, her husband, and possibly shortened his life. My son  
9346 Craig, my only child, had serious life-threatening illnesses from  
9347 age 2 and was fortunately on Medicaid until his death at age 30

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9348 in January 2015.

9349 I became eligible for expanded Medicaid through the ACA in  
9350 January 2013; 22 months later I was diagnosed with an aggressive  
9351 form of breast cancer. I endured chemotherapy and a double  
9352 mastectomy covered by the ACA and I am now a 1-year survivor.  
9353 Without Obamacare, she says, I would now be dead. That is not  
9354 an overstatement. That is a statement from somebody whose  
9355 husband died, whose son passed away, and who believes with  
9356 conviction that without the Affordable Care Act she would not be  
9357 alive today. That is why we have to keep the Medicaid program  
9358 in place and not roll it back. I yield back my time.

9359 The Chairman. The gentleman's time has expired. The chair  
9360 recognizes the gentlelady from California, Mrs. Walters, to speak  
9361 on the amendment.

9362 Mrs. Walters. Thank you, Mr. Chairman. We continue to hear  
9363 stories about how the ACA has literally devastated people's  
9364 healthcare plans. This is not an isolated problem occurring in  
9365 a handful of congressional districts, this is a problem in every  
9366 single congressional district in this country. Throughout my  
9367 district, constituents have consistently told me they simply  
9368 cannot afford health insurance under the ACA. I am also hearing  
9369 from those who work in the healthcare industry who have directly  
9370 experienced the devastating effects of the ACA.

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9371 A constituent from Santa Ana told me his insurance premium  
9372 payment for his healthy family of three is nearly equal to his  
9373 mortgage payment. Another constituent from Orange told me she  
9374 has a \$2,000 deductible and is now paying \$5,000 a month in  
9375 premiums for her family of three. Her husband, a small business  
9376 owner, told me they are struggling financially because of the ACA.

9377 An owner of an independent physical therapy practice in Santa  
9378 Ana has witnessed firsthand the changes that have occurred over  
9379 the last 8 years due to the ACA. He told me that many of those  
9380 in his field have seen premiums, copays, and deductibles increase.  
9381 Physical therapy payments dropped by over 35 percent and in other  
9382 specialties it was even more. A reduction in payments to  
9383 small businesses has a profound effect on the owners and employees  
9384 of those businesses. Owners cannot increase their employees'  
9385 income, let alone attempt to cover a greater portion of their  
9386 ever-increasing healthcare premiums. I can continue to tell  
9387 these anecdotes, but the message I have received is clear. The  
9388 ACA is not working for the American people. It is clear our  
9389 constituents need healthcare plans and programs that work for  
9390 them, not Washington. It is our duty to rescue our collapsing  
9391 healthcare system and restore it to a functioning marketplace.  
9392 This bill does just that and I yield back my time.

9393 The Chairman. Will the gentlelady yield?

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9394 Mrs. Walters. Yes.

9395 The Chairman. I appreciate that. I just want to share a  
9396 few stories as well, because in the last couple of days I heard  
9397 from Ken who is in Malheur County and is a former cancer patient.  
9398 He has had a Blue Cross policy before Obamacare. He has since  
9399 seen his premiums go up from \$400 a month to \$1,200 a month. Even  
9400 worse, he writes, his deductible rose from \$1,000 to \$10,000 --  
9401 \$10,000.

9402 Darren in Sherman County, a farmer, wrote me last month and  
9403 said, I have been with Blue Cross for 31 years and have been happy  
9404 for the most part. The premium covers myself, my wife, and my  
9405 college-age daughter. We carried a \$10,000 deductible up until  
9406 November 23rd of 2015, then the ACA kicked in and the highest  
9407 deductible we could obtain was 7,500 which we carry today. Unless  
9408 we meet the deductible, the premium went from 3,516 a year to  
9409 \$16,242 a year, a net increase of \$12,726 per year premium  
9410 increase, 462 percent increase in 2 years' time for basically the  
9411 same insurance, and then there is about 500 exclamation points.

9412 The point is, this individual market is in dire straits and  
9413 people can't afford what the government is forcing them to buy.  
9414 When the President said, President Obama said, when we are done  
9415 families will see their insurance premiums go down \$2,500 per  
9416 family, \$2,500 in premiums, promise not kept. He said you can

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9417 keep your doctor, promise not kept. You can keep your insurance  
9418 plan if you like it, promise not kept. Now we have great  
9419 compassion for making sure people especially in our rural areas  
9420 have access to affordable health care. It is something I have  
9421 worked on my entire time in public office. It is extraordinarily  
9422 important.

9423           And I am sympathetic and I appreciate the tone and tenor of  
9424 my colleague from Vermont because we share these stories, because  
9425 we share these people, because we are trying to get to the right  
9426 place for the right reasons, both sides of the aisle are. We care  
9427 about people too. And that is why we are not going back to the  
9428 days of banning you from getting insurance because you have a  
9429 preexisting condition. That is why we are not going to go back  
9430 to the days of lifetime caps, and why we are not going to back  
9431 to where kids can't be on your insurance policy. We are sticking  
9432 with those and we all agree to that. That is what we are doing.

9433           We are also trying to address one of the flaws in the  
9434 insurance market where people could pay for 9 months of coverage  
9435 and get 12 and the insurance companies are only on the hook for  
9436 the first month of that 3 that somebody was covered and then the  
9437 providers were on the hook for the next 2, and with guaranteed  
9438 issue you could start the whole process over at the end of the  
9439 year.

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9440           So as we looked at what are the changes that we could make  
9441 that would fix this market or help fix it, this is one of them,  
9442 continuous coverage. By the way it is what happens pretty close  
9443 in Medicare Part D, Medicare Part B, and in the large employer  
9444 market. We are patterning after what already exists in law. And  
9445 the 30 percent premium penalty is because you didn't buy it until  
9446 you needed it. You get a 63-day window. That is in the existing  
9447 law. We patterned it after that.

9448           But, you know, you can't buy fire insurance for your house  
9449 once the roof is burning, either. Health insurance is different.  
9450 We acknowledge that or fully understand that. That is why we are  
9451 not going back to the days of banned because you had a preexisting  
9452 condition; we are not going to go back to all these other issues.  
9453 We want to make sure people are covered and cared for too.

9454           I appreciate the indulgence of the committee. I have gone  
9455 over my time. I am actually done, but if you have got -- I mean,  
9456 I am past my time, but if there is somebody on your side that would  
9457 yield I would be happy to enter into a discussion with you. Are  
9458 there other members that seek recognition? The gentleman from  
9459 Iowa is recognized, and the gentlelady is recognized.

9460           Ms. Eshoo. Mr. Chairman, what you just had up on the screen  
9461 could you put it back up, do you think?

9462           The Chairman. Yeah, we will ask them to. I actually wasn't

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9463 paying too much attention.

9464 Ms. Eshoo. Well, I was, and I was listening to you.

9465 The Chairman. So I think, was it the map of Oregon, the one  
9466 with the --

9467 Ms. Eshoo. It was Oregon, yeah. Now there it is, showed  
9468 the premium increase --

9469 [Map.]

9470 The Chairman. Right.

9471 Ms. Eshoo. -- and the number of exchange plans available  
9472 went from ten to six, between 2016 and 2017.

9473 The Chairman. Right.

9474 Ms. Eshoo. Your congressional district -- and I don't know  
9475 the answer to this, but maybe you do. Your congressional district  
9476 has the largest number of enrollments in the Medicaid expansion?

9477 The Chairman. Yes.

9478 Ms. Eshoo. It is what, 129,200?

9479 The Chairman. Correct.

9480 Ms. Eshoo. You are the top person in that.

9481 The Chairman. I understand.

9482 Ms. Eshoo. So something must be working somewhere. I mean  
9483 you have that up there and the --

9484 The Chairman. So remember, this is the individual market  
9485 where people buy insurance --

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9486 Ms. Eshoo. Oh, I see. Okay.

9487 The Chairman. -- not the expanded Medicaid.

9488 Ms. Eshoo. Well, why do you say at the top, the state of  
9489 Obamacare, then, if it is the individual market?

9490 The Chairman. Because the exchanges were created by  
9491 Obamacare or the Affordable Care Act, however you want to describe  
9492 it, and so this is the individual market on the exchange.

9493 Ms. Eshoo. Oh, I see, through the exchanges.

9494 The Chairman. We also had two CO-OPs both of which went  
9495 broke and cost, I think the losses were over a hundred million  
9496 dollars. We tried our own exchange and blew through a couple  
9497 hundred million dollars before they finally threw in the towel,  
9498 thankfully, and went on the national exchange. And these costs  
9499 may top out, but understand under the 27 percent increase was a  
9500 25 percent increase the year before. So that is why --

9501 Ms. Eshoo. What do you attribute it to when you have that  
9502 high of an enrollment, the top enrollment of all of your colleagues  
9503 in Medicaid and what you just described?

9504 The Chairman. And we have got pretty much every waiver the  
9505 state has asked for and I have supported those waivers and they  
9506 got advanced funding and they have done some really creative  
9507 things with the coordinated care organizations, having said and  
9508 done all of that. And they bent the cost curve down to, I think

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9509 it is 5 percent to 3.4 percent.

9510 Now there are states that are under medical CPI but we are  
9511 not there. The state this biennium faces a \$870 million 2-year  
9512 deficit on Medicaid alone having done all of that. So this is  
9513 the question we have to get to. When you have a state as  
9514 innovative as mine who has done everything they have done and the  
9515 individual market is collapsing around us and the state can't  
9516 afford what they are doing, we --

9517 Ms. Eshoo. Are any of the exchanges working or are they all  
9518 gone?

9519 The Chairman. Well, we have some plans, as of '17 have plans  
9520 -- this is overall for the state, then you have to look at  
9521 oftentimes in my district there is a lot less coverage just because  
9522 of the rural nature of it you have fewer options.

9523 Ms. Eshoo. It is very rural, yes.

9524 The Chairman. But we are trying. We are trying to be  
9525 innovative out there --

9526 Ms. Eshoo. Yes, I know that.

9527 The Chairman. -- and cover. And that is also why, you  
9528 know, it should be understood we are not kicking any of that  
9529 129,400 off. They stay on at the enhanced match rate until they  
9530 naturally no longer qualify. Oh, I am sorry.

9531 Ms. Eshoo. Thank you very much.

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9532 Mr. Loeb sack. Thank you. Two quick points, I was here when  
9533 we adopted the Affordable Care Act. I was on one of the three  
9534 committees. We had dozens and dozens of dozens of hearings.  
9535 Second, anyone who believes that if we turn all this over to the  
9536 free market completely and thinks that, you know, if you are going  
9537 to be able to tailor your plan and an insurance company is going  
9538 to sell you what you want, I won't guess mention what you are  
9539 smoking, but that is just not going to happen. The insurance  
9540 companies simply are not going to do that.

9541 I would like to now turn over to Mr. Kennedy time here. Oh,  
9542 I am sorry, Mr. Schrader.

9543 Mr. Schrader. Thank you, Mr. Loeb sack. Just for clarity's  
9544 sake, the chart that showed the big increase in Oregon for 2017  
9545 is an anomaly, not the way it has been. That was a catch-up by  
9546 the insurance companies. And I have talked to every single one  
9547 of the regional insurers in my state and they are not thinking  
9548 they are going to have to have that type of increase at all going  
9549 forward. Matter of fact, prior to 2016, the average increase was  
9550 in the single digits for my state for the exchange.

9551 The second point I would make is that indeed the CCOs as the  
9552 chair talked about has been an unqualified success. I would like  
9553 to address that maybe more as we get into some of the other  
9554 discussions. And it begs the question if there is problems in

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9555 the individual exchanges let's deal with that. Let's leave the  
9556 Medicaid program alone with the waivers that are working so well,  
9557 frankly, in a lot of our states. And I yield back. Sorry, Mr.  
9558 Kennedy, you have a few seconds.

9559 Mr. Kennedy. Ah, it is 5 seconds. That is fine.

9560 Mr. Schrader. Thank you, Mr. Chair, I yield back. Thank you.

9561 The Chairman. The gentleman's time has expired. Are there  
9562 other members seeking recognition on this amendment to rename the  
9563 title of the bill? What, nobody, all right. I fully anticipate  
9564 a request for a roll call vote, so those in favor of the amendment  
9565 will vote aye, those no, and our clerk after exactly 12 hours can  
9566 call the roll on the first vote on the first amendment dealing  
9567 with a one-line title change. Please call the roll.

9568 The Clerk. Mr. Barton?

9569 Mr. Barton. I am tempted to say undecided, but I am going  
9570 to vote no.

9571 The Clerk. Mr. Barton votes no.

9572 Mr. Upton?

9573 Mr. Upton. No.

9574 The Clerk. Mr. Upton votes no.

9575 Mr. Shimkus?

9576 Mr. Shimkus. No.

9577 The Clerk. Mr. Shimkus votes no.

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9578 Mr. Murphy?  
9579 Mr. Murphy. No.  
9580 The Clerk. Mr. Murphy votes no.  
9581 Mr. Burgess?  
9582 Mr. Burgess. No.  
9583 The Clerk. Mr. Burgess votes no.  
9584 Mrs. Blackburn?  
9585 [No response.]  
9586 The Clerk. Mr. Scalise?  
9587 Mr. Scalise. No.  
9588 The Clerk. Mr. Scalise votes no.  
9589 Mr. Latta?  
9590 Mr. Latta. No.  
9591 The Clerk. Mr. Latta votes no.  
9592 Mrs. McMorris Rodgers?  
9593 Mrs. McMorris Rodgers. No.  
9594 The Clerk. Mrs. McMorris Rodgers votes no.  
9595 Mr. Harper?  
9596 Mr. Harper. No.  
9597 The Clerk. Mr. Harper votes no.  
9598 Mr. Lance?  
9599 Mr. Lance. No.  
9600 The Clerk. Mr. Lance votes no.

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9601 Mr. Guthrie?  
9602 Mr. Guthrie. No.  
9603 The Clerk. Mr. Guthrie votes no.  
9604 Mr. Olson?  
9605 Mr. Olson. No.  
9606 The Clerk. Mr. Olson votes no.  
9607 Mr. McKinley?  
9608 Mr. McKinley. No.  
9609 The Clerk. Mr. McKinley votes no.  
9610 Mr. Kinzinger?  
9611 Mr. Kinzinger. No.  
9612 The Clerk. Mr. Kinzinger votes no.  
9613 Mr. Griffith?  
9614 Mr. Griffith. No.  
9615 The Clerk. Mr. Griffith votes no.  
9616 Mr. Bilirakis?  
9617 Mr. Bilirakis. No.  
9618 The Clerk. Mr. Bilirakis votes no.  
9619 Mr. Johnson?  
9620 Mr. Johnson. No.  
9621 The Clerk. Mr. Johnson votes no.  
9622 Mr. Long?  
9623 Mr. Long. No.

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9624 The Clerk. Mr. Long votes no.  
9625 Mr. Bucshon?  
9626 Mr. Bucshon. No.  
9627 The Clerk. Mr. Bucshon votes no.  
9628 Mr. Flores?  
9629 Mr. Flores. No.  
9630 The Clerk. Mr. Flores votes no.  
9631 Mrs. Brooks?  
9632 Mrs. Brooks. No.  
9633 The Clerk. Mrs. Brooks votes no.  
9634 Mr. Mullin?  
9635 Mr. Mullin. No.  
9636 The Clerk. Mr. Mullin votes no.  
9637 Mr. Hudson?  
9638 Mr. Hudson. No.  
9639 The Clerk. Mr. Hudson votes no.  
9640 Mr. Collins?  
9641 Mr. Collins. No.  
9642 The Clerk. Mr. Collins votes no.  
9643 Mr. Cramer?  
9644 Mr. Cramer. No.  
9645 The Clerk. Mr. Cramer votes no.  
9646 Mr. Walberg?

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9647 Mr. Walberg. No.

9648 The Clerk. Mr. Walberg votes no.

9649 Mrs. Walters?

9650 Mrs. Walters. No.

9651 The Clerk. Mrs. Walters votes no.

9652 Mr. Costello?

9653 Mr. Costello. No.

9654 The Clerk. Mr. Costello votes no.

9655 Mr. Carter?

9656 Mr. Carter. No.

9657 The Clerk. Mr. Carter votes no.

9658 Mr. Pallone?

9659 Mr. Pallone. Aye.

9660 The Clerk. Mr. Pallone votes aye.

9661 Mr. Rush?

9662 [No response.]

9663 The Clerk. Ms. Eshoo?

9664 Ms. Eshoo. Aye.

9665 The Clerk. Ms. Eshoo votes aye.

9666 Mr. Engel?

9667 Mr. Engel. Aye.

9668 Mr. Green?

9669 Mr. Green. Aye.

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9670 The Clerk. Mr. Green votes aye.  
9671 Ms. DeGette?  
9672 Ms. DeGette. Aye.  
9673 The Clerk. Ms. DeGette votes aye.  
9674 Mr. Doyle?  
9675 Mr. Doyle. Aye.  
9676 The Clerk. Mr. Doyle votes aye.  
9677 Ms. Schakowsky?  
9678 Ms. Schakowsky. Aye.  
9679 The Clerk. Ms. Schakowsky votes aye.  
9680 Mr. Butterfield?  
9681 Mr. Butterfield. Aye.  
9682 The Clerk. Mr. Butterfield votes aye.  
9683 Ms. Matsui?  
9684 Ms. Matsui. Aye.  
9685 The Clerk. Ms. Matsui votes aye.  
9686 Ms. Castor?  
9687 Ms. Castor. Aye.  
9688 The Clerk. Ms. Castor votes aye.  
9689 Mr. Sarbanes?  
9690 Mr. Sarbanes. Aye.  
9691 The Clerk. Mr. Sarbanes votes aye.  
9692 Mr. McNerney?

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9693 Mr. McNerney. Aye.

9694 The Clerk. Mr. McNerney votes aye.

9695 Mr. Welch?

9696 Mr. Welch. Aye.

9697 The Clerk. Mr. Welch votes aye.

9698 Mr. Lujan?

9699 Mr. Lujan. Aye.

9700 The Clerk. Mr. Lujan votes aye.

9701 Mr. Tonko?

9702 Mr. Tonko. Aye.

9703 The Clerk. Mr. Tonko votes aye.

9704 Ms. Clarke?

9705 Ms. Clarke. Aye.

9706 The Clerk. Ms. Clarke votes aye.

9707 Mr. Loeb sack?

9708 Mr. Loeb sack. Aye.

9709 The Clerk. Mr. Loeb sack votes aye.

9710 Mr. Schrader?

9711 Mr. Schrader. Aye.

9712 The Clerk. Mr. Schrader votes aye.

9713 Mr. Kennedy?

9714 Mr. Kennedy. Aye.

9715 The Clerk. Mr. Kennedy votes aye.

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9716 Mr. Cardenas?

9717 [No response.]

9718 The Clerk. Mr. Ruiz?

9719 Mr. Ruiz. Aye.

9720 The Clerk. Mr. Ruiz votes aye.

9721 Mr. Peters?

9722 Mr. Peters. Aye.

9723 The Clerk. Mr. Peters votes aye.

9724 Mrs. Dingell?

9725 Mrs. Dingell. Aye.

9726 The Clerk. Mrs. Dingell votes aye.

9727 Chairman Walden?

9728 The Chairman. No.

9729 The Clerk. Chairman Walden votes no.

9730 The Chairman. Are there any members seeking to cast a vote

9731 who have not cast a vote? Looks like most all the members are

9732 here. Are there any other members not -- okay, the clerk will

9733 report the total.

9734 The Clerk. Mr. Chairman, on that vote there were 22 ayes

9735 and 30 noes.

9736 The Chairman. Was there another member coming in, if we

9737 could suspend if that is okay. Oh, Mrs. Blackburn?

9738 Mrs. Blackburn. No.

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9739 The Clerk. Mrs. Blackburn votes no.

9740 The Chairman. Sure, we are fine. We realize members, you  
9741 know. How does the gentleman from California, now that he has  
9742 caught his breath, vote?

9743 Mr. Cardenas. Aye.

9744 The Clerk. Mr. Cardenas votes aye.

9745 The Chairman. Okay, are there any other members wishing to  
9746 be recorded? If not, the clerk will report the tally.

9747 The Clerk. Mr. Chairman, on that vote there were 23 ayes  
9748 and 31 noes.

9749 The Chairman. 23 ayes and 31 noes.

9750 The amendment, incredibly well debated, has failed.

9751 Now I, just for the committee because I am getting some  
9752 questions up here, we have gone 12 hours on the first amendment.  
9753 I know we have at least a hundred to go maybe more, so buckle in  
9754 because we will go until we are done with the amendments. That  
9755 is up to those offering the amendments and those debating the  
9756 amendments. We are having an open and transparent process here.  
9757 With that are there other members who wish to offer amendments?  
9758 For what purpose does the gentleman from Pennsylvania seek  
9759 recognition?

9760 Mr. Murphy. Mr. Chairman, I have an amendment at the desk.

9761 The Chairman. The clerk will report the amendment. Is this

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9762 Murphy --

9763 Mr. Murphy. 1.

9764 The Chairman. Murphy 1.

9765 [The amendment offered by Mr. Murphy follows:]

9766

9767 \*\*\*\*\*INSERT 14\*\*\*\*\*

9768 The Clerk. The amendment to the amendment in the nature of  
9769 a substitute to committee print offered by Mr. Murphy.

9770 The Chairman. Without objection, the clerk will suspend  
9771 reading the amendment.

9772 Mr. Murphy. Dispense with it being read, Mr. Chairman.

9773 The Chairman. Yes. And I recognize the gentleman from  
9774 Pennsylvania to talk on his amendment.

9775 Mr. Murphy. Thank you, Mr. Chairman. First of all, I want  
9776 to thank you, Mr. Chairman, for working with me on including  
9777 important provisions in the text of the amendment in the nature  
9778 of a substitute to allow states to use some of the \$100 billion  
9779 to expand access to mental health and addiction treatment  
9780 services. But I would like to again clarify some important points  
9781 on mental health and substance use treatment parity laws.

9782 There are two laws that govern parity, the Mental Health  
9783 Parity Act of 1996 Public Law 104-204 signed by President Bill  
9784 Clinton, and the Paul Wellstone and Pete Domenici Mental Health  
9785 Parity and Addiction Equity Act of 2008 Subtitle B of Title 5 of  
9786 Public Law 110-343 signed by President George W. Bush. Since  
9787 first passage, Mental Health Parity has been a bipartisan issue,  
9788 and it is my hope and intention that we remain working together  
9789 to help families in need. We on both sides of the dais have  
9790 clearly and consistently demonstrated our joint commitment to

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9791 providing better care for the mentally ill.

9792 I drafted this amendment and I asked counsel at the desk to  
9793 walk through a couple of details with me, if I can ask some  
9794 questions of counsel. As my amendment would ensure that there  
9795 will be no changes to any existing mental health parity laws, may  
9796 I ask does the amendment in the nature of a substitute change the  
9797 1996 parity law?

9798 The. Counsel. No, it does not.

9799 Mr. Murphy. Does the amendment in the nature of a substitute  
9800 amend the 2008 law?

9801 The. Counsel. No, it does not.

9802 Mr. Murphy. Does the amendment in the nature of a substitute  
9803 make any changes to the 2016 21st Century Cures Act that included  
9804 the Helping Families in Mental Health Crisis Act for oversight,  
9805 accountability, and enforcement of parity laws?

9806 The. Counsel. No, sir. It does not.

9807 Mr. Murphy. Well, thank you. So to be clear, the amendment  
9808 in the nature of a substitute under consideration right now does  
9809 not change any existing parity law in any way?

9810 The. Counsel. Correct. That is correct, sir.

9811 Mr. Murphy. So Mr. Chairman, I would like to thank the  
9812 organizations which endorsed my amendment and ask their letters  
9813 to be accepted into the record. These organizations include the

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9814 American Psychological Association, the American Psychiatric  
9815 Association, Mental Health America, National Alliance on Mental  
9816 Illness, the American Academy of Child and Adolescent Psychiatry,  
9817 American Foundation for Suicide Prevention, the Eating Disorders  
9818 Coalition, the Association for Behavioral Health and Wellness,  
9819 the MultiCare Health System, the National Association of  
9820 Psychiatric Health Systems, the National Council for Behavioral  
9821 Health, and the Treatment Advocacy Center.

9822 Mr. Chairman, I would ask that their letters also be --

9823 The Chairman. Without objection, they will be entered into  
9824 the record.

9825 [The information follows:]

9826

9827 \*\*\*\*\*COMMITTEE INSERT 15\*\*\*\*\*

9828 Mr. Murphy. Thank you. And as we have confirmed there is  
9829 no change to the mental health parity I will withdraw my amendment.  
9830 As we have established, it is not necessary. But I would further  
9831 urge my colleagues to join me in our ongoing efforts to help  
9832 families gain access to quality treatment. Coverage without  
9833 access to care is meaningless. To improve access to care we need  
9834 to increase the mental health work force by the number of  
9835 psychologists, psychiatrists, psychiatric nurses, and clinical  
9836 social workers, and that is what we did in a bipartisan way when  
9837 this committee passed the Helping Families in Mental Health Crisis  
9838 Act on the 21st Century Cures Act which became law.

9839 We have much more to do, including expanding access to  
9840 inpatient beds for addiction and mental illness, and I look  
9841 forward to working with my colleagues on this because we lose  
9842 350,000 American lives each year --

9843 Mr. Kennedy. Will the gentleman yield?

9844 Mr. Murphy. -- to this deadly disease which impacts  
9845 millions of lives. So I withdraw my amendment and thank the  
9846 chairman and I yield back.

9847 Mr. Kennedy. Will the gentleman yield?

9848 The Chairman. So the gentleman has withdrawn his amendment.

9849 Mr. Murphy. I withdraw my amendment.

9850 The Chairman. All right, the gentleman's amendment is

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9851 withdrawn. Are there other members that have amendments, seeking  
9852 to offer amendments? The chairman recognizes the gentlelady from  
9853 Florida, Ms. Castor. For what purpose do you seek recognition?

9854 Ms. Castor. I have an amendment at the desk. It is  
9855 Amendment Number 5.

9856 [The amendment offered by Ms. Castor follows:]

9857

9858 \*\*\*\*\*INSERT 16\*\*\*\*\*

9859 The Chairman. Amendment Number 5, and when the clerks find  
9860 the amendment the clerk will report the amendment. Do we need  
9861 more clarification?

9862 Ms. Castor. I will go with 5A then.

9863 The Chairman. Can you tell us maybe what it starts with?  
9864 They are trying to, since we are just --

9865 Ms. Castor. None of the previous.

9866 The Chairman. None of the previous, just want to make sure  
9867 we have the right amendment.

9868 The Clerk. One is written on and one is clean. Do you know  
9869 which one it is?

9870 The Chairman. Can you identify for the clerks which --

9871 Ms. Castor. Let's start with the clean one that starts with  
9872 none of the previous.

9873 The Clerk. Okay.

9874 The Chairman. Okay. So the clerk will report the  
9875 amendment.

9876 The Clerk. Amendment to the amendment in the nature of a  
9877 substitute to committee print offered by Ms. Castor.

9878 The Chairman. Unanimous consent, the reading is dispensed  
9879 with and the gentlelady from Florida is recognized to speak on  
9880 her amendment for 5 minutes.

9881 Ms. Castor. Thank you, Mr. Chairman. Colleagues, my

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9882 amendment is simple. It would hold the President to his word that  
9883 the Republican repeal will result in health care that is, quote,  
9884 much less expensive and much better than the Affordable Care Act.  
9885 Over and over again, President Trump has told the American people  
9886 that he will replace the ACA with something better. On January  
9887 11th, 2017, he promised Americans, quote, we are going to have  
9888 health care that is far less expensive and far better.

9889 And then a few days later on January 15th, 2017, in an  
9890 interview with the Washington Post he pledged, quote, we are going  
9891 to have insurance for everybody. People covered under the law  
9892 can expect to have great health care, much less expensive and much  
9893 better. On January 25th, in an interview with ABC News he assured  
9894 Americans, quote, we are going to have a better plan, much better  
9895 health care, much better service treatment, a plan where you can  
9896 have access to the doctor that you want and the plan that you want.  
9897 We are going to have a much better healthcare plan at much less  
9898 money.

9899 On February 18th at a campaign style rally in Florida,  
9900 President Trump promised the American people that the Republican  
9901 plan quote will be much better health care at much lower cost.  
9902 Shortly thereafter, at CPAC on February 24th, he said, we are going  
9903 to make it much better. We are going to make it much less  
9904 expensive. On February 27th at a meeting with insurers --

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9905 remember, they went over to the White House -- he stated we have  
9906 a plan that is going to be fantastic, a very competitive plan.  
9907 Costs come down, health care will go up very substantially.  
9908 People will like it a lot. It is going to be special. I think  
9909 you are going to like what you hear.

9910           These are just a few of the examples of the promises that  
9911 President Trump has made. The Republicans will pass a plan that  
9912 will make health care better and cheaper and it will cover  
9913 everybody. So really, my colleagues on the other side of the  
9914 aisle should not have any trouble supporting my amendment.

9915           My amendment would prohibit this bill from taking effect  
9916 unless the Congressional Budget Office can first certify that it  
9917 will result in lower cost than under the ACA as measured by average  
9918 premiums, make health insurance more affordable than under the  
9919 ACA as measured by out-of-pocket cost, provide better health  
9920 coverage than under the ACA as measured by improved benefits, and  
9921 ensure that no one loses coverage just as President Trump  
9922 promised.

9923           So I say to my Republican colleagues, the proof is in the  
9924 pudding. Let's let the bipartisan Congressional Budget Office,  
9925 or nonpartisan Congressional Budget Office tell us whether this  
9926 bill is in fact better than the Affordable Care Act. Let's let  
9927 CBO tell us whether, quote, costs will come down and health care

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9928 will go up very substantially, unless perhaps you are worried that  
9929 this bill will result in millions of Americans losing their health  
9930 coverage, unless perhaps you are worried that this bill will do  
9931 nothing to hold down healthcare premiums, unless you are worried  
9932 that under this bill Americans will be left facing much greater  
9933 out-of-pocket costs, higher deductibles and higher copays.

9934 So I urge my colleagues to vote for this amendment which seeks  
9935 to hold everyone accountable for the promises that President  
9936 Trump, leader of the Republican Party, has made over and over to  
9937 the American people. And this amendment is particularly  
9938 important since my colleagues have insisted on jamming through  
9939 this legislation without a CBO score, without knowing how much  
9940 it is going to cost, a decision that in my opinion is the height  
9941 of irresponsibility.

9942 Let CBO tell us how this bill will affect cost and coverage  
9943 and affordability before this bill becomes law and does lasting  
9944 and irreparable damage to our healthcare system and the families  
9945 that we represent. I yield back the balance of my time.

9946 The Chairman. The gentlelady yields back the balance of her  
9947 time. Are there other members seeking recognition? The  
9948 gentleman from Oklahoma you are recognized for 5 minutes.

9949 Mr. Mullin. Well, that was the longest I have ever heard  
9950 Oklahoma said.

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9951           The Chairman. Well, I saw some other hands go up and I wasn't  
9952 expecting that and I told Representative Mullin he could go. So  
9953 we will come back to regular order, sorry.

9954           Mr. Mullin. You know, I thought we were here to legislate,  
9955 but we just debated 12 hours on renaming the bill. Now we are  
9956 debating on a Trumpcare test condition that the promises that he  
9957 made -- when I, I don't know, but I think I remember a President  
9958 one time saying if you liked your plan you could keep it. And  
9959 I think I also remember a President that -- oh, wait, the bill  
9960 was named after -- called Obamacare that says it will be budget  
9961 neutral. And then I am pretty sure I remember one time that yes,  
9962 President Obama said it will bring down premiums by \$2,500.

9963           We are here to legislate. When are we going to get down to  
9964 business? I mean, we had a whole bunch of last-minute amendments  
9965 filed that has put no thought in it other than to delay the process,  
9966 simply delay the process. This is absolutely ridiculous. I am  
9967 here to work and I want to work and I want to have a logical debate  
9968 with my colleagues from the other side, but you are making it  
9969 extremely impossible to do so. I feel like sometimes I am arguing  
9970 with someone that you just can't argue with because it makes no  
9971 sense.

9972           What is the argument here? What is the tactic? Is this  
9973 really to improve the bill? Is that what this is really is? Is

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9974 that what the last two amendments really is about, about improving  
9975 the bill, or is it about a sound bite so you can put it out on  
9976 social media and say hey, look, I am fighting for you? If we are  
9977 really serious about fighting for the American people then let's  
9978 be serious about the amendments and quit wasting everybody's time.

9979 Mr. Pallone. Will the gentleman yield?

9980 Mr. Mullin. No, not right now, I am kind of on a roll.

9981 Actually, you threw me completely off my roll, I yield back. Bye.

9982 The Chairman. The gentleman yields back. I recognize the  
9983 gentleman from New Jersey, the ranking member of the committee,  
9984 for 5 minutes.

9985 Mr. Pallone. Thank you, Mr. Chairman. I really want to  
9986 stress the importance of the gentlewoman from Florida's  
9987 amendment. I think a lot of times when we listen to President  
9988 Trump whether he is tweeting or whatever he is doing on a given  
9989 day, a lot of us think that, or a lot of us don't take him seriously.  
9990 I know sometimes I don't take him seriously, but the problem is  
9991 a lot of people do take him seriously. And when he says that,  
9992 you know, the Republican repeal plan is going to reduce prices,  
9993 cover everybody, make for better health care, people actually  
9994 believe that.

9995 And so there is a very heavy burden. I remember when Mr.  
9996 Shimkus said earlier, you know, we are putting our jobs on the

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9997 line, the Republicans, with this bill, the way you did as Democrats  
9998 7 years ago with the ACA. You have got to understand that you  
9999 really do have a big test here to show that some of the problems  
10000 that you cite with your individual, the people that you mention  
10001 in your districts are actually going to see an improvement, that  
10002 they are actually going to see that their premium costs go down,  
10003 that the deductibles are reduced, that they have better quality  
10004 care.

10005           And I just want to take a slice, you know, just one group  
10006 of people because we all are very concerned about seniors. And  
10007 I thought that the letter that the AARP sent out to everyone saying  
10008 why they opposed the Republican bill was sort of significant in  
10009 showing how there is absolutely no way that this bill is going  
10010 to make any improvements and it is actually going to make some  
10011 of the things that you cite about Obamacare that you don't like,  
10012 a lot worse.

10013           So let's just take three areas that affect seniors that are  
10014 mentioned by the AARP. First, Medicare, the AARP letter says and  
10015 it is already in the record, repealing this provision would hasten  
10016 the insolvency of Medicare by up to 4 years and diminish Medicare's  
10017 ability to pay for services in the future. So AARP is saying that  
10018 it is very likely that in the future, senior services or benefits  
10019 are going to decrease because there isn't going to be enough money

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10020 to pay for them because of the reduction in the trust fund,  
10021 obviously contrary to what you think you are going to accomplish.

10022 With regard to the individual private insurance market, AARP  
10023 says that the age rating plus premium increases equal an  
10024 unaffordable age tax, and it says in addition to skyrocketing  
10025 premiums, out-of-pocket costs could significantly increase under  
10026 this bill with the elimination of cost sharing assistance in  
10027 current law. So they are saying that contrary to what you are  
10028 hoping which is that, you know, premium costs would go down for  
10029 seniors, they are going to go up significantly. Premiums are  
10030 going to up, and they talk about particularly for seniors because  
10031 of the age rating.

10032 And then the last thing that AARP talks about is Medicaid  
10033 because they oppose the provisions of a bill that create a per  
10034 capita cap financing structure in the Medicaid program. We are  
10035 concerned that these provisions could endanger the health,  
10036 safety, and care of millions of seniors who depend on the essential  
10037 services provided by Medicaid. They talk about how more and more  
10038 people as they turn older and are eligible for Medicare need higher  
10039 levels of services, that is, the Baby Boomers, particularly  
10040 long-term care.

10041 What they are essentially saying is because you are going  
10042 to make cuts in the amount of money that goes to Medicaid to the

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10043 states because of this cap that services for seniors are going  
10044 to suffer. Nursing home care, for example, what happens when  
10045 nursing homes get less money? Well, you know, they don't hire  
10046 as many nurses to help the people in the nursing home. The  
10047 maintenance of the nursing home decreases. I remember years ago  
10048 when we had fires in nursing homes in my district because they  
10049 were in such deplorable conditions and we had to actually mandate,  
10050 you know, that there be nurses available to help people so they  
10051 don't get bedsores and other terrible things.

10052 So I would just say that the reason that Ms. Castor's  
10053 amendment is so important is because it is pointing out that in  
10054 order to actually accomplish your goal here you have got to do  
10055 a lot, and Trump is promising a lot. The reality is for just for  
10056 seniors alone based on what the AARP is saying you are not going  
10057 to meet that test. It is going to be the opposite -- higher costs,  
10058 higher out-of-pocket, worse services, and actually diminishing  
10059 Medicare's ability to pay over the long run. So it fails the test  
10060 clearly, but that is why it is important that we have this  
10061 amendment and have the test. I yield back.

10062 The Chairman. The gentleman yields back the balance of his  
10063 time. The chair recognizes the vice chair of the committee. We  
10064 will work our way down.

10065 Mr. Barton. I don't plan to take a whole lot of time. I

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10066 will point out to my friend from Florida that had she offered this  
10067 amendment to the original Affordable Care Act it would have never  
10068 gone into effect, because to the extent there was a CBO score it  
10069 said it was going to raise costs. So, you know, be careful what  
10070 you ask for.

10071 And I would also point out, I mean trying to look at it  
10072 seriously because I am assuming because I have such respect that  
10073 you mean it seriously, that your last requirement it is impossible  
10074 to meet because it says, and no increase to the rate of individuals  
10075 without health insurance. If you don't have health insurance and  
10076 get it, it is going to cost you something unless the federal  
10077 government pays a hundred percent of it.

10078 So I would hope that we can dispose of this, Mr. Chairman,  
10079 in a pretty quick fashion, vote no and move on. And I will be  
10080 happy to let somebody else have the rest of my time or yield back.

10081 The Chairman. I know Mr. Olson was looking for time.

10082 Mr. Barton. I will yield to Mr. Olson.

10083 Mr. Olson. I thank my friend. A few observations at the  
10084 12-hour and 25-minute mark of this markup, first off, Mr. Kennedy,  
10085 I heard about your constituent, your concerns about husband helped  
10086 by Obamacare. Also Ms. Matsui, she talked about a constituent  
10087 had type 1 diabetes. I am very familiar with type 1 diabetes.  
10088 I meet regularly with the JDRC, from Houston, Texas about this

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10089 disease. In fact I passed a law to create a commission to study  
10090 federal spending on diabetes.

10091 The best solution for type 1 diabetes is a medical device.  
10092 An artificial pancreas was being developed by Medtronics. It has  
10093 had its first test with the FDA. It has got a ways to go, but  
10094 that is how we solve that. This bill, this bill ensures that the  
10095 tax on that device goes away. So hopefully that will get her vote,  
10096 go back to her friend and tell her she is taking care of type 1  
10097 diabetes.

10098 I held my fire during the first amendment debates, but I can  
10099 hold my tongue no more weapons free. Both sides admit that  
10100 Obamacare has problems. We differ in the extent of the problems  
10101 and how to fix them, but it is hard to argue that on November 8,  
10102 the American people spoke and they wanted Obamacare repealed and  
10103 replaced as quickly as possible. Few in this room thought Donald  
10104 Trump would win, we would keep the House, keep the Senate, add  
10105 more governors, more legislators, but that is exactly what  
10106 happened.

10107 My Democratic friends tout the courage of 50 or 60 members  
10108 who voted for the Affordable Care Act and lost their jobs in 2010.  
10109 That loss gave our party the House. But that loss wasn't courage.  
10110 That was being tone deaf to the people you work for, the  
10111 constituents, and 7 years later some Democrats on this committee

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10112 are still tone deaf. We spent the better part of 2 hours debating  
10113 a seven-word amendment disparaging the title of our bill, and now  
10114 we have the Trump test conditional effective date amendment as  
10115 our second amendment. That is a joke. That is a joke and this  
10116 is not a joking matter.

10117 Tell that joke to Andrea. Andrea lives in my hometown of  
10118 Sugarland. She is 42 years old, a single parent raising two  
10119 teenagers. She has a master's in education. She is legally  
10120 blind, lost eyesight in her left eye and a partially impaired right  
10121 eye at childbirth. She found out last year she had renal cancer.  
10122 She is now a cancer survivor. She spent \$500 per month on a PPO  
10123 that paid her doctors' bills. She had very specific doctors.  
10124 One for the right eye, one for the left eye, her cancer, her kids.

10125 And then last September she lost her PPO under Obamacare.  
10126 The only other offer was an HMO that did not accept her doctors.  
10127 She paid a lot, shared in insurance costs so she could choose her  
10128 own doctors. Those doctors know her. They know her conditions.  
10129 They can get her quickly referred without delay --

10130 The Chairman. The gentleman's time has expired.

10131 Mr. Olson. Please vote against this amendment. Let's take  
10132 this seriously. This is not a joke.

10133 The Chairman. The gentleman's time has expired. The Chair  
10134 recognizes -- for what purpose does the gentleman from Texas seek

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10135 recognition?

10136 Mr. Green. Thank you, Mr. Chairman.

10137 The Chairman. Recognized for 5 minutes to speak on the  
10138 amendment.

10139 Mr. Green. And I want to follow my neighbor. The reason  
10140 these amendments are this way is because what you are doing --  
10141 and I will just focus on the Medicaid. I have a district that  
10142 is unlike my colleague and neighbor that if Texas would have  
10143 expanded Medicaid I would have 46,000 of my constituents be able  
10144 to at least get Medicaid. And what you are doing with Medicaid  
10145 in this bill, you know, the only amendment I could come up with  
10146 is, you know, abolish the bill because you are hurting what the  
10147 success we have had around the country. Not in Texas, but around  
10148 the country to expand to poor people who couldn't have it.

10149 And now we can come up with both sides. I know, I have heard  
10150 the problems of people with the Affordable Care Act and we would  
10151 like to work with you on it on real solutions, but this bill does  
10152 not do that. It will make it even worse particularly for  
10153 constituents that I represent. And that is why how do we amend  
10154 the bill that, you know, we can't make it better. Maybe we are  
10155 trying to make it where the truth in advertising, whether it be  
10156 our ranking member or Ms. Castor's amendment at least it would  
10157 say what the bill does. But that is why we can't amend it because

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10158 it is almost impossible to fix what you are doing.

10159 And with that does anybody want my time? I will yield to  
10160 my colleague from Massachusetts.

10161 Mr. Kennedy. Thank you, my colleague from Texas. I want  
10162 to go back to an amendment that was withdrawn just so that it is  
10163 very clear about what this bill does to folks on a Medicaid  
10164 expansion characterized by legal counsel as a slim slice of 11  
10165 million people across our country that are no longer going to get  
10166 access to the essential benefits package because it is sunsetted  
10167 on page 8 and line 3. So let's be very clear about the way that  
10168 mental health laws work in this country that the combination of  
10169 the Affordable Care Act that mandated behavioral health coverage  
10170 as part of the essential benefits package and the Mental Health  
10171 Parity Law extended those benefits to people on Medicaid  
10172 expansion.

10173 The erosion, while this bill does not touch the Mental Health  
10174 Parity Law or the laws passed by 21st Century Cures, it does  
10175 directly target those on a Medicaid expansion and rolls back the  
10176 essential health benefits for that 11 million people, which is  
10177 roughly, well, it is over 80,000 people in Pennsylvania that are  
10178 suffering from serious mental illness.

10179 So the very same people that were here that day that we passed  
10180 that bill that day that we did the markup, in the gallery

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10181 advocating for the approval of that law, are the ones that are  
10182 going to be directly targeted if this bill goes through and if  
10183 it is not changed.

10184 Mr. Kennedy. That is a fact, yield back.

10185 Mr. Sarbanes. Will the gentleman yield? Thanks to the  
10186 gentleman for yielding. I just want to follow up on the gentleman  
10187 from Massachusetts. It is the combination of the creating  
10188 optionality with respect to the coverage under the expanded  
10189 Medicaid with respect to these kinds of treatment services, plus  
10190 the fact that going forward with the redesign of the Medicaid  
10191 program in a way that is going to decrease the funding available,  
10192 it is going to put the states in a position of having to pick and  
10193 choose what kind of benefits they think that they can offer.

10194 And it stands to reason that in many places when that  
10195 competition between which categories of benefits are preserved  
10196 and which have to be given up that substance use disorder and  
10197 treatment services and recovery services may be the first thing  
10198 that goes. So it is the combination effect of the provisions in  
10199 this bill that I think are creating the exposure that we are so  
10200 concerned about. And with that I am going to yield.

10201 Mr. Kennedy. Mr. Green, if I could have 1 more minute, I  
10202 also have here a letter from the Mental -- thank you. I have a  
10203 letter here from the Mental Health Liaison Group which is an

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10204 umbrella organization of 60 mental and behavioral health groups  
10205 including the American Association on Health and Disability, the  
10206 American Association for Geriatric Psychiatry, the American  
10207 Nurses Association, American Psychiatric Association, the  
10208 American Psychiatric Nurses Association, the American  
10209 Psychological Association, and many, many others that say,  
10210 directly quoting from their letter, recognizing Medicaid's vital  
10211 role in bringing mental health and substance use services to  
10212 vulnerable populations, we are deeply concerned about the recent  
10213 proposals to block and/or cap the federal share of Medicaid. I  
10214 would ask unanimous consent to submit the letter for the record.  
10215 I yield back.

10216 Mr. Burgess. [Presiding.] The gentleman's time is expired.  
10217 The gentleman yields back.

10218 Mr. Kennedy. Unanimous consent, Doctor?

10219 Mr. Burgess. I am sorry. I did not hear the gentleman.

10220 Mr. Kennedy. I am sorry, Doctor. There was a unanimous  
10221 consent request to submit a letter for the record.

10222 Mr. Burgess. Without objection, so ordered.

10223 [The information follows:]

10224

10225 \*\*\*\*\*COMMITTEE INSERT 17\*\*\*\*\*

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10226 Mr. Burgess. The chair recognizes himself for 5 minutes to  
10227 speak against the amendment and urge my colleagues to vote against  
10228 the amendment and allow us to proceed with this important bill  
10229 tonight. I have a slide that I would like put up, and while we  
10230 are waiting on that the chair would also observe that the chair  
10231 is a member of the American Association of Retired Persons and  
10232 the chair is a member of the American Medical Association. And  
10233 although those groups oppose the Republican committee print on  
10234 the reconciliation, the membership is not monolithic and I am  
10235 evidence of that. So I suspect you will have a variety of opinions  
10236 from within both the AARP and the AMA.

10237 [Slide.]

10238 Mr. Burgess. I want to talk about the individual mandate  
10239 and discuss the effectiveness that the individual mandate has  
10240 exhibited with getting people to participate in the exchanges.  
10241 When this process was started with the Affordable Care Act, the  
10242 majority party, the majority Democrats claimed that there would  
10243 be as many as 21 million people covered through Obamacare  
10244 exchanges by the end of 2016. But even with the individual  
10245 mandate, the real number is about half of that.

10246 And here is a fact, over 19 million taxpayers have decided  
10247 they would rather pay a penalty or the penalty tax or claim an  
10248 exemption from this mandate compared with only slightly over ten

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10249 million people who paid for their plans on the Obamacare  
10250 exchanges. Notably of the over 19 million people that steered  
10251 clear of the mandate, 45 percent are under the age of 35, the very  
10252 group that we were told needed to enroll in the exchanges in order  
10253 to offset the higher numbers of older individuals. The numbers  
10254 actually could not be more clear.

10255           Despite the promises of the Washington Democrats,  
10256 Obamacare's ineffective individual mandate has so far been  
10257 ineffective. There is good news in the committee print that we  
10258 are considering and I do just want to direct a colleague's  
10259 attention to one of the most innovative ideas that is the Patient  
10260 and State Stability Fund. These grants to help provide care for  
10261 low-income Americans who are uninsured and repair the damage  
10262 caused by the Affordable Care Act, these are state-directed funds.

10263           The states can use these funds to help reduce premiums, to  
10264 help reduce deductibles for low-income Americans or to stabilize  
10265 their insurance market. States can also use these resources to  
10266 promote access to preventive services like getting an annual  
10267 checkup, dental, and vision. If a state chooses not to use the  
10268 funds for their own program, their allotment would be available  
10269 to help stabilize markets in those states.

10270           At this point I am prepared to yield back or yield to anyone  
10271 who --

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10272 Mr. Sarbanes. Will the gentleman yield?

10273 Mr. Burgess. Actually the gentleman from Indiana, Dr.  
10274 Bucshon.

10275 Mr. Bucshon. Thank you, Mr. Chairman. I just wanted to  
10276 say, I mean, I just heard that our legislation here is unamendable.  
10277 It is legislation that can't be repaired with amendments, so I  
10278 would respectfully ask the amendments that have been submitted  
10279 to be withdrawn since it is an unamendable piece of legislation.  
10280 And we are just here wasting our time, but we should get to the  
10281 final vote. I yield back.

10282 Mr. Sarbanes. Will the gentleman yield?

10283 Mr. Burgess. Yes, I will yield to the gentleman from  
10284 Maryland.

10285 Mr. Sarbanes. I just wanted to comment on the chart, because  
10286 I mean those numbers are correct, but I think more so than what  
10287 you are attributing it to that reflects that the CBO is making  
10288 some projections based on assumptions of what the employer-based  
10289 coverage would do, in other words that employers might begin to  
10290 drop coverage of employees who would then get picked up in the  
10291 health exchanges. And what actually happened was the employers  
10292 continued to provide coverage notwithstanding the fact that they  
10293 had some added responsibilities under the ACA, which I think made  
10294 the coverage more robust and actually helped enhance the

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10295 healthcare system overall.

10296           So the fact that those numbers didn't meet the expectations,  
10297 I think, actually reflects some positive things about the way the  
10298 ACA rolled out, not negative things as you suggested, and I will  
10299 yield back.

10300           Mr. Burgess. Reclaiming my time, I think I will  
10301 respectfully disagree with that conclusion and yield back my time.  
10302 For what purpose does the gentlelady from California seek  
10303 recognition?

10304           Ms. Eshoo. Strike the last word.

10305           Mr. Burgess. The gentlelady is recognized for 5 minutes.

10306           Ms. Eshoo. Thank you, Mr. Chairman. I know we are all tired  
10307 obviously we have been here for over 12 hours. But with all due  
10308 respect to the gentleman, I think, from Indiana that said all  
10309 amendments should be withdrawn, I don't agree with that. I am  
10310 here representing my constituents, over 700,000 people that care  
10311 about this. I think what I have in the hopper is something that  
10312 is very important.

10313           So you may not agree with the ideas, but is this an arduous  
10314 process? You bet. There isn't anything, there isn't anything  
10315 that we deal with here in Congress that is more personal than  
10316 health care. These words are going to walk right into the lives  
10317 of the people that we represent. It really is very, very

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10318 personal. You all know that. We know that. We don't have a  
10319 difference on that. We have a difference of opinion on how to  
10320 get to the land of a better, stronger, fuller affordable coverage  
10321 in our country.

10322 I for one celebrate how the number of uninsured in our country  
10323 has gone down. How the number of uninsured have gone down in our  
10324 country is something that Republicans and Democrats should all  
10325 celebrate, because those people were going through hell or they  
10326 got to face hell one day when they woke up and didn't have it and  
10327 needed it and then were subjected to the discriminatory practices  
10328 of insurance companies.

10329 So I guess if we have to stay all night I will stay all night  
10330 to offer my amendment. I don't think it is junk. I think it is  
10331 an important idea. If you don't agree with me obviously you are  
10332 going to vote against it. But this is a serious undertaking, one  
10333 of the most serious this committee and the Congress could ever  
10334 be involved in, and even though we are tired we should not cast  
10335 aside the seriousness of it. If I have some time left, I  
10336 will yield to Mr. Sarbanes.

10337 Mr. Sarbanes. Thank you for yielding. Very quickly, just  
10338 to emphasize the point that this is an important exercise, the  
10339 gentleman from Oklahoma is not in his seat currently but he asked  
10340 the question is this just a delay tactic; what is the purpose of

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10341 this; how does this help anything; how is it going to make the  
10342 bill better to go through this? Actually, in this instance, delay  
10343 would make the bill better because we are trying to get to the  
10344 CBO score.

10345 I mean that is part of what is happening here is we are  
10346 presenting this issues as compellingly as we can, but we  
10347 understand that we don't have the full picture available to us  
10348 and we either ought to postpone this proceeding to a point at which  
10349 we will have at our fingertips the CBO score, or we are going to  
10350 have to delay sufficiently that we can get our hands on the CBO  
10351 score and that will make the bill better because then we will have  
10352 more information in order to determine that the impact of these  
10353 provisions are going to have.

10354 So this is not just a delaying tactic, this is not just an  
10355 exercise we are going through. This is part of our responsibility  
10356 as a committee to make sure we are giving the right level of  
10357 scrutiny to this bill, and I yield back.

10358 Ms. Eshoo. I will yield the rest of my time to Mr. Pallone.

10359 Mr. Pallone. Thank you. You know, going back to Ms.  
10360 Castor's amendment which of course related to the President's many  
10361 pronouncements, you know, that I think are way out there, frankly,  
10362 but one of the things he did say, which I agree with, is that health  
10363 care is very complex. He finally came to that realization. And

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10364 when Chairman Burgess talked about this individual mandate, which  
10365 he obviously wants to get rid of and the bill does that, it just  
10366 makes me think of the complexities of all this. I mean, if we  
10367 really had an opportunity to work together we could determine  
10368 whether this, you know, whether the penalty is the issue, whether  
10369 or not perhaps we need to increase the subsidy to get more people  
10370 to sign up, or whether, I mean there are a myriad of reasons that  
10371 could be looked into rather deeply I think to determine what could  
10372 be done to make it so that more people sign up. But if you  
10373 get rid of the individual mandate, unfortunately it becomes, you  
10374 know, a lot less of an incentive. And the individual mandate  
10375 actually was a Republican idea that came from the Heritage  
10376 Foundation. So I just think it is very, it is kind of ridiculous  
10377 at this point to say that we should just get rid of the individual  
10378 mandate and, you know, everybody's going to become better. It  
10379 is not.

10380 Mr. Burgess. The gentleman's time has expired. And does  
10381 the gentleman from North Carolina, Mr. Hudson, seek recognition?  
10382 For what purpose does he seek recognition?

10383 Mr. Hudson. I will strike the last word.

10384 Mr. Burgess. The gentleman is recognized for 5 minutes.

10385 Mr. Hudson. Thank you, Mr. Chairman. Obamacare has failed  
10386 the American people and we have serious legislation to deal with

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10387 this crisis, yet here we are over 12 hours into this hearing and  
10388 so far we have managed to debate the name change of the bill to  
10389 a hashtag, and we are now debating an amendment to try and label  
10390 this bill Trumpcare.

10391 Now we need to get serious because this is about the American  
10392 people. For example, Raphael, one of my constituents in  
10393 Charlotte, wrote me and said, I served in the U.S. Marines from  
10394 1963 to 1967 and then joined IBM retiring after 47 years in 2015,  
10395 so I am okay. But my wife has not been able to get a reasonable  
10396 health care policy since I retired. As you know, Aetna ceased  
10397 services in this area. We were paying \$638 a month for a policy  
10398 with a \$5,500 deductible, so effectively we were paying \$7,600  
10399 a year for a mammogram and prescription drugs, and the policy did  
10400 not even pay for regular doctor visits.

10401 So at the end of 2016 we received a letter informing us that  
10402 Aetna would no longer cover her and she would be automatically  
10403 forwarded to another company's healthcare policy that would now  
10404 cover her for \$1,100 a month, including the deductible that is  
10405 \$13,200 a month for a similar policy, a whopping 172 percent  
10406 increase. We are hoping that she stays healthy. We are waiting  
10407 4 years for her to turn 65 so she can qualify for Medicare. You  
10408 have to find a way to provide health insurance for all who need  
10409 it.

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10410            Their plan is they hope she stays healthy for the next 4  
10411 years, and yet the other side can offer nothing but let's change  
10412 the name of the bill to a hashtag. I got a letter from Claude  
10413 in Albemarle. Last year I had three insurance companies to pick  
10414 from and my premium was \$1,100 per month with a \$6,000 deductible.  
10415 This year only one insurance company was offered and the premium  
10416 is \$2,300 a month with a \$12,000 deductible, and he put an  
10417 exclamation point there. I am forced to participate in this even  
10418 though it is the worst value in history. The cost of medical  
10419 services has risen to the point that I am considering moving to  
10420 a foreign country. Brenda from Kannapolis, even though I  
10421 have health insurance the cost of my deductible has skyrocketed.  
10422 I had two tests recently and my out-of-pocket was \$1,200. Denise  
10423 from Concord: Dear Congressman Hudson, thank you for asking us,  
10424 we the people, to share our stories. The following is my story.  
10425 In October of 2015, my monthly premium was \$546.14. By January  
10426 of 2016 my monthly premium is \$1,072.38. So it went from October  
10427 2015 of \$546 to January of 2016 of over a thousand dollars. She  
10428 wrote, ludicrous.

10429            My budget has been revamped and I am now living from paycheck  
10430 to paycheck. No longer can I put money in any type of savings  
10431 for car and home repairs or retirement. I am so grateful to be  
10432 employed full-time to be able to be self-supporting and willing

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10433 to do my part for affordable health care, but enough is enough.  
10434 Something has to be done so I ask for your help, please.

10435           How about Alice from Union County, North Carolina? My  
10436 husband and I have worked all our lives, raised three children,  
10437 put them through college, paid our taxes and we are good citizens  
10438 of this wonderful country. Because of Obamacare our Medicare  
10439 supplement insurance rates keep increasing and prescription drug  
10440 costs continue to rise. Please help, exclamation point,  
10441 exclamation point. We have had to use credit cards to pay for  
10442 prescriptions. I am going to have to start being selective about  
10443 what drugs we take.           Real people are having to use credit  
10444 cards to buy prescription drugs, and in 12 hours all we can manage  
10445 to do is to debate whether or not we should change the name of  
10446 the bill to a hashtag. This is disgraceful. If you have got  
10447 better ideas put them forward. That is what an open process is  
10448 about. But this is about real people who are being crushed by  
10449 this law. There is a lot more people out there that have a piece  
10450 of paper that says insurance on it, but they can't use because  
10451 after the premiums they can't afford the deductibles.

10452           If you have insurance but you can't go to the doctor because  
10453 you can't afford to use that insurance what good does it do for  
10454 you? We are on a rescue mission of the American people. This  
10455 legislation is going to put Americans in charge of their own health

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10456 care. It is going to give them the ability to choose health  
10457 insurance they want at a price they can afford. It is time to  
10458 stop the delays and the games. If we want to have a debate about  
10459 the substance of this bill I will stay here until the cows come  
10460 home. If not, it is time to move forward for the American people.  
10461 And with that Mr. Chairman, I yield back.

10462 Mr. Burgess. The Chair thanks the gentleman. The  
10463 gentleman yields back.

10464 For what purpose does the gentleman from New York seek  
10465 recognition? The gentleman is recognized for 5 minutes.

10466 Mr. Engel. Thank you. Thank you, Mr. Chairman.

10467 The previous speaker, you know, it would be much better if  
10468 we could put our heads together -- I said this before and I will  
10469 say it again -- and try to fix what we think is broken in the  
10470 Affordable Care Act. There were a lot of good things in the  
10471 Affordable Care Act. But we are not doing that.

10472 The Republicans have come forward with a bill. There is no  
10473 CBO score. If there was a CBO score, we might not even have to  
10474 debate half of these things because we would at least have some  
10475 facts, but we don't have that.

10476 If we had some ideas that were good and fixed it, it would  
10477 be defeated on a party-line vote, no matter how good the idea is  
10478 or how bad it is. So, in a way, this whole setup is a farce. It

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10479 is a farce because we are buying the pig in a poke. We don't know  
10480 how much it is going to cost. On this side of the aisle, we are  
10481 convinced that it is going to make it worse for our citizens. It  
10482 is going to cost more money and provide less health care.

10483 During his address to Congress last week, the President  
10484 promised a healthcare system that will expand choice, increase  
10485 access, lower costs, and at the same time provide better health  
10486 care. Yet, seconds later he touted policies that do nothing to  
10487 achieve his stated goals. We feel that this bill is no different.

10488 We cannot hope to expand treatment for those who have become  
10489 so badly addicted while simultaneously gutting the law that  
10490 ensures coverage for substance abuse treatment. Targeting  
10491 Planned Parenthood, an organization that provides comprehensive  
10492 reproduction health for millions is antithetical to the goal to  
10493 invest in women's health.

10494 Access to coverage for Americans with preexisting health  
10495 conditions means nothing without the ACA's protections that keep  
10496 insurers from charging those consumers more for care, even if  
10497 there is a gap in their coverage.

10498 And those are just the broken promises from last week. So,  
10499 this bill before us today would raise costs for seniors, force  
10500 Americans to make due with worse coverage, and through its radical  
10501 restructuring of Medicaid, force states to ration services that

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10502 millions of Americans depend on. I don't recall hearing any of  
10503 those promises before. Yet, that is what is in the text in front  
10504 of us.

10505 So, I said it before and I will say it again. My friends  
10506 on the other side of the aisle are finding that it was very easy  
10507 to make promises. It is a lot harder to deliver progress the way  
10508 ACA has in many instances. And there is a reason why the American  
10509 Hospital Association is opposed to this bill. AARP is opposed  
10510 to this bill. The AMA, the American Medical Association, is  
10511 opposed to this bill. The Family Physicians are opposed, the  
10512 Federation of American Hospitals, Consumers Union. They don't  
10513 willy-nilly oppose these bills. They oppose it because of the  
10514 reason that many of us oppose it. We feel that, ultimately, it  
10515 is not sustainable. Yes, there are problems with Obamacare.  
10516 Let's fix those problems, not make them worse. This bill makes  
10517 it worse.

10518 When we read what some of the organizations who don't support  
10519 it are saying, the American Hospital Association, "We cannot  
10520 support the American Health Care Act in its current form. Any  
10521 ability to evaluate the American Health Care Act, however, is  
10522 severely hampered by the lack of coverage estimates by the  
10523 Congressional Budget Office. Lacking that level of analysis and  
10524 needed transparency, we urge the Congress wait until an estimate

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10525 is available before proceeding with formal consideration. That  
10526 is not anything radical."

10527 AARP, "We write today to express our opposition to the  
10528 American Health Care Act. This bill would weaken Medicaid's  
10529 physical sustainability, dramatically increase healthcare costs  
10530 for Americans aged 50 through 64, and put at risk the health care  
10531 of millions of children and adults with disabilities, and poor  
10532 seniors who depend on the Medicaid program for long-term services  
10533 and supports and other benefits."

10534 The American Medical Association, "We cannot support the  
10535 AHCA as drafted because of the expected decline in health  
10536 insurance coverage and the potential harm it would cause to  
10537 vulnerable patient populations."

10538 The Family Physicians, "We are concerned that by rushing to  
10539 a markup tomorrow in the Energy and Commerce and Ways and Means  
10540 Committees, there will be insufficient time to obtain nonpartisan  
10541 estimates of this legislation's impact by the Congressional  
10542 Budget Office or for medical organizations like ours and other  
10543 key stakeholders in the healthcare community to offer substantive  
10544 input on the bill."

10545 So, this is important. This is one of the most important  
10546 things that we are going to vote on this year. And it is rushed  
10547 through and we are buying a pig in a poke because we don't have

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10548 all the details. So, that is why we are so disgruntled on the  
10549 other side of the aisle. We don't like this being jammed down  
10550 our throats and rushed down our throats and rushed down the  
10551 American people's throats.

10552 So, again, I say I wish we could come together and try to  
10553 repair what is wrong in the Affordable Care Act and what is good,  
10554 keep. But this bill does nothing, unfortunately.

10555 I yield back.

10556 Mr. Burgess. The gentleman's time has expired.

10557 Is there anyone on the majority side seeking recognition?  
10558 For what purpose does the gentleman from Louisiana seeking  
10559 recognition?

10560 Mr. Scalise. Strike the last word, Mr. Chairman.

10561 Mr. Burgess. The gentleman is recognized for 5 minutes.

10562 Mr. Scalise. I appreciate it.

10563 I want to speak against this amendment. If you read the  
10564 amendment, what it says is that the provisions of this bill won't  
10565 take effect if the Congressional Budget Office and the Joint  
10566 Committee on Taxation certify that such provisions result in lower  
10567 healthcare costs, not whether or not they actually result in lower  
10568 healthcare costs, but whether or not CBO says that it will result  
10569 in lower healthcare costs.

10570 So, I don't know if the gentlelady did this and it was a

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10571 drafting error or if it was design, but if she is going to make  
10572 CBO the only arbiter of fact in the marketplace, then I think we  
10573 ought to take a look at the results of CBO over the years.  
10574 Clearly, on Obamacare they were all over the board. They missed  
10575 the mark up sometimes; they missed the mark down sometimes. They  
10576 still keep giving revisions on Obamacare because their initial  
10577 estimates were wrong.

10578           You don't just look at Obamacare. Let's go look at what this  
10579 committee did on spectrum. The AWS-3 spectrum sale, remember  
10580 that? CBO's score on that sale said that taxpayers would get zero  
10581 dollars from the sale of that spectrum. Okay, we have the luxury  
10582 of time now. Let's go back and look at how close CBO was to that  
10583 score.

10584           They said the taxpayers would not get a dime from that sale.  
10585 They were a little bit off. That sale generated \$44 billion to  
10586 the taxpayer.

10587           So, if any amendment like this was attached to that bill,  
10588 the taxpayers wouldn't have been able to get \$44 billion that  
10589 helped lower our deficit and the people across this country would  
10590 not have been able to benefit from all of the great innovation  
10591 and technology that came from that spectrum being opened up to  
10592 the private marketplace, so we can do things like send data through  
10593 smartphones.

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10594           So, if you are going to make CBO the only arbiter, then let  
10595 me read a story from Jeff in Slidell. "Prior to Obamacare, my  
10596 premium for my family of four was about \$530 a month with a \$3500  
10597 deductible. As premiums continued to rise with Obamacare, I have  
10598 had to get individual policies for my kids. However, it has only  
10599 helped a bit. Last year I paid \$10,350 for my wife and I, \$1408  
10600 for my daughter, and \$1728 for my son, a total of \$13,487. I have  
10601 a bronze plan, the lowest possible plan. It pays basically  
10602 nothing. My family deductible is \$12,500. Needless to say, I  
10603 am quite upset with the plan. I am paying more than 15 percent  
10604 of my income for premiums, and I still have to pay all my other  
10605 healthcare costs. I am easily spending more than 25 percent of  
10606 my take-home pay for health care. It is financially taxing. We  
10607 need help."

10608           Just look at what Jeff experienced under Obamacare. He was  
10609 paying \$6,360, and after Obamacare he is paying more than double,  
10610 \$13,487. And the worst part is his deductible went up 357  
10611 percent, more than tripled. These are real people.

10612           What you are saying with this amendment is, even if Jeff is  
10613 able to actually go out in the private marketplace and get a plan  
10614 that costs him less money, just because CBO, who still can't even  
10615 give us real numbers, if CBO says that he is not going to be able  
10616 pay less, even though he actually finds a plan that costs less,

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10617 you are not going to let him go get that cheaper plan that is better  
10618 for him and his family. Talk about elitism and government people  
10619 telling somebody else what is best for them.

10620 That is what is broken about Obamacare, is that you have taken  
10621 the choice away from families. You have taken the choice out of  
10622 their hands because you think you are a better shopper than they  
10623 are. People are pretty good shoppers, if you go look around.

10624 We can talk later about bringing a bill forward that,  
10625 unfortunately, takes 60 votes in the Senate, so that you can buy  
10626 insurance across state lines. I sure hope you all vote with us  
10627 on that one. But people buy everything across state lines.

10628 People know how to shop for themselves. They don't need some  
10629 bureaucrat in Washington telling them what they can and can't buy.  
10630 And if some unelected bureaucrat at the CBO who still can't even  
10631 give us numbers is wrong again -- remember, zero dollars they said  
10632 was going to be coming in -- \$44 billion ended up coming in. They  
10633 were just a little bit off. But they don't have the booth to go  
10634 in like referees on a football field, so they just stay wrong.

10635 Under your amendment, they would never be able to get the  
10636 benefit of the lower cost that they can go out and find on their  
10637 own without your help. So, no thank you. But if you are from  
10638 Washington and you are here to help, people have had enough of  
10639 that one-size-fits-all. Let's get this bill of President Trump's

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10640 desk, so he will sign it and we can provide real relief for people  
10641 like Jeff from Slidell and millions of others across the country.  
10642 Let's defeat the amendment.

10643 I yield back.

10644 Mr. Burgess. The gentleman's time has expired.

10645 For what purpose does the gentleman from Pennsylvania seek  
10646 recognition?

10647 Mr. Doyle. Strike the last word, Mr. Chairman.

10648 Mr. Burgess. The gentleman is recognized for 5 minutes.

10649 Mr. Doyle. I speak in support of the amendment. Well,  
10650 look, we all have these nice stories, on both sides of the aisle,  
10651 these anecdotal stories of our constituents.

10652 But let's look at a chart from the Kaiser Family Foundation,  
10653 a pretty reputable organization. Because there is a lot of talk  
10654 about premiums since Obamacare, let's take a little walk down  
10655 memory lane and let's go back in the first 5 years between 2000  
10656 and 2005. Average premiums for a family in this country increased  
10657 from \$6,438 up to about \$10,800, an increase of a little over  
10658 \$4,000. In the 5 years between 2005 and 2010, average premiums  
10659 for a family increased about \$3,000, from \$10,800 to \$13,770.

10660 So, in the 10 years before the ACA, the average annual premium  
10661 for a family more than doubled from \$6,438 to \$13,770. That is  
10662 the 10 years before the ACA.

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10663           What has happened after the ACA, according to the Kaiser  
10664 Family Foundation? Well, in the 5 years between 2010 and 2015,  
10665 these premiums increased from \$13,770 to over \$17,800, an increase  
10666 of about \$4,000. And we know that since that time, in the last  
10667 couple of years, there have been increases, too.

10668           But the fact of the matter is, if you look at the 10 years  
10669 before the ACA and the 8 years since the ACA, the premiums have  
10670 gone up about at the same rate as they did before the ACA. So,  
10671 this myth that is out there that somehow premiums have gone up  
10672 a lot more under ACA than before ACA is not borne out by the Kaiser  
10673 Family Foundation and average family increases.

10674           Mr. Burgess. Will the gentleman yield?

10675           Mr. Doyle. No, not right now because I have some more things  
10676 I want to say. And then, I will yield.

10677           I also want to talk about the individual markets. In my  
10678 prior lifetime before coming here, I was in the insurance  
10679 business. I owned an insurance agency and I am licensed in life  
10680 insurance, accident and health insurance, property insurance, and  
10681 casualty insurance. I sold individual life policies and I sold  
10682 commercial policies to large corporations. I know a little bit  
10683 about the health insurance market.

10684           You know, when you look at insurance companies, they look  
10685 to manage their risk. The way they managed their risk before the

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10686 ACA was through preexisting conditions. They weeded out sick  
10687 people. And then, for the ones that slid in that weren't sick  
10688 when they bought the insurance, they were able to cap benefits.  
10689 These were ways they were able to control their exposure, so that  
10690 they could keep their premiums and make a profit. These companies  
10691 were in business to make a profit.

10692 When the ACA got put in, we said to the insurance industry,  
10693 you can't discriminate against sick people anymore and you can't  
10694 cap benefits. Well, all of a sudden, that is going to make their  
10695 risk pool a lot riskier.

10696 So, what we did to try to help them in that regard, along  
10697 with some of the other taxes there were put in the ACA, is we said  
10698 we are going to mandate young healthy people to buy insurance,  
10699 which will put people into the risk pool that would be paying  
10700 premiums but not requiring much service from the insurance  
10701 companies to smooth out their risk pool. That was the thought  
10702 behind it.

10703 Now what was the mistake? The mistake, in my opinion, was  
10704 the penalty for not signing up was way too low, and it was easier  
10705 to pay the penalty than to stay in for the insurance program.

10706 But my question is, now that this bill says that you don't  
10707 have to buy insurance, there is very, very little incentive for  
10708 these young healthy people who think they are invincible to buy

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10709 insurance, when all they have to do is wait until they need  
10710 insurance. Then, they buy it and they pay a 30-percent penalty.  
10711 And after they get whatever procedure they have got to get, because  
10712 they had to buy insurance for it, they just drop the insurance  
10713 right after they are done doing it.

10714 I am very curious to see how the insurance companies are going  
10715 to view that as a same kind of risk maneuver having the individual  
10716 mandate. So, here is my question. Maybe counsel can answer this  
10717 question. What are you doing in the bill to control exposure,  
10718 you know, to keep the risk pool down? Because now you have taken  
10719 away one of the primary ways that we did it under ACA, and that  
10720 is allowing young healthy people to go into the risk pool. We  
10721 mandated it, sort of like car insurance where you have got good  
10722 drivers paying for bad drivers. The idea was to have young  
10723 healthy people to help us pay for sick people, but that is not  
10724 going to be mandatory anymore.

10725 So, I guess what I am curious about is, what are you doing  
10726 in the bill to keep the risk pool from getting much riskier if  
10727 these young people don't sign up?

10728 Mr. Burgess. I do not believe that is an appropriate  
10729 question for counsel.

10730 Mr. Doyle. Okay, Dr. Burgess, do you want to take a stab  
10731 at it?

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10732 Mr. Burgess. It is a policy question, and that is the  
10733 purpose in doing the debate on the bill tonight. So, that is what  
10734 we are here doing.

10735 Mr. Doyle. Well, tell me, I am trying to understand, what  
10736 are you doing in the bill? Or is this in bucket No. 6 or something?  
10737 What are you doing in the bill to deal with the fact that young  
10738 people aren't going to buy insurance because you are not mandating  
10739 it anymore? They are just going to wait until they need insurance  
10740 and game the system. What are you doing to keep the risk pool  
10741 from getting riskier/

10742 Mr. Burgess. Now are you concentrating on the amendment or  
10743 the underlying --

10744 Mr. Doyle. I am asking you a question, if you want to answer  
10745 it.

10746 Mr. Burgess. Well, the continuous coverage requirement  
10747 that has been in place in Medicare Part B and Medicare Part --

10748 Mr. Doyle. That is a joke, a 30-percent premium. Who  
10749 wouldn't do that? Who wouldn't just game that system? I can't  
10750 wait for the insurance industry to tell us what they think about  
10751 this bill. I mean, a 30-percent premium is nothing.

10752 Mr. Burgess. And the gentleman's time has expired.

10753 Mr. Doyle. Yes, and no answers.

10754 Mr. Burgess. Anyone on the majority side seek recognition?

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10755 Anyone on the minority side seek recognition?

10756 The gentleman from -- well, is that right in your seniority  
10757 order? Sorry. The gentlelady from Illinois, are you seeking --  
10758 for what purpose does the gentlelady from Illinois seek  
10759 recognition?

10760 Ms. Schakowsky. Thank you. To strike the last word, Mr.  
10761 Chairman.

10762 Mr. Burgess. The gentlelady is recognized for 5 minutes.

10763 Ms. Schakowsky. I wanted to just comment on a couple of the  
10764 things that the President has said that I am sure everybody wants  
10765 to incorporate in legislation. On the 25th of January, he said,  
10766 "It is going to be, what my plan is that I want to take care of  
10767 everybody. I'm not going to leave the lower 20 percent that can't  
10768 afford insurance."

10769 And then, later that day, he said, "So, I want to make sure  
10770 that nobody's dying on the street when I'm President. Nobody is  
10771 going to be dying on the street. We will unleash something that's  
10772 going to be terrific."

10773 Well, if I find it interesting, then, that so many of these  
10774 organizations -- I know, Dr. Burgess, you said that you are not  
10775 a member of the American Medical Association. But one of the --

10776 Mr. Burgess. Will the gentlelady yield?

10777 Ms. Schakowsky. Yes.

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10778 Mr. Burgess. I am a member of the American Medical  
10779 Association.

10780 Ms. Schakowsky. Oh, you are a member? Oh, no, you are a  
10781 member --

10782 Mr. Burgess. I am a dues-paying member paid up in full --

10783 Ms. Schakowsky. That is right. I am sorry.

10784 Mr. Burgess. -- not an emeritus member, not a retired  
10785 member; a dues-paying full-fledged voting member of the AMA.

10786 I yield back.

10787 Ms. Schakowsky. I apologize. I apologize.

10788 What you did say, though, is, as a member, you disagree with  
10789 the position that the AMA has taken. Am I right about that?

10790 Mr. Burgess. The gentlelady is correct.

10791 Ms. Schakowsky. Okay.

10792 Mr. Burgess. I disagree with the position.

10793 Ms. Schakowsky. Right. I did want to quote it,  
10794 nonetheless. Because what they refer back to is what the  
10795 President was saying. "We encourage you to ensure that low- and  
10796 moderate-income Americans will be able to secure affordable and  
10797 adequate coverage, and that Medicaid, CHIP, and other safety-net  
10798 programs are maintained and adequately funded. And critically,  
10799 we urge you to do all that is possible to ensure that those who  
10800 are currently covered do not become uninsured." And their

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10801 conclusion was, "We cannot support the AHCA as drafted because  
10802 of the expected decline in health insurance coverage and the  
10803 potential harm it would cause to vulnerable patients and  
10804 populations."

10805 Then, the American Hospital and Health Systems said, "The  
10806 draft legislation proposed, being considered by the House  
10807 committee, could lead to tremendous instability for those seeking  
10808 affordable coverage. We cannot support the American Health Care  
10809 Act as currently written."

10810 On kind of a different note, we find that from the faith  
10811 community the Episcopal Church says, "This current proposal falls  
10812 woefully short of our spiritual calling to care for the",  
10813 quote,"`least of these,'" unquote, as well as the noble values  
10814 upon which our great nation was founded."

10815 And Sister Carol Keehan, who is president and CEO of the  
10816 Catholic Health Association of the United States, said, "We are  
10817 strongly opposed to the House GOP Affordable Care Act (ACA) repeal  
10818 and replace legislation that asks the low-income and most  
10819 vulnerable in our country to bear the brunt of the cuts to our  
10820 healthcare system."

10821 And then, you look at some of the disease organizations that  
10822 we have been trying to help, the Cystic Fibrosis Foundation, "The  
10823 bill released by the two House committees this week failed to

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10824 adequately protect people living with cystic fibrosis and placed  
10825 the lives of millions of Americans living with serious and chronic  
10826 disease at risk."

10827           And the Consortium for Citizens with Disabilities remains  
10828 "strongly against any proposal that institutes per-capita caps  
10829 in the Medicaid system."

10830           The American Foundation for Suicide Prevention says, "We  
10831 must ensure the gains we have made in mental health and substance  
10832 use disorder coverage remain in place, so every American has a  
10833 path to a more healthy and productive life."

10834           And on and on of groups on all sides of the spectrum and with  
10835 all interests, that is, in various diseases from a faith-based  
10836 view, are opposed to this legislation, including in the healthcare  
10837 industry itself and the healers.

10838           So, I would just say that this amendment which calls on us  
10839 to say let's fulfill the promises that have been made, let's make  
10840 sure that we have the information we need to say that it really  
10841 lives up to it.

10842           And I yield back.

10843           Mr. Burgess. The gentlelady's time has expired and the  
10844 gentlelady yields back.

10845           Is there any member on the majority side that seeks  
10846 recognition?

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10847           Seeing none, the Chair turns to the minority side. Does the  
10848 gentleman from New Mexico still seek time? For what purpose does  
10849 the gentleman from New Mexico --

10850           Mr. Lujan. To strike the last word.

10851           Mr. Burgess. The gentleman is recognized for 5 minutes.

10852           Mr. Lujan. Thank you, Mr. Chairman.

10853           Mr. Chairman, in looking at the amendment, I appreciated our  
10854 colleague, the Whip, Mr. Scalise, bringing attention to the  
10855 language in the amendment. While many of my colleagues have taken  
10856 offense with the title of this amendment, I hope that they look  
10857 at the content of this amendment. It is not a long one. It is  
10858 easy to read.

10859           "None of these previous provisions of this title, including  
10860 amendments made by such provisions, shall take effect until such  
10861 date that the Congressional Budget Office and the Joint Committee  
10862 on Taxation certify that such provisions and amendments result  
10863 in lower-cost health care, as measured by average premium for your  
10864 comparable benefits," as my Republican colleagues have claimed  
10865 this will do. It goes on to read, "more affordable health care  
10866 as measured by the amount paid out of pocket toward health  
10867 insurance and better health insurance as measured by improved  
10868 health insurance benefits, and no increase in the rate of  
10869 individuals without health insurance."

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10870           This language is everything that our Republican colleagues  
10871 claim that their bill will achieve. So, all this says is the bill  
10872 goes into effect once each of these measures is hit.

10873           Now I very much appreciated our colleague, Mr. Whip,  
10874 Scalise's remarks going after the Congressional Budget Office.  
10875 I was waiting for that tonight from someone on the other side of  
10876 the aisle because Politico predicted this. They are pretty good,  
10877 I guess. Yesterday, which was the 7th, well, still yesterday,  
10878 the 7th, the article's title reads, "GOP Slams Budget Scorekeeper  
10879 as Repeal Bill Moves Forward".

10880           In the second paragraph of the article, it says,  
10881 "Anticipating that their plan will have fewer Americans insured  
10882 than Obamacare, and potentially cost the federal government more,  
10883 Republican leaders on Tuesday launched a pre-emptory strike  
10884 against forthcoming predictions from Congress' independent  
10885 scorekeeper, the Congressional Budget Office." So, good for  
10886 Politico. They called it.

10887           Mr. Green. Mr. Chairman, does the gentleman yield?

10888           Mr. Lujan. I would yield to the gentleman from Texas.

10889           Mr. Green. Who appoints the Congressional Budget Office,  
10890 the CBO? Who is in charge of the Congressional Budget Office?

10891           Mr. Burgess. Mr. Green, I think general counsel might be  
10892 able to help us answer that question.

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10893 Mr. Green. Who appoints the Congressional Budget Office?  
10894 Is it the House and the Senate?

10895 Mr. Burgess. It is, yes, it is. I believe it is the Chair  
10896 and the Ranking Members of the Budget Committee.

10897 And I will just say, of course, the men and women at the  
10898 Congressional Budget Office, if the gentleman will continue to  
10899 yield, the men and women of the Congressional Budget Office work  
10900 for us and they work very hard, and we encourage them to do their  
10901 work and report as best a product as they can. They are our  
10902 friends, and we certainly support the work that they do, and we  
10903 honor their work and their service to our country.

10904 I yield back to the gentleman.

10905 Mr. Green. Well, if I can still have the yielded time?

10906 If we don't like what the Congressional Budget Office does  
10907 and we think they are erroneous, why would we keep paying them?

10908 [Laughter.]

10909 And thank you, Mr. Lujan.

10910 Mr. Lujan. To Mr. Sarbanes, but I will need a little bit  
10911 of time again, Mr. Sarbanes.

10912 Mr. Sarbanes. I want to thank the gentleman for pointing  
10913 out what I think is going on here. At least some members on the  
10914 other side, and Mr. Scalise I think is representative of this,  
10915 are setting the CBO up for a takedown next week. That is what

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10916 they are doing.

10917 And they put off getting the CBO for this hearing because  
10918 they, I think, have anxiety about what those numbers are going  
10919 to show, and they knew that we would pull that into the discussion  
10920 and want to share that with the public. So, they are putting that  
10921 off, but they are also setting the table so that, once that report  
10922 comes out, if they don't like it, then they can attack the CBO  
10923 as sort of not being up to the task. So, I thank you for bringing  
10924 attention to that.

10925 I yield back.

10926 Mr. Lujan. I appreciate that, Mr. Sarbanes.

10927 And so, all that I will say is, President Trump, if you are  
10928 watching tonight, since our Republican colleagues seem to not want  
10929 to accept the Congressional Budget score, can you please tweet  
10930 out its scores, so we have something to work with?

10931 With that, I yield back.

10932 Mr. Burgess. The gentleman yields. The Chair thanks the  
10933 gentleman. The gentleman yields back.

10934 Is there any member on the majority side who seeks  
10935 recognition? Seeing none, on the minority, Mr. Tonko, for what  
10936 purpose does Mr. Tonko seek recognition?

10937 Mr. Tonko. Strike the last word, please.

10938 Mr. Burgess. The gentleman is recognized for 5 minutes.

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10939 Mr. Tonko. Thank you, Mr. Chair.

10940 I rise in support of the Castor amendment. The Republican  
10941 path --

10942 Mr. Burgess. The gentleman will suspend. The committee  
10943 will come to order. It is late and some of us have trouble  
10944 hearing. So, in order that the gentleman may be heard, the  
10945 committee will come to order.

10946 The gentleman is recognized.

10947 Mr. Tonko. Thank you.

10948 The Republican path to this failing healthcare bill is  
10949 littered with broken promises. Again and again, President Trump  
10950 promised the American people a plan that would provide better  
10951 health care than the ACA. This plan breaks that promise.

10952 The Republican repeal plan promises to strengthen Medicaid.  
10953 The reality is that, under this Republican plan, millions of  
10954 individuals and families that rely on Medicaid in communities all  
10955 across our country will face caps on their care and funding for  
10956 the program will be cut by some \$370 billion over the next decade.  
10957 Maybe my colleagues think that Medicaid patients deserve fewer  
10958 protections, but this sounds like another broken promise to me.

10959 President Trump promised that his plan would lower costs.  
10960 This plan breaks that promise for millions of Americans, including  
10961 seniors who will face higher premiums and end up with plans with

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10962 higher deductibles and less coverage.

10963 He also promised that the poorest Americans would not be left  
10964 without coverage. He said, quote, "We're going to have insurance  
10965 for everybody." The plan before us breaks that promise in  
10966 spectacularly callous fashion, gutting benefits for the poorest  
10967 Americans to pay for a tax break for millionaires, and shifting  
10968 heavy cost burdens onto our middle-class and working families.

10969 Speaker Paul Ryan promised transparency and openness on his  
10970 Republican healthcare plan. He said and I quote, "We're not  
10971 hatching some bill in a back room and plopping it on the American  
10972 people's front door." But when I and other lawmakers from both  
10973 parties went to the room in the Capitol where supposedly a draft  
10974 was being reviewed by House Republicans, we got the runaround.

10975 This process has had no transparency, no openness. And now,  
10976 this bill is being rammed down our throats as quickly as possible  
10977 by a Republican leadership too afraid to let the American people  
10978 or even their fellow Republicans see the severe cuts and heavy  
10979 cost increases that they are planning for our middle-class and  
10980 working families.

10981 Republicans promised a healthcare plan that gives Americans  
10982 more freedom and more choice. Can we really call it choice when  
10983 individuals are forced to choose between paying rent and going  
10984 to the doctor? Do we say American families are more free when

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10985 they get sick after buying into healthcare plan with deductibles  
10986 so high and standards so low that it isn't worth the paper on which  
10987 it is printed?

10988 In this minefield of broken promises, the great lie in the  
10989 plan before us today is it is long-term effects which promise to  
10990 undermine every promise that Republican leaders have made on this  
10991 issue. This Republican proposal has no plan to rein-in rising  
10992 healthcare premiums or out-of-pocket costs. That means the value  
10993 of these already meager tax credits will get smaller and smaller,  
10994 leaving working families and those with chronic preexisting  
10995 conditions with tougher and tougher choices. Do I buy food or  
10996 medicine? Do I get school supplies or take my kid to the doctor?  
10997 There are people watching this right now that are asking  
10998 themselves those very questions.

10999 I want my Republican colleagues to consider this point very  
11000 carefully because this will be their legacy when middle-class and  
11001 working families get squeezed to help America's wealthiest pay  
11002 for another boat or yet another vacation home.

11003 And with that, I yield back, unless --

11004 Mr. Burgess. The gentleman yields back.

11005 Mr. Tonko. I yield to Mr. Schrader.

11006 Mr. Schrader. Thank you, Mr. Tonko.

11007 Just to enter into the record some work that the Commonwealth

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11008 Foundation did back in January 2010 with regard to CBO estimates  
11009 on health reform. I think that is very applicable to what we are  
11010 talking about here.

11011 You know, we never get it all right. We don't get it exactly  
11012 right. I don't think we expect that. But I think it is  
11013 noteworthy that back in the Reagan era, when they were some  
11014 Medicare hospital respective payment system, CBO projected \$10  
11015 billion in savings. Well, they got that wrong. It was \$21  
11016 billion in savings.

11017 The Balanced Budget Act, 1997, the Clinton era, \$112 billion  
11018 savings total expected. Well, they got that wrong, too. It was  
11019 actually 50 percent greater than what they had estimated. Oh,  
11020 darn.

11021 Medicare Modernization Act Part D, an estimated \$206 billion  
11022 in additional spending being required, and they actually spent  
11023 40 percent less.

11024 So, CBO, yes, they don't get it right all the time, but they  
11025 are giving us the best estimates possible. In this case, we saved  
11026 a lot more. And under the Affordable Care Act, the deficit  
11027 projections early on were the \$100-\$110 billion range. They are  
11028 now \$350 billion. So, they do the best they can and they err a  
11029 little bit on both sides. If we have to have some nonpartisan  
11030 arbiter, they are it.

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11031 And I yield back. Thank you.

11032 The Chairman. [presiding.] The gentleman yields back.

11033 The Chair recognizes himself in opposition to the amendment.

11034 And I appreciate the comments from my friend and colleague  
11035 from Oregon.

11036 I also want to enter into the record the ASPE Research brief  
11037 which shows on table 7 the average monthly premiums for second  
11038 lowest-cost silver plans for a 27-year-old before tax credits,  
11039 2014 to 2016, in the health.gov state. So, this is sort of the  
11040 base plan they base the tax credits on.

11041 The increase in 2015-2016 year in my State of Oregon was up  
11042 23 percent, and the increase in the 2016-2017 year was up 27  
11043 percent. So, if my math is any good at all, 23 plus 27 is a  
11044 50-percent increase in the plan they modeled the credits on in  
11045 a 2-year period. I would hope after a 50-percent increase in the  
11046 premiums in this market that things would sort of top-off.

11047 So, without objection, we will put those in the record.

11048 [The information follows:]

11049

11050 \*\*\*\*\*COMMITTEE INSERT 18\*\*\*\*\*

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11051           The Chairman. I remember the debates over Medicare Part D.  
11052 We went all night. We had a lot of amendments we considered then.  
11053 They were substantive, and we took a lot of votes.

11054           And I remember the point my colleagues made about CBO's  
11055 estimates and they were disputed at the time, as was the whole  
11056 concept behind Medicare Part D. Republicans believed that we  
11057 could create a competitive marketplace that would work for senior  
11058 citizens, so they did not have to get a bus to Canada or Mexico  
11059 to get their drugs; that you could create drug-only plans.

11060           The Democrats wanted to walk in all these benefits,  
11061 "essential benefits," quote/unquote, into the Medicare Part D  
11062 plans. We said we don't think that will work; we think it will  
11063 drive up premiums, drive up costs, and reduce access. And we held  
11064 off those amendments. So, I don't know, we probably had 60 of  
11065 them overnight.

11066           The long and the short of it is we let the market work because  
11067 we set up a marketplace that would work. Premiums today aren't  
11068 far above what they were when the plan rolled out, I think it was  
11069 2003-4, somewhere in there. And as my colleague points out, the  
11070 overall costs are down 40 percent compared to what CBO thought  
11071 they would be.

11072           So, if you design a market right, you can get competition  
11073 that works for consumers. Our goal is to put the consumer first,

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11074 get the market right, and do the same thing in the individual  
11075 market the Republicans did against enormous opposition by the  
11076 Democrats on Medicare Part D. The reason seniors today have  
11077 Medicare Part D is because Republicans sat right in this room and  
11078 fought on these issues and won and took it to the Floor in a rather  
11079 extended vote, I would confess, on the Floor, until we got it  
11080 passed and got it into law, signed into law by George W. Bush.

11081 So, seniors on Medicare I think today are pretty satisfied  
11082 with Medicare Part D. And now, the donut hole has been closed.  
11083 We couldn't do it then because we didn't have the budget  
11084 capability. But it got closed and we are not reopening that in  
11085 the ACA. We don't. I am not disputing that. And so, we are not;  
11086 we are not opening that back up. That stays closed.

11087 So, you know, there has been a lot of talk here about all  
11088 these incredibly important stories we are hearing, and then, it  
11089 is as if these people are going to be dumped out on the street  
11090 when, in fact, they will continue to qualify for Medicaid. And  
11091 if you are on expanded Medicaid, you stay on at the high 90-percent  
11092 reimbursement rate at the low end from the states -- or from the  
11093 feds.

11094 We are just asking the states to step up and be a bigger  
11095 partner in taking care of a shared population, so people don't  
11096 fall through the cracks. Because, remember, there is also this

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11097 generational transfer of wealth that is going on, only in this  
11098 case it is transfer a debt because the federal government is having  
11099 to borrow money to give to states who have surpluses in many cases.

11100 I have heard from these governors, by the way, and you all  
11101 probably have, too. When your governor says they want more money  
11102 for whatever it is and, then, remind you they have to balance their  
11103 budget, and it is like, yes, duh, that is why we need a  
11104 Constitutional Amendment to require a balanced budget here.

11105 We have got to get the federal house in order. You do that  
11106 by reforming these programs, by bending the cost curves down, by  
11107 doing for Medicaid, which, by the way, this is not that radical,  
11108 because you know what we do with transportation? We send a block  
11109 grant of money to the states, and the local communities, we have  
11110 a 6-year planning process in Oregon. It is all local up. It is  
11111 called the STIP. They come up with the local needs in the local  
11112 regions and how they decide how to spend the transportation  
11113 dollars. It is what we just passed as a Congress in many respects  
11114 with the ESSA reform to transfer educational decisionmaking out  
11115 with fewer strings from the federal government because we think  
11116 we can do it better there.

11117 If we believe in this for transportation and education, it  
11118 only makes sense we believe in it for health care, which is even  
11119 more important than those two.

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11120 My time has expired and I yield back.

11121 Are there other members seeking recognition? The order?

11122 So, we will go to Mr. Sarbanes who has not been recognized. Mr.

11123 Sarbanes is recognized for 5 minutes.

11124 Mr. Sarbanes. Yes, thank you, Mr. Chairman. I yield my  
11125 time to Congressman Pallone.

11126 Mr. Pallone. Thank you. And I am not going to take up all  
11127 the time.

11128 But I just wanted to respond to some parts of what the  
11129 chairman said. You know, a week ago the National Governors  
11130 Association, you know, various governors -- I think there were  
11131 about 12, more Republican than Democrat, actually -- met with  
11132 myself and some of the Democratic leadership. They asked to meet  
11133 with us. It wasn't that we asked to meet with them.

11134 And they were very, very concerned about the cuts in Medicaid  
11135 that might come up in the context of this legislation. They  
11136 hadn't seen the legislation yet because this was before you gave  
11137 it to us, but they had some idea that it would be a cap and that  
11138 that would result because of what is going to happen with both  
11139 Medicaid expansion as well as with traditional Medicaid, that less  
11140 money would be coming to the states.

11141 And, you know, the response was nothing like what you said,  
11142 Mr. Chairman. I understand maybe you are saying they just want

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11143 money and they just want the federal government to pay for  
11144 everything. The bottom line is, though, many of these states have  
11145 major budgetary problems, my own certainly included, even though  
11146 they have Republican governors.

11147 They are concerned that, if they get less money because of  
11148 the cap or because of whatever this legislation does, that they  
11149 are going to have to kick people off Medicaid. You said, oh, they  
11150 are not going to kick them off. That is exactly what they were  
11151 concerned about, that they would have to kick people off.

11152 I think a lot of people think that the governors want all  
11153 this flexibility. Well, I didn't hear -- I mean, a couple of them  
11154 mentioned flexibility, but flexibility wasn't really what they  
11155 were after. They were concerned about the fact that they would  
11156 be getting less money; they would have to kick people off Medicaid,  
11157 and that they wouldn't be able to offer them a lot of the benefits  
11158 that they offer them now, simply because they wouldn't have the  
11159 money.

11160 So, I just think that, if you listen to what they are saying  
11161 -- and I am not saying they all said this, but, you know, generally,  
11162 there were about a dozen of them there, more Republican than  
11163 Democrat -- that the very things that you seem to be dismissing  
11164 are exactly what they are concerned about. I think to suggest  
11165 that somehow this is the state's responsibility, and not the

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11166 federal government's responsibility, again, now I know you didn't  
11167 day that; I am not suggesting that you were saying that. I think  
11168 you suggested that it had to be a shared responsibility.

11169 But, I mean, the bottom line is the reason that we have the  
11170 Medicaid expansion and that we started out with 100-percent  
11171 funding was because we realized, when we passed the ACA, that a  
11172 lot of the states were strapped and they weren't going to be able  
11173 to expand Medicaid; they weren't going to be able to serve this  
11174 population of people that couldn't afford to pay their premiums,  
11175 unless they had a major infusion of federal funds.

11176 And I don't think anything has changed in that regard. If  
11177 you want to look at this from a realistic point of view -- you  
11178 know, separate the ideology, separate what you think the states  
11179 should pay, what the federal government should pay -- the bottom  
11180 line is that states can't afford it. And if we don't do it, in  
11181 reality, exactly what is going to happen, people are going to get  
11182 kicked off and they are not going to have a lot of the benefits,  
11183 including mental health and other things.

11184 I yield back to the gentleman.

11185 Mr. Sarbanes. Thank you.

11186 Just to follow up on those comments, in a sense this is a  
11187 classic bait and switch. The bait is we are going to give you  
11188 all this additional flexibility, right? That is going to be what

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11189 the governors are going to have under this new formula.

11190 And let's make no mistake. What is happening in the Medicaid  
11191 program, we are not taking it back to where it was before the ACA;  
11192 we are going someplace completely new. We are going to this  
11193 per-capita cap, which is going to be a massive decrease of funding  
11194 over time to the states.

11195 The bait is, oh, we are going to give you the flexibility.  
11196 The switch is we are going to switch out robust funding for the  
11197 Medicaid program and we are going to replace it with something  
11198 that is going to put tremendous pressure on the states when they  
11199 are trying to deal with these various populations that are being  
11200 served right now.

11201 So, this notion that what is being offered in this bill is  
11202 a, quote/unquote, "rescue mission," which is kind of the lead  
11203 talking point I have heard here tonight, is preposterous. This  
11204 is not a rescue; this is going to make the situation worse for  
11205 many on Medicaid, and it is also going to negatively impact those  
11206 who are trying to get insurance in the individual market, which  
11207 is a point that we will have an opportunity to make again as the  
11208 hearing proceeds.

11209 And I yield back my time.

11210 The Chairman. The gentleman yields back the balance of his  
11211 time.

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11212           The Chair recognizes the gentleman from Illinois, Mr.  
11213 Shimkus.

11214           Mr. Shimkus. Thank you, Mr. Chairman.

11215           Again, I appreciate the debate and the discussion, and we  
11216 are being educated on policies. I have used this chart numerous  
11217 times in healthcare hearings and budget processes, and that is  
11218 just our budget. It is 3.7 as of 2015. The red is the mandatory  
11219 spending, and Medicaid is there at \$350 billion. Because  
11220 Medicaid is part of this debate, Medicaid expansion is part of  
11221 this debate.

11222           Now the red is automatic spending. We don't control it.  
11223 The blue is the discretionary. That is what we fight on all the  
11224 time. That is where we shut down the government on. The half  
11225 of the discretionary budget is defense. Okay?

11226           Now let's go to the next slide, unless someone disputed that  
11227 original one. We could talk about those numbers.

11228           So, this is a picture of where the country has been and where  
11229 the country is going. Now no one disputes the fact that we have  
11230 \$19 trillion in debt. I would assume we understand that we have  
11231 \$19 trillion in debt.

11232           So, if you look at the proportion of the automatic spending  
11233 to the discretionary budget, look what has happened. Left  
11234 unchecked, look where we are at 2026. So, yes, CBO is great. It

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11235 is fine.

11236 But the point is the automatic spending. So, in this  
11237 healthcare debate, what Obamacare did, it kind of created two  
11238 tiers of Medicaid, the traditional Medicaid for the sick and the  
11239 absolute poor, and that, different states have a different match.  
11240 I was going to use this, Mr. Doyle, when you were talking, but,  
11241 then, I said no. You were getting too riled up.

11242 [Laughter.]

11243 And then, Obamacare established a new tier of  
11244 Medicaid-eligible, and they enticed the states to bring in a new  
11245 category with 100-percent payment for that top tier for 4 years.  
11246 And then, it ratchets down to 90/10. So, that is where we are  
11247 at.

11248 So, when we get the CBO score and we do some actuary changes  
11249 on Medicaid, I think you all will be pleasantly surprised at how  
11250 much money is going to be saved. Because what happens at that  
11251 top level is called churning. People at that top level stay on,  
11252 on average, about 6 months, because this is what you want them  
11253 to do, because you want them to get a job. You want them to be  
11254 in the market. And that natural churn addresses that number at  
11255 that upper level of the Medicaid.

11256 But, of course, the governors are going to come and say,  
11257 "Don't touch it." We are subsidizing their whole frickin'

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11258 program, and we are doing it because of Medicaid expansion. So,  
11259 they are going to say, "Give me the money. We want more money.  
11260 We want to deal with this."

11261 So, what we are doing in this bill is saying you are going  
11262 to get a per-capita grant and you have got to manage these folks.  
11263 If you want to keep that additional population, go for it. Send  
11264 in a request to HHS. Try to do a waiver. But, eventually, we  
11265 have got to get back to the FMAP that the lower portion of Medicaid  
11266 gets paid for. In Illinois it is 50/50, right? The lower  
11267 portion, for every dollar we pay, the federal government pays 50  
11268 cents; the State of Illinois pays 50 cents.

11269 There are some states here, they have a greater ratio, 65/30,  
11270 80/20, 73/27. I always argue that these states -- I feel I don't  
11271 want to get screwed by this process. We are the most wealthy state  
11272 that has the biggest debt. And all our wealth is in Chicago and  
11273 there are a lot of poor people in the Chicago area, but, obviously,  
11274 real poor is real poor. And we don't get the same match.

11275 I think this is where we could fix, but the intent of our  
11276 bill -- and my time is running out -- is that, when you talk  
11277 Medicaid, you are talking two different levels, and there is some  
11278 debate that the poor, sick, disabled are on waiting lists in the  
11279 lower portion and not in the higher compensated amount. By doing  
11280 this, by addressing this per-capita process, we will have the

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11281 states fix these problems.

11282 And I yield back my time.

11283 The Chairman. The gentleman yields back the balance of his  
11284 time.

11285 The Chair recognizes the gentleman from California, Mr.  
11286 McNerney.

11287 Mr. McNerney. Thank you.

11288 The Chairman. The gentleman is recognized for 5 minutes.

11289 Mr. McNerney. And I will try not to use the whole time.

11290 But, look, what Mr. Shimkus is doing, I think, and I guess  
11291 Chairman Walden as well, is saying, I think -- I am going to put  
11292 words in their mouth now -- that this is essentially  
11293 budget-driven. Okay? In other words, I have heard different  
11294 things. I think Mrs. McMorris said earlier that, you know, with  
11295 regard to Medicaid, the funding is unsustainable, that basically  
11296 we can't afford it.

11297 Well, first of all, with regard to the expanded Medicaid and  
11298 what is in the Affordable Care Act, that is paid for completely,  
11299 right? I am not talking about tradition, but what was in  
11300 Obamacare was completely paid for. We had to pay for it. It cost  
11301 us about a trillion dollars.

11302 And when you say that it is unsustainable or we can't afford  
11303 it, I don't buy that because we did pay for it. And what you are

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11304 doing with this bill is repealing the "paid-fors" to the tune of  
11305 \$600 billion, right? So, if you kept it in place, it would be  
11306 paid for. It even is decreasing the deficit overall.

11307 But, beyond that, look, the reason that we did the expanded  
11308 Medicaid, and the reason we have Medicaid, is because we know that  
11309 the people in those income brackets can't afford to pay a premium.  
11310 They don't have the ability to do it. So, what are we going to  
11311 do? Are we going to say, okay, we won't have Medicaid or we will  
11312 get rid of a lot of them or cut down on their benefits to go to  
11313 the emergency room, whatever.

11314 I mean, the bottom line is we have figured out a way to  
11315 continue a program that helps people. It provides them with good  
11316 health care. They don't have to go to the emergency room. They  
11317 are able to go to the doctor. In the long run, that saves a lot  
11318 of costs, which, of course, is not even calculated by the CBO or  
11319 anybody, to be honest, but prevention works. Prevention saves  
11320 money in the long run.

11321 So, my only point is, what is your alternative? This is  
11322 strictly budget-driven. You are saying we can't afford it. And  
11323 so, therefore, we will give less money to the states, and they  
11324 will end up, maybe they will kick people off; maybe they will  
11325 reduce the benefits. They won't get behavioral health benefits,  
11326 whatever.

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11327           There is nothing here that you are proposing that is actually  
11328 going to increase or improve the health care for this population  
11329 that can't afford to pay for their health insurance. And so, I  
11330 just think to just talk about the budget, to just talk about the  
11331 money, when the federal government is probably in the best  
11332 position to do this -- we recognized that when we passed the ACA  
11333 -- and without any suggestion, which I don't hear any, about how  
11334 to better accomplish this goal, you know, given that you want to  
11335 insure these people, given that you want to provide them with a  
11336 good benefit package. If you don't want to do that, I think the  
11337 consequences are even worse financially, but forget the financial  
11338 aspect. In terms of people's lives, it is the worst scenario of  
11339 all.

11340           And that is the thing that I don't understand here. The GOP  
11341 keeps talking about the ACA is bad; you know, the system is  
11342 unsustainable, on and on, but they don't talk about how their bill  
11343 is going to create a better way for these people to get health  
11344 care or to improve their lives. No, we don't hear that.

11345           And it riles me to think that we keep going on and on here  
11346 about the money when I don't think there is any question that the  
11347 federal government is in the best position to do this. And if  
11348 we don't, I don't think anybody else is going to in an effective  
11349 way.

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11350 I yield back to the gentleman.

11351 The Chairman. The gentleman yields back the balance of  
11352 time.

11353 The Chair recognizes the gentleman from Kentucky, Mr.  
11354 Guthrie.

11355 Mr. Pallone. Well, he had some time.

11356 The Chairman. Oh, I'm sorry. I forgot you yielded to him.

11357 I go back to Mr. McNerney.

11358 Thank you. I apologize.

11359 The gentleman is recognized.

11360 Mr. Doyle. I thank the gentleman.

11361 Mr. Chairman, you weren't here when I was talking a little  
11362 bit about -- you know, all the complaints that were here in these  
11363 letters you guys all read has nothing to do with Medicaid  
11364 expansion. It has to do with the individual markets. That is  
11365 where you are getting all the complaints.

11366 And I had posited that, if you take young healthy people out  
11367 of the individual markets because you don't have a mandate  
11368 anymore, it makes the risk riskier. And I said, I wonder how an  
11369 insurance company is going to react to that?

11370 Mr. Chairman, I just saw Blue Cross Blue Shield Association  
11371 of Pennsylvania is pressing House Republicans to scrap a provision  
11372 in their Obamacare repeal bill that would penalize people for

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11373 dropping coverage, arguing that it could keep younger healthier  
11374 people out of the insurance market.

11375           The group which represents Regional Blue Health Plans sent  
11376 a memo this week urging the GOP to rethink the bill's premium  
11377 surcharge, which would temporarily hike premiums by 30 percent  
11378 for people whose coverage lapsed. Republicans said they thought  
11379 this provision would encourage enrollees to stay in the market  
11380 rather than signing up only when they get sick. But Blue Cross  
11381 Blue Shield warns that the surcharge would discourage healthier  
11382 people from buying coverage.

11383           The organization also recommended and warned the Republicans  
11384 that the bill's tax credits tying it to age rather than income  
11385 could make it difficult for low-income or older Americans to  
11386 afford coverage.

11387           So, I just wanted to make that point. Sorry you weren't here  
11388 to hear my eloquent --

11389           The Chairman. I am, too, but I am going to get the DVD.

11390           Mr. Doyle. And I just want to say to Mr. Shimkus that, after  
11391 midnight, I get very mellow. So, I am not wound up anymore, John.

11392           [Laughter.]

11393           The Chairman. I am going to get the DVD of your remarks,  
11394 I promise, honest. Someday I will watch it.

11395           [Laughter.]

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11396 The gentleman's time has expired.

11397 We will go now to the gentleman from Kentucky, Mr. Guthrie,  
11398 5 minutes.

11399 Mr. Guthrie. Thank you very much. Thank you, Mr. Chairman.

11400 I strike the last word.

11401 I just want to talk about, it sounds like there is going to  
11402 be this bill has a cut in Medicaid. What this bill actually does  
11403 is try to deal with the growth of Medicaid that what I would say  
11404 is unsustainable, particularly with traditional Medicaid. We  
11405 spent \$587 billion total this year in Medicaid. By 2026 -- we  
11406 saw the chart that Mr. Shimkus had -- we are going to spend over  
11407 a trillion in Medicaid.

11408 So, what this planned to do is get this on a sustainable  
11409 budget. States will be awarded money based on their historical  
11410 spend. So, there are no cuts. We figure out what their  
11411 historical spend has been. The categories are age, blind,  
11412 disabled, children, and adults. And states will receive money  
11413 based on those categories, which will equal what they receive,  
11414 plus there is a growth for CPI and medical and, also, it is based  
11415 on population. So, when the baby boomers -- and I am the end of  
11416 the baby boomers -- as we move through the system, if they add  
11417 onto the Medicaid system, it is allotted for in the money.

11418 What we are trying to deal with is the growth. And I will

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11419 tell you, we met with governors, and governors certainly weren't  
11420 standing in front of us saying, "Please cut our Medicaid." But  
11421 what they were saying was, if we can have a sustainable program  
11422 moving forward with growth for inflation and growth population,  
11423 and, hopefully, as the economy improves, you would receive less  
11424 if you had people going off Medicaid, is what we want. And give  
11425 us the flexibility to manage.

11426 Our governor in Kentucky wanted to maintain actually the  
11427 expansion side of it, if he could get waivers, so he could treat  
11428 the expansion population different than traditional Medicaid.  
11429 He had trouble previously getting waivers. He wanted to do sort  
11430 of what Indiana did. He was asking people in the expanded  
11431 population to pay anywhere from \$1 to \$15 a month and it was also  
11432 to have a work requirement. Twenty hours, you could volunteer;  
11433 you could work; you could go to school; you could do something  
11434 to, hopefully, improve yourself and move yourself off of Medicaid.

11435 But I just want to make sure that this bill doesn't cut  
11436 current allotments going to states for Medicaid. It deals with  
11437 what is an unsustainable growth rate, particularly in traditional  
11438 Medicaid, and I would argue, also, in the expansion population.  
11439 And it does it in a responsible way.

11440 It does it in a way that I think every -- there is a letter  
11441 I entered to the record in a previous meeting -- but every sitting

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11442 Senator that was in the U.S. Senate in the 1990s signed a letter  
11443 encouraging President Clinton to go towards the per-capita  
11444 allotments, as he was trying to deal with the growth in Medicaid.  
11445 I think we actually spend three times -- the Medicaid program is  
11446 about three times as large, larger now than it was under President  
11447 Clinton, and he was trying to deal with it at the time. It wasn't  
11448 dealt with. It hasn't been dealt with. It is time to deal with  
11449 it.

11450 It is bankrupting states. It is adding to our budget  
11451 deficit. It is keeping us from an opportunity to do things in  
11452 the appropriated side of the budget.

11453 So, I think it is very responsible. It has been worked  
11454 through with governors. We met with governors from both parties.  
11455 And I think that this is a responsible way to go. I just want  
11456 to stress this bill does not cut Medicaid, the traditional  
11457 Medicaid. It deals with the freeze in the expanded Medicaid, but  
11458 I think that is the route that we are not taking it away, pulling  
11459 the rug out from under anybody who signed up for the expansion  
11460 side on their traditional FMAP. States can continue the  
11461 expansion after 2020, according to this bill, under their  
11462 traditional FMAP instead of the enhanced FMAP.

11463 So, I just want to make sure, this does not cut the allotments  
11464 that are going to states, but this deals with, puts us on a

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11465 sustainable path for growth, so we are not spending over a trillion  
11466 dollars combined in 2026 on the Medicaid program.

11467 The Chairman. Will the gentleman yield on those points?

11468 Mr. Guthrie. I will yield.

11469 The Chairman. Because I think they are really important  
11470 points to make. Nobody is getting kicked off. If you are on  
11471 expanded Medicaid, you stay on until you get a better-paying job  
11472 and, therefore, don't qualify or have something else that takes  
11473 you off Medicaid.

11474 And the second point is we are going to get to the point,  
11475 working in conjunction with Secretary Price, where states don't  
11476 have to come begging to a bureaucrat in Washington to get  
11477 permission.

11478 Governor Herbert of Utah -- because I have met a lot of  
11479 governors, talked to a lot of governors of both parties over the  
11480 last several months. And we actually invited them to come and  
11481 talk to us. We didn't have to wait for them to invite us. We  
11482 invited them because we value their input. And Governor Herbert  
11483 said he had to petition a bureaucrat in Washington to get  
11484 permission to use this brand-new communications tool called  
11485 email, to email with his Medicaid participants who have email.  
11486 He had backup snail mail. He waited 9 months and, then, CMS denied  
11487 his State's request to be able to email with Medicaid recipients

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11488 who had email by email.

11489 I said, "What would that have saved your State?" He said  
11490 over \$6 million. Six million bucks.

11491 So, you all want to put your faith in the bureaucrats at CMS  
11492 that tell a governor in Utah you can't email -- because that \$6  
11493 million could have gone into health care. Instead, it goes into  
11494 snail mail.

11495 I yield back.

11496 Mr. McNerney. Well, I don't have time, but I would have  
11497 yielded to my friend from California.

11498 The Chairman. The gentleman's time has expired.

11499 Other people seeking recognition? She has already spoken.  
11500 I will have to go down to the gentleman -- oh, wait a minute. I'm  
11501 sorry. Ms. Clark is actually next.

11502 I recognize the gentlelady for 5 minutes.

11503 Ms. Clarke. Thank you, Mr. Chairman.

11504 I move to strike the last word, in support of the Castor  
11505 amendment.

11506 This amendment calls for the committee to consider the  
11507 promises made by Donald Trump and congressional Republicans to  
11508 the American people before advancing the misguided repeal  
11509 legislation. Throughout his campaign, the transition, and his  
11510 time in office, Donald Trump has made a number of bold promises

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11511 to the American people regarding his intent to overhaul our  
11512 healthcare system. And the Republicans have supported his  
11513 promises. In fact, they are in lockstep with him.

11514 Paul Ryan, Speaker Paul Ryan, in particular, has made a name  
11515 for himself by railing against the Affordable Care Act as a broken  
11516 system and claiming that Republicans would produce the panacea  
11517 for whatever imagined ailments plagued our nation's healthcare  
11518 system.

11519 It is critical that we remind the committee of these promises  
11520 in order to ensure that Americans have a healthcare system in place  
11521 that does more than just appease the right wing Republican desire  
11522 to throw out any accomplishment of our former President,  
11523 regardless of the positive impact on America.

11524 During his campaign, Donald Trump insisted that everyone,  
11525 including the poorest and sickest Americans, will have  
11526 healthcare. Instead, this misguided legislation Trumpcare  
11527 eliminates the individual and employer mandate for insurance,  
11528 crucial components for ensuring all Americans access to health  
11529 care.

11530 Trumpcare will create what I like to call a working man's  
11531 penalty for those Americans unable to afford health care for a  
11532 short period of time by slapping them with a 30-percent tax on  
11533 their monthly premium once they can finally afford coverage once

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11534 again. Even without the benefit of a CBO report or the adequate  
11535 time to dive into the details of this bill, it appears that  
11536 Trumpcare will hurt our oldest, poorest, and sickest citizens the  
11537 most. But, in the interest of fairness, Trumpcare will not be  
11538 harmful to everyone. Those earning more than \$500,000 a year will  
11539 see your taxes cut. So, while the oldest, poorest, and sickest  
11540 Americans suffer the consequences of this new legislation,  
11541 Republicans and their wealthy friends will celebrate dismantling  
11542 the system that truly guaranteed coverage for all Americans.

11543 So, I call on the Trump administration and Republican leaders  
11544 in Congress to do the right thing. Keep their word to the American  
11545 people. Ensure a healthcare system that works for those that need  
11546 it the most and not just those who have the most.

11547 So, while Speaker Ryan turns off the phones in his office  
11548 to avoid the deluge of constituent calls begging him not to take  
11549 away their health insurance, and White House staffers feed the  
11550 President a steady stream of press clippings reaffirming his  
11551 faulty word views, I urge my colleagues on this committee to  
11552 support this amendment and hold these men and women accountable  
11553 for their promises.

11554 And I will yield the balance of my time to Mr. Green or --  
11555 Mr. Green. I thank my colleague, and I will yield back to  
11556 you.

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11557 Over the last few minutes, we have heard about people getting  
11558 a job. But, you know, I have always been told that 60 percent  
11559 of Medicaid actually goes to senior citizens for residential care.  
11560 We are not going to get grandma or grandpa out of the nursing home  
11561 to go get a job.

11562 So, what they are doing is taking away the enhanced Medicaid,  
11563 but still 60 percent of the money goes there. So, there is an  
11564 amendment that we may get to on the per-capita section, but there  
11565 are other things in this bill that are wrong. Because what you  
11566 are doing is you are forcing it down to the states and going back  
11567 to the percentages that they have.

11568 And my colleague from Illinois was correct; different states  
11569 have different reimbursement rates. You know, Texas, we are  
11570 typically 66 percent fed and one-third state; whereas, other  
11571 states have different. But I didn't know Illinois was 50/50. If  
11572 I were them, I would really be upset.

11573 So, this bill, if 60 percent of the money goes to seniors,  
11574 but I have always heard that 60 percent of the people served are  
11575 children. And again, we are not going to take that child out of  
11576 school and give them a job. So, I don't know how we are going  
11577 to save that money except forcing this down onto the states.

11578 And I yield back. Thank you for yielding to me.

11579 Ms. Clarke. Mr. Chairman, I yield back.

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11580 The Chairman. The gentlelady yields back.

11581 Are there other members seeking recognition on the  
11582 Republican side? Seeing none, are there members on the  
11583 Democratic side?

11584 The gentlelady from Colorado is recognized --

11585 Ms. DeGette. Mr. Chair, I yield to Ms. Castor.

11586 The Chairman. -- for 5 minutes to speak on the amendment.

11587 Ms. Castor. Well, I thank Ms. DeGette for yielding the time.

11588 The amendment debate here has morphed into a very important  
11589 discussion about Medicaid and the per-capita caps. There were  
11590 just a few statements made that I think can't be left out there.

11591 As a reminder, remember, this Medicaid section on turning  
11592 from what has been a Medicaid guarantee for care for a narrow group  
11593 of folks, children, the disabled, neighbors in skilled nursing,  
11594 Alzheimer's patients, when you cap something, I hear your argument  
11595 that you are going to provide more flexibility, but what this  
11596 really is, it is a sweep of funds and it is an elimination of that  
11597 fundamental guarantee that we have to our most vulnerable  
11598 neighbors. The folks that I mentioned at the outset of the  
11599 hearing this morning do not have the high-paid lobbyists here in  
11600 Washington, D.C.

11601 Flexibility is already allowed in Medicaid. It is a very  
11602 flexible program. That is why most states, a lot of states have

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11603 waivers where they are able to waive rules. That is why many  
11604 states have been allowed to move to Medicaid managed care to help  
11605 control cost. That is very flexible. It is historically very  
11606 efficient.

11607 And remember that Medicaid, when my friends were talking  
11608 about sustainable growth, the growth in Medicaid is lower than  
11609 Medicare or private health insurance. Really, what these caps  
11610 do is shift the cost, like Mr. Green said, to states, counties,  
11611 hospitals, and all of the rest of us with insurance out there.

11612 It also highlights how radical this procedure is in what we  
11613 are doing. The most radical change to Medicare in decades, and  
11614 we didn't hear from experts; we didn't hear from families. We  
11615 didn't take the time to do that. You are doing this without a  
11616 CBO score. And then, you say, we are really worried about the  
11617 sustainability of Medicaid and the cost. Well, I would take that  
11618 argument so much more seriously if at the same time the GOP were  
11619 not providing huge tax breaks to millionaires. What is going on  
11620 over in the Ways and Means Committee as they eliminate the revenue  
11621 enhancements? And I guess you feel like to continue to give those  
11622 tax breaks, you have to target our neighbors that get their health  
11623 care through Medicaid. And I think that is very poor policy. It  
11624 is very poor policy to have this very important debate in the  
11625 middle of the night rather than do it over a series of at least

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11626 weeks, where the public can see and hear and understand and  
11627 weigh-in.

11628 So, boy, this has kind of reached a disappointing turn in  
11629 this, but I guess that is kind of where we started as well.

11630 I yield back my time to Ms. DeGette.

11631 Ms. DeGette. I yield back.

11632 The Chairman. The gentlelady yields back the balance of her  
11633 time.

11634 Are there other members seeking recognition on the  
11635 Republican side? Was that a request? No. I was just making  
11636 sure. We are trying to go back and forth.

11637 The gentleman from California, Mr. Ruiz.

11638 Mr. Ruiz. Thank you.

11639 I support this amendment. Let's be very clear. This is  
11640 cuts to Medicaid. President Trump promised there would be no cuts  
11641 to Medicaid. This bill will cut Medicaid.

11642 So, once again, let me break this down. Okay? This bill  
11643 caps Medicaid payments to ration care for enrollees. States will  
11644 get a certain amount of money regardless of the actual cost it  
11645 takes to take care of patients. Medical inflation is out of  
11646 control. It is going really high. The payments through block  
11647 grants will not match the increased medical inflation that is  
11648 going up. So, there creates a cost gap. This cost gap burden

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11649 is placed on the shoulders of working middle-class families that  
11650 struggle paycheck to paycheck.

11651           How is that going to happen? States are going to get this  
11652 burden of cost, and they are going to say, well, let's eliminate  
11653 some of the eligibility criteria so that we can reduce the amount  
11654 of Medicaid patients that we are responsible for. Two, they are  
11655 going to say, let's reduce what we decide to cover. Whether it  
11656 is HIV medications, whether it is cancer care, whether it is any  
11657 other type of expensive care, they are going to say, "We are no  
11658 longer going to cover that" in order to make their money last  
11659 longer under Medicaid. So, a lot of people aren't going to get  
11660 very important health care that they need.

11661           And then, finally, they are going to say, well, let's cut  
11662 our cost by decreasing our reimbursements to hospitals and to  
11663 providers. That means that it is going to be even harder for a  
11664 patient on Medicaid to get care at a hospital that accepts patients  
11665 on Medicaid or get care by a physician who accepts patients on  
11666 Medicaid.

11667           This would be profoundly damaging to districts in rural  
11668 America, especially in the central areas of America because there  
11669 is already a physician shortage crisis. In my district there is  
11670 one physician per 9,000 residents. You add Medicaid, but there  
11671 is not enough physicians for them to see patients on Medicaid.

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11672 And then, after the year 2020, the expansion eligibility will no  
11673 longer be required, and those that are on the expansion will be  
11674 phased out.

11675 So, it is very simple. Although this bill, you may want to  
11676 wash your hands like Pontius Pilate and say, "I am not responsible  
11677 for making those tough decisions." But this bill will force those  
11678 states to make those tough decisions and cut Medicaid for millions  
11679 and millions of patients.

11680 And so, therefore, the uninsured rate will go up once  
11681 eligibility criteria will decrease. What does that mean? That  
11682 means we all are going to pay for uncompensated care. How will  
11683 we pay for uncompensated care? You are going to have more  
11684 uninsured sicker patients go to the emergency department and,  
11685 therefore, the capacity which is already overcrowded, you will  
11686 have to wait longer.

11687 The other way is hospitals and physicians and other folks  
11688 will increase the cost in order to make up for that uncompensated  
11689 care. Therefore, healthcare costs will go higher. Premiums  
11690 will go higher, et cetera, because, then, hospitals will then turn  
11691 around and charge the insurance companies. So, overall,  
11692 everybody has to pay for uncompensated care, which will increase  
11693 healthcare costs for everybody.

11694 President Trump promised there will be no cuts to Medicaid.

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11695 This bill will effectively cut Medicaid.

11696 And I give the rest of my time to Anna Eshoo.

11697 The Chairman. Who?

11698 Mr. Ruiz. I give the rest of my time for Doris Matsui of  
11699 California.

11700 Okay. I yield back my time.

11701 Mr. Shimkus. Will the gentleman yield just for a minute?

11702 Will the gentleman yield? You have 1 minute left.

11703 But there is one other way that savings could occur, and you  
11704 are a doctor, so you know. Early invention, diagnosis versus  
11705 chronic operation; diabetes, obviously, identifying that.

11706 So, if states have the flexibility to implement those things

11707 --

11708 Mr. Ruiz. I reclaim my time.

11709 Mr. Shimkus. Okay.

11710 Mr. Ruiz. Because this bill cuts those preventive services.

11711 Mr. Shimkus. No, no, no, we are freeing it -- no.

11712 Mr. Ruiz. And the other thing is that --

11713 Mr. Shimkus. I disagree.

11714 Mr. Ruiz. -- there is no guarantee that states will need  
11715 to cover those preventive services. In fact, we know that the  
11716 first thing on the chopping block is preventive services.

11717 Mr. Shimkus. No, we don't. No, we don't.

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11718 Mr. Ruiz. It is not being covered. I mean, they weren't  
11719 covered before the ACA. The Affordable Care Act mandated  
11720 preventive services to be covered. So, there is no guarantee that  
11721 the states will honor the preventive services.

11722 The Chairman. The gentleman's time has expired.

11723 I will now go to the gentleman from Texas, Mr. Olson.

11724 Mr. Olson. I thank the Chair and give my time to the  
11725 gentleman from Kentucky.

11726 Mr. Guthrie. Yes, my friend from California described, if  
11727 it was just a flat block grant and you said there is going to be  
11728 inflation, this grows with medical inflation. Matter of fact,  
11729 it is a CPI that is faster than medical inflation, and it will  
11730 be reflective of cost.

11731 So, it has a base year set in 2016 that the states would have  
11732 their base money that grows with inflation. So, the idea that  
11733 it is just a flat block grant that doesn't have growth, and as  
11734 people go onto the rolls, so as the baby boomers retire and more  
11735 people go into Medicaid, it is reflective of that as well.

11736 So, it just wasn't accurate to say this doesn't have any --

11737 Mr. Ruiz. Does the gentleman yield?

11738 Mr. Guthrie. I will yield.

11739 Mr. Ruiz. So, CPI, basing the block grant payment amount  
11740 to states on CPI is not the same thing as basing it on medical

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11741 inflation.

11742 Mr. Guthrie. That is what we are basing it on. That is what  
11743 we are basing it on.

11744 Mr. Ruiz. Healthcare costs are way out of control.

11745 Mr. Guthrie. We are basing it on CPI medical inflation.  
11746 That is what we are basing it on.

11747 Mr. Ruiz. Well, the medical inflation is far greater than  
11748 what the Medicaid block grants, per capita, no matter how you call  
11749 it, it is a block grant because it is going to be a specific limit.

11750 Mr. Guthrie. No, it is not. It grows. As I said, this  
11751 grows with medical CPI, medical inflation, not CPI.

11752 Mr. Cardenas. Will the gentleman yield?

11753 Mr. Guthrie. It is not my time. It is not my time.

11754 Mr. Olson. Yes, sir, I will yield.

11755 Mr. Cardenas. Thank you, sir.

11756 I appreciate Mr. Guthrie's explanation, but there is a  
11757 fundamental basis that is missing. And that is that one person  
11758 is assuming that the beginning amount is actually the amount  
11759 necessary for that particular state to provide those services to  
11760 the mass number of constituents that need those services at that  
11761 time.

11762 So, if you were starting out with 100 percent of the coverage  
11763 necessary for that community or that state, then, therefore, that

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11764 CPI growth, even though it is based on medical CPI, would be  
11765 sufficient. But that the assumption that the amount that they  
11766 are getting from the beginning is sufficient I think is not  
11767 accurate.

11768 Mr. Olson. I reclaim my time. I yield to my friend from  
11769 Kentucky for --

11770 Mr. Guthrie. You are right, you have got to have the  
11771 original allotment that is appropriate to each state. And it is  
11772 based on the historical average for the different categories for  
11773 each state.

11774 So, the objective is -- and you don't see it in the bill,  
11775 and we look at the bill and it is wrong -- but I understand it  
11776 to be that we have a base funding which is historical average that  
11777 states have. Like California has, from 2016 is the money that  
11778 they would have. As their populations grew within the  
11779 categories, they would receive more. As California's economy  
11780 grows, they would receive less as people went off. And I wasn't  
11781 saying young people were going to go to work. I was talking about  
11782 the expanded population. But this is more traditional Medicaid,  
11783 and it grows with medical CPI.

11784 And we really discussed this with a lot of governors. There  
11785 was a big move for flat block grants, and that is not what this  
11786 is. It kind of reflects what you just said.

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11787 Mr. Cardenas. Will the gentleman yield?

11788 Mr. Olson. Yes, sir, I yield.

11789 Mr. Cardenas. Again, in your points you are accurate in what  
11790 you are explaining, but that is to assume that, for example, the  
11791 2016 figure is, in fact, the adequate figure for each state.

11792 Let me give you California, for example. California has  
11793 provided services by leaps and bounds. The percentage of  
11794 uninsured in California has gone down dramatically over the last  
11795 5 years. In addition to that, the raw numbers have.

11796 But, at this point, if you took a snapshot of 2016 of the  
11797 State of California, we are still shy of the objective of covering  
11798 all those who need and deserve that coverage.

11799 Mr. Guthrie. Will the gentleman yield?

11800 The Chairman. Yes, well, I was just going to suggest that  
11801 the 2016 start rate, then, gets an inflation adjustment each year.

11802 Mr. Guthrie. And adjusted for the per capita that comes onto  
11803 it for --

11804 The Chairman. Right. And then, we have the state grants  
11805 for patients and all, and there is other funding. And by the way,  
11806 we are turning off the DSH cuts, too. So, if you are a  
11807 non-expansion state, they go off right away. If you are an  
11808 expansion state, they go off when the expansion gets frozen. So,  
11809 we are going to achieve some savings there for states. And states

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11810 can step up and add to this pool anytime they want.

11811 And so, it is tied to real dollars they are spending on what  
11812 they think their program should look like and adjusted for medical  
11813 inflation each year and --

11814 Mr. Guthrie. But you have got to start with the right  
11815 allotment --

11816 The Chairman. You are right.

11817 Mr. Guthrie. -- and then, grow with inflation and grow with  
11818 the population that comes in and out of your Medicaid.

11819 Mr. Cardenas. With the gentleman yield for a sincere  
11820 compliment?

11821 Mr. Olson. Yes, sir, absolutely.

11822 Mr. Cardenas. A bipartisan sincere compliment: gosh darn  
11823 it, I wish we had this kind of discussion because I think this  
11824 is the kind of bipartisan cooperation that we should see when we  
11825 are writing bills and when we are working on those bills for weeks  
11826 and weeks at a time. And unfortunately, our time is growing short  
11827 by so many measures. But, once again, thanks for the dialog.

11828 Mr. Guthrie. Thank you very much.

11829 Mr. Olson. My time is expired. I yield back.

11830 The Chairman. We will take that, and we are glad to have  
11831 your support on this part of the bill.

11832 [Laughter.]

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11833 So, did I hear that? No, it isn't quite right? All right.

11834 So close, so close.

11835 The Chair now recognizes my friend from California, the  
11836 gentlelady, Ms. Matsui, for 5 minutes to speak on the amendment.

11837 Ms. Matsui. I move to strike the last word, and I --

11838 The Chairman. Is your microphone on? Will you make sure  
11839 it is close?

11840 Ms. Matsui. I move to strike the last word, and I yield to  
11841 Ms. Eshoo.

11842 Ms. Eshoo. I thank my friend very much.

11843 Well, this has been a very interesting discussion. I have  
11844 hung onto every word that every member has spoken. This is what  
11845 I see based on what I heard.

11846 Medicaid was established in 1965, right, 1965? And so,  
11847 really what we are talking about are two Medic aids. There was  
11848 the old Medicaid, the program that was initially put into place  
11849 for really the poorest people in the country, the very poorest  
11850 people, the people at the bottom of the economic ladder. And we  
11851 saw that they, too, have a spark of divinity in them. And so,  
11852 that program was developed so that they would receive the care  
11853 and the dignity that comes up with care because we are a special  
11854 country and we do things like that.

11855 Now when the Affordable Care Act was put into place, there

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11856 was what I would call a new Medicaid. A new Medicaid, it was an  
11857 expansion, but it was done because Medicaid and its infrastructure  
11858 was already there administratively. And it was used as the  
11859 platform to launch a major part for a national health plan.

11860 And so, what is very interesting for me to hear from my  
11861 colleagues on the other side is that that is not sustainable. And  
11862 I think therein lies the difference between us. We not only think  
11863 it is sustainable, we believe that it needs to be honored and kept  
11864 in place.

11865 You see a different plan for it. Medicine is practiced very  
11866 differently today. We are not talking about 1965 anymore. And  
11867 the reason that there are savings and the reason we see  
11868 sustainability and the undergirding of something that we are  
11869 exceedingly proud of -- because, for almost 100 years, Republican  
11870 and Democratic Presidents have attempted in some way, shape, or  
11871 form to shape a national health plan. And so, when we passed the  
11872 Affordable Care Act, yes, deep, deep, deep sense of pride.

11873 Now, on the medical side, we understood that medicine has  
11874 moved. We don't just pay for people going to have their appendix  
11875 or their gallbladder out. We understand that there is enormous  
11876 savings in what is essentially personalized medicine. We haven't  
11877 completed that journey in terms of personalized medicine, but we  
11878 understand that if you invest in and have part of the insurance

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11879 plan for individuals, that you have built in prevention; you save,  
11880 and you save a lot of money.

11881           And so, when it comes to the resources for this, you bet that  
11882 each one of my colleagues is a mama bear and a papa bear about  
11883 every single one of their constituents and the health care that  
11884 we want to see retained for them. Your view is different, and  
11885 you are entitled to that view. And I respect all of you, but I  
11886 don't agree with you. I don't agree with you.

11887           You see it as something to squeeze. You call it  
11888 flexibility. If you look in the dictionary, this is not  
11889 flexibility. Come on. You know that there is already  
11890 flexibility in the program. And you know what? How come this  
11891 thing changes after the election? Why didn't you do it before  
11892 the election? Why are you doing in 2020 or whenever? I mean,  
11893 what is this date that you have where these things, you know, where  
11894 there is like a hammer or something?

11895           But what I am the proudest of here is you can see the  
11896 difference in terms of what we believe in. And so, when people  
11897 ask, "Why are you a Democrat?", to do this, to do this and to fight  
11898 to protect it because it is worth it.

11899           The Chairman. The time --

11900           Ms. Eshoo. And I don't think squeezing Medicaid is going  
11901 to produce anything but heartache and sicker people in our

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11902 country.

11903 The Chairman. The gentlelady's time --

11904 Ms. Eshoo. I think it is wrong.

11905 And I yield back.

11906 The Chairman. -- has expired.

11907 Other members seeking recognition on the amendment?

11908 If not, the ranking member has asked for a roll call on the

11909 amendment. Those for the amendment will vote aye; those, nay.

11910 And just an alert to our members who may have gone back to their

11911 offices, we are voting now. So, those who support the amendment

11912 will vote aye; those who oppose the amendment -- this is our second

11913 amendment -- will vote no. And the clerk will call the roll.

11914 The Clerk. Mr. Barton?

11915 Mr. Barton. No.

11916 The Clerk. Mr. Barton votes no.

11917 Mr. Upton?

11918 Mr. Upton. No.

11919 The Clerk. Mr. Upton votes no.

11920 Mr. Shimkus?

11921 Mr. Shimkus. No.

11922 The Clerk. Mr. Shimkus votes no.

11923 Mr. Murphy?

11924 [No response.]

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11925 The Clerk. Mr. Burgess?

11926 Mr. Burgess. No.

11927 The Clerk. Mr. Burgess votes no.

11928 Mrs. Blackburn?

11929 Mrs. Blackburn. No.

11930 The Clerk. Mrs. Blackburn votes no.

11931 Mr. Scalise?

11932 [No response.]

11933 The Clerk. Mr. Latta?

11934 Mr. Latta. No.

11935 The Clerk. Mr. Latta votes no.

11936 Mrs. McMorris Rodgers?

11937 Mrs. McMorris Rodgers. No.

11938 The Clerk. Mrs. McMorris Rodgers votes no.

11939 Mr. Harper?

11940 Mr. Harper. No.

11941 The Clerk. Mr. Harper votes no.

11942 Mr. Lance?

11943 Mr. Lance. No.

11944 The Clerk. Mr. Lance votes no.

11945 Mr. Guthrie?

11946 Mr. Guthrie. No.

11947 The Clerk. Mr. Guthrie votes no.

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11948 Mr. Olson?  
11949 Mr. Olson. No.  
11950 The Clerk. Mr. Olson votes no.  
11951 Mr. McKinley?  
11952 Mr. McKinley. No.  
11953 The Clerk. Mr. McKinley votes no.  
11954 Mr. Kinzinger?  
11955 Mr. Kinzinger. No.  
11956 The Clerk. Mr. Kinzinger votes no.  
11957 Mr. Griffith?  
11958 Mr. Griffith. No.  
11959 The Clerk. Mr. Griffith votes no.  
11960 Mr. Bilirakis?  
11961 Mr. Bilirakis. No.  
11962 The Clerk. Mr. Bilirakis votes no.  
11963 Mr. Johnson?  
11964 Mr. Johnson. No.  
11965 The Clerk. Mr. Johnson votes no.  
11966 Mr. Long?  
11967 Mr. Long. No.  
11968 The Clerk. Mr. Long votes no.  
11969 Mr. Bucshon?  
11970 Mr. Bucshon. No.

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11971 The Clerk. Mr. Bucshon votes no.  
11972 Mr. Flores?  
11973 Mr. Flores. No.  
11974 The Clerk. Mr. Flores votes no.  
11975 Mrs. Brooks?  
11976 Mrs. Brooks. No.  
11977 The Clerk. Mrs. Brooks votes no.  
11978 Mr. Mullin?  
11979 Mr. Mullin. No.  
11980 The Clerk. Mr. Mullin votes no.  
11981 Mr. Hudson?  
11982 [No response.]  
11983 The Clerk. Mr. Collins?  
11984 Mr. Collins. No.  
11985 The Clerk. Mr. Collins votes no.  
11986 Mr. Cramer?  
11987 Mr. Cramer. No.  
11988 The Clerk. Mr. Cramer votes no.  
11989 Mr. Walberg?  
11990 Mr. Walberg. No.  
11991 The Clerk. Mr. Walberg votes no.  
11992 Mrs. Walters?  
11993 Mrs. Walters. No.

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11994 The Clerk. Mrs. Walters votes no.  
11995 Mr. Costello?  
11996 Mr. Costello. No.  
11997 The Clerk. Mr. Costello votes no.  
11998 Mr. Carter?  
11999 Mr. Carter. No.  
12000 The Clerk. Mr. Carter votes no.  
12001 Mr. Pallone?  
12002 Mr. Pallone. Aye.  
12003 The Clerk. Mr. Pallone votes aye.  
12004 Mr. Rush?  
12005 [No response.]  
12006 The Clerk. Ms. Eshoo?  
12007 Ms. Eshoo. Aye.  
12008 The Clerk. Ms. Eshoo votes aye.  
12009 Mr. Engel?  
12010 Mr. Engel. Aye.  
12011 The Clerk. Mr. Engel votes aye.  
12012 Mr. Green?  
12013 Mr. Green. Aye.  
12014 The Clerk. Mr. Green votes aye.  
12015 Ms. DeGette?  
12016 Ms. DeGette. Aye.

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12017 The Clerk. Ms. DeGette votes aye.  
12018 Mr. Doyle?  
12019 Mr. Doyle. Yes.  
12020 The Clerk. Mr. Doyle votes aye.  
12021 Ms. Schakowsky?  
12022 Ms. Schakowsky. Aye.  
12023 The Clerk. Ms. Schakowsky votes aye.  
12024 Mr. Butterfield?  
12025 Mr. Butterfield. Aye.  
12026 The Clerk. Mr. Butterfield votes ayes.  
12027 Ms. Matsui?  
12028 Ms. Matsui. Aye.  
12029 The Clerk. Ms. Matsui votes aye.  
12030 Ms. Castor?  
12031 Ms. Castor. Aye.  
12032 The Clerk. Ms. Castor votes aye.  
12033 Mr. Sarbanes?  
12034 Mr. Sarbanes. Aye.  
12035 The Clerk. Mr. Sarbanes votes aye.  
12036 Mr. McNerney?  
12037 Mr. McNerney. Aye.  
12038 The Clerk. Mr. McNerney votes aye.  
12039 Mr. Welch?

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12040 Mr. Welch. Aye.

12041 The Clerk. Mr. Welch votes aye.

12042 Mr. Lujan?

12043 Mr. Lujan. Aye.

12044 The Clerk. Mr. Lujan votes aye.

12045 Mr. Tonko?

12046 Mr. Tonko. Aye.

12047 The Clerk. Mr. Tonko votes aye.

12048 Ms. Clarke?

12049 Ms. Clarke. Aye.

12050 The Clerk. Ms. Clarke votes aye.

12051 Mr. Loeb sack?

12052 Mr. Loeb sack. Aye.

12053 The Clerk. Mr. Loeb sack votes aye.

12054 Mr. Schrader?

12055 Mr. Schrader. Aye.

12056 The Clerk. Mr. Schrader votes aye.

12057 Mr. Kennedy?

12058 Mr. Kennedy. Aye.

12059 The Clerk. Mr. Kennedy votes aye.

12060 Mr. Cardenas?

12061 Mr. Cardenas. Aye.

12062 The Clerk. Mr. Cardenas votes aye.

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12063 Mr. Ruiz?

12064 Mr. Ruiz. Aye.

12065 The Clerk. Mr. Ruiz votes aye.

12066 Mr. Peters?

12067 Mr. Peters. Aye.

12068 The Clerk. Mr. Peters votes aye.

12069 Ms. Dingell?

12070 Mrs. Dingell. Aye.

12071 The Clerk. Ms. Dingell votes aye.

12072 Chairman Walden?

12073 The Chairman. Walden votes no.

12074 The Clerk. And Walden votes no.

12075 The Chairman. Are there other members wishing to be

12076 recorded?

12077 Mr. Murphy?

12078 Mr. Murphy. No.

12079 The Clerk. Mr. Murphy votes no.

12080 The Chairman. Mr. Scalise?

12081 Mr. Scalise. No.

12082 The Clerk. Mr. Scalise votes no.

12083 The Chairman. Are there any other?

12084 Mr. Hudson?

12085 The Clerk. Mr. Hudson is not recorded.

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12086 Mr. Hudson. No.

12087 The Clerk. Mr. Hudson votes no.

12088 The Chairman. Are there any other members not recorded  
12089 wishing to cast their votes? Are you checking on one or is that  
12090 -- okay.

12091 Then, the clerk will report the tally.

12092 The Clerk. Mr. Chairman, on that vote there were 23 ayes  
12093 and 31 noes.

12094 The Chairman. The amendment, 31 ayes -- or 23 ayes, 31 noes,  
12095 the amendment is not adopted.

12096 Are there other members with amendments? We will go to, I  
12097 guess, the Republican side, right? Yes, because we did there.

12098 So, we will recognize the gentleman from New York, Mr.  
12099 Collins. For what purpose do you seek recognition?

12100 Mr. Collins. Mr. Chairman, I have an amendment at the desk.

12101 The Chairman. The clerk will report the amendment.

12102 The Clerk. "An amendment to the amendment in the nature of  
12103 a substitute to the Committee Print offered by Mr. Collins."

12104 The Chairman. The gentleman is recognized. The amendment  
12105 will be considered as read.

12106 [The amendment of Mr. Collins follows:]

12107

12108 \*\*\*\*\*COMMITTEE INSERT 19\*\*\*\*\*

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12109           The Chairman. The gentleman is recognized for 5 minutes to  
12110 speak on his amendment.

12111           Mr. Collins. Thank you, Mr. Chairman.

12112           I have an amendment that would provide immediate relief to  
12113 counties in my home State of New York. As a method of  
12114 cost-sharing, some states force their counties to come up with  
12115 part of the state's share of Medicaid spending. New York takes  
12116 advantage of this policy more than any other state by far.

12117           When I was county executive of Erie County, the largest  
12118 county in upstate New York, over 100 percent of the property taxes  
12119 in the county collected went toward Medicaid costs. That meant  
12120 that I, as county executive, needed to fund everything else,  
12121 roads, bridges, parks, the entire county government, everything  
12122 else with sales tax.

12123           New York State makes the policy decisions on Medicaid. So,  
12124 it is only a fair that New York State bear the cost of the program.  
12125 Allowing states to simply pass the cost down to lower levels of  
12126 government is irresponsible. It allows state officials to avoid  
12127 accountability and encourage states to spend more.

12128           As many of you know, I am data guy, and in my office there  
12129 is a sign that says, "In God we trust; all others bring data."  
12130 So, let me give you some numbers on this.

12131           In 2016, Erie County, New York, was forced to send \$204

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12132 million to New York State related to Medicaid cost-sharing imposed  
12133 by New York State and an additional \$26 million in DSH payments.  
12134 That means that Erie County spent 100 percent of its property tax  
12135 levy on the State's share of Medicaid cost and DSH payments. It  
12136 is not only unsustainable, it is bad policy.

12137           This reconciliation bill offers states substantial  
12138 flexibility in Medicaid, but with that flexibility comes  
12139 responsibility. The states must be accountable for their  
12140 spending and financing of their Medicaid programs.

12141           To address this problem, my amendment would bar federal  
12142 reimbursement for Medicaid funds acquired through local  
12143 cost-sharing. This amendment would potentially affect how 18  
12144 states currently finance Medicaid, but there are only three states  
12145 that have an exposure over \$300 million: New York at \$2 billion,  
12146 California at \$1 billion, and North Carolina at \$500 million. The  
12147 other 15 states are de minimis with cost-sharing such as South  
12148 Carolina with \$15 million statewide passed down to their counties.

12149           If my amendment is accepted and signed into law, the \$2  
12150 billion that New York State receives in Medicaid cost-sharing from  
12151 57 counties, which represents just 1.3 percent of New York's total  
12152 \$153 billion budget, would either be returned to the counties or  
12153 be unmatched at the federal level, resulting in federal savings.

12154           Simply put, this amendment stands for good government and

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12155 fiscal responsibility. But, Mr. Chairman, at this time I am  
12156 withdrawing the amendment and will work with leadership to get  
12157 a CBO score and to get this amendment included in the final bill.

12158 I yield back.

12159 The Chairman. The gentleman withdraws his amendment and  
12160 yields back the balance of his time. I thank the gentleman.

12161 [Applause.]

12162 Now the committee will come to order.

12163 Mr. Collins. That is about what I would have had.

12164 [Laughter.]

12165 The Chairman. That is right.

12166 Now for what purpose does the gentlelady from Colorado seek  
12167 recognition?

12168 Ms. DeGette. Mr. Chairman, I have an amendment at the desk,  
12169 Amendment 65.

12170 The Chairman. Amendment 65.

12171 Ms. DeGette. That is not to stipulate we are skipping  
12172 numbers.

12173 The Chairman. I never thought you were skipping anything  
12174 between that and 3,000.

12175 [Laughter.]

12176 To the extent we -- could you assist us with the -- they are  
12177 just trying to make sure they have the right amendment.

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12178 Ms. DeGette. It is --

12179 The Chairman. What does it start with or does the clerk have  
12180 the amendment?

12181 Ms. DeGette. It says, "Strike Section 103 relating to  
12182 federal payments to states." I just read you the entire  
12183 amendment.

12184 The Chairman. Okay. Thank you.

12185 Do you have the right amendment?

12186 All right, the clerk will report the amendment.

12187 Ms. DeGette. Yes, we can dispense with the reading now.

12188 The Clerk. "Amendment to the amendment in the nature of a  
12189 substitute to the Committee Print offered by Ms. DeGette."

12190 The Chairman. The amendment will be considered as read.

12191 [The amendment of Ms. DeGette follows:]

12192

12193 \*\*\*\*\*INSERT 20\*\*\*\*\*

12194 Ms. DeGette. I already read it.

12195 The Chairman. I appreciate that. We could cut costs here.  
12196 We will put you down there.

12197 And the gentlelady is recognized for 5 minutes to speak on  
12198 her amendment.

12199 Ms. DeGette. Thank you. Thank you very much, Mr. Chairman.

12200 Mr. Chairman, it seems like, since we are doing a healthcare  
12201 bill, my colleagues on your side of the aisle simply just can't  
12202 pass up another opportunity to target women's reproductive health  
12203 care.

12204 The repeal bill before us today -- Mr. Chairman, can we get  
12205 order? There is so much talking, I can't hear. Thank you.

12206 The repeal bill before us today will already have devastating  
12207 consequences in terms of women's access to care, but, then, the  
12208 bill adds insult to injury by arbitrarily including provisions  
12209 that would block access to Planned Parenthood services.

12210 Eliminating federal funding to Planned Parenthood would restrict  
12211 access to health services like contraception, cancer screening,  
12212 and STI tests and treatment.

12213 In 2015, Planned Parenthood saw 2.5 million patients and  
12214 provided more than 4 million STI tests and treatment, more than  
12215 360,000 breast exams, more than 270,000 pap smears, and birth  
12216 control for 2.1 million people.

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12217 In many areas, as we all know quite well by now, Planned  
12218 Parenthood centers are the only safety-net provider available to  
12219 men and women who would otherwise have no reasonably way of getting  
12220 affordable care. People in areas with a shortage of providers  
12221 would be most likely to experience barriers. In 21 percent of  
12222 counties with a Planned Parenthood center, that center is the only  
12223 safety-net provider in the area. They don't have community  
12224 health centers.

12225 Now my colleagues across the aisle say that community health  
12226 centers can fill the gaps in access. We heard that in the bill  
12227 that we had on the Floor a week or so ago. But those claims have  
12228 been debunked repeatedly, including by the community health  
12229 centers themselves.

12230 There should be no debate about whether defunding Planned  
12231 Parenthood would reduce access to care. The CBO, which either  
12232 you love or hate, depending on the amendment I guess, has already  
12233 weighed-in on this issue multiple times, including near identical  
12234 language to what we find of the bill today. CBO agrees that  
12235 community health centers simply cannot pick up the slack. They  
12236 explain that any savings derived from blocking access to Planned  
12237 Parenthood come from people foregoing services they would  
12238 otherwise have received at a Planned Parenthood facility.

12239 I have an important question of counsel now, Mr. Chairman.

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12240 And that is this: Section 3 clearly intends to block people with  
12241 Medicaid coverage from accessing basic care at Planned Parenthood  
12242 health centers, but the language of the provision doesn't  
12243 reference Planned Parenthood by name. The majority summary of  
12244 the bill says that the section imposes a, quote, "1-year freeze  
12245 on mandatory funding to a class of providers designated as  
12246 prohibited entities." Can you please tell me what providers  
12247 other than Planned Parenthood are blocked from funding under this  
12248 provision?

12249 Counsel. CBO identified multiple entities in their last  
12250 analysis.

12251 Ms. DeGette. And what are the names of those entities?

12252 Counsel. They didn't identify them by name.

12253 Ms. DeGette. They said there were multiple other than  
12254 Planned Parenthood?

12255 Counsel. They didn't identify the other entities by name.

12256 Ms. DeGette. So, if I asked CBO, they would be able to give  
12257 us the names of those other entities?

12258 Counsel. I believe so.

12259 Ms. DeGette. Now please describe what the summary means  
12260 when it refers to a, quote, "class of providers". Who are we  
12261 talking about?

12262 Counsel. The providers designated as a not-for-profit by

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12263 the IRS. The provider is an essential community provider  
12264 primarily engaged in family planning services and reproductive  
12265 health. The entity is an abortion provider that provides  
12266 abortions in cases that do not meet the Hyde amendment exception  
12267 for federal payment, and the entity has received more than \$350  
12268 million in Medicaid expenditures, both federal and state, in  
12269 FY2014.

12270 Ms. DeGette. Those are the providers you are talking about?

12271 Counsel. That is correct.

12272 Ms. DeGette. Now is there some reason why the language is  
12273 drafted in this way, since Planned Parenthood I believe is the  
12274 only provider that meets those criteria?

12275 Counsel. I can't speak to the reason why it was drafted --

12276 Ms. DeGette. Who drafted it that way?

12277 Counsel. This language was the language retained from the  
12278 2015 bill.

12279 Ms. DeGette. Thank you.

12280 I yield back.

12281 Mrs. Blackburn. [presiding.] The gentlelady yields back.

12282 Any members seeking time on the Republican side?

12283 Mr. Olson, you are recognized for 5 minutes.

12284 Mr. Olson. I thank the Chair.

12285 As mentioned about 6 hours earlier, Obamacare promised

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12286 better care, lower cost, doctor of your choice. The bill we have  
12287 here makes sure that federal funds aren't used to perform  
12288 abortions or community providers that do that that are engaged  
12289 in family planning services and reproductive health.

12290 My colleague from Colorado said this is the only safety net  
12291 in their parts of the country. In my home State of Texas that  
12292 is not true at all. The entity talked about here has 33 sites  
12293 within Texas. As I mentioned, in Addison, Texas; Arlington,  
12294 Texas; three at Austin, Texas; Bedford, Texas; Brownsville; Cedar  
12295 Hill; Dallas has two; Denton; Dickinson; Fort Worth has two;  
12296 Harlingen; Houston with six; Lewisville; Mesquite; Paris, Texas;  
12297 Plano, Texas; San Antonio with five; Spring, Texas; Stafford,  
12298 Texas, my district; Tyler, Texas, and Waco, Texas.

12299 There are 73 Federally Qualified Healthcare Centers all  
12300 around my State and 300 sites that tie into that network. And  
12301 in my home State there is nothing west of the Austin area towards  
12302 El Paso, Lubbock, Amarillo, nothing.

12303 Fort Hancock, it is right there on the border by El Paso,  
12304 right on the border. They have an FQHC right there. The closest  
12305 facility to compete with that is in San Antonio, Texas. That is  
12306 497 miles away from Fort Hancock. That means that is a 6-hour  
12307 and 40-minute drive at the speed limit.

12308 If you want to control cost, give better care. People going

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12309 there have to drive out there, pay for the gasoline, a hotel room,  
12310 all those costs. How about do that right there in Fort Hancock,  
12311 Texas?

12312 And that is all this bill tries to -- it is just a moratorium  
12313 for 1-year; 1 year stop this funding, make sure that Hyde amendment  
12314 is not breached. We all know the Hyde amendment. No federal  
12315 funds for abortions for rape, incest, or life of the mother. That  
12316 is all this amendment says. Those clinics that practice that  
12317 don't get federal dollars.

12318 To make sure that, again, we want health care for women. I  
12319 take all these spots of protections, as proposed there are 33  
12320 spots. There is nothing west of San Antonio. That is wrong.  
12321 People out there, women, should get the care they need, and they  
12322 can do it through that Medicaid. Like in Fort Hancock, Big Wells,  
12323 Big Spring, La Mesa, Alpine, all those west of San Antonio. This  
12324 bill makes sure those women get the health care they need, pure  
12325 and simple.

12326 I yield back.

12327 Mrs. Blackburn. The gentleman is yielding his time.

12328 Anyone seeking time?

12329 I will yield myself the rest of the gentleman's time.

12330 I think it is so important that we look at what this amendment  
12331 would allow for us to accomplish. Having a 1-year moratorium is

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12332 a very modest provision. I think, just as the gentleman from  
12333 Texas was talking about, the community health centers and the  
12334 Federally Qualified Health Centers, there are 1,375 Federally  
12335 Qualified Health Centers, according to the Health Resources and  
12336 Services Administration. And those centers have a total of  
12337 10,554 delivery sites and they serve more than 24 million patients  
12338 each year.

12339 This bill doesn't do anything to change the availability of  
12340 funds for women's health. What it does is put parameters on how  
12341 those funds can be used. And when you talk about delivering  
12342 women's health, this is an important thing to do, get them to where  
12343 they are going to meet the need.

12344 I think the other thing we all realize, you have the poll  
12345 that Morris did back in January. Seventy-four percent of all  
12346 Americans, 74 percent of all Americans, including 54 percent of  
12347 those who self-identified as pro-choice, are in favor of  
12348 significant restrictions on abortion. In addition, the poll  
12349 found that Americans oppose using tax dollars to fund abortions,  
12350 both abroad, 83 percent, and in the U.S. by 61 percent.

12351 So, reallocating taxpayer funds away from large abortion  
12352 providers is support; that is a great way to support comprehensive  
12353 health services and invest in women's health.

12354 So, with that, I yield back my time.

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12355           The gentleman from New Jersey -- oh, Ms. Schakowsky, you are  
12356 recognized for 5 minutes.

12357           Ms. Schakowsky. Thank you.

12358           Let me begin with a question of counsel. You said that the  
12359 language -- who drafted the language from 2015?

12360           Counsel. Ms. Schakowsky, I don't know the answer to that.

12361           Ms. Schakowsky. I would like to ask the other counsel.

12362           Counsel. I don't know the answer, either.

12363           Ms. Schakowsky. Okay. Let me just say that I am very proud  
12364 to offer this amendment with my colleague, Congresswoman DeGette.

12365           And let's not pretend that this war on Planned Parenthood  
12366 is anything other than a direct attack on women's health. You  
12367 know, we heard from the gentleman from Texas saying that FQHCs,  
12368 there are so many of them, and the gentlewoman from Tennessee,  
12369 all these community health centers. Ask them what they think  
12370 about shutting down Planned Parenthood clinics, and over and over  
12371 again they have said they cannot make up the difference. One out  
12372 of five American women has made -- and men, by the way, as well  
12373 -- has made use of Planned Parenthood clinics, almost all of whom  
12374 do not perform abortions whatsoever, and all of whom provide  
12375 preventive services like breast cancer screenings, STDs, HIV/AIDS  
12376 screening.

12377           And yet, Republicans continue this politically-motivated

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12378 attack to spread alternative facts. Here are the real facts: 54  
12379 percent of Planned Parenthood health centers are in health  
12380 professional shortage areas, rural, or medically-underserved  
12381 areas. How would you explain to a patient who depends on one of  
12382 these centers in rural Illinois that you are cutting federal funds  
12383 and, as a result, they will now have to travel hours for a  
12384 mammogram?

12385 Fact: 75 percent of patients at Planned Parenthood have  
12386 incomes at or below 150 percent of the federal poverty level.  
12387 This attack on Planned Parenthood will hurt low-income families  
12388 and communities of color the most, communities that already face  
12389 dangerous health disparities.

12390 Fact: after Scott County, Indiana forced their local  
12391 Planned Parenthood to close, the community had nowhere to turn  
12392 for HIV testing and education. The result, an unprecedented HIV  
12393 outbreak which then-Governor Mike Pence deemed an epidemic.

12394 How many times do we need to tell these facts to Republicans  
12395 before they realize the damage and harm they will create if they  
12396 defund Planned Parenthood? Let me remind you that Planned  
12397 Parenthood does not use federal funding to provide abortions.  
12398 Defunding Planned Parenthood is simply cutting off federal  
12399 funding for cancer screening, family planning services, and STD  
12400 testing and treatment, among many other invaluable services that

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12401 they provide. People depend on these services.

12402 In fact, the American Medical Association cited defunding  
12403 Planned Parenthood in its letter opposing the Republican repeal  
12404 bill. Quote: "The AMA cannot support provisions that prevent  
12405 Americans from choosing to receive care from physicians and other  
12406 qualified providers, in this specific case those associated with  
12407 Planned Parenthood affiliates, for otherwise covered services."  
12408 End quote.

12409 Mr. Chairman, I would like to submit the full letter from  
12410 the American Medical Association for the record -- or, Madam  
12411 Chairman.

12412 Mrs. Blackburn. So ordered.

12413 [The information follows:]

12414

12415 \*\*\*\*\*COMMITTEE INSERT 21\*\*\*\*\*

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12416 Mr. Olson. Will the gentlelady yield for a question,  
12417 please, ma'am?

12418 Ms. Schakowsky. No, I am not finished yet.

12419 I am asking for unanimous consent -- did you say?

12420 Mrs. Blackburn. Yes.

12421 Mr. Olson. Oh, I am sorry.

12422 Ms. Schakowsky. The bottom line is that defunding Planned

12423 Parenthood will limit the provider choices that Medicaid

12424 recipients have, which is frightening reality for those with

12425 already limited options. Republicans are basically telling

12426 Medicaid recipients, 60 percent of Planned Parenthood's 2.5

12427 million patients, that they don't have a say or a choice in their

12428 healthcare providers.

12429 The vast majority of Americans defunding Planned Parenthood.

12430 It is time to listen to the American people, and the women of this

12431 country are watching.

12432 If you want the 14 seconds, 12 seconds, you can have it.

12433 Mr. Olson. Thank you, ma'am.

12434 Real quickly, under this legislation, Planned Parenthood can

12435 do whatever they want with private money, private money. No

12436 federal dollars for 1 year. That is all this legislation does.

12437 I yield back.

12438 Mrs. Blackburn. Are you yielding back to --

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12439 Ms. Schakowsky. I yield back.

12440 Mrs. Blackburn. Okay. The gentleman yields back to the  
12441 lady. The lady yields back.

12442 Dr. Bucshon, you are recognized, 5 minutes.

12443 Mr. Bucshon. Yes, I will be brief, Madam Chairwoman.

12444 I want to ask Ms. Schakowsky a question because she mentioned  
12445 traveling for mammograms, and I think I want to correct the record  
12446 that Planned Parenthood doesn't provide mammograms. Is that  
12447 correct?

12448 Well, I will answer the question.

12449 Ms. Schakowsky. They do provide cancer screenings for  
12450 breast cancer.

12451 Mr. Bucshon. Right, they provide breast exams, but you said  
12452 that women would have to travel hours for mammograms, and that  
12453 is factually incorrect. I just wanted to correct the record.

12454 Madam Chairwoman, I yield back.

12455 Mrs. Blackburn. The gentleman yields back.

12456 Anyone on the Republican side seeking that time? I do not  
12457 -- Mr. Pallone, you are recognized.

12458 Mr. Pallone. Thank you, Madam Chairwoman.

12459 I strongly support this amendment offered by Ms. DeGette and  
12460 Ms. Schakowsky. Although some of my Republican colleagues are  
12461 intent on defunding Planned Parenthood, I want to talk about what

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12462 that actually means because I think the hallmark of what we have,  
12463 hopefully, been doing today is to talk about, with the various  
12464 stories, you know, what things mean to real people around here  
12465 with this legislation.

12466 Section 103 of this bill would deny Medicaid reimbursements  
12467 as well as other federal dollars to Planned-Parenthood-affiliated  
12468 health centers which provide lifesaving care to women every day.  
12469 These funds do not go to abortion, but, instead, are  
12470 reimbursements for essential services like breast cancer and  
12471 cervical cancer screenings, sexually-transmitted infection  
12472 screenings, and birth control. And these services detect cancer,  
12473 stop the spread of STIs, and prevent unintended pregnancies.  
12474 Those should be bipartisan public health goals.

12475 But, instead, Republicans continue to wage their ideological  
12476 attacks against Planned Parenthood at the expense of women and  
12477 their health care. Denying patients access to care at  
12478 Planned-Parenthood-affiliated health centers would be  
12479 devastating. CBO has previously projected that 390,000 women  
12480 would lose care if Republicans block Medicaid reimbursements to  
12481 these health centers and 650,000 women could face reduced access.

12482 And this hurts patients. It really hurts real people. We  
12483 know this because we have already seen the implications of cutting  
12484 off funding to reproductive healthcare providers at the state

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12485 level. STI rates will increase, the unintended pregnancy rate  
12486 will increase, and women will struggle to find places in which  
12487 to obtain care.

12488 Now my Republican colleagues like to claim that this funding  
12489 can be redirected to other providers and community health centers,  
12490 but this is simply not the case. Community health centers are  
12491 essential safety-net providers in this country who serve a  
12492 critically important role in providing access to patients every  
12493 day, but they can't handle what would happen when these Planned  
12494 Parenthood clinics close.

12495 And I can just tell you that firsthand. I recently visited  
12496 the Planned Parenthood clinic in Perth Amboy in my district, and  
12497 they get an incredible amount of traffic. Sure, there are other  
12498 community health centers in my district federally qualified.  
12499 But, when I talk to them, they say they can't do this; they can't  
12500 handle the additional traffic. They have so many people already.  
12501 They are overcrowded.

12502 So, it is partially the fact that they don't have the ability  
12503 because they already have so many people. It is also because it  
12504 is a type of specialty care which is best handled by Planned  
12505 Parenthood. It is also the location of these facilities. In a  
12506 place like Perth Amboy, most of the traffic at the Planned  
12507 Parenthood clinic is actually foot traffic, people who walk there.

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12508 So, there is a transportation problem, too, if you have to go to  
12509 another location, even if it exists.

12510 I don't have the rural problem where there isn't a Federally  
12511 Qualified Health Center, but to get to it is hard because there  
12512 is a lack of public transportation, and many of the people who  
12513 use these clinics with the Medicaid reimbursement are low-income  
12514 people. They don't have cars. They don't have the ability to  
12515 get there.

12516 I just really want to stress I just wish we would look at  
12517 the practicality things. You know, the Republicans are being  
12518 ideological here. The fact of the matter, this is preventative  
12519 care, and this preventative care, like all preventative care,  
12520 saves money.

12521 Also, a lot of times, you know, when you talk about  
12522 prevention, let's use STI, for example. People, if they are not  
12523 detected, they are going to get sicker. If they don't have --  
12524 where are they going to go? Are they going to go to the emergency  
12525 room when they get sicker? It is going to cost more money.

12526 I just think that, practically speaking, the Republicans are  
12527 not thinking about what this really means. And it is sad because  
12528 I really don't want to hear these ideological arguments, you know,  
12529 whether or not just because somehow the larger organization or  
12530 some places perform abortions doesn't mean that you should limit

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12531 health care at these clinics that is not abortion-related.

12532 We should be working to expand access to safety net for women.

12533 We should not be restricting access based on ideological reasons,

12534 separate from the ability to provide essential care.

12535 And I think patients in this country should be able to access

12536 care from the providers of their choice. We have always held that

12537 principle, that you could go to the provider of your choice. To

12538 limit the provider for some ideological reason I think is just

12539 wrong, and it also sets us down a path that I think could be

12540 devastating in so many other ways.

12541 So, I strongly support this amendment and I ask my colleagues

12542 to support it as well.

12543 And I yield back.

12544 Mrs. Blackburn. The gentleman yields back.

12545 Anyone from the majority seeking time?

12546 And Ms. Eshoo for 5 minutes.

12547 Ms. Eshoo. Thank you. Thank you, Madam Chairwoman.

12548 In listening to this, I find this sad. In my very

12549 distinguished congressional district, the leaders of Planned

12550 Parenthood were the top Republicans in the region. The David

12551 Packards, the Hewletts, God bless them, they were really amongst

12552 the most respected, highly-regarded people in our community, all

12553 Republicans.

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12554           And it is very sad to me to see where your party has gone.  
12555 It is very sad to see where your party has gone. We have just  
12556 had this discussion, the previous amendment or the amendment  
12557 before that, on prevention. And we know how important it is.  
12558 Scientists have told us that. That is what these centers do.

12559           There is not any federal money, there is not a dime. For  
12560 decades we have honored the Hyde amendment. So, why is this  
12561 organization, the women that access the health care that they  
12562 need, why are they being punished? Why are you punishing them?  
12563 It is a very sad place that you have gone to.

12564           I would say that you have gone way beyond the other issue  
12565 of abortion. And that is that there is a real restrictive streak  
12566 about family planning now, too. And I don't think it serves the  
12567 people of our country well.

12568           I know that there are legitimately closely-held emotions on  
12569 these issues, but, my God, don't get all of these other things  
12570 tangled up in it. This is about health care. It is about  
12571 prevention. It is women. Why are you picking on these women?  
12572 Why? What do you hold against them? It is care for them.

12573           We have a responsibility to provide that for people in our  
12574 country. Look at all the members of this committee that raise  
12575 rural issues all the time. The rural areas of our country, it  
12576 is even tougher. It is even tougher for so many things.

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12577           So, I just wanted to share with you really these most  
12578 distinguished leaders in our community. The Republicans were  
12579 always the heads, the honorary heads of Planned Parenthood. Many  
12580 of them still are.

12581           You have got a real split going on in your party when you  
12582 use this organization in an ideological way and just wedge  
12583 yourselves there. It is your prerogative to do, but I don't think  
12584 it serves anyone well. I don't think it serves your party well.  
12585 It certainly doesn't -- you know, when people go to clinics for  
12586 health care, especially for preventive checkups, they don't check  
12587 in and say, "I'm a Republican," "I'm an Independent," "I'm a  
12588 Democrat." That is not the way they -- when you walk into a health  
12589 setting.

12590           So, I just feel very strongly about placing this on the record  
12591 because, while you may think you are currying favor with some  
12592 people, you are pushing a lot of really very sensible Republicans  
12593 away from you by what the ranking member called an ideological  
12594 position that I don't think it fits in that area at all.

12595           But thanks for listening to me, and I yield back.

12596           Mrs. Blackburn. The gentlelady yields back.

12597           No one on the majority is seeking time.

12598           Ms. Matsui, 5 minutes.

12599           Ms. Matsui. Thank you. Thank you, Madam Chairman.

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12600 First of all, I have a question for counsel. What is the  
12601 purpose of the \$350 million threshold in this provision?

12602 Counsel. It is to define a class of providers.

12603 Ms. Matsui. Define a class of providers?

12604 Counsel. It is one of the conditions of the prohibited  
12605 entities.

12606 Ms. Matsui. So, it could be directed towards Planned  
12607 Parenthood.

12608 Counsel. It could. It could be for other entities as well.

12609 Ms. Matsui. What other entities?

12610 Counsel. According to the CBO, they said that there could  
12611 have been other entities. They did not identify those.

12612 Ms. Matsui. But it could be Planned Parenthood directly.  
12613 Okay.

12614 Oh, yes, I am deeply upset that this bill contains yet another  
12615 attempt by Republicans to take away women's healthcare choices  
12616 and defund Planned Parenthood. Women should be able to make their  
12617 own choices about their own bodies. Every woman in this country  
12618 deserves access to care, not just a privileged few.

12619 But we know it is the most vulnerable in our communities that  
12620 often face the highest hurdles in receiving care. Defunding  
12621 Planned Parenthood would be devastating for all women, but would  
12622 disproportionately impact low-income families, women of color,

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12623 immigrants, and young people.

12624 Many of my Republican colleagues like to throw around  
12625 rhetoric about keeping the government out of people's health care,  
12626 but they have no problem with the government interfering with a  
12627 woman's right to make choices over her own body. These are the  
12628 most personal choices that any woman ever makes. By reducing  
12629 women's access to reproductive health care, Republicans are  
12630 putting women's lives on the line.

12631 This bill goes far beyond Planned Parenthood and the  
12632 essential care they provide. It limits choices, even for women  
12633 who have private health insurance. Simply put, this is an all-out  
12634 attack on women's health care.

12635 It is misleading for Republicans to use abortions, because  
12636 we all know that they are not federally-funded, as a way to defund  
12637 Planned Parenthood. Ninety-seven percent of the services  
12638 Planned Parenthood provides are for preventive health care, as  
12639 my constituent Evanne pointed out in a letter to me. She writes,  
12640 "Removing all funding decreases access to essential preventative  
12641 health screenings," which is exactly right.

12642 As I said, 97 percent of the work that Planned Parenthood  
12643 does consists of screening for breast cancer and cervical cancer,  
12644 preventing and treating sexually-transmitted diseases, and  
12645 providing family planning services. This bill would reduce

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12646 access to health care that women need, rip away funding from  
12647 important Medicaid providers, simply to score political points.

12648 Providing access to contraception and family planning, which  
12649 directly reduces the number of abortions each year, are exactly  
12650 what Planned Parenthood and other women's clinics have been doing  
12651 successfully across the country for decades.

12652 I urge my colleagues to vote in favor of this amendment to  
12653 protect women's health.

12654 Thank you, and I yield back.

12655 Mrs. Blackburn. The gentlelady yields back.

12656 Still no one on the majority side.

12657 Mr. Sarbanes for five minutes.

12658 Mr. Sarbanes. Thank you, Madam Chair.

12659 I support the amendment. I know this is a sensitive topic  
12660 and I respect people's views on both sides of the issue of  
12661 abortion. But, as has been said, you know, the Hyde amendment  
12662 is in force with respect to limiting federal funds through  
12663 Medicaid or otherwise to support abortions. This is about  
12664 Medicaid funding that can support all of the other incredibly  
12665 important services that are provided by Planned Parenthood, and  
12666 let's not pretend that this provision wasn't specifically  
12667 designed to target Planned Parenthood.

12668 I had the privilege for about 15 years, when I was in private

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12669 practice, of representing Planned Parenthood in Maryland and got  
12670 to see the incredible breadth of services offered by Planned  
12671 Parenthood, the sensitivity and warmth with which they embraced  
12672 the patients that come to their clinics in a way that simply cannot  
12673 be duplicated by other clinics, as good as they are, other  
12674 Federally Qualified Health Centers. They are just not going to  
12675 meet the same standard that Planned Parenthood has established  
12676 since its founding. So, it is distressing to have this attack  
12677 on Planned Parenthood with respect to all of these really  
12678 important healthcare services that are provided to so many women  
12679 across the country and, as Congresswoman Schakowsky mentioned,  
12680 to men as well.

12681 I do want to note that I got curious as to why the provision  
12682 in the bill to defund Planned Parenthood was just for 1 year. And  
12683 what we discovered is that that was done for fiscal purposes to  
12684 keep the cost score down on the bill. Because what was  
12685 anticipated is that, if you restrict the services that Planned  
12686 Parenthood can provide, in particular limiting the family  
12687 planning services that it provides, it would increase the number  
12688 of unintended pregnancies, with most of those women ending up on  
12689 Medicaid for the maternity care and for care of their babies as  
12690 well.

12691 And that cost to the Medicaid program would be significant.

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12692 So, that, in and of itself, is an acknowledgment, a concession  
12693 by the drafters of the bill of the impact that you would have by  
12694 limiting Planned Parenthood's ability to provide these services  
12695 and, in turn, is an acknowledgment of how effective Planned  
12696 Parenthood is with respect to the healthcare services that it is  
12697 offering to women across the country.

12698 So, it misguided. And again, I don't question people's  
12699 motives. This is a tough issue. Emotions run high. But the  
12700 Hyde amendment is handling the part of this discussion that  
12701 generates the most emotion.

12702 We are talking about the other piece, which is basic,  
12703 fundamental, and effective healthcare services that are provided  
12704 to women in this country. Nobody does it better. Nobody does  
12705 it better than Planned Parenthood. And for that reason, I  
12706 strongly support Congresswoman DeGette's amendment.

12707 And I yield my time.

12708 Mrs. Blackburn. The gentleman yields back.

12709 Mr. Engel, you are recognized for --

12710 Mr. Sarbanes. Can I yield the balance to Congresswoman --

12711 Mrs. Blackburn. You may yield to Ms. Schakowsky.

12712 Ms. Schakowsky. Thank you. I appreciate that.

12713 I think what you said is so important, that the rationale  
12714 a 1-year limit would be that, in fact, Planned Parenthood helps

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12715 women to plan their families and to prevent unwanted pregnancies  
12716 or unplanned pregnancies, which is not only misguided; it is so  
12717 hypocritical.

12718           If we want to look at strategies that will actually reduce  
12719 the number of abortions that are necessary in the United States,  
12720 then we want to be able to provide contraception and family  
12721 planning services to women in this country. And so, it is hard  
12722 to understand why, when that is a major focus of Planned  
12723 Parenthood, and they are one of the major providers of  
12724 contraceptive services, that we would want to end up in a place  
12725 that we are concerned about having to pay too much money for people  
12726 who get pregnant who didn't want to be pregnant and, then, end  
12727 up on Medicaid. So, I would say this amendment should be  
12728 supported.

12729           And I yield back.

12730           Mrs. Blackburn. The gentlelady yields back, and the  
12731 gentleman's time has expired.

12732           Mr. Engel, you are recognized for 5 minutes.

12733           Mr. Engel. Thank you, Madam Chair.

12734           I move to strike the last word.

12735           I urge my colleagues to support this amendment. We started  
12736 out -- it is no longer today -- but yesterday was International  
12737 Women's Day, and some are recognizing that by wearing red. My

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12738 friends on the other side of the aisle have chosen to recognize  
12739 this day in a different way, by taking aim, yet again, at Planned  
12740 Parenthood, an organization that millions of American women  
12741 depend on for comprehensive health care and men depend on them  
12742 as well.

12743 We, as Members of Congress, should not be deciding what is  
12744 best for a woman's health. She should and her doctor should. And  
12745 I understand all the critical sensitive issues. But, again, this  
12746 is up for the woman to decide, talking to her family, her  
12747 conscious, her God, and whatever else. No one should make these  
12748 decisions for her.

12749 And it is very difficult to believe that I have to say this  
12750 again. If I am exasperated, imagine how rightfully angry and  
12751 frustrated the women in our districts are. More than half of  
12752 Planned Parenthood centers are in rural or underserved areas where  
12753 health care is already too hard to come by. Yet, my colleagues  
12754 want to make it even harder for people in these areas to access  
12755 HIV and STD tests, breast and cervical cancer screenings, and  
12756 other lifesaving services.

12757 We know how our colleagues, our friends on the other side  
12758 of the aisle, will respond to these factors. They have already  
12759 tonight. They will talk about community health centers that will  
12760 fill the void left by Planned Parenthood. Community health

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12761 centers do phenomenal work and we support them, but the idea that  
12762 they can easily meet the needs of millions who actually currently  
12763 rely on Planned Parenthood is ridiculous.

12764           Actually, the American Public Health Association called the  
12765 notion, and I quote from them, "ludicrous". What logic could be  
12766 behind this, but another politically-motivated attempt to roll  
12767 back women's ability to control their own health and bodies?

12768           Again, as my colleagues have said before, this has nothing  
12769 to do with abortion. The Hyde amendment makes sure that no  
12770 federal funds can go for abortion. This is simply a punitive way  
12771 of trying to shut Planned Parenthood down. If you don't like  
12772 Planned Parenthood, don't go, but other women like it; other men  
12773 like it, utilize it. And we shouldn't be doing anything to shut  
12774 it down. We should be trying to improve health coverage. We  
12775 should be trying to expand places where women can go, not make  
12776 it harder and harder for them.

12777           So, I ask everyone to support this amendment.

12778           And if anyone wants the rest of my time -- Mr. Cardenas?

12779           Mr. Cardenas. Thank you very much.

12780           I just would like to point out that to defund Planned  
12781 Parenthood for 1 year would mean that approximately 2.5 million  
12782 patients who visit a Planned Parenthood health center each year  
12783 would be denied that opportunity. And some people are assuming,

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12784 well, then, just go somewhere else. Not so easy, as was pointed  
12785 out earlier, for a lot of good reasons why it is hard for people  
12786 with very little means to actually find other alternatives.

12787 In addition to that, it is important to understand that, if  
12788 someone is actually getting an exam and finding out if they have  
12789 cervical cancer, and if they, for some reason, were not allowed  
12790 to go and get that exam for a whole year, that could actually end  
12791 that person's life because the detection was delayed just by 1  
12792 year.

12793 Attempts by Republicans to block Planned Parenthood from  
12794 receiving Medicaid reimbursements will restrict patients from  
12795 accessing care at these health centers, which for many patients  
12796 is their only source of preventative care.

12797 And also, I would like to point out that, even with the  
12798 additional funding provided to community health centers in this  
12799 reconciliation package, community health centers just do not have  
12800 the excess capacity to shoulder the burden of serving all of the  
12801 Planned Parenthood current patients.

12802 Mr. Chairman, I ask unanimous consent to enter letters from  
12803 the California Primary Care Association and from the Community  
12804 Clinics of Los Angeles County for the record, Madam Chairwoman.

12805 Mrs. Blackburn. So ordered.

12806 [The information follows:]

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12807

12808

\*\*\*\*\*COMMITTEE INSERT 22\*\*\*\*\*

12809 Mr. Cardenas. In addition to that, I would like to point  
12810 out that one expert explained in Health Affairs that the  
12811 Republicans' assertion that other providers can fill the gap is,  
12812 quote, "simply wrong and displays a fundamental misunderstanding  
12813 of how the healthcare system works."

12814 Also, I would like to submit for the record and, Madam  
12815 Chairwoman, I ask unanimous consent to enter that article into  
12816 the record: Sara Rosenbaum, Planned Parenthood Community Health  
12817 Centers, and Women's Health, "Getting the Facts Right," September  
12818 2nd, 2015.

12819 [The information follows:]

12820

12821 \*\*\*\*\*COMMITTEE INSERT 23\*\*\*\*\*

12822 Mr. Cardenas. And this discussion actually reminds me of  
12823 sometimes how convenient it is for some people to say, when it  
12824 comes to certain issues, saying, "I'm not a scientist, so I don't  
12825 to comment on that." But, then, again, there are many people who  
12826 are elected to this Congress who are not women; yet, at the same  
12827 time, they feel it is necessary for them to determine women's  
12828 access to health care and who should make decisions for women's  
12829 health.

12830 I yield back.

12831 Mrs. Blackburn. The gentleman yields back.

12832 Let's see, Ms. Castor, 5 minutes.

12833 Ms. Castor. Thank you, Madam Chair.

12834 And I would like to thank Congresswoman DeGette and  
12835 Congresswoman Schakowsky for bringing this amendment, and I  
12836 associate myself with their remarks.

12837 I won't be too long, but I do want to make sure that I am  
12838 expressing what I hear from my neighbors at home, that Planned  
12839 Parenthood provides vital care, expert care, the most advanced  
12840 care to women and so many of my neighbors. So, I strongly disagree  
12841 with the GOP's punitive stance towards Planned Parenthood  
12842 clinics. Because when you go after the Planned Parenthood  
12843 clinics, you are really going after the folks we represent back  
12844 home who need that safe clinic to go to to get their care.

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12845           You know, people back home often comment about how out of  
12846 touch a Congress that is 80-percent male is to the everyday  
12847 challenges of women and their ability to get contraceptives, birth  
12848 control, family planning advice, and screenings. You know, walk  
12849 a day in their shoes. Okay?

12850           And instead of being empathetic about what Planned  
12851 Parenthood does in the situation of people's health back home,  
12852 you say, no, they are cut off. You know, they also say, "Well,  
12853 don't they realize up there in the Congress that Planned  
12854 Parenthood is one of the most effective institutions we have to  
12855 preventing unintended pregnancies?"

12856           And I say, you know, "I wish we could have a hearing on that."  
12857 I wish we could have a hearing to really understand the data.  
12858 Instead, here again, in the middle of the night, we are going to  
12859 have a debate that will affect millions of women across America  
12860 and the folks that we represent back home.

12861           I understand that views vary widely on abortion. But,  
12862 remember, it is a constitutionally-protected, fundamental right.  
12863 In this Republican-led Congress, when you continue to interfere  
12864 with that right, you continue to interfere at the detriment of  
12865 all Americans and the future of this great country.

12866           I yield. I yield to Ms. Clarke of New York.

12867           Ms. Clarke. I thank my colleague for yielding.

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12868 I support the amendment being submitted by Congresswoman  
12869 DeGette and Congresswoman Schakowsky because we need to stand up  
12870 for the most vulnerable populations in our communities who for  
12871 generations now have only had Planned Parenthood as their primary  
12872 care physician during their childbearing years.

12873 It is so unfortunate to see the attempts by Republicans to  
12874 continue to block Planned Parenthood for receiving Medicaid  
12875 reimbursements which will restrict patients from accessing care  
12876 at healthcare centers, which for many patients is their only  
12877 source of preventative care. It is ironic, Congressman Eliot  
12878 Engel, that just a few hours after we were commemorating  
12879 International Women's Day here we are with an amendment trying  
12880 to secure the health care for women who are probably some of the  
12881 most vulnerable women in our society.

12882 Well, CBO has also projected that blocking Medicaid  
12883 reimbursements from Planned Parenthood would result in reduced  
12884 access to contraception that Planned Parenthood provides. So,  
12885 I mean, on the one hand, there is concern about abortion services,  
12886 which are not paid for federally-funded, but in being able to plan  
12887 families, we are also saying no go for you because we have the  
12888 power to restrict that, to actually make you unable to access this  
12889 health care.

12890 I think that this is probably one of the most mean-spirited

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12891 provisions that we could see produced in a civil society in the  
12892 21st century. They are women who can only access this type of  
12893 primary care during their childbearing years, and here we are  
12894 saying that we would close down these clinics for a year.

12895 Each year Planned Parenthood provides more than 300,000 --

12896 Mrs. Blackburn. The gentlelady's time has expired.

12897 Ms. Clarke. -- 300,000 breast exams.

12898 And I yield back.

12899 Mrs. Blackburn. The gentlelady yields back.

12900 On the majority, anyone seeking time?

12901 Mr. Harper?

12902 Mr. Harper. Thank you, Madam. Thank you, Madam Chair.

12903 You know, as I have listened to the comments from our friends  
12904 across the aisle on the Democratic side, we almost lose sight of  
12905 what this is really about. According to Planned Parenthood's own  
12906 annual report, 2014-2015, the organization conducted 323,999  
12907 abortion procedures in the year 2014. Now that just may sound  
12908 like some medical procedure. That means a baby's life was ended,  
12909 not once, not twice, but almost 324,000 times. Of all people,  
12910 you would think that the Democrats would be the ones to stand up  
12911 for the life of the unborn child. Yet, they refuse to do so.

12912 You know, you look at what has happened here and you look  
12913 at facilities. There are 59 independent local Planned Parenthood

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12914 affiliates with 661 delivery sites, serving about 2.5 million  
12915 patients a year, 2.5 million. In contrast to that, Federally  
12916 Qualified Health Centers, community health centers have 10,554  
12917 delivery sites and serve over 24 million patients.

12918 This is something that we have a moral obligation to look  
12919 at this, and I believe we are doing the right thing. And we can  
12920 provide for women's health care that we need to do, and we do.

12921 I have been married to my lovely wife for almost 38 years.  
12922 I can assure you I care about women's health. I have a daughter  
12923 who is 25. I can assure you I care about women's health.

12924 I yield to the gentlelady from Tennessee, Ms. Blackburn, the  
12925 balance of my time.

12926 Mrs. Blackburn. I thank the gentleman for yielding, just  
12927 to answer a couple of points that have been made.

12928 The gentlelady from Florida asked why we were having this  
12929 discussion in the middle of the night. And, of course, we would  
12930 have loved to have been having this discussion at 10:30 this  
12931 morning and would have encouraged you all to bring your amendments  
12932 forward that were going to impact the bill, so that we were not  
12933 here in the middle of night having these discussions. So, that  
12934 is something that you have control over, that you could have  
12935 decided you wanted to have this discussion earlier in the day.

12936 And there is conversation about what the language in the bill

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12937 does. The language and the Hyde amendment and, then, the language  
12938 in this bill, the reason it is there, it does end taxpayer funding,  
12939 that stream of taxpayer funding to clinics whose primary focus  
12940 is abortion.

12941 As Mr. Harper said, investing in women's health is something  
12942 that is very important to us. And you look at the community health  
12943 centers and the FQHCs and you see the 10,554 delivery sites that  
12944 are there and the number of patients that they reach out to and  
12945 serve each and every year, 24 million patients. And that is the  
12946 purpose for this.

12947 And I yield back the balance of the time.

12948 And, Ms. Dingell, you are recognized for 5 minutes.

12949 Mrs. Dingell. Thank you, Madam Chair.

12950 My colleagues have made a number of points. One, the federal  
12951 dollars -- we have the Hyde amendment -- they are not being used  
12952 for abortion. And I hate to disagree with my colleagues, but the  
12953 primary purpose of Planned Parenthood is not for abortions. It  
12954 is to provide care to these women.

12955 And as people, my other colleagues, have said, one in five  
12956 American women has received care at a Planned Parenthood health  
12957 center in her lifetime. Six in ten women who access care from  
12958 a family planning health center like Planned Parenthood consider  
12959 it the main source of their health care.

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12960           You have heard the statistics. I could keep going on them.  
12961 But I want to read something that puts a human face on what we  
12962 are talking about and ask you to think about our moral  
12963 responsibilities here as well.

12964           "The Planned Parenthood in Flint in a modest brick building  
12965 off a lonely stretch of highway might not seem like an obvious  
12966 first stop for a resident concerned about the strangely-colored  
12967 bad-smelling water that started coming out of taps in the city  
12968 in early 2014. But, for those who work inside, tackling the issue  
12969 of access to potable water was a no-brainer once patients began  
12970 voicing concerns.

12971           As a preventative health organization with deep roots in the  
12972 local community, the conversation came naturally. After hearing  
12973 reports from their patients about chemicals in the water, the  
12974 clinic sprang into action months before any state of emergency  
12975 was declared, handing out water filters and teaching people how  
12976 to use them.

12977           We are more than just a reproductive health organization.  
12978 We work for reproductive justice, explained the field  
12979 organization with Planned Parenthood. Having access to clean,  
12980 safe water is a reproductive justice issue. It affects your  
12981 health. Families deserve better than this. It fits right in.  
12982 Water is a basic human right.

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12983           The staff is particularly focused on the reproductive health  
12984 impacts of the contaminated water, which in some homes has so much  
12985 lead in it that it meets the EPA's definition of toxic waste.  
12986 We've been educating on it and trying to get patients to understand  
12987 it's the reproductive health care.

12988           In men, lead exposure can reduce sperm count, staff  
12989 explained. In pregnant women, it can lead to gestational  
12990 hypertension, low birth weight, and preterm deliveries, as well  
12991 as affect the fetus' neurological development. And once a baby  
12992 is born, if a breast-feeding mother is drinking Flint tap water,  
12993 Planned Parenthood is advising her to pump and dump her breast  
12994 milk because the lead can be absorbed, particularly if she tests  
12995 as having 40 micrograms of lead in her blood or higher. Even  
12996 formula, though, can be complicated, as many are mixed with water.  
12997 Mixing it with Flint tap water can harm an infant.

12998           As the crisis continues to unfold, residents are still being  
12999 tested for lead exposure, and the effects might not show up for  
13000 years. Planned Parenthood will continue to focus on educating  
13001 parents."

13002           I ask you, what is our moral responsibility to women who have  
13003 no other place to go to get simple, basic health care? That is  
13004 a need that is being served, and there are studies upon studies  
13005 that say community health services cannot fill that gap in Planned

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13006 Parenthood defunding.

13007           Who would shutting down Planned Parenthood health centers  
13008 hurt the most? It is people of color, people living in rural  
13009 areas, and people with low incomes. They represent the majority  
13010 of Planned Parenthood patients and they already face unfair,  
13011 systematic barriers to access and seeing health care. If these  
13012 patients are blocked from care of Planned Parenthood, many would  
13013 have nowhere else to go. In fact, 21 percent of counties have  
13014 no safety-net family plan alternatives, should their local  
13015 Planned Parenthood health center close. And more than half of  
13016 Planned Parenthood's health centers are located in rural and  
13017 underserved communities. I ask you, where is our moral  
13018 responsibility here?

13019           I yield back my 14 seconds.

13020           Mrs. Blackburn. The gentlelady yields back.

13021           Mr. Tonko?

13022           Mr. Tonko. Thank you, Madam Chair.

13023           I strike the last word.

13024           I rise in support of this amendment today on behalf of all  
13025 of the constituents in my district who are, indeed, served by  
13026 Planned Parenthood. I am deeply concerned by the misguided  
13027 fixation to take away valuable resources from women with efforts  
13028 to defund Planned Parenthood. I fully trust women to make their

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13029 own deeply personal medical decisions, and I am grateful that  
13030 Planned Parenthood provides essential services, services to  
13031 women, including cervical and breast cancer screenings as well  
13032 as the primary care service and family planning counseling.

13033 In New York State, Planned Parenthood provides services  
13034 including breast exams, STI testing, birth control services,  
13035 diabetes screening, cholesterol screening, prenatal services,  
13036 and testicular and prostate cancer screenings. These are  
13037 critical services that keep New Yorkers healthy -- women,  
13038 children, and men.

13039 I recognize that these efforts to defund Planned Parenthood  
13040 would result in a lack of care for the more than 186,000 New Yorkers  
13041 served by Planned Parenthood each and every year. We must not  
13042 allow that to happen.

13043 With that, I will yield to the gentlelady from New York, Mr.  
13044 Clarke.

13045 Ms. Clarke. I just wanted to point out one quick fact.  
13046 Because we have seen how this plays out already. We have seen  
13047 the impact of defunding at the state level. Indeed, in Texas,  
13048 one study found that pregnancy-related deaths doubled after the  
13049 State stopped reimbursing Planned Parenthood and 54 percent fewer  
13050 patients in the State received care. So, this is about prenatal  
13051 care. This is about making sure that people have healthy

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13052 pregnancies, aside from the issue that I guess our Republican  
13053 colleagues are truly fixated on, which is the question of  
13054 abortion.

13055 This is really a wrong-headed proposal in this law, in this  
13056 bill, and I hope that you will reconsider.

13057 But I am going to yield back to Mr. Tonko at this time.

13058 Mr. Tonko. And I will yield to the gentlelady from Colorado,  
13059 Ms. DeGette.

13060 Ms. DeGette. Thank you. Thank you very much.

13061 I just have another question for counsel, and here is the  
13062 question: Section 103, would it save more money if it didn't have  
13063 the \$350 million threshold included there? In other words, if  
13064 there was no threshold, if everybody was subject to this, would  
13065 it save more money?

13066 Counsel. Ms. DeGette, we don't have the CBO analysis --

13067 Ms. DeGette. Yes, we are aware of that.

13068 Counsel. -- of what that change would do.

13069 Ms. DeGette. And it seems to me that it would save more money  
13070 because more providers would be subject to this. Wouldn't that  
13071 be a logical extension?

13072 Counsel. You may be correct. We don't know the answer to  
13073 that.

13074 Ms. DeGette. So, why would you include -- why was that

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13075 limitation included? The \$350 million, why was that included in  
13076 the language?

13077 Counsel. This language was from the 2015 reconciliation  
13078 bill.

13079 Ms. DeGette. Did anyone sitting up there work on the 2015  
13080 reconciliation bill?

13081 Counsel. I did not work on this --

13082 Ms. DeGette. Did anyone else sitting up there work on it?

13083 Mrs. Blackburn. Ms. DeGette --

13084 Ms. DeGette. The reason I want to know --

13085 Mrs. Blackburn. Yes, Ms. DeGette --

13086 Ms. DeGette. -- I want to know the legislative history for  
13087 why this is included in this bill.

13088 Mrs. Blackburn. That is a question for members. It is  
13089 something from the 2015 text.

13090 Ms. DeGette. In that case, is there a member here who can  
13091 explain to me why that \$350 million was included in the bill?

13092 Mrs. Blackburn. The language is in the bill, as I said  
13093 earlier, it has the effect of ending a taxpayer stream to entities  
13094 whose primary focus is abortion.

13095 Ms. DeGette. But why is the \$350 million included as a  
13096 limit?

13097 Mrs. Blackburn. That was a decision that was made at the

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13098 time of the 2015 bill. I was not working on it.

13099 Ms. DeGette. Is there any staffer here who can answer the  
13100 question?

13101 Mrs. Blackburn. It is not a question for staff.

13102 Ms. DeGette. Why not?

13103 Mrs. Blackburn. It is a question for members, and we will  
13104 see if we can get an answer for you. I don't have an answer for  
13105 you.

13106 Mr. Tonko. I yield back.

13107 Mrs. Blackburn. Okay, Mr. Tonko.

13108 Mr. Shimkus. Ms. Blackburn?

13109 Mrs. Blackburn. Okay, Mr. Shimkus, you are recognized for  
13110 5 minutes.

13111 Mr. Shimkus. Thank you, Madam Chairman.

13112 And I appreciate -- I was upstairs listening to my colleague  
13113 and Mr. Sarbanes and his measured approach. Yes, these are  
13114 difficult issues.

13115 And people know my position. I have been on the committee  
13116 for a long time. They know that I am strongly in the pro-life  
13117 camp.

13118 But I think because I have to represent the women in my  
13119 Congressional District, and by far, the women in my Congressional  
13120 District would want me to be supportive of the base language and

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13121 oppose any amendment that would change that. And I need to be  
13122 on record and to stand up for those women whose voices are not  
13123 heard as much as the crescendo of the women on the other side.

13124 So, with that, I will yield back my time.

13125 Mrs. Blackburn. The gentleman yields back.

13126 Mr. Lujan is next, correct, for 5 minutes.

13127 Mr. Lujan. Thank you, Madam Chair.

13128 And so, there was a letter that was put out by Planned  
13129 Parenthood, and what it say is, "Today House Republicans released  
13130 a bill" -- I guess this was yesterday -- "Today House Republicans  
13131 released a bill to repeal the Affordable Care Act that includes  
13132 a provision to specifically block people with Medicaid coverage  
13133 from accessing preventative health care at Planned Parenthood  
13134 health centers, including birth control, cancer screenings, and  
13135 STD testing and treatment. If enacted, prohibiting patients from  
13136 accessing preventative care at Planned Parenthood health centers,  
13137 it would have a devastating impact on people and communities  
13138 across America. It is important to note that federal funding does  
13139 not go towards abortion, a law that Planned Parenthood opposes."

13140 What follows, "Every year 2.5 million people rely on Planned  
13141 Parenthood health centers for essential health services, and  
13142 studies consistently show that proposals to defund Planned  
13143 Parenthood will result in people losing access to care. And

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13144 experts have repeatedly said other providers could not absorb  
13145 Planned Parenthood's patients."

13146 So, the general counsel, when you were asked a question as  
13147 to where the threshold came from, what was your response?

13148 Mrs. Blackburn. I will remind the gentleman that counsel  
13149 is here to answer questions pertaining to text. When it comes  
13150 to policies --

13151 Mr. Lujan. And I asked a question about the text, Madam  
13152 Chair.

13153 Mrs. Blackburn. They will talk about how it operates. They  
13154 are not there to answer on a policy position.

13155 Mr. Lujan. The threshold that is in the text --

13156 Mrs. Blackburn. I would remind the gentleman, as I said,  
13157 they are not there to answer a question on a policy position. They  
13158 can talk to the effect of it.

13159 Mr. Lujan. For clarification, Madam Chair --

13160 Mrs. Blackburn. They can speak to the effect of it, Mr.  
13161 Lujan.

13162 Mr. Lujan. My time has been running while the Chair has been  
13163 speaking, and my time should not be running while I am getting  
13164 addressed by the Chair.

13165 Mrs. Blackburn. I am just making certain that you --

13166 Mr. Lujan. I am making certain that I am losing time now.

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13167 If you could please back my time up?

13168 Mr. Shimkus. They are staff. They are not the legislators.

13169 Mr. Lujan. I am just asking a simple question, Mr. Shimkus.

13170 Mrs. Blackburn. And I have told you that is not a question  
13171 that should be directed to them, Mr. Lujan.

13172 Mr. Lujan. Madam Chair, if you could help me understand,  
13173 then, procedurally, what questions can be asked of staff to this  
13174 committee?

13175 Mrs. Blackburn. You can talk with them about text. You can  
13176 talk to them about the effect of the text. You can talk to them  
13177 about this would, the operation of the text. You cannot talk --  
13178 they are not there to answer the question on policy. Those are  
13179 discussions that take place with members. And why a policy is  
13180 developed, that is something that we tend to on this side of dais.  
13181 And if you want to talk with them and ask them about effect, that  
13182 is fine, but I would ask that you please respect what they are  
13183 to be questioned on and what they are not.

13184 Mr. Lujan. Thank you, Madam Chair.

13185 Mrs. Blackburn. Thank you.

13186 Mr. Lujan. To the general counsel, can you let me know what  
13187 the threshold is in the text of the legislation?

13188 Counsel. The threshold is a provider is designated as a  
13189 not-for-profit by the IRS. The provider is an essential

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13190 community provider primarily engaged in family planning services  
13191 and reproductive health. Entity is an abortion provider that  
13192 provides abortions in cases that don't meet the Hyde amendment  
13193 exception for federal payment, and the entity received more than  
13194 \$350 million in Medicaid expenditures, both federal and state,  
13195 in fiscal year 2014.

13196 Mr. Lujan. So, if I may, the \$350 million amount, where did  
13197 that number come from?

13198 Counsel. That was in the 2015 bill.

13199 Mr. Lujan. Earlier when general counsel was asked a  
13200 question, Madam Chair, there was a response that it came from CBO.  
13201 Is that correct?

13202 Mrs. Blackburn. Mr. Lujan, I --

13203 Mr. Lujan. I can ask you or I can ask them. Is that correct?  
13204 General counsel stated earlier where the number came from, and  
13205 general counsel stated it came from CBO. I can ask you, Madam  
13206 Chair, or I can ask them.

13207 Counsel. Mr. Lujan, the \$350 million was in the text. That  
13208 threshold is also listed in the CBO analysis. What I was  
13209 referencing earlier was the 2015 analysis of the 2015  
13210 reconciliation bill.

13211 Mr. Lujan. I appreciate that very much. So, just so we get  
13212 straight that that is where it came from.

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13213           And, Madam Chair, it is my understanding that you chaired  
13214 one of the select committees. In that work, I am sure that you  
13215 paid attention to facts. And if facts were paid attention to,  
13216 you would know that it is only 3 percent of Planned Parenthood  
13217 services are for abortion care, not in the way that it is being  
13218 characterized in this hearing today. Three percent is not -- I  
13219 forget that you used, Madam Chair, but 3 percent is not the primary  
13220 focus of the care to be provided.

13221           And with that, I yield to my colleague Diana DeGette.

13222           Ms. DeGette. Thank you very much.

13223           I want to thank the gentleman for clarifying that because  
13224 the Chair just said that the purpose of Section 103 is to stop  
13225 Medicaid funding from going to clinics whose primary job is to  
13226 perform abortions. If that is the case, why wasn't this section,  
13227 then, written to simply say, "Clinics whose primary job is to  
13228 provide abortions shall not get Medicaid funding."? Instead, it  
13229 goes through all of this rigmarole about the \$350 million  
13230 threshold which only applies to one organization, by the way,  
13231 Planned Parenthood.

13232           In fact, as Mr. Lujan just said, only 3 percent of what  
13233 Planned Parenthood does is abortion, and they do that with their  
13234 own private money. They don't do that public money. They don't  
13235 do that with Medicaid money.

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13236           And so, what this section will do, as all of my colleagues  
13237 have brilliantly testified, it will stop women and families from  
13238 getting all kinds of health care, including family planning and  
13239 birth control that actually will prevent unwanted pregnancies,  
13240 which actually reduces abortion. So, ironically, what this  
13241 amendment will do is stop funding to the very organizations that  
13242 are helping families plan, so they don't have abortions.

13243           I find this to be shocking, and I would urge everyone just  
13244 to support this amendment and support the women of America and  
13245 the families of America, as they so desperately get the health  
13246 care they need.

13247           I yield back to Mr. Lujan.

13248           Mr. Lujan. And, Madam Chair, the last thing I will say is  
13249 it seems clear to everyone in this room, I hope, that the \$350  
13250 million threshold was chosen simply to target Planned Parenthood.

13251           I yield back.

13252           Mrs. Blackburn. I will remind the gentleman we are not here  
13253 to debate Planned Parenthood. We are here to talk about funding  
13254 streams.

13255           [Laughter.]

13256           Okay. Mr. Ruiz, you are recognized for 5 minutes.

13257           Order.

13258           Mr. Ruiz. Am I recognized? Thank you so much.

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13259           That was really funny. We all know this is about Planned  
13260 Parenthood.

13261           The federal government does not fund abortions for Planned  
13262 Parenthood or any other healthcare organizations. The  
13263 Republicans and the federal government do fund hospitals and  
13264 clinics that do provide abortions. And if this is about  
13265 abortions, then my question will be, are you going to defund the  
13266 hospitals and clinics that also fund abortions? So, what is  
13267 unique about Planned Parenthood? Is it because they speak up for  
13268 women's reproductive health rights a bit louder than others?

13269           So, if you are not defunding abortions because federal money  
13270 already does not fund abortions, then what does this bill defund?  
13271 Well, let me read you a list: anemia testing; cholesterol  
13272 screening; diabetes screening; physical exams, including for  
13273 employment and sports; flu vaccines; help with quitting smoking;  
13274 high blood pressure screening; tetanus vaccines; thyroid  
13275 screening.

13276           The primary purpose of Planned Parenthood is to provide this  
13277 type of health care. Less than 3 percent of services is on  
13278 abortions. Planned Parenthood provides much-needed care in  
13279 hard-to-reach locations where there are few, if any other,  
13280 providers.

13281           Let me give you a very specific example in my district. I

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13282 had mentioned earlier I had done research before I ran for Congress  
13283 that counted every full-time-equivalent physician in the  
13284 underserved area of the Eastern Coachella Valley. So, there is  
13285 one full-time-equivalent physician per 9,000 residents. We also  
13286 calculated that, to be not considered medically-underserved, we  
13287 needed 23 more full-time-equivalent physicians.

13288 So, each FQHC clinic has about two or three doctors working  
13289 there at once on a good day. That means that the Eastern Coachella  
13290 Valley will need seven to eleven new clinics to serve the  
13291 underserved areas.

13292 So, do you know how long it takes for an organization to get  
13293 the money to start an FQHC? Do you know how long it takes to  
13294 recruit physicians to come and serve in underserved rural areas  
13295 when there is such a physician shortage? It takes a very long  
13296 time.

13297 So, simply saying, you know, you are going to give a certain  
13298 amount of, hopefully, woefully underfunded to community clinics  
13299 to provide this care just doesn't make sense. They are already  
13300 overcapacity and they don't have enough to take care of the  
13301 enormous need that is already out there.

13302 That is it.

13303 Mrs. Blackburn. Is the gentleman yielding back?

13304 Mr. Ruiz. Sure, I yield back.

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13305 Mrs. Blackburn. The gentleman yields back.

13306 Mr. Scalise, you are recognized for 5 minutes.

13307 Mr. Scalise. Thank you, Madam Chair.

13308 I move to strike the last word and the second-to-last word  
13309 and all the words in this amendment. Because what part of our  
13310 bill to repeal and replace Obamacare does is also defunds groups  
13311 like Planned Parenthood that use taxpayer money and also provide  
13312 abortions. And this is not just a philosophical question. For  
13313 many of us, it is a moral question. And so, I hope we at least  
13314 can talk about it in that context because, for some, they are  
13315 suggesting that this language does away with groups like Planned  
13316 Parenthood.

13317 Now this maybe makes groups like Planned Parenthood face a  
13318 real moral dilemma that millions of taxpayers throughout the  
13319 country face. And our constituents, many of ours, feel it is  
13320 morally offensive to have their taxpayer dollars go to  
13321 organizations that provide abortion. That is the heart of this  
13322 question.

13323 If you read the language in our bill that this amendment  
13324 strikes, the language says, if a group like Planned Parenthood  
13325 stops providing abortions, they could still get taxpayer money.  
13326 But, if they want to provide abortions, they can't get taxpayer  
13327 money.

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13328           Now I know in the gentlelady from California's example she  
13329 talked about the Hewletts and the Packards. And if the Hewletts  
13330 and the Packards want to spend their money to fund the largest  
13331 abortion provider in the nation, that is a choice they make. But  
13332 don't ask the Boudreaus and the Thibodeaus from south Louisiana  
13333 to have to send their taxpayer money to fund the largest abortion  
13334 provider in the nation if it is morally offensive to their beliefs.  
13335 That is the question here.

13336           And so, why is it that there is this infatuation with forcing  
13337 taxpayers to take their money and violate their own religious  
13338 beliefs to give that money to the nation's largest provider of  
13339 abortion? And again, if they want access to taxpayer money, don't  
13340 provide abortion.

13341           Let's look at the numbers. And my friend from Texas made,  
13342 I think, a very compelling, valid argument. He cited Planned  
13343 Parenthood's 2014-2015 annual report. This is Planned  
13344 Parenthood's numbers.

13345           You know, we talk about women's health all day, but at the  
13346 heart of the issue is abortion using taxpayer money. So, you look  
13347 at the 2014 numbers that Planned Parenthood provided; they  
13348 conducted 323,999 abortions and they got taxpayer money to help  
13349 offset some of those costs.

13350           Mr. Welch. Will the gentleman --

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13351 Mr. Scalise. President Obama, during the debate on  
13352 Obamacare --

13353 Mr. Welch. Will the gentleman yield?

13354 Mr. Scalise. -- said taxpayer money would not be used for  
13355 abortion.

13356 Mr. Welch. Will the gentleman yield for a question?

13357 Mr. Scalise. And yet, Planned Parenthood -- I would be happy  
13358 to yield in a moment when I complete this thought.

13359 Planned Parenthood uses taxpayer money and provides  
13360 abortion. And so, we are standing up for the taxpayers who don't  
13361 want their taxpayer dollars going to abortion. If private people  
13362 like the Hewletts and the Packards believe so deeply in Planned  
13363 Parenthood, there is nothing in this language that says they can't  
13364 go and provide that funding. Just stop forcing taxpayers to have  
13365 to give their dollars, their hard-earned tax dollars, to the  
13366 largest abortion provider in the nation.

13367 And that is what this amendment does. Our language does,  
13368 our bill stops this from happening. It gives them the choice.  
13369 They can stop providing abortions and still do the other things  
13370 that they do, and they would still get that money. But, if they  
13371 want taxpayer money -- and again, you are asking people to give  
13372 their taxpayer dollars to a group in violation of their own  
13373 religious beliefs. That is wrong. Stop forcing people to

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13374 violate their own views. Little Sisters of the Poor having to  
13375 buy contraceptives is in violation of their own religious beliefs.  
13376 That is what offends people so much. Let the Hewletts and the  
13377 Packards do what they want to do.

13378 Mr. Welch. Would the gentleman yield for a question?

13379 Mr. Scalise. I would be happy to.

13380 Mr. Welch. I thank you.

13381 So, if it is morally offensive to our constituents that  
13382 public funds go to an organization that hires gay or lesbian  
13383 employees, should they have the right to deny funds because that  
13384 is their moral view?

13385 Mr. Scalise. I don't know if you are bringing an amendment  
13386 regarding that. We are talking about taxpayer funding of  
13387 abortion.

13388 Mr. Welch. I understand.

13389 Mr. Scalise. This, our bill says, if you want to take  
13390 taxpayer money, you can't provide abortions.

13391 Mrs. Blackburn. The gentleman's time has expired.

13392 Mr. Scalise. The amendment says you can continue using  
13393 taxpayer money and forcing people to give that taxpayer money to  
13394 the largest provider of abortion. We fundamentally disagree on  
13395 this issue and I object to the amendment.

13396 And I yield back the balance of my time.

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13397 Mrs. Blackburn. The gentleman yields back.

13398 Mr. McNerney for 5 minutes.

13399 Mr. McNerney. Thank you.

13400 I yield my time to the gentleman from New Jersey.

13401 Mr. Pallone. Thank you, and I am not going to use all the  
13402 time. You may want to give it to others.

13403 It just really bothers me listening to the gentleman from  
13404 Louisiana because where are we going with this. In other words,  
13405 it is clear that the money can't be used for actual abortions.  
13406 And I think you are saying that, just because the organization  
13407 provides abortions to some somewhere, not necessarily even the  
13408 clinic where my constituents may go, just because somehow that  
13409 is tainted because that organization is providing abortions  
13410 elsewhere perhaps, that we are going to deny people the right to  
13411 say that they can go to the provider of their choice.

13412 We have always had this principle that you could go to the  
13413 provider of your choice, you know, because it happens to be the  
13414 most convenient location. Maybe you don't have a car. That is  
13415 where you go. Maybe you have heard from others that this is a  
13416 place that provides better service or better quality service, or  
13417 whatever it happens to be.

13418 And I think that the gentleman from Vermont's question is  
13419 very apt. In other words, where does this end? If the Thibodeaus

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13420 or the Woodwards -- I don't know if I got the names right there  
13421 --

13422 Mr. Scalise. The Boudreaus and Thibodeaus.

13423 Mr. Pallone. -- the Woodreaus and the Thibodeaus decide  
13424 that, you know, they don't like some other organization because  
13425 they -- I don't know -- provide vasectomies or do something else,  
13426 maybe their umbrella organization does other things they don't  
13427 like, that the decision is going to be made, okay, we are not going  
13428 to let you provide women's healthcare services.

13429 I mean, think about that. Think about where we are going  
13430 with this. It is going to totally eliminate the idea that people  
13431 can go to the provider of their choice and make the decisions based  
13432 on morality, that really the morality has nothing to do with the  
13433 issue at hand. Because you are not even saying, if I understand  
13434 you, you are not even saying that you have a problem with these  
13435 women going to a clinic and having the various services that we  
13436 have talked about. You just don't like it because somehow  
13437 somewhere this organization is providing, is doing abortions,  
13438 which, again, are not taxpayer-funded.

13439 So, I mean, if we go along with this principle, where does  
13440 it end?

13441 Mr. Scalise. Would the gentleman yield?

13442 Mr. Pallone. And you could apply it not only to women's

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13443 health, you could apply it to anything. I mean, you could apply  
13444 it to Medicaid funding for any purpose anywhere.

13445 Mr. Scalise. Would the gentleman yield?

13446 Mr. Pallone. Sure.

13447 Mr. Scalise. We are not just talking about providing  
13448 abortions somewhere somehow. We are talking about a group that  
13449 provides over 300,000 abortions --

13450 Mr. Pallone. I understand that.

13451 Mr. Scalise. -- in 1 year.

13452 Mr. Pallone. Let me take my --

13453 Mr. Scalise. And if you don't think that that is an issue  
13454 that has not been heavily disputed --

13455 Mr. Pallone. I don't see how it is --

13456 Mr. McNerney. Let me take my time back.

13457 Mr. Scalise. Eighty percent of Americans don't want  
13458 taxpayer money used for abortion.

13459 Mr. Pallone. Madam Chairwoman, it is my time.

13460 I am saying it is shocking to me, to be perfectly honest.  
13461 I understand what you are saying, but I just want you to understand  
13462 what the consequences of that are, not only for women's health,  
13463 but for any kind of Medicaid services or any kind of federal  
13464 funding, if not some kind of a litmus test is going to be used  
13465 not for the actual services provided, which you don't have a

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13466 problem with, but with the fact that somehow the organization does  
13467 something else that you don't like at another location. Where  
13468 are we going with this?

13469 I mean, I could imagine that everyone is going to decide that,  
13470 for moral reasons, I don't like this or I don't like that, and  
13471 because they are somehow involved in this, I can decide that the  
13472 federal fundings don't go there. And then, we have to decide is  
13473 that a majority view; is that a minority view. I mean, you are  
13474 deciding this is a majority view. I would venture to guess that,  
13475 if you asked most people whether they would have a problem  
13476 providing women's services at a place that doesn't even provide  
13477 abortions at all, they would say, "What are you talking about?"

13478 I mean, just think about it. I think that it just doesn't  
13479 make sense. And logically, of course, it is a disaster because  
13480 of all the reasons we said.

13481 You know, I use the clinic in Perth Amboy in my district.  
13482 I don't know where these people are supposed to go. They are  
13483 low-income Medicaid. They don't have a car. These other clinics  
13484 don't want to provide the services. You are just denying them  
13485 care for this very attenuated, which I think from a practical point  
13486 of view is just not fair.

13487 But I will yield back.

13488 Mr. McNerney. Thank you.

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13489 I would just like to say the quandary in my mind is, if  
13490 abortions are offensive and morally offensive, then why would you  
13491 cut off funding to an organization that, through their practices,  
13492 reduces the number of unwanted pregnancies and the number of  
13493 abortions? That is my quandary.

13494 And with that, I will yield back.

13495 Mrs. Blackburn. The gentleman yields back.

13496 Mr. Kennedy, 5 minutes.

13497 Mr. Kennedy. Thank you, Madam Chair.

13498 A couple of points. First, I rise, obviously, in strong  
13499 support -- I move to strike the last word. Excuse me. I rise  
13500 in strong support of the amendment on behalf of the seven Planned  
13501 Parenthood clinics in Massachusetts and the 33,000, roughly,  
13502 patients that they see every year.

13503 I was out in Boston last weekend and the wind chill was close  
13504 to being below zero, and hundreds and hundreds of men and women  
13505 and children were out there voicing their support to try to ensure  
13506 the federal government does not stand between their ability to  
13507 access the health care that they need.

13508 I bring up two main points that I want to address. Mr.  
13509 Shimkus, I am cognizant of the way in which you address this issue,  
13510 obviously one being very emotional for all of us, and I appreciate  
13511 that. And I will try to maintain that same level of decorum. I

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13512 will do my best.

13513 I would say to my friend Mr. Scalise, I am a bit concerned  
13514 with the logic used as well. There is no doubt, obviously, that  
13515 if this plan is enacted, that there are going to be hospitals all  
13516 over the country that receive federal funding for hospital  
13517 services. Some of those hospitals will also provide abortions  
13518 that are separate from the hospital services that might be  
13519 provided from other services.

13520 So, under the logic that you laid out saying, if they provide,  
13521 if any organization provides abortion, they shouldn't get any  
13522 federal funding, is the intent of this bill going to be stripping  
13523 all federal funding from any hospital that does that, any doctor's  
13524 office that will provide that consultation?

13525 Mr. Scalise. Would the gentleman yield?

13526 Mr. Kennedy. Yes, sir.

13527 Mr. Scalise. Yes, the language in the underlying bill that  
13528 this amendment is trying to change is specifically dealing with  
13529 organizations like Planned Parenthood that provide abortion  
13530 services and other services. And what it says is, first of all,  
13531 you are shifting the money over to Federally Qualified Health  
13532 Centers, which, by the way, are 10 to 1 more prevalent around the  
13533 country than Planned Parenthood, so there is more access to health  
13534 care --

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13535 Mr. Kennedy. Understood, sir, but, as --

13536 Mr. Scalise. And so, the money is going to be still there,  
13537 but just not to organizations that provide abortion like Planned  
13538 Parenthood.

13539 Mr. Kennedy. Understood. And reclaiming my time -- and I  
13540 appreciate that -- but, as an emergency room doctor on this  
13541 committee who works on the Committee of Health Centers indicated,  
13542 and there is plenty of data to back it up, those health centers  
13543 are already taxed with access issues. And there are studies out  
13544 there that indicate that they could not meet the increased demand  
13545 if you shut down the additional services to Planned Parenthood.

13546 The other thing that I think is really important to keep in  
13547 mind is, getting back to where we were a couple of hours ago, the  
13548 impact that this will have on low-income families because of what  
13549 this bill does to Medicaid and the Medicaid expansion population,  
13550 which is roughly 11 million people, because you strip access to  
13551 preventive and wellness services.

13552 So, a lot of the screenings that are done or would be  
13553 available to that patient population around the country no longer  
13554 are guaranteed coverage because of what you have written in your  
13555 bill, because you repeal the essential health benefits for those  
13556 11 million people. So, if they are not going to get them there  
13557 anymore, they are not going to get them through Medicaid, and you

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13558 can't get them through Planned Parenthood, where are you supposed  
13559 to get them? How is that supposed to happen? And how can we say  
13560 that that is not a small problem when we also sit there and hear  
13561 that people are so passionate about women's health? What happens  
13562 to all of those patients?

13563 And then, part of this is a back-and-forth with legis counsel  
13564 at this point because we haven't had a hearing on this bill. We  
13565 haven't had a hearing on the underlying issues of this bill. You  
13566 have had a back-and-forth with, yes, putting legis counsel in a  
13567 difficult position to answer policy questions because we haven't  
13568 had any witnesses to actually state what is the policy.

13569 And so, here we are at 2:20 in the morning trying to  
13570 understand the rationale behind a paragraph in a 60-page piece  
13571 of legislation that overhauls our healthcare system and how it  
13572 is going to impact far more people than is initially evident in  
13573 this bill, far more people.

13574 Because you have to understand how these pieces fit together,  
13575 and the impact that this could have on that population is  
13576 devastating. And we can't even get any answers about it. And  
13577 the logic that is used could be used to defund hospitals at large,  
13578 understanding that is not the intent and that is not the text at  
13579 the moment, but we are at the first hearing on it. It is a markup,  
13580 and we have got the President of the United States on a press

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13581 release late this evening saying that they are ready to move up  
13582 the Medicaid expansion cuts from 2020 to 2018 to satisfy the  
13583 Freedom Caucus. So, President Trump indicates it from the White  
13584 House.

13585 So, we have, with due respect, there is an awful lot of  
13586 unanswered questions here that we are trying to get answers to,  
13587 so I can go back to my constituents and answer them as to what  
13588 is in a bill that I am going to be voting on at some untold time  
13589 in the future.

13590 I yield back.

13591 Mrs. Blackburn. The gentleman yields back.

13592 Mr. Welch?

13593 Mr. Welch. Move to strike the last word.

13594 A couple of things. One, the question I asked, Mr. Scalise,  
13595 is the question that you can't ignore if the premise of your  
13596 amendment here is that, because one has constituents for whom  
13597 something is morally objectionable, then you can use the power  
13598 of the state to prohibit people in an organization from doing  
13599 something that is legal. Abortion is legal. And you can  
13600 introduce legislation to change that. You may get a Supreme Court  
13601 that will uphold that. But abortion is legal. Discrimination  
13602 is not.

13603 There are some people who believe that it is immoral for an

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13604 individual to be gay or lesbian. They believe it. They really  
13605 do. I totally disagree. But are we suggesting that, since of  
13606 us may have constituents who believe that to be gay or lesbian  
13607 is morally reprehensible, that we can use the power of the state  
13608 to accommodate their view, which happens to be illegal? That is  
13609 what we are talking about here.

13610 By the way --

13611 Mr. Scalise. Would the gentleman yield?

13612 Mr. Welch. I will in a minute, but let me finish on this.

13613 The other aspect of this is that, when we are legislating,  
13614 we do have power. And there is such a danger that we abuse it.  
13615 The leaders I have admired have always had the capacity for  
13616 restraint.

13617 This is a healthcare bill. And what this amendment would  
13618 do is destroy an organization who the vast majority of their work  
13619 is to provide basic healthcare services to women, particularly  
13620 low-income women. And we are willing to blow that up because some  
13621 of our constituents, some of your constituents think it is wrong  
13622 that an organization also provides legal services -- legal.

13623 And it really reminds me of Vietnam, that famous quote by  
13624 the officer who said, "We've got to destroy the village in order  
13625 to save it." We are going to blow up Planned Parenthood, an  
13626 organization that provides an extraordinary amount of good

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13627 service and basic healthcare services to women because some  
13628 constituents in some of our districts disagree with the law of  
13629 the land, which happens to be that abortion is legal.

13630 So, this is overreach, and it is overreach in a healthcare  
13631 bill. So, I object to this and I really am kind of astonished  
13632 by it, that we don't have the capacity to have this important  
13633 debate on a legitimate issue on its own merits, rather than to  
13634 wedge it into a healthcare bill where, if the proponents of this  
13635 provision are successful, they will undercut and destroy an  
13636 organization that has been successfully providing good healthcare  
13637 services to women of this country.

13638 I yield back.

13639 Mrs. Blackburn. The gentleman yields back.

13640 Anyone else seeking time?

13641 Mr. Green for 5 minutes.

13642 Mr. Green. I wasn't going to participate in this debate,  
13643 but, Steve, I grew up in a neighborhood that was pro-life. But,  
13644 in 1973, the Supreme Court said that is not your and my's decision.  
13645 We may consider it immoral by our church, but it is moral under  
13646 our United States law. And so, that is why it has been a quandary  
13647 for me.

13648 But I don't think we have the right to cut the funding for  
13649 an agency, no matter if it is Planned Parenthood or ABC Health

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13650 Clinic, that doesn't get money for their abortion services from  
13651 the federal government by the Hyde Act. And if you are saying  
13652 that using that money to provide abortions -- and maybe we ought  
13653 to have an audit -- but I think they probably are smart enough  
13654 that they separate those functions.

13655 And I do have a --

13656 Mr. Scalise. Would the gentleman yield?

13657 Mr. Green. And I have a Planned Parenthood clinic in our  
13658 district. It is a very large clinic. And I know most of their  
13659 work, if not 90 percent, is wellness for women and very little  
13660 for abortions.

13661 But I will be glad to yield.

13662 But it is a protected act that the Supreme Court has said,  
13663 and over the last 43 years or so it has been that, you know, by  
13664 the federal court. We don't all make the laws. The Supreme Court  
13665 does check our work.

13666 Mr. Scalise. Right.

13667 Mr. Green. But I will yield to --

13668 Mr. Scalise. And I appreciate the gentleman yielding.

13669 The Hyde amendment has been brought up a lot, and I know you  
13670 referenced it. If you go back to the Roe v. Wade decision, Henry  
13671 Hyde ran in large part to try to overturn Roe v. Wade. When he  
13672 came to Congress in the 1970s, one of his objectives was to pass

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13673 a human right -- the life amendment. He wasn't successful. It  
13674 was a Constitutional Amendment. So, what he did was start  
13675 attaching language to appropriations bills that we now all know  
13676 as the Hyde amendment to say taxpayer funding can't be used for  
13677 abortion.

13678 This has been a very bipartisan issue for a long time.  
13679 Unfortunately, that bipartisanship has shrunken over the years.  
13680 But when Henry Hyde first started proposing that language, it was  
13681 after Roe v. Wade, but Congress came together, Republicans and  
13682 Democrats, and said, at least we can agree, because there are real  
13683 serious moral objections that still have not been resolved, that  
13684 taxpayer money can't be used for abortion. That is something that  
13685 has been going on since the 1970s. Around 1976 was when Hyde  
13686 started --

13687 Mr. Green. And we have voted for appropriations bills that  
13688 have the Hyde amendment in it. And we recognize --

13689 Mr. Scalise. Right. And this is, in essence, an extension  
13690 of the Hyde amendment. This is keeping in tune with taxpayer  
13691 money not being used to fund abortion to groups that provide  
13692 abortion.

13693 Mr. Green. Well, I disagree that taxpayer money is used for  
13694 abortions --

13695 Mr. Scalise. We all know it is fungible. We all know --

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13696 Mr. Green. -- consistent with the Hyde amendment.

13697 Mr. Scalise. -- that those kind of dollars --

13698 Mr. Lujan. Will the gentleman yield?

13699 Mr. Green. But it is a protected act by the law of the land.

13700 Mr. Scalise. But the Hyde language is also constitutional.

13701 Mr. Green. And I will be glad to --

13702 Mr. Scalise. -- as well.

13703 Mr. Lujan. Will the gentleman yield?

13704 Mr. Green. But I want to yield to --

13705 Mr. Scalise. And I yield back.

13706 Mr. Green. -- my colleague, Congressman Lujan.

13707 Mr. Lujan. Madam Chair, I know that you told me I couldn't

13708 ask general counsel questions if it had any touch with policy here.

13709 And we are just trying to get some of these questions answered.

13710 Mr. Scalise, you are the only one that seems to be stepping

13711 up right now to be able to answer some of these questions. And

13712 so, what hasn't been talked about is how this language is also

13713 an attack on the transgendered community when we talk about

13714 Planned Parenthood being one of the providers that provides

13715 services to the community. But that is not my question.

13716 I guess what I am trying to understand is Section 103, which

13717 is where I asked the threshold of where this number came from.

13718 I asked earlier, Mr. Scalise, if, in fact, the \$350 million

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13719 threshold came from -- where it came from. I was told CBO. I  
13720 was told it came from 2015 bill.

13721 So, we are just trying to understand what this is all about.  
13722 So, you know, if you can help me understand what the intent of  
13723 Section 103 is, is it blocking Medicaid funding to Planned  
13724 Parenthood because they provide abortion care? Is that what this  
13725 is about?

13726 Mr. Scalise. It has never been about one organization.  
13727 And, in fact, the language in the underlying bill says, if no  
13728 abortion services are provided, then there is no --

13729 Mr. Lujan. Reclaiming my time, Mr. Scalise, what other --  
13730 Mr. Scalise. -- involvement there.

13731 Mr. Lujan. -- groups are there?

13732 Mr. Scalise. Well, ultimately, what we have talked about  
13733 for a long time is to protect taxpayer money from being used to  
13734 fund abortion. And again, that goes back to the Hyde language.

13735 Mr. Lujan. Reclaiming my time, Mr. Scalise, I thought you  
13736 would answer the question that I was told I couldn't ask of general  
13737 counsel of where the \$350 million deal came from, and --

13738 Mr. Scalise. Well, we have also said we want to make sure  
13739 that groups that provide health services for women, for children,  
13740 for low-income people still have that ability, in fact, in a much  
13741 broader sense, a lot more whole-scale under our bill than

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13742 currently available.

13743 Mrs. Blackburn. The gentleman's time has expired. The  
13744 gentleman's time has expired.

13745 Anyone else seeking time? If not, Mr. Pallone says that they  
13746 want a roll call vote at 2:31 in the morning. So, we will -- I  
13747 think that we are ready for this roll call vote.

13748 So, the clerk will call the roll. Those in favor of the  
13749 amendment say aye; those opposed say no.

13750 The Clerk. Mr. Barton?

13751 [No response.]

13752 The Clerk. Mr. Upton?

13753 Mr. Upton. Votes no.

13754 The Clerk. Mr. Upton votes no.

13755 Mr. Shimkus?

13756 Mr. Shimkus. No.

13757 The Clerk. Mr. Shimkus votes no.

13758 Mr. Murphy?

13759 [No response.]

13760 The Clerk. Mr. Burgess?

13761 Mr. Burgess. No.

13762 The Clerk. Mr. Burgess votes no.

13763 Mrs. Blackburn?

13764 Mrs. Blackburn. No.

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13765 The Clerk. Mrs. Blackburn votes no.  
13766 Mr. Scalise?  
13767 Mr. Scalise. No.  
13768 The Clerk. Mr. Scalise votes no.  
13769 Mr. Latta?  
13770 Mr. Latta. No.  
13771 The Clerk. Mr. Latta votes no.  
13772 Mrs. McMorris Rodgers?  
13773 Mrs. McMorris Rodgers. No.  
13774 The Clerk. Mrs. McMorris Rodgers votes no.  
13775 Mr. Harper?  
13776 Mr. Harper. No.  
13777 The Clerk. Mr. Harper votes no.  
13778 Mr. Lance?  
13779 Mr. Lance. No.  
13780 The Clerk. Mr. Lance votes no.  
13781 Mr. Guthrie?  
13782 Mr. Guthrie. No.  
13783 The Clerk. Mr. Guthrie votes no.  
13784 Mr. Olson?  
13785 Mr. Olson. No.  
13786 The Clerk. Mr. Olson votes no.  
13787 Mr. McKinley?

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13788 Mr. McKinley. No.

13789 The Clerk. Mr. McKinley votes no.

13790 Mr. Kinzinger?

13791 Mr. Kinzinger. No.

13792 The Clerk. Mr. Kinzinger votes no.

13793 Mr. Griffith?

13794 Mr. Griffith. No.

13795 The Clerk. Mr. Griffith votes no.

13796 Mr. Bilirakis?

13797 Mr. Bilirakis. No.

13798 The Clerk. Mr. Bilirakis votes no.

13799 Mr. Johnson?

13800 Mr. Johnson. No.

13801 The Clerk. Mr. Johnson votes no.

13802 Mr. Long?

13803 Mr. Long. To protect the unborn miniature women, I vote no.

13804 The Clerk. Mr. Long votes no.

13805 Mr. Bucshon?

13806 Mr. Bucshon. No.

13807 The Clerk. Mr. Bucshon votes no.

13808 Mr. Flores?

13809 Mr. Flores. No.

13810 The Clerk. Mr. Flores votes no.

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13811 Ms. Brooks?

13812 Mrs. Brooks. No.

13813 The Clerk. Ms. Brooks votes no.

13814 Mr. Mullin?

13815 Mr. Mullin. No.

13816 The Clerk. Mr. Mullin votes no.

13817 Mr. Hudson?

13818 Mr. Hudson. No.

13819 The Clerk. Mr. Hudson votes no.

13820 Mr. Collins?

13821 [No response.]

13822 The Clerk. Mr. Cramer?

13823 Mr. Cramer. No.

13824 The Clerk. Mr. Cramer votes no.

13825 Mr. Walberg?

13826 Mr. Walberg. No.

13827 The Clerk. Mr. Walberg votes no.

13828 Mrs. Walters?

13829 Mrs. Walters. No.

13830 The Clerk. Mrs. Walters votes no.

13831 Mr. Costello?

13832 Mr. Costello. No.

13833 The Clerk. Mr. Costello votes no.

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13834 Mr. Carter?

13835 Mr. Carter. No.

13836 The Clerk. Mr. Carter votes no.

13837 Mr. Pallone?

13838 Mr. Pallone. Aye.

13839 The Clerk. Mr. Pallone votes aye.

13840 Mr. Rush?

13841 [No response.]

13842 The Clerk. Ms. Eshoo?

13843 Ms. Eshoo. Aye.

13844 The Clerk. Ms. Eshoo votes aye.

13845 Mr. Engel?

13846 Mr. Engel. Aye.

13847 The Clerk. Mr. Engel votes aye.

13848 Mr. Green?

13849 Mr. Green. Aye.

13850 The Clerk. Mr. Green votes aye.

13851 Ms. DeGette?

13852 Ms. DeGette. Aye.

13853 The Clerk. Ms. DeGette votes aye.

13854 Mr. Doyle?

13855 Mr. Doyle. Yes.

13856 The Clerk. Mr. Doyle votes aye.

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13857 Ms. Schakowsky?  
13858 Ms. Schakowsky. Aye.  
13859 The Clerk. Ms. Schakowsky votes aye.  
13860 Mr. Butterfield?  
13861 Mr. Butterfield. Aye.  
13862 The Clerk. Mr. Butterfield votes ayes.  
13863 Ms. Matsui?  
13864 Ms. Matsui. Aye.  
13865 The Clerk. Ms. Matsui votes aye.  
13866 Ms. Castor?  
13867 Ms. Castor. Aye.  
13868 The Clerk. Ms. Castor votes aye.  
13869 Mr. Sarbanes?  
13870 Mr. Sarbanes. Aye.  
13871 The Clerk. Mr. Sarbanes votes aye.  
13872 Mr. McNerney?  
13873 Mr. McNerney. Aye.  
13874 The Clerk. Mr. McNerney votes aye.  
13875 Mr. Welch?  
13876 Mr. Welch. Aye.  
13877 The Clerk. Mr. Welch votes aye.  
13878 Mr. Lujan?  
13879 Mr. Lujan. Aye.

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13880 The Clerk. Mr. Lujan votes aye.  
13881 Mr. Tonko?  
13882 Mr. Tonko. Aye.  
13883 The Clerk. Mr. Tonko votes aye.  
13884 Ms. Clarke?  
13885 Ms. Clarke. Aye.  
13886 The Clerk. Ms. Clarke votes aye.  
13887 Mr. Loeb sack?  
13888 Mr. Loeb sack. Aye.  
13889 The Clerk. Mr. Loeb sack votes aye.  
13890 Mr. Schrader?  
13891 Mr. Schrader. Aye.  
13892 The Clerk. Mr. Schrader votes aye.  
13893 Mr. Kennedy?  
13894 Mr. Kennedy. Aye.  
13895 The Clerk. Mr. Kennedy votes aye.  
13896 Mr. Cardenas?  
13897 Mr. Cardenas. Aye.  
13898 The Clerk. Mr. Cardenas votes aye.  
13899 Mr. Ruiz?  
13900 Mr. Ruiz. Aye.  
13901 The Clerk. Mr. Ruiz votes aye.  
13902 Mr. Peters?

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13903 Mr. Peters. Aye.

13904 The Clerk. Mr. Peters votes aye.

13905 Ms. Dingell?

13906 Mrs. Dingell. Aye.

13907 The Clerk. Ms. Dingell votes aye.

13908 Chairman Walden?

13909 The Chairman. Walden votes no.

13910 The Clerk. Chairman Walden votes no.

13911 The Chairman. [presiding.] Are there other members

13912 wishing to be recorded?

13913 Mr. Barton?

13914 Mr. Barton. No.

13915 The Clerk. Mr. Barton votes no.

13916 The Chairman. Mr. Collins?

13917 Mr. Collins. No.

13918 The Clerk. Mr. Collins votes no.

13919 The Chairman. Mr. Murphy?

13920 Mr. Murphy. No.

13921 The Clerk. Mr. Murphy votes no.

13922 The Chairman. Are there any members on this side? Okay.

13923 Any other members wishing to be recorded?

13924 Seeing none, the clerk will report the tally.

13925 The Clerk. Mr. Chairman, on that vote there were 23 ayes

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13926 and 31 noes.

13927 The Chairman. Twenty-three ayes, 31 noes, the amendment is  
13928 not adopted.

13929 Are there other amendments to come before the committee?

13930 Are there other amendments on this side?

13931 If not, then, you want me to go to Ms. Eshoo? All right.

13932 Ms. Eshoo, for what purpose is the gentlelady from California  
13933 seeking recognition?

13934 Ms. Eshoo. I have an amendment at the desk, Mr. Chairman?

13935 The Chairman. And you could describe your amendment, Ms.  
13936 Eshoo, for our clerks?

13937 Ms. Eshoo. Yes. It is an amendment on clarifying specific  
13938 language in the bill on the consumer protections --

13939 The Chairman. Do you know the number of that?

13940 Ms. Eshoo. I don't. I think it is, let's see --

13941 The Chairman. Do you have a copy? Does your staff have a  
13942 copy of --

13943 Ms. Eshoo. Did they give us a number?

13944 The Chairman. It will just help our clerks identify it.

13945 Do you want to ask? Go ahead and use the microphone there.

13946 We just want to make sure everybody has got the right amendment.

13947 The Clerk. For the title, is it SU\_06 at the top?

13948 The Chairman. Yes, that appears to be it.

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13949           Okay. The clerks will distribute the amendment, and the  
13950 clerk will report the amendment.

13951           The Clerk. "Amendment to the amendment in the nature of a  
13952 substitute to the Committee Print."

13953           The Chairman. Without objection, the amendment is presumed  
13954 read.

13955           [The amendment of Ms. Eshoo follows:]

13956

13957 \*\*\*\*\*INSERT 24\*\*\*\*\*

13958           The Chairman. And I recognize the gentlelady from  
13959 California, Ms. Eshoo, to speak on her amendment.

13960           Ms. Eshoo. Thank you, Mr. Chairman.

13961           Earlier today you questioned the counsel -- or it was  
13962 yesterday now -- and you clarified what the bill does not do. This  
13963 amendment is really rather simple because implicit in the bill,  
13964 when the chairman went through what the bill does not do, I think  
13965 that language really should be in the bill.

13966           So, the text of this bill, because it doesn't contain the  
13967 specific language of the key consumer protections, allowing  
13968 children to stay on their parents' insurance until they are 26,  
13969 preventing insurance companies from discriminating against  
13970 people with preexisting conditions, prohibiting insurance  
13971 companies from discriminating against women by charging them more  
13972 for their policies, and removing the caps on lifetime limits.

13973           So, this amendment makes clear that these policies actually  
13974 be included in the text of the bill. Importantly, these  
13975 protections are part of every insurance plan, whether it is a  
13976 health insurance coverage plan through an employer, purchased  
13977 through an exchange, or if a person is enrolled in Medicaid.

13978           And I think that we have real bipartisan agreement on this  
13979 because we recognize how effective these policies have been.  
13980 Twenty-three million young adults were able to stay on their

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13981 parents' insurance until they turned 26; 52.2 million Americans  
13982 with preexisting conditions no longer risk being dropped by their  
13983 insurance company, and they are not charged more for this type  
13984 of coverage; 105 million Americans no longer have lifetime limits  
13985 on their health insurance plans. So, these are really stunning  
13986 results, and I think that they all say win, win, win, win, if we  
13987 check off each one.

13988 So, when we passed the Affordable Care Act, these critical  
13989 reforms really were transformational for millions of Americans.  
13990 And no longer could an insurance company drop their coverage.  
13991 This is something that has been wildly popular, embraced by the  
13992 American people. They see the fairness in it, and they understand  
13993 the difference that it has made in their lives.

13994 Mr. Chairman, I don't think the committee is in order.

13995 The Chairman. The gentlelady is right. The members,  
13996 please hold down your conversations, so that the gentlelady can  
13997 be heard by all the committee members on this important amendment.

13998 Ms. Eshoo. Thank you.

13999 The Chairman. Thank you. The gentlelady may proceed.

14000 Ms. Eshoo. Thank you. I appreciate it.

14001 So, my amendment is really very simple. And that is that  
14002 this language actually be in the text of the bill. I think it  
14003 is important that that be the case. Both sides support these

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14004 reforms and embrace them, and the American people certainly do.  
14005 And I think that language should be in the bill.

14006 So, if there is someone that would like to use the rest of  
14007 my time, I would be happy yield it. If not, I will yield back.  
14008 Anyone want the time? Okay. I yield to you.

14009 Ms. Schakowsky. Thank you.

14010 You know, all day, or how many hours we have been here now,  
14011 we have heard from the majority side that the things that are  
14012 enumerated in this amendment are the things that you like and you  
14013 want to keep, and are actually in the bill. And so, I think that  
14014 we ought to just adopt this language since I have heard no  
14015 objection, quite the contrary, from people on the majority side  
14016 that these are the things that you want in the new healthcare bill.  
14017 And so, I would certainly urge all my colleagues to kind of put  
14018 your vote where your rhetoric has been all day, and I hope that  
14019 it was sincere and that we can all agree on this.

14020 And I yield back.

14021 The Chairman. The gentlelady yields back. I believe the  
14022 gentlelady's time has expired. She yields back as well.

14023 The Chair recognizes the former chairman of the full  
14024 committee, the gentleman from Michigan, Mr. Upton.

14025 Mr. Upton. The great State of Michigan.

14026 The Chairman. The great State of Michigan.

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14027 Mr. Upton. Thank you, Mr. Chairman.

14028 Strike the last word.

14029 You know, as I look at this amendment, I mean, we have made  
14030 the point over and over for the last 16 hours that, in fact, we  
14031 have supported these certain provisions: protecting individuals  
14032 with preexisting conditions; protecting women's access to health  
14033 care; protecting dependents' access to health insurance, kids  
14034 under 26, and ensuring that there are no lifetime caps.

14035 And I know you asked the counsel earlier the very specifics  
14036 of that. So, let me just ask again to the counsel, does this  
14037 language end the ban on lifetime or annual limits?

14038 Counsel. Mr. Upton, are you referencing the underlying  
14039 bill?

14040 Mr. Upton. Yes.

14041 Counsel. No.

14042 Mr. Upton. And where can that be found in the law?

14043 Counsel. Section 2711 of the Public Health Service Act.

14044 Mr. Upton. And does the language end the prohibition of  
14045 preexisting condition exclusions or other discrimination based  
14046 on health status?

14047 Counsel. No.

14048 Mr. Upton. And where can that be found in the law?

14049 Counsel. Section 2704 of the Public Health Service Act.

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14050 Mr. Upton. And does the language in the underlying bill end  
14051 the practice of dependents staying on their parents' plans until  
14052 they are 26?

14053 Counsel. No.

14054 Mr. Upton. And where can that be found in the law?

14055 Counsel. Section 2714 of the Public Health Service Act.

14056 Mr. Upton. And does the language end the ban on gender  
14057 rating, meaning that we would go back to a situation where  
14058 insurance companies could charge women more than men?

14059 Counsel. No.

14060 Mr. Upton. And what section is that in?

14061 Counsel. That is Section 2701 of the Public Health Service  
14062 Act.

14063 Mr. Upton. So, in essence, the point that we have been  
14064 making yesterday and now today is that these provisions are  
14065 accounted for because they are not omitted in the bill that we  
14066 have introduced. And I would urge my colleagues, then, to oppose  
14067 the amendment as we don't need it.

14068 Ms. Eshoo. Will the gentleman yield?

14069 Mr. Upton. I am glad to yield to my friend.

14070 Ms. Eshoo. I don't understand something here. You are for  
14071 it. It is not in the bill. It is referenced somewhere else. The  
14072 amendment puts the language that we all support directly into the

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14073 bill. Why is there -- I don't understand the reaction to this.

14074 Mr. Upton. Reclaiming my time, it is redundant. We have  
14075 made the point, and not only in the debate time on our side, but,  
14076 as the counsel reiterated, it is we are clear, free and clear.  
14077 It is in the law. That part of the law is not being changed.

14078 Mr. Cardenas. Will the gentleman yield?

14079 Mr. Upton. Who is asking for time?

14080 Mr. Cardenas. Cardenas.

14081 Mr. Upton. Yes. I am sorry. It sounded a lot like Mr.  
14082 Cramer.

14083 Mr. Cardenas. Yes, thank you, Congressman Upton.

14084 A question of counsel. You have answered in direct  
14085 reference to certain sections, but in the substitute to the  
14086 substitute amendment that was introduced by the Republicans  
14087 yesterday -- I almost said today -- yesterday in this committee,  
14088 is it in any way allowed by, for example, states to relax and/or  
14089 not comply with prior law once this law takes effect, due to the  
14090 cross-referencing of the various sections and the multitude of  
14091 ways in which this bill refers to giving flexibility to states?

14092 Counsel. Mr. Cardenas, do you have a question about a  
14093 specific provision or requirement of current law?

14094 Mr. Cardenas. Well, okay, let me be more specific. Is  
14095 there anything in the bill that I just referenced that would allow

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14096 states to not comply with the law that Ms. -- excuse me -- that  
14097 Mr. Upton just asked you to help clarify?

14098 Counsel. So, we just talked about the ban on lifetime and  
14099 annual limits, dependent coverage, the provisions related to  
14100 preexisting conditions, both bans on exclusions and rating, and  
14101 gender rating. And the underlying bill before the committee does  
14102 not alter current law as it relates to those provisions.

14103 Mr. Cardenas. But there is a difference between altering  
14104 and allowing another level of government the flexibility to not  
14105 comply with previous law if we give them that authority by default  
14106 of, for example, giving them resources to interpret their own  
14107 method of implementation. Because that is part of what this bill  
14108 does, isn't it? My Republican colleagues kept referring to  
14109 flexibility in their bill, in this amendment to the amendment,  
14110 flexibility to states.

14111 Counsel. Sir, I believe there was earlier conversation  
14112 regarding flexibility of the states regarding age rating, for  
14113 example. That provision of the Affordable Care Act is altered  
14114 by the underlying bill as it relates to age rating and the middle  
14115 tiers, which is Section 13(o)(b) of the essential health benefits.  
14116 So, those provisions are altered.

14117 The provisions referenced by Mr. Upton are not altered by  
14118 the underlying bill. So, this bill would not alter the

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14119 requirements as it relates to annual lifetime caps, would not  
14120 alter the requirements as it relates to dependent coverage; would  
14121 not alter the provisions related to preexisting conditions, and  
14122 would not alter the provisions as it relates to rating as it  
14123 relates to preexisting conditions.

14124 The Chairman. The gentleman's time has expired.

14125 Mr. Cardenas. Thank you, former chairman.

14126 Mr. Upton. I yield back.

14127 Mr. Cardenas. Thank you.

14128 The Chairman. Other members seeking recognition?

14129 The Chair recognizes the gentleman from New York, Mr. Engel,  
14130 for 5 minutes to speak on the amendment.

14131 Mr. Engel. Thank you, Mr. Chairman.

14132 I move to strike the last word.

14133 I support this amendment to preserve the ACA's protections.

14134 And let's talk about one of those protections. The ACA created  
14135 new safeguards for the 129 million Americans living with  
14136 preexisting conditions. Before the ACA, these Americans could  
14137 be denied coverage or charged more just because of their health  
14138 status.

14139 My Republican colleagues claim their bill will maintain  
14140 those protections. Let's examine that. The bill would bar  
14141 insurance companies from denying coverage or charging more

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14142 because of a preexisting condition, but their bill would also  
14143 allow insurers to charge you a major penalty, 30 percent of your  
14144 premium, if you do not maintain continuous coverage. This has  
14145 direct implications for Americans with preexisting conditions.

14146 Allow me to read from a letter authored by a number of  
14147 organizations representing Americans with chronic illnesses,  
14148 including the American Cancer Society, the Cancer Action Network,  
14149 the American Diabetes Association, the American Heart  
14150 Association, and others.

14151 And I quote, "Most people lose coverage because they cannot  
14152 afford it, a problem faced more frequently by those who cannot  
14153 work due to illness." Unquote.

14154 So, if you are forced to leave your job and forego your health  
14155 coverage because you have a serious illness, this bill makes it  
14156 okay to charge you more. Now maybe my friends on the other side  
14157 of the aisle consider that protecting people with preexisting  
14158 conditions, but I don't. I consider that a sick act.

14159 This is just one of the ways that this bill fails to live  
14160 up to the Affordable Care Act. I could go into additional ways,  
14161 but we only have a few minutes here.

14162 Since this bill was introduced, I have heard my friends on  
14163 the other side tout its low page count, as though somehow less  
14164 pages automatically means better policy. In a way, though, they

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14165 are making a shrewd point. Their bill is less -- less protection,  
14166 less care, less for the American people.

14167 So, I urge my colleagues to support this amendment and ensure  
14168 that the protections they have touted within the ACA stay in place.

14169 Is there anybody that wants time?

14170 Then, I yield back.

14171 The Chairman. The gentleman yields back the balance of his  
14172 time.

14173 Are other members seeking recognition on this amendment? On  
14174 the Republican side, anybody seeking recognition? Then, we will  
14175 go to, I guess the next up, the gentleman from New York, Mr. Tonko,  
14176 is recognized to speak on the amendment.

14177 Mr. Tonko. Thank you, Mr. Chair.

14178 Right. I move to strike the last word.

14179 I rise in support of this amendment by Ms. Eshoo on behalf  
14180 of all of the constituents in my district who have benefitted from  
14181 the Affordable Care Act that provides for greater support in the  
14182 bill and greater clarification.

14183 One of the families in my district who wishes to remain  
14184 anonymous shared their story with me. I would like to share it  
14185 with the committee.

14186 "Our daughter was diagnosed with type 1 diabetes at age 13.  
14187 We didn't know there were diabetes in the family and were

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14188 completely blindsided when she got diagnosed. She has shown a  
14189 lot of integrity and character since the age of onset to fulfill  
14190 what is required of a child with diabetes and went the extra step  
14191 of joining with other people to be part of a mutual support group  
14192 for people with diabetes. When she was 14 or 15, she volunteered  
14193 at the Sugar-Free Gang Camp for Children with Diabetes.

14194 My daughter's story is one of tremendous courage. She took  
14195 on all kinds of jobs to make ends meet. She was working two  
14196 part-time jobs, neither of which provided health insurance. Once  
14197 she turned 26, we couldn't help her with insurance anymore, and  
14198 that was enormously frustrating and scary.

14199 When you have type 1 diabetes, you rely on a lot of supplies  
14200 like insulin and test strips. At one point, the company  
14201 responsible for the supplies stopped sending them because there  
14202 was a standoff over reimbursement with the health management  
14203 company.

14204 She connected with a lot of people with diabetes, and through  
14205 that network, was able to cobble together what she needed to get  
14206 through the week without coverage. But there is nothing better  
14207 than having full care.

14208 Through the Affordable Care Act, she receives health care  
14209 that allows her to get the insulin, the pump supplies, and test  
14210 strips that she needs to manage her diabetes on a regular basis.

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14211 She also can get regular appointments with her diabetes doctor.  
14212 Without this health insurance, she would be very sick."

14213 And so, this amendment I believe is very meaningful to people  
14214 like this family, my constituents, who have written about  
14215 support for the ACA.

14216 And with that, Mr. Chair, I yield back.

14217 The Chairman. The gentleman yields back the balance of his  
14218 -- anyone like the time?

14219 Mr. Tonko. I will yield to the gentleman from California.

14220 The Chairman. The gentleman from New York controls the  
14221 time.

14222 Mr. McNerney. Okay. Mr. Chairman, I have seen an  
14223 interesting evolution in today's debate. This morning we were  
14224 testy. We were getting on each other's nerves. And we have  
14225 evolved into actually talking about interesting things. So, I  
14226 am really glad to see that.

14227 Now each side clearly believes its own rhetoric and its own  
14228 stories. Our side feels affronted because we stuck our necks out  
14229 there with the ACA and we took a political beating. So, we are  
14230 a little sore about that, I can tell you.

14231 But both sides want a good healthcare system. We want access  
14232 and we want quality care. We hear your side feels that the market  
14233 is the solution. But I can tell you, health care is not like

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14234 buying a car. When your car dies, you go get a new car. When  
14235 your body dies, no. So, you want the best possible care you can  
14236 possibly afford. It distorts the actual market.

14237 So, health care is expensive. Technology is expensive.  
14238 Hospitals are expensive. Providers need to be paid. I mean,  
14239 these guys took out loans in medical school. The end of life can  
14240 be very, very expensive.

14241 If we want a good healthcare system that provides quality  
14242 care for all at a minimum cost, then we need to work on a bipartisan  
14243 basis and be willing to make fundamental changes. I haven't seen  
14244 that here today. It is clear on our side that your plan will not  
14245 accomplish what you are claiming, and we are going to fight it  
14246 tooth and nail.

14247 Mr. Chairman, withdraw this plan and let's go to work on  
14248 something that will actually work.

14249 Thank you. I yield back.

14250 The Chairman. The gentleman yields back.

14251 Are there other members seeking recognition on this  
14252 amendment? Seeing none, the question now -- oh, sorry.

14253 Okay, the gentlelady from New York is recognized for 5  
14254 minutes to speak on the amendment.

14255 Ms. Clarke. Thank you, Mr. Chairman.

14256 I would like to yield some time to Ms. Eshoo.

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14257 Ms. Eshoo. I thank the gentlewoman from New York.

14258 I just have a question that I would like to ask the counsel.  
14259 Would it lead to some unintended consequence that you are trying  
14260 to avoid -- or maybe I should ask the chairman that. Because I  
14261 am surprised about this, and maybe it is the chairman that I should  
14262 be asking.

14263 The Chairman. Are you yielding to me?

14264 Ms. Eshoo. Yes.

14265 The Chairman. Yes, it is probably better to me than the  
14266 clerks or the counsel. They can talk about --

14267 Ms. Eshoo. Right, right.

14268 The Chairman. -- the policy behind it.

14269 This is already in law, and we see no reason to be redundant  
14270 in law. And it creates, potentially it creates confusion. And  
14271 so, I think we could agree, based on what the counsel has said,  
14272 that this is redundant and adding it in here may create some  
14273 confusion. So, that is all.

14274 Because we have established agreement that these things are  
14275 already protected in law. We do not repeal these things in law.  
14276 So, we see no reason to pass an amendment to this bill on that.

14277 Ms. Eshoo. But there isn't anything -- just reclaiming my  
14278 time --

14279 The Chairman. Sure.

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14280 Ms. Eshoo. There isn't anything in the text that references  
14281 the other parts of the law. At least I didn't see it. That is  
14282 why I did the amendment.

14283 I am not so familiar with the bill being written this way,  
14284 that you are for something, but it is not in it. And there isn't  
14285 any reference to the law where it may rest elsewhere in, you know,  
14286 in the land of laws.

14287 The Chairman. Wherever the land of laws is.

14288 Ms. Eshoo. The land of laws.

14289 The Chairman. Did you want to yield to me on that?

14290 Ms. Eshoo. Sure.

14291 The Chairman. Okay. So, the point is, there is a whole body  
14292 of law that we are not touching. We don't reference all of those  
14293 things, either.

14294 So, generally, when you are legislating, as you well know,  
14295 you legislate and make changes where you are making changes.  
14296 Where you are not making changes you don't go through the bill  
14297 and say we are not touching the other 5,000 pages of whatever law,  
14298 and we don't pass an amendment usually to say we are not doing  
14299 anything in those areas.

14300 What you do, or what I am familiar with in legislating, is  
14301 where you are changing, you change. And that is what we are doing.  
14302 What you are leaving alone you are silent on. And that is what

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14303 we did.

14304 Ms. Eshoo. I will yield back.

14305 And I would like a roll call vote, Mr. --

14306 Ms. Clarke. Yes, Mr. Chairman, I yield back the balance of  
14307 my time.

14308 The Chairman. Okay. That is what I was looking for.

14309 Ms. Eshoo. And I thank the gentlelady for the time.

14310 The Chairman. The gentleladies yield back their time.

14311 And seeing no one else wishing to speak on the matter, we  
14312 will do a roll call vote.

14313 Those in favor of the amendment will vote aye; those opposed  
14314 will vote nay.

14315 The clerk will call the roll.

14316 The Clerk. Mr. Barton?

14317 Mr. Barton. No.

14318 The Clerk. Mr. Barton votes no.

14319 Mr. Upton?

14320 Mr. Upton. No.

14321 The Clerk. Mr. Upton votes no.

14322 Mr. Shimkus?

14323 Mr. Shimkus. No.

14324 The Clerk. Mr. Shimkus votes no.

14325 Mr. Murphy?

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14326 [No response.]

14327 The Clerk. Mr. Burgess?

14328 Mr. Burgess. No.

14329 The Clerk. Mr. Burgess votes no.

14330 Mrs. Blackburn?

14331 [No response.]

14332 The Clerk. Mr. Scalise?

14333 Mr. Scalise. No.

14334 The Clerk. Mr. Scalise votes no.

14335 Mr. Latta?

14336 Mr. Latta. No.

14337 The Clerk. Mr. Latta votes no.

14338 Mrs. McMorris Rodgers?

14339 [No response.]

14340 The Clerk. Mr. Harper?

14341 Mr. Harper. No.

14342 The Clerk. Mr. Harper votes no.

14343 Mr. Lance?

14344 Mr. Lance. No.

14345 The Clerk. Mr. Lance votes no.

14346 Mr. Guthrie?

14347 Mr. Guthrie. No.

14348 The Clerk. Mr. Guthrie votes no.

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14349 Mr. Olson?  
14350 Mr. Olson. No.  
14351 The Clerk. Mr. Olson votes no.  
14352 Mr. McKinley?  
14353 Mr. McKinley. No.  
14354 The Clerk. Mr. McKinley votes no.  
14355 Mr. Kinzinger?  
14356 Mr. Kinzinger. No.  
14357 The Clerk. Mr. Kinzinger votes no.  
14358 Mr. Griffith?  
14359 Mr. Griffith. No.  
14360 The Clerk. Mr. Griffith votes no.  
14361 Mr. Bilirakis?  
14362 Mr. Bilirakis. No.  
14363 The Clerk. Mr. Bilirakis votes no.  
14364 Mr. Johnson?  
14365 Mr. Johnson. No.  
14366 The Clerk. Mr. Johnson votes no.  
14367 Mr. Long?  
14368 Mr. Long. No. The Clerk. Mr. Long votes no.  
14369 Mr. Bucshon?  
14370 Mr. Bucshon. No.  
14371 The Clerk. Mr. Bucshon votes no.

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14372 Mr. Flores?  
14373 Mr. Flores. No.  
14374 The Clerk. Mr. Flores votes no.  
14375 Mrs. Brooks?  
14376 Mrs. Brooks. No.  
14377 The Clerk. Mrs. Brooks votes no.  
14378 Mr. Mullin?  
14379 Mr. Mullin. No.  
14380 The Clerk. Mr. Mullin votes no.  
14381 Mr. Hudson?  
14382 Mr. Hudson. No.  
14383 The Clerk. Mr. Hudson votes no.  
14384 Mr. Collins?  
14385 Mr. Collins. No.  
14386 The Clerk. Mr. Collins votes no.  
14387 Mr. Cramer?  
14388 [No response.]  
14389 The Clerk. Mr. Walberg?  
14390 Mr. Walberg. No.  
14391 The Clerk. Mr. Walberg votes no.  
14392 Mrs. Walters?  
14393 Mrs. Walters. No.  
14394 The Clerk. Mrs. Walters votes no.

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14395 Mr. Costello?  
14396 Mr. Costello. No.  
14397 The Clerk. Mr. Costello votes no.  
14398 Mr. Carter?  
14399 Mr. Carter. No.  
14400 The Clerk. Mr. Carter votes no.  
14401 Mr. Pallone?  
14402 Mr. Pallone. Aye.  
14403 The Clerk. Mr. Pallone votes aye.  
14404 Mr. Rush?  
14405 [No response.]  
14406 The Clerk. Ms. Eshoo?  
14407 Ms. Eshoo. Aye.  
14408 The Clerk. Ms. Eshoo votes aye.  
14409 Mr. Engel?  
14410 Mr. Engel. Aye.  
14411 The Clerk. Mr. Engel votes aye.  
14412 Mr. Green?  
14413 Mr. Green. Aye.  
14414 The Clerk. Mr. Green votes aye.  
14415 Ms. DeGette?  
14416 Ms. DeGette. Aye.  
14417 The Clerk. Ms. DeGette votes aye.

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14418 Mr. Doyle?

14419 Mr. Doyle. Yes.

14420 The Clerk. Mr. Doyle votes aye.

14421 Ms. Schakowsky?

14422 Ms. Schakowsky. Aye.

14423 The Clerk. Ms. Schakowsky votes aye.

14424 Mr. Butterfield?

14425 Mr. Butterfield. Aye.

14426 The Clerk. Mr. Butterfield votes ayes.

14427 Ms. Matsui?

14428 Ms. Matsui. Aye.

14429 The Clerk. Ms. Matsui votes aye.

14430 Ms. Castor?

14431 Ms. Castor. Aye.

14432 The Clerk. Ms. Castor votes aye.

14433 Mr. Sarbanes?

14434 Mr. Sarbanes. Aye.

14435 The Clerk. Mr. Sarbanes votes aye.

14436 Mr. McNerney?

14437 Mr. McNerney. Aye.

14438 The Clerk. Mr. McNerney votes aye.

14439 Mr. Welch?

14440 Mr. Welch. Aye.

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14441 The Clerk. Mr. Welch votes aye.  
14442 Mr. Lujan?  
14443 Mr. Lujan. Aye.  
14444 The Clerk. Mr. Lujan votes aye.  
14445 Mr. Tonko?  
14446 Mr. Tonko. Aye.  
14447 The Clerk. Mr. Tonko votes aye.  
14448 Ms. Clarke?  
14449 Ms. Clarke. Aye.  
14450 The Clerk. Ms. Clarke votes aye.  
14451 Mr. Loeb sack?  
14452 Mr. Loeb sack. Aye.  
14453 The Clerk. Mr. Loeb sack votes aye.  
14454 Mr. Schrader?  
14455 Mr. Schrader. Aye.  
14456 The Clerk. Mr. Schrader votes aye.  
14457 Mr. Kennedy?  
14458 Mr. Kennedy. Aye.  
14459 The Clerk. Mr. Kennedy votes aye.  
14460 Mr. Cardenas?  
14461 Mr. Cardenas. Aye.  
14462 The Clerk. Mr. Cardenas votes aye.  
14463 Mr. Ruiz?

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14464 Mr. Ruiz. Aye.

14465 The Clerk. Mr. Ruiz votes aye.

14466 Mr. Peters?

14467 [No response.]

14468 The Clerk. Ms. Dingell?

14469 Mrs. Dingell. Aye.

14470 The Clerk. Ms. Dingell votes aye.

14471 Chairman Walden?

14472 The Chairman. Chairman Walden votes no.

14473 The Clerk. Chairman Walden votes no.

14474 The Chairman. And we do have some members headed back.

14475 Let's see, so, Ms. McMorris Rodgers, have you voted?

14476 Mrs. McMorris Rodgers. I have not.

14477 The Chairman. How would you like to be recorded?

14478 Mrs. McMorris Rodgers. No.

14479 The Clerk. Mrs. McMorris Rodgers votes no.

14480 The Chairman. All right. Mr. Murphy?

14481 Mr. Murphy. No.

14482 The Clerk. Mr. Murphy votes no.

14483 The Chairman. Mr. Cramer?

14484 Mr. Cramer. No.

14485 The Clerk. Mr. Cramer votes no.

14486 The Chairman. Are there other members wishing to be

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14487 recorded on either side?

14488 Oh, Mrs. Blackburn, how would you like to be recorded?

14489 Mrs. Blackburn. No

14490 The Chairman. No?

14491 The Clerk. Ms. Blackburn votes no.

14492 The Chairman. All right. The clerk will, seeing no other  
14493 members wishing to be recorded, the clerk will report the tally.

14494 The Clerk. Mr. Chairman, on that vote there were 22 ayes  
14495 and 31 noes.

14496 The Chairman. Twenty-two ayes, 31 noes, the amendment is  
14497 not adopted.

14498 All right. Any other amendments?

14499 The Chair recognizes the gentleman from New Jersey. For  
14500 what purpose?

14501 Mr. Pallone. I have an amendment at the desk, Mr. Chairman.  
14502 I think it is No. 97.

14503 The Chairman. Amendment No. 9-7, 97. We will let the  
14504 clerks find the amendment.

14505 Mr. Pallone. Striking the Medicaid per-capita caps.

14506 The Chairman. Okay. The clerk will report the amendment.

14507 The Clerk. "Amendment to the amendment in the nature of a  
14508 substitute to the Committee Print offered by Mr. Pallone."

14509 The Chairman. The reading of the amendment is dispensed

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14510

with.

14511

[The amendment of Mr. Pallone follows:]

14512

14513

\*\*\*\*\*COMMITTEE INSERT 25\*\*\*\*\*

14514           The Chairman. And the Chair recognizes the gentleman from  
14515 New Jersey, Mr. Pallone, to speak on his amendment.

14516           Mr. Pallone. Thank you, Mr. Chairman.

14517           I offer this amendment to strike the cutting and capping,  
14518 the completely rationing of care -- and I stress "rationing of  
14519 care" -- for millions of Americans that depend on Medicaid. The  
14520 capping, in my opinion, is not about improving health care; it  
14521 is entirely budget-driven, and it is as a result of the fact that  
14522 the Republicans in this bill repeal all the pay-fors, or most of  
14523 the pay-fors, about \$600 billion worth of pay-fors, for the  
14524 original Affordable Care Act and, then, basically, leave very  
14525 little money left, if you will, to pay for Medicaid and the funding  
14526 of Medicaid.

14527           I mentioned previously that, when I met with the Governors  
14528 Association, about a dozen or so governors last week, most of whom  
14529 are Republican actually, they were very concerned about the loss  
14530 of funding that would come from this bill or something like this  
14531 bill, because this bill hadn't actually been out yet; and that  
14532 they were expressing the opinion that the likely outcome would  
14533 be that a significant amount of people who are on Medicaid now  
14534 would be kicked off, and that the second consequence would be that  
14535 benefits or services for those who remain on Medicaid would be  
14536 significantly reduced if they did not receive federal funding.

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14537 It was not their view that they would likely be able to make up  
14538 for the funding with their own state funds.

14539 Now the key to this bill is Section 121, Per-Capita Allotment  
14540 for Medical Assistance. This fundamentally guts the financial  
14541 structure of the Medicaid program by limiting federal payments  
14542 to states, leaving states to decide whether to raise taxes, cut  
14543 payments to providers, reduce benefits, or simply cut  
14544 eligibility.

14545 I know that that there has been mention of the formula for  
14546 determining the cap earlier this evening, or this morning,  
14547 whatever. And that is set forth in 20 dense pages of statutory  
14548 text which I consider unbelievably complex. I really don't think  
14549 it is clear, regardless of the previous discussion, how this cap  
14550 is going to be calculated, when the states will know what the cap  
14551 is, how much will the states lose if they breach, if it breaches  
14552 the cap, and when we will know exactly how much they lose.

14553 And this is why process matters. This is why regular order  
14554 matters. This is why hearings matter. And this is why CBO  
14555 estimates, which we don't have, obviously matter. Without these,  
14556 we are legislating in the dark.

14557 Since the results will put 77 million Americans and their  
14558 providers and their states at risk, I think that this is a reckless  
14559 and irresponsible way to proceed. Again, we have no CBO

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14560 estimates. Last time that I checked, this was a budget  
14561 reconciliation bill. We have been instructed to reduce the  
14562 deficit by no less than \$1 billion for the period fiscal year 2017  
14563 through fiscal year 2026. Does the bill before us do that? How  
14564 do we know? How do we know what it does? I don't think we really  
14565 do.

14566 But the unfortunate thing is that we are talking about real  
14567 people and real lives that matter and deserve our comprehensive  
14568 consideration, more than 76 billion Americans, to be exact. And  
14569 so, I think that, under the circumstances, it really makes sense  
14570 to eliminate this cap and the unfortunate circumstances that would  
14571 follow if we don't do that.

14572 Again, I don't buy into the notion that Medicaid, not only  
14573 the expansion, but the continuation of Medicaid is unsustainable;  
14574 that we can't afford it. We are the richest country in the world.  
14575 When it comes to the Medicaid provisions under the Affordable Care  
14576 Act, the expanded Medicaid, it actually was fully paid for when  
14577 we passed the bill and actually resulted in reducing the deficit.

14578 To me, the most severe budget aspect of this is the fact that,  
14579 basically, the repeal awards the rich by dumping costs on the poor  
14580 and working families. This bill provides \$600 billion in tax cuts  
14581 to the rich while leaving millions of working families with higher  
14582 costs and less coverage. That is the Medicaid population that

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14583 is going to be impacted.

14584 And I don't understand why we would want to repeal, in  
14585 particular, the payroll tax increase on the wealthiest Americans,  
14586 which currently amounts to 0.9 percent increase for workers with  
14587 annual incomes of more than \$200,000 and couples with more than  
14588 \$250,000. We are going to repeal and give them a tax break at  
14589 the same time that we are going to jeopardize funding for the  
14590 Medicaid population. That is very unfortunate.

14591 The Chairman. The gentleman's time has --

14592 Mr. Pallone. I yield back.

14593 The Chairman. The gentleman's time has expired.

14594 Are there others seeking recognition on this?

14595 The Chair recognizes the gentleman from Kentucky, Mr.  
14596 Guthrie.

14597 Mr. Guthrie. Thank you, Mr. Chairman. I will be brief  
14598 because we did talk about this earlier.

14599 Remember, this is not a cut; this is dealing with the growth  
14600 in Medicaid. And this deals with traditional Medicaid as well  
14601 as the expansion group. Matter of fact, the expansion group will  
14602 grow -- in this bill the expansion group is frozen, but it will  
14603 continue to be funded at the FMAP, at the enhanced FMAP.

14604 So, what this does, and we said earlier, it has 2016 as the  
14605 base year where states will have that base-year number. They will

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14606 receive based on categories of elderly, children, disabled, and  
14607 adults, and anybody that is added onto to be the expanded  
14608 population after the freeze begins will go at the traditional  
14609 FMAP.

14610 So, what this does, it has a base year. The base year grows  
14611 at CPI medical, which we discussed earlier, and it will also grow  
14612 as people go in or will be decreased as people go out of the  
14613 program.

14614 And it is not a cut. It does try to get Medicaid on a budget.  
14615 We are going to spend over a trillion dollars between state and  
14616 federal in 2026. And this is a program to get it sustainable.

14617 I can tell you, being from states and seeing what is happening  
14618 here with our deficit, we have to get it on a budget and move it  
14619 forward. I think this is a responsible way to do it. It has been,  
14620 I think, well-thought-out and discussed with governors and other  
14621 stakeholders. And I talked about it deeper earlier.

14622 So, I will, unless someone on my side wants some time --

14623 Mr. Upton. Will the gentleman yield?

14624 Mr. Guthrie. I will yield.

14625 Mr. Upton. You know, I know the gentleman from New Jersey  
14626 mentioned that he had talked to some Republican governors that  
14627 were opposed to the per-capita gap. I sat down with a number of  
14628 our colleagues on this side of the aisle. It was -- I don't know

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14629 -- maybe 12-15 Republican governors. And a majority of them were  
14630 strongly in favor of the per-capita cap.

14631 In fact, as I talked to them in the last, some of them in  
14632 the last couple of days, they were excited to know that the  
14633 per-capita cap, in fact, made it into the bill versus a block grant  
14634 because they know that a per-capita allotment ensures that a state  
14635 will receive adequate federal resources to cover the cost of  
14636 additional individuals. And if there is some downturn in that  
14637 state's economy, they are going to be protected with a per-capita  
14638 cap; whereas, they won't be if they have a simple block grant.

14639 So, the bottom line, from what we understand, is that it puts  
14640 Medicaid on a sustainable budget with a per-capita allotment. It  
14641 is going to make sure that the Medicaid focus is on the most  
14642 vulnerable, and it is going to empower the states with more  
14643 flexibility than it would have had before. And that is why the  
14644 governors that I have talked to, particularly my Michigan governor  
14645 was excited that this was in here.

14646 So, it is a good provision, and I would like to think that  
14647 all of us would support it and, therefore, oppose the amendment,  
14648 which would strike the per-capita cap.

14649 And I would also note that in the nineties, and provide this  
14650 for the record, a good number of very prominent Democrats from  
14651 Hillary Clinton to John Kerry, Harry Reid, entered into the Senate

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14652 record a strong letter of support of per-capita cap allotment.  
14653 And that is, frankly, where we stole the idea from. And so, I  
14654 will be glad to put that in, get those documents and ask unanimous  
14655 consent to put them in the record --

14656 The Chairman. Without objection.

14657 Mr. Upton. -- to show that it has bipartisan support.

14658 [The information follows:]

14659

14660 \*\*\*\*\*COMMITTEE INSERT 26\*\*\*\*\*

14661 Mr. Upton. And I yield back to the gentleman from Kentucky.

14662 Mr. Guthrie. Also, I had an op-ed that I have at the desk

14663 that I would like to submit for the record.

14664 The Chairman. Without objection, I would be happy to submit

14665 that into the record.

14666 [The information follows:]

14667

14668 \*\*\*\*\*COMMITTEE INSERT 27\*\*\*\*\*

14669 Mr. Bucshon. Will the gentleman yield his time.

14670 The Chairman. Oh, yes.

14671 Mr. Bucshon. I would just like to read part of that letter,  
14672 Mr. Chairman.

14673 Washington, DC, December 13th, 1995 letter to President  
14674 Clinton: "Mr. President, we are writing to express our strong  
14675 support for the Medicaid per-capita cap structure in your  
14676 seven-year budget. We are glad you agree with us that we can  
14677 balance the budget without undermining the health of children,  
14678 pregnant women, the disabled, and the elderly. We were  
14679 encouraged that your Medicaid proposal does not pit Medicaid  
14680 populations against one another in a fight over a limited pot of  
14681 federal resources. We commend you on the courage you have to  
14682 exercise in making these commitments to Americans eligible for  
14683 Medicaid. Your current proposal is fair and reasonable, and it  
14684 is consistent with what we have advocated on the Senate Floor."

14685 I will just read a few key people who signed that: Ted  
14686 Kennedy, Tom Daschle, Patty Murray, Harry Reid, Dianne Feinstein,  
14687 John Kerry, Joe Biden, Russ Feingold, and a whole laundry list  
14688 of other Senate Democrats.

14689 I yield.

14690 Mr. Guthrie. I yield back.

14691 The Chairman. They all yield back.

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14692           So now, we go top to bottom. So, we will recognize the  
14693 gentleman from New York, Mr. Engel, for 5 minutes to speak on the  
14694 amendment.

14695           Mr. Engel. Thank you, Mr. Chairman.

14696           I move to strike the last word.

14697           I urge my colleagues to support this amendment. My friends  
14698 on the other side of the aisle rarely pass up an opportunity to  
14699 peddle alternative facts about Medicaid. They claim that its  
14700 coverage is worthless, that it is unsustainable. These claims  
14701 are not too difficult to debunk.

14702           As for the quality of the program, access to care for Medicaid  
14703 enrollees is on par with those covered by employer-sponsored  
14704 insurance. And across the country, the vast majority of Medicaid  
14705 enrollees report having been satisfied with their health care.

14706           As for charges that Medicaid spending is out of control,  
14707 Medicaid spending is lower than the spending growth rate of  
14708 Medicare and private insurance. Just look at my home State of  
14709 New York. Despite Republican charges that Medicaid is  
14710 inflexible, our State has dramatically revamped our program to  
14711 improve program integrity, provide better care for patients, and  
14712 save money. These efforts have avoided costs to the Medicaid  
14713 program in excess of \$1.8 billion.

14714           The fact is Medicaid is a lifeline that more than 70 million

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14715 Americans depend on. This bill would radically restructure this  
14716 lifeline and put those Americans at risk.

14717 Today the federal government pays a set percentage of states'  
14718 total Medicaid costs. It is set up and specifically designed to  
14719 expand and contract according to a state's need. Under the GOP  
14720 proposed per-capita cap system, the federal government would only  
14721 pay up to a fixed amount per beneficiary, leaving the states  
14722 responsible for all costs above that arbitrary cap.

14723 That won't change if a state is faced with an epidemic like  
14724 the current opioid crisis. It won't change if there is a sudden  
14725 economic downturn. It won't change if there is a natural  
14726 disaster.

14727 No matter the scenario, the impact of per-capita caps is the  
14728 same. States are left holding the bag with no choice but to ration  
14729 Americans' care. They will need to cut benefits, eligibility,  
14730 or payments to providers to deal with these Draconian cuts. So,  
14731 we will have rationed care.

14732 There is no other way to put this. Medicaid is an  
14733 administratively lean program. There is no fat to cut. There  
14734 is no magic by which states can suddenly provide the same level  
14735 of care, the same amount of people, with less money.

14736 This isn't too complicated. It is simple common sense and  
14737 math. I don't think any Democrat on this committee has been

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14738 surprised by the Republicans' attacks and myths about Medicaid,  
14739 but I must say I am surprised and saddened that they would use  
14740 these myths to justify such an extreme proposal.

14741 Capping Medicaid means capping care. Let me say that again.  
14742 Capping Medicaid means capping care.

14743 I strongly urge my colleagues to support this amendment, and  
14744 I will yield back the balance of my time, unless anybody --

14745 Mr. Guthrie. Mr. Engel, would you yield so I can answer one  
14746 of the questions? Mr. Engel, would you yield?

14747 Mr. Engel. Sure, I would.

14748 Mr. Guthrie. You said it would affect a state if it had an  
14749 economic downturn. This is actually designed so that the  
14750 per-capita allotment, as people come into the system -- so, the  
14751 idea of this one, as opposed to just a straight block grant, if  
14752 you had an economic downturn and more people came on the program,  
14753 it would bring more federal money into your program. I just  
14754 wanted to clarify that. It is different than a straight block  
14755 grant.

14756 Mr. Engel. Yes, well, Medicaid, the way it is now, expands  
14757 and contracts. So, what would be the purpose of doing this?

14758 Mr. Guthrie. Well, this is per capita. So, as more people  
14759 -- you get a fixed number per person. But, as more people come  
14760 in, you would get more -- the base cap would expand as people come

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14761 into the program. Or, when you have an economic growth, it would  
14762 decrease because people would leave the program.

14763 Mr. Schrader. Will the gentleman yield?

14764 Mr. Engel. Well, it still doesn't account for disasters or  
14765 if a new drug is put into effect. It makes it uncertain.

14766 I will yield. Who wants me to yield? Yes, Mr. Schrader.

14767 Mr. Schrader. Just if I may, the problem with the plan is,  
14768 though, if you cycle off -- say you are at the 90-percent level  
14769 -- you cycle off for some reason; you get a job, and you lose that  
14770 job. You cycle back on; you don't get that 90 percent. So, it  
14771 doesn't adjust the way it is supposed to adjust --

14772 Mr. Guthrie. That is the freeze of the expanded population.

14773 Mr. Schrader. If I may, the other piece that is going on  
14774 here is that enhanced match going forward goes away. So, new  
14775 people coming onto the system don't have that, which means the  
14776 providers aren't able to provide that service. Every provider  
14777 I talk to in my State provides that personalized medicine service,  
14778 as referred to earlier, because they have that advanced match.  
14779 They could do housing. They could do transportation. They could  
14780 make sure the person is getting their medications. If the  
14781 enhanced match goes away, that all goes away; future healthcare  
14782 costs go through the roof.

14783 The Chairman. The gentleman's time has expired.

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14784 I recognize the gentleman from Texas, Mr. Olson. Turn on  
14785 your microphone there, sir, and then, we can all hear you.

14786 Mr. Olson. I move to strike the last word, Mr. Chairman.  
14787 The Chairman. The gentleman is recognized.

14788 Mr. Olson. And my friends, this provision is a rescue  
14789 mission to save Medicaid and Medicaid expansion in Obamacare.  
14790 Here are the facts. These aren't just some myths.

14791 The GAO has designated Medicaid as a, quote, "high-risk  
14792 program". High risk means it is a high risk of fraud, waste,  
14793 abuse, mismanagement. It is the department in the most need of  
14794 transformation.

14795 At the state level, on average, 25 percent of state funds  
14796 are taken up by Medicaid. In my home State of Texas, that number  
14797 is 30.1 percent.

14798 In Texas we started in 1967 with less than 1 million  
14799 beneficiaries. That cost us \$200 million per year. Right now,  
14800 we have over 4 million beneficiaries that cost us \$25.6 billion  
14801 per year. Medicaid spending this year, \$587 billion. Next year,  
14802 total Medicaid spending will be larger than the national defense  
14803 budget. And every year Medicaid spending will be \$1 trillion.

14804 This provision is necessary because right now we are at risk  
14805 of having the ability of the federal and state governments to take  
14806 care of the most needy who actually benefit and rely on this

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14807 program.

14808 A couple of other facts. The per-capita allotment does not  
14809 change the Medicaid rules regarding access to care. General  
14810 eligibility standards and pathways are maintained. We still  
14811 maintain the protections for the disabled, elderly, and children.  
14812 The FMAP is retained. We have the CHIP retained. We have  
14813 coordination, the changes in individual markets, coordination  
14814 efforts for individuals dually-enrolled in Medicare and Medicaid,  
14815 these are all retained in this bill.

14816 Importantly, the per-capita allotment is not a limit on  
14817 funding for an individual Medicaid beneficiary. This is the  
14818 aggregate limit calculated on a per-capita basis, on the amount  
14819 of federal Medicaid matching funds a state will receive. Our plan  
14820 also supports states receiving an optional block grant for  
14821 Medicaid waivers from CMS under a global waiver.

14822 The bottom line: this provision puts Medicaid on a  
14823 sustainable budget with per-capita allotments that will restore  
14824 Medicaid's focus on the most vulnerable and empowers states with  
14825 new freedoms and flexibilities to run their Medicaid program.

14826 And those are the facts.

14827 I yield back.

14828 The Chairman. The gentleman yields back the balance of his  
14829 time.

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14830 Other members seeking --

14831 Mr. Burgess. Will the gentleman yield the balance of his  
14832 time to me?

14833 Mr. Olson. Absolutely. Yes, sir.

14834 The Chairman. All right.

14835 Mr. Burgess. I thank the gentleman for yielding.

14836 Mr. Chairman, I just wanted to point out in The New York times  
14837 from February 7th, 1997 -- and I am quoting here -- it is an  
14838 unsigned opinion page piece, writing in February of 1997. "The  
14839 basic outlines of President Clinton's budget for 1998 were largely  
14840 set the moment he made election year concessions to the  
14841 Republicans to balance the budget by the year 2002."

14842 They go on to say, "The President offers an important reform  
14843 of Medicaid, proposing to control future spending by placing a  
14844 cap on the amount of federal spending per enrollee and allowing  
14845 states to place enrollees in managed care without going through  
14846 the frustrating process of begging for Washington's approval."

14847 Mr. Chairman, this 1997 editorial is basically praising the  
14848 very program that we are considering today. It seemed to be  
14849 beneficial when President Clinton proposed it in 1997 in his State  
14850 of the Union address. I think it is reasonable today.

14851 I thank the gentleman for yielding, and I yield back my time.

14852 Mr. Olson. Yield back.

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14853 The Chairman. The gentleman yields back.

14854 The Chair -- let's see, who is next up? It looks like Mr.  
14855 Green from Texas is recognized for 5 minutes to strike the last  
14856 word.

14857 Mr. Green. I move to strike the last word, Mr. Chairman.

14858 Per-capita caps is the latest drastic attempt to seriously  
14859 undermine Medicaid's ability to provide millions of Americans  
14860 with healthcare coverage. Although I have to admit, Mike, I don't  
14861 think you quote The New York Times very often, even 1997.

14862 But, since its inception, Medicaid has been a strong  
14863 partnership between the states and the federal government. The  
14864 latest attack on the program threatens that partnership by  
14865 shifting costs onto the states, forcing arbitrary cuts in  
14866 healthcare benefits and coverage to seniors, pregnant women,  
14867 children, and the disabled, that will only increase over time.  
14868 It will inevitably lead to rationing.

14869 Now there was a time in 1995 -- and I assume in 1997 -- that  
14870 during the Contract with America, both the House and Senate passed  
14871 a severe Medicaid block grant program that would have decimated  
14872 federal funding for Medicaid and heavily shifted cost to the  
14873 states. In that pitched battle that ensued, and ultimately led  
14874 to a government shutdown, the Clinton administration and some  
14875 Democrats developed a proposal for a per-capita cap as the lesser

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14876 of two evils, in order to stave off the enactment of Medicaid block  
14877 grants. It is the lesser of two evils, but they are both still  
14878 evil. And that wasn't adopted back then and it hasn't been since.

14879 Furthermore, at that time annual per-beneficiary cost growth  
14880 in the Medicaid program was considered by some to be a serious  
14881 problem. The annual growth rate was much higher in the mid-1990s  
14882 than it is now, due to part of the problem which states "gaming  
14883 the maximum Medicaid funding". And whoever heard of states doing  
14884 that? Such gaming, however, has since been largely addressed  
14885 through various more responsible pieces of Medicaid legislation  
14886 and regulations over the past two decades.

14887 That is why this per capita is better than block grants, but  
14888 they are both bad because there is a partnership between the  
14889 federal government and the states. Over the last 15 years, states  
14890 have made Medicaid extremely efficient by expanding the use of  
14891 managed care and by instituting a variety of cost-containment  
14892 strategies in areas like prescription drug spending. States have  
14893 also already made substantial cuts to benefits and provider  
14894 payments to close budget deficits rising from the last two  
14895 recessions. These actions, as well as the overall slowdown in  
14896 healthcare costs, have helped sharply lower the annual growth in  
14897 Medicaid per beneficiary. So, in fact, the cost per beneficiary  
14898 for Medicaid has also risen considerably more slowly than private

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14899 insurance premiums in recent years and are expected to grow no  
14900 faster than private insurance costs over the next 10 years.

14901           So, changing the system to per capita is a solution looking  
14902 for a problem because Medicaid is much leaner than it was back  
14903 in the 1990s. In short, support among some Democrats for Medicaid  
14904 per capita in 1995-1996 should be viewed as a historical artifact  
14905 without much relevance in the coming budget debates. And that  
14906 is why I support the amendment of the ranking member.

14907           And I will yield the balance of my time to Dr. Ruiz.

14908           Mr. Ruiz. Thank you.

14909           I don't want to belabor the point. I have spoken about this  
14910 already.

14911           The per-capita block grant will not address the rising  
14912 healthcare costs, the unexpected costs of new and vital drugs that  
14913 go on the market, the unexpected costs of disasters like Katrina  
14914 or public health disasters like Flint. So, there is no guarantee.  
14915 There is no coverage for the actual rise in healthcare costs that  
14916 we are going to be seeing in the future. So, that means that there  
14917 is going to be a coverage gap because of those incidences, and  
14918 that coverage gap will be put on the burden -- that burden will  
14919 be put on the shoulders of working families, meaning less  
14920 eligibility, meaning more uninsured, less benefits, meaning they  
14921 are not going to get certain important services covered, meaning

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14922 less reimbursements to hospitals and providers, meaning that  
14923 patients will have fewer doctors and hospitals who accept patients  
14924 with Medicaid.

14925 The Chairman. Would the gentleman yield --

14926 Mr. Ruiz. Well, I am --

14927 The Chairman. -- because what he said I don't believe is  
14928 accurate, is relative to how this would work when it comes to  
14929 disasters. We don't understand how you get there. Because if  
14930 you had more people eligible, they go on --

14931 Mr. Green. Well, let me reclaim my time and --

14932 The Chairman. -- the regular FMAP. So, I just want to --

14933 Mr. Green. And I am somewhat familiar with disasters  
14934 because, when Katrina hit New Orleans, you know, the State of Texas  
14935 --

14936 The Chairman. Right.

14937 Mr. Green. -- picked up a quarter of a million more, and  
14938 a great number of --

14939 The Chairman. They would be eligible then.

14940 Mr. Green. -- Medicaid patients.

14941 The Chairman. They would be eligible under our plan.

14942 Mr. Green. Well, we had to take them in Texas, but we ended  
14943 up doing emergency funding. So, the State wouldn't for the next  
14944 few years -- but, if our Louisiana friends stayed with us for two

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14945 years, they became Texans. And you brought your good gumbo with  
14946 you, too.

14947 [Laughter.]

14948 I yield back my time.

14949 The Chairman. Oh, yes, the time has expired. The gentleman  
14950 yields back.

14951 Are there members on this side?

14952 The Chair recognizes the gentleman from Texas, Mr. Barton,  
14953 for 5 minutes to speak on the amendment.

14954 Mr. Barton. Well, thank you, Mr. Chairman.

14955 I think Mr. Guthrie has explained it very well. But I think  
14956 it is worth reiterating, this is one of the centerpiece reforms  
14957 of the bill before us. As currently configured, Medicaid  
14958 spending is increasing faster than the states or the federal  
14959 government can legitimately afford to pay for it.

14960 This is a reform. It is real. But it is not, you know,  
14961 slash-to-the-bone reform. It is take the base year of 2016, look  
14962 at the medical component of the Consumer Price Index. Use that.  
14963 Look at the eligible population in each state. Calculate a cap  
14964 or an allotment for each state and, then, move forward.

14965 And as Mr. Guthrie has pointed out, if a state has an economy  
14966 that is expanding and increasing jobs, there will be less people  
14967 eligible. And so, next year, because of that, perhaps that

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14968 state's allotment goes down. On the other hand, if the state's  
14969 economy is in recession and there are more people on unemployment  
14970 and the people that are eligible increased, then, as I understand  
14971 it, that state's allotment the next year would go up. Is that  
14972 not correct, Mr. Guthrie?

14973 Mr. Guthrie. That is correct. More people would be on,  
14974 would be eligible; therefore, the allotment per person would  
14975 increase.

14976 Mr. Barton. So, if you combine this with giving the states  
14977 more flexibility, if you eliminate some of the mandates on how  
14978 they have to spend their money, but make sure that it does have  
14979 to be spent on health care for low-income people or the eligible  
14980 population -- it can't be spent for highway construction or things  
14981 of that sort -- then you have a program that can be budgeted and  
14982 is in line with average economic increases in the economy as a  
14983 whole. Is that not correct, Mr. Guthrie?

14984 Mr. Guthrie. That is correct.

14985 Mr. Barton. I will be happy to yield.

14986 The Chairman. Happy to yield.

14987 I would like to ask our counsel, too, at some point because  
14988 this is really important because there is this disagreement. We  
14989 believe that our language says that, if there is a disaster and  
14990 you become eligible for Medicaid, you can go on Medicaid and that

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14991 you are covered, and the federal government steps in at the FMAP  
14992 rate and pays its fair share. Is that accurate?

14993 Counsel. Yes, sir. So, if you are an individual that is  
14994 otherwise eligible for Medicaid --

14995 The Chairman. Right.

14996 Counsel. -- and then, the state would receive the federal  
14997 matching for the individual if they are otherwise eligible --

14998 The Chairman. So, there is no delay? There is no wait? If  
14999 you are eligible, you go on?

15000 Counsel. Yes, sir.

15001 The Chairman. So, if you are --

15002 Counsel. It is the same quarterly system for the CMS-64  
15003 payments they use today.

15004 Mr. Ruiz. Point of clarification. Can I ask a question?

15005 The Chairman. It is Mr. Barton's time.

15006 Mr. Barton. I am happy to let --

15007 The Chairman. Yes?

15008 Mr. Barton. If it is a simple question that I can answer.

15009 Mr. Ruiz. Yes, it is either you or staff.

15010 But, when there is a disaster or let's say a public health  
15011 catastrophe like the Flint lead poisoning, usually the cost of  
15012 care for those children isn't just the routine cost of enrolling  
15013 a patient or an adult on Medicaid. There is a lot of more complex,

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15014 more expensive therapies and modalities, that you see an uptick  
15015 and a surge which ultimately increases healthcare costs for that  
15016 state. So, that is what I am referring to, not in terms of whether  
15017 patients can enroll in Medicaid. I am talking about the gravity  
15018 and the complexity of those patients --

15019 The Chairman. Right, but --

15020 Mr. Ruiz. -- and actually increased healthcare cost.

15021 Mr. Upton. If the gentleman will yield --

15022 The Chairman. It is Mr. Barton's time, just so you know.

15023 Mr. Upton. I am looking at my colleague from Michigan --

15024 Mr. Barton. I yield to my friend from Michigan.

15025 Mr. Upton. -- Debbie Dingell, and Mr. Walberg is here, too.

15026 As I recall in Flint, just to use that example, we worked  
15027 as delegation very quickly to, in fact, get those children  
15028 Medicaid assistance right away, once that disaster declaration  
15029 was made. Is that not correct?

15030 Mrs. Dingell. Yes, but the way that I would interpret this,  
15031 that you are now going to put a cap on that. It would be a  
15032 mandatory cap and we would not have access to those dollars that  
15033 we needed to have, and we didn't get it immediately, just for the  
15034 record.

15035 Mr. Upton. No, no. I mean, so it worked on Flint. If the  
15036 gentleman will continue to yield --

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15037 Mr. Barton. Why not?

15038 Mr. Upton. -- it worked on Flint --

15039 Mr. Barton. I was on a roll.

15040 Mr. Upton. -- under the per-capita cap. Because it is  
15041 based on the number of enrollees, it will work again under this  
15042 as well.

15043 Mrs. Dingell. Okay. So, Flint hits again in 2019 and now  
15044 you have got the cap.

15045 The Chairman. Okay. Suspend for a moment. If you want to  
15046 continue this discussion, I am going to go to --

15047 Mr. Barton. Anyway, I think, Mr. Chairman, that this is a  
15048 good reform and we should maintain it.

15049 The Chairman. Yes, and it is a good discussion. I would  
15050 like to get to the end of --

15051 Mr. Barton. Is it the Pallone amendment that is pending?

15052 The Chairman. Correct.

15053 Mr. Barton. I would oppose it.

15054 The Chairman. Now we go to Ms. Eshoo to strike the last word.

15055 Ms. Eshoo. I move to strike the last word, Mr. Chairman,  
15056 and yield my time to the ranking member.

15057 Mr. Pallone. Thank you, Ms. Eshoo.

15058 I know I have sponsored the amendment. So, let me explain  
15059 briefly -- I don't think I will take up all the time -- why I

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15060 disagree with what my colleagues on the Republican side are  
15061 saying.

15062 Remember that right now Medicaid is an entitlement. Okay?  
15063 I know they don't like that on the other side. But, basically,  
15064 what it means is that states are getting the reimbursement based  
15065 on actual costs, right, whatever the cost is? I mean, that is  
15066 why they don't like it, because it is open-ended. In other words,  
15067 if the need is there and the services are provided, that is the  
15068 basis for the reimbursement. And if that includes, you know, a  
15069 natural disaster or Flint, that gets included as well. That is  
15070 the way I understand it.

15071 Ms. Dingell is absolutely right. Once you put a cap on, you  
15072 are getting -- it is no longer an entitlement. You are not basing  
15073 it on the actual services and what had to be provided, whether  
15074 it is what happens on a day-to-day basis or during a natural  
15075 disaster, an emergency, whatever.

15076 And the concern I have with that is that, you know, when you  
15077 start having these arbitrary formulas, which I know they are  
15078 trying to explain, but I think it is still very much unclear when  
15079 you look at the language, you get caught up in the same type of  
15080 thing that you had like with the SGR. In other words, SGR was  
15081 a formula. Everybody thought, oh, that was a wonderful thing,  
15082 to reimburse the doctors. But, when it actually started to take

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15083 effect, after a while, we realized that the doctors weren't going  
15084 to get reimbursed for what they actually had to do because their  
15085 services were costing more than the SGR formula allowed. And so,  
15086 Congress had to go back on a regular basis, but you know how hard  
15087 that was, to fix it.

15088 Now, you know, we could say this cap creates problems because  
15089 it is not actually paying for actual services and, therefore, you  
15090 can't provide those services anymore and you have to kick off,  
15091 you know, people off of Medicaid. And the governors come in and  
15092 say, "Wait a minute. This cap doesn't work because we have had  
15093 to kick people off." We can't provide the services that we  
15094 provided in the past because there is no longer an essential  
15095 services requirement, right?

15096 And then, you have got to hope that you will come back to  
15097 Congress and we will correct it, the way we did the SGR. But maybe  
15098 we won't because they don't like it. They don't like Medicaid  
15099 very much, and it is for people that are not at the higher end  
15100 of the spectrum. I am not trying to say that Republicans only  
15101 care about the rich. But I would be worried that, unlike the  
15102 doctors, you know, they may not want to come back and correct this  
15103 very arbitrary formula, which after a while may be not working.

15104 So, that is the danger here, and that is what some of the  
15105 governors expressed to me when we had our meeting, because they

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15106 are giving you all these machinations about how this formula is  
15107 going to work, and it is going to work so beautifully. I read  
15108 this thing and it wasn't at all clear to me. And I am very fearful  
15109 that you have the same phenomena as you did with the SGR, but now  
15110 who knows whether it is ever going to be corrected?

15111 Yes, I will to the gentlewoman from Florida.

15112 Ms. Castor. On this point, I think there is a little bit  
15113 of confusion. Remember, in Medicaid the federal match is the  
15114 FMAP, and that is what fluctuates at a time of disaster, not the  
15115 number of people who are coming onto Medicaid. It is at the time  
15116 of Katrina their FMAP went up. And then, when economic times are  
15117 good, the match goes down. And that is what you lose. That is  
15118 what you lose in the cap. You have to dig into that FMAP.

15119 The Chairman. Would the gentlelady yield? Because I think  
15120 Counsel is telling us it is almost just --

15121 Mr. Pallone. It is actually my time.

15122 Ms. Castor. And I will yield back to Mr. Pallone.

15123 Mr. Pallone. And I will yield to the gentleman from  
15124 Maryland.

15125 Mr. Sarbanes. I thank the gentleman for yielding. Very  
15126 briefly, I think the analogy of the sustainable growth rate  
15127 formula is a good one. There is another analogy that I think is  
15128 helpful and that is to the proposal that we have seen over the

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15129 last few years from Speaker Ryan to create a voucher program for  
15130 Medicare. Because what you are doing is, conceptually,  
15131 philosophically, you are moving from the idea of the dependable  
15132 reliable benefit. It can actually cover the cost, reasonably  
15133 cover the costs that are being incurred to a capped situation that  
15134 is the limit on what kind of reimbursement and coverage is  
15135 available, regardless of where the actual costs fall. And it is  
15136 the same concept as giving a senior a voucher and saying beyond  
15137 that voucher amount, the senior is on their own in terms of having  
15138 to cover the cost. So we are seeing a consistency in the  
15139 philosophy that is being put forth here, which is limiting the  
15140 kind of coverage that is available for, in this instance, the  
15141 Medicaid population.

15142 I yield back.

15143 The Chairman. And the gentleman yields back. Time has  
15144 expired. Are there other members seeking recognition? I  
15145 recognize the gentleman from Illinois -- no it was here.

15146 Mr. Shimkus. I am just pointing that my friend and  
15147 colleague, Mr. Doyle is trying to get your attention.

15148 The Chairman. I know but it is our turn on this. Oh, you  
15149 did not seek recognition.

15150 Mr. Shimkus. I wasn't seeking.

15151 The Chairman. Oh, okay.

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15152 Mr. Shimkus. I was just --

15153 The Chairman. Sorry about that. Let's look this way, now.  
15154 I recognize the gentleman from Pennsylvania, my friend Mr. Doyle  
15155 for 5 minutes to speak on the amendment.

15156 Mr. Doyle. Thank you, Mr. Chairman. I want to speak in  
15157 support of the amendment.

15158 I want to, again, quote from a letter I received from Governor  
15159 Tom Wolf, our governor in Pennsylvania. The proposal you are  
15160 considering in Congress would freeze Medicaid enrollment for  
15161 low-income adults without dependent children beyond 2020 and  
15162 convert Medicaid to a per capita allotment using fiscal year 2016  
15163 as a base year with sanctions for state-spending higher than their  
15164 targeted aggregate amount.

15165 If the amount of Federal funding for the expansion population  
15166 is reduced, Pennsylvania's Department of Human Services estimates  
15167 the cost of covering the more 700,000 individuals in the expansion  
15168 population would be \$2 billion annually, not considering any  
15169 adjustment for cost increases or inflation between now and 2020.

15170 In our current economic climate in Pennsylvania, this is  
15171 simply not a cost the state can absorb. We will be forced to  
15172 ration care for our most vulnerable residents, pitting seniors  
15173 against individuals with disabilities, against sick children, and  
15174 a race for who is sicker and needs care more immediately.

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15175 Mr. Chairman, the Center on Budget and Policy Priorities says  
15176 the new House Republican health plan would shift an estimated \$370  
15177 billion in Medicare costs to States over the next 10 years,  
15178 effectively ending the Affordable Care Act's Medicaid expansion  
15179 for 11 million people, while also harming tens of millions of  
15180 additional seniors, peoples with disabilities, children and  
15181 parents who rely on Medicaid today.

15182 It goes on to say that because Medicaid costs per beneficiary  
15183 are expected to rise by about 0.2 percentage points faster each  
15184 year than the State's capped amounts, States would get less  
15185 Federal funding than under current law with the cuts growing each  
15186 year. We estimate that this provision would cut Federal Medicaid  
15187 spending by an additional \$116 billion over the next decade on  
15188 top of the \$253 billion in cuts to the Medicaid expansion as  
15189 described above.

15190 Moreover, this estimate assumes State Medicaid costs will  
15191 grow as the Congressional Budget Office now forecasts it in the  
15192 baseline. In reality, the cost shift to states under a per capita  
15193 cap would be much larger. That is because States would be  
15194 responsible for 100 percent of any cost in excess of the per capita  
15195 cap, whether due to unanticipated health care cost growth or to  
15196 demographic changes that a per capita cap would account for.

15197 For example, States would be responsible for all costs due

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15198 to an epidemic, a new treatment, or higher costs to seniors on  
15199 Medicaid move from young-old age to old-old age and have a much  
15200 greater medical and long-term care needs and costs. Converting  
15201 Medicaid to a per capita cap would also make the program highly  
15202 vulnerable to more cuts in the future if the President and Congress  
15203 de-link Federal Medicaid funding from the actual cost of providing  
15204 health care to vulnerable Americans. They, our future Federal  
15205 policy makers, could come back and ratchet down the already  
15206 arbitrary per beneficiary caps by, for example, lowering the  
15207 annual growth rate for the cap amounts to pay for other priorities.

15208 In response, States would have to contribute much more of  
15209 their own funding or, far likelier, substantially cut  
15210 eligibility, benefits, and provider payments with those cuts  
15211 growing more severe each year, along with those who have gained  
15212 coverage under the Medicaid expansion who would lose it. The  
15213 remaining 63 million children and families, seniors, and peoples  
15214 with disability who rely on Medicaid today would face the  
15215 significant risk of ending up uninsured or losing access to the  
15216 needed care.

15217 I will yield back, unless someone else would like some time.  
15218 If not, I will yield back.

15219 The Chairman. The gentleman yields back. Are there other  
15220 members seeking recognition?

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15221 Mr. Bucshon. Chairman?

15222 The Chairman. The chair recognizes the gentleman from  
15223 Indiana, Dr. Bucshon.

15224 Mr. Bucshon. A couple of clarifications, one it was  
15225 described in our budget the premium support program on Medicare  
15226 that that is to the pay the premium for health insurance. So,  
15227 it is not the amount of money that is reimbursed. Just I want  
15228 to make that clear. So it has nothing to do with -- nothing to  
15229 do with -- you don't reach a cap. It pays your premium for private  
15230 health coverage. So, your private health coverage would cover  
15231 whatever the expenses are.

15232 The other thing I wanted to clarify is on the FMAP. Someone  
15233 earlier was talking about how the FMAP might change and it might  
15234 not be adequate in a disaster and the FMAP might not cover the  
15235 costs.

15236 Could you just over how the FMAP is established year to year  
15237 and would there be any changes in the FMAP as it relates to a  
15238 Katrina or some other disaster? Can you clarify that?

15239 Counsel. Yes, sir. So, the FMAP is calculated on an annual  
15240 basis for the next fiscal year and is the relationship between  
15241 that State's per capita income to the national per capita income.  
15242 So to the degree of economic situations in a State change, it does  
15243 fluctuate. It tends to fluctuate a little bit for each state each

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15244 year but that is highly specific to the State, depending on what  
15245 is going within the State relative to what is going on nationally.

15246 Mr. Bucshon. So, it wouldn't fluctuate based on -- that is  
15247 the factors it fluctuates on.

15248 Counsel. Yes.

15249 Mr. Bucshon. Because there was an implication that you  
15250 wouldn't be able to get the money that you need because there was  
15251 a disaster.

15252 Counsel. Our proposal doesn't change the FMAP. There was  
15253 --

15254 Ms. Castor. Would the gentleman yield just for further  
15255 question?

15256 Mr. Bucshon. I will yield if you want to clarify what said.

15257 Ms. Castor. Yes. So when you institute per capita caps,  
15258 does an FMAP exist?

15259 Counsel. Yes, ma'am.

15260 Mr. Bucshon. Yes.

15261 Ms. Castor. And then how does that figure in? What is the  
15262 interaction between a per capita cap, where you have it tied to  
15263 medical CPI compared to an FMAP calculate that fluctuates?

15264 Counsel. Can you ask that again?

15265 Ms. Castor. I am not sure.

15266 Mr. Bucshon. I think the question -- I reclaim my time. I

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15267 think what the question is is for an individual, there is still  
15268 -- the per capita cap is not for an individual; it is for a patient  
15269 population.

15270 Counsel. Correct.

15271 Mr. Bucshon. And for an individual, there is still an FMAP.

15272 Counsel. Individual states still have FMAPs and the way  
15273 that the calculation works is the FMAP is operative for State  
15274 spending up to the cap.

15275 Ms. Castor. Up to the cap.

15276 Counsel. And then there is a determination of --

15277 Ms. Castor. So it will never flex. It won't flex like it  
15278 does under current law.

15279 Counsel. So, the issue --

15280 Ms. Castor. It would be limited by the cap.

15281 Counsel. So there is two issues. One is the FMAP, which  
15282 is the portion that the State pays of total expenditures and then  
15283 there is total expenditures.

15284 So the per capita allotment places a limit on the annual  
15285 percentage increase the Federal Government will pay but FMAP is  
15286 still operative under that total expenditure breadth.

15287 The Chairman. Would the gentleman yield?

15288 Mr. Bucshon. I will yield to the chairman.

15289 The Chairman. Yes, there is also the issue in an emergency

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15290 situation, where a State could apply for a waiver, correct?

15291 Counsel. That is correct, Chairman.

15292 The Chairman. And explain how that might work in this  
15293 situation. And I know the other piece is, generally speaking,  
15294 when we have had a major national disaster, I think of the  
15295 hurricanes, I think of Katrina, we have also appropriated money  
15296 for those disasters. But could you walk us through how that would  
15297 work?

15298 Counsel. Sure, Chairman. So, I know the example of Flint  
15299 was brought up earlier. The State of Michigan received  
15300 additional funding from the Federal Government through an 1115  
15301 waiver that the State worked with the Congressional Delegation  
15302 on.

15303 The Chairman. And how did that work in terms of their FMAP?  
15304 Did that have an effect on it, negative effect?

15305 Counsel. Chairman, yes, we don't believe it changed the  
15306 State's FMAP.

15307 The Chairman. Okay, but they were able to get a waiver,  
15308 get additional funds --

15309 Counsel. That is correct.

15310 The Chairman. -- to deal with that population.

15311 All right, I would yield back to the good doctor.

15312 Mr. Shimkus. Would the gentleman yield?

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15313 Mr. Bucshon. Yes, I will yield.

15314 Mr. Shimkus. I just want to get back to the macro picture.

15315 We did the pies and the mandatory spending squeezes the  
15316 discretionary budget and we are spending I don't know \$400 billion  
15317 in interest payments that could best go to providing education,  
15318 school, roads, and bridges. And so that is the mandatory spending  
15319 pressure that I keep talking about and I yield back.

15320 Mr. Bucshon. I yield back, Mr. Chairman.

15321 The Chairman. All times has been consumed. Are there  
15322 others seeking recognition?

15323 The chair recognizes the gentlelady from California, Ms.  
15324 Matsui for 5 minutes to speak on the amendment.

15325 Ms. Matsui. Thank you, Mr. Chairman. I move to strike the  
15326 last word.

15327 Per capita caps is another way of rationing care, which hurts  
15328 the most vulnerable American families who have the most to lose  
15329 and the hardest time affording health care.

15330 Here is what imposing per capita caps really means. It means  
15331 cuts to coverage for seniors in nursing homes, pregnant women,  
15332 and children with disabilities. This will be a disaster for my  
15333 State. California already operates its Medicaid program  
15334 extremely efficiently. We already cover more Americans on a  
15335 tighter budget than any other State. One in three Californians

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15336 is on Medi-Cal, which is California's Medicaid program -- one in  
15337 three. One of those numbers is a wife and mother in Sacramento.  
15338 She went 26 years without access to medical care because of a heart  
15339 condition that insurance companies said was a preexisting  
15340 condition. All of those years without medical care left her with  
15341 irreversible damage to her heart and unable to work on her family  
15342 farm. Thanks to the ACA and Medi-Cal, she had open heart surgery  
15343 that saved her life.

15344 I have heard so many stories like this from patients, as well  
15345 as healthcare providers and stakeholders across California,  
15346 including hospitals, community health centers, school-based  
15347 health centers, doctors, Medicaid managed care plans, and  
15348 consumer advocates about the importance of a Medicaid program for  
15349 the people that they serve.

15350 Small rural hospitals which serve areas like the Central  
15351 Valley in California already operate on thin margins and won't  
15352 be able to survive with more cuts.

15353 We are seeing increasing support for ensuring our kids can  
15354 remain healthy and stay in school by opening up school-based  
15355 health centers. Just a few weeks ago, the Fresno Unified School  
15356 District approved six new school-based health centers to benefit  
15357 nearly 7,000 students. To do this, Fresno Unified is partnering  
15358 with local community health centers. Our community health

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15359 centers rely on Medicaid funding to stay afloat and serve their  
15360 patients. Slashing Medicaid by capping the Federal contribution  
15361 completely hamstring States' and local government's abilities  
15362 to run their programs. California and its counties simply cannot  
15363 backfill the billions of dollars in cuts in this bill to provide  
15364 the same level of care to the same number of people.

15365 The only flexibility that this bill gives California and  
15366 other States is the flexibility to decide what to cut. We  
15367 shouldn't be pitting seniors with long-term care needs against  
15368 sick children or pregnant mothers against young children that need  
15369 preventative care.

15370 We already have moved forward to innovate better ways of  
15371 delivering care, integrating behavior health and physical health,  
15372 using alternative payment methods models that incentivize value  
15373 and more. Thanks to the ACA and especially the Medicaid  
15374 expansion, the uninsured rate in California was cut in half. We  
15375 simply cannot go backwards.

15376 Thank you and I yield to anyone who needs the time. Yes,  
15377 I yield to Mr. Pallone.

15378 Mr. Pallone. Thank you and I really appreciate what you said  
15379 because it basically illustrates the damage from these caps. And  
15380 going back to what I said initially, everyone on the Republican  
15381 side is saying that this is budget-driven. You know Mr. Shimkus

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15382 puts up that chart or I guess he didn't put it up this time. It  
15383 is all about their concern that this entitlement is going to  
15384 balloon. That is what they talk about.

15385 The bottom line is under the entitlement that we have now,  
15386 the formula that goes to the states is based on the services that  
15387 are actually provided. They have now come up with some way of  
15388 capping and they say figured what that is going to mean. I don't  
15389 think we really know. I don't think we really know -- the States  
15390 are really going to know exactly what kind of money they are going  
15391 to get, when they are going to get it, the whole -- that is very  
15392 much up in the air, particularly since we don't have a CBO. We  
15393 don't have any scoring here.

15394 And my point, again, is are we trying to make sure that people  
15395 have adequate care and adequate services? Because if we are, then  
15396 we shouldn't be capping. If we are just trying to come up with  
15397 some arbitrary formula that is going to save money without  
15398 reference to what it means to services and whether people are  
15399 actually on Medicaid, then you know you can proceed with this.  
15400 But that is the problem. It is strictly budget oriented. It is  
15401 not based on whether people are going to get adequate health care,  
15402 whether they are even going to have Medicaid. And it is  
15403 particularly dangerous right now when we don't even have a score.  
15404 I yield back to the gentlewoman. Thank you.

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15405 The Chairman. The gentlelady's time has expired. Are  
15406 there other members seeking recognition?

15407 Okay, we will go down here to Ms. Castor for 5 minutes to  
15408 speak on the amendment.

15409 Ms. Castor. Well, I think looking at this there are  
15410 significant cuts, very deep cuts. I don't think it is accurate  
15411 to say there are no cuts when you move to a per capita cap.

15412 But Mr. Pallone is right. We do not know the precise impact  
15413 on working families. It is not clear. But make no mistake, this  
15414 destroys Medicaid as we know it. It is the fundamental reworking  
15415 of that vital Federal-State partnership. And we have had some  
15416 good discussions on how that works. Mr. Cardenas, Mr. Guthrie  
15417 talked about this.

15418 See, under Medicaid now, the Federal Government pays a fixed  
15419 percentage of each State's Medicaid cost in providing covered  
15420 services to those who are eligible. Per capita caps are  
15421 fundamentally different. They provide fixed amounts, not  
15422 percentages, amounts of Federal funds to states. Per capita caps  
15423 are set below the amount States are projected to need to provide  
15424 healthcare services to their beneficiaries. What happens under  
15425 the cap is that Federal Government shifts costs to the States,  
15426 with the magnitude of the cost growing every year, larger and  
15427 larger every year. And hopefully CBO will give us a look at the

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15428 10-year window but beyond that, it is going to be enormous. It  
15429 is going to continue compound over time.

15430 So when the House Republicans unveiled their policy agenda  
15431 last June, they kind of continued this false narrative. They say  
15432 that States could compensate for the huge losses in Federal  
15433 funding by using new flexibility to cut costs without harming  
15434 beneficiaries but that is very unlikely. Medicaid costs per  
15435 beneficiary already are far below those of private insurance,  
15436 after adjusting for differences in health status, and have been  
15437 growing more slowly than private insurance costs in recent years  
15438 and they are expected to continue to do so.

15439 So what will happen in the States, they will institute a  
15440 waiting list or they will cap enrollment to limit the number of  
15441 people with coverage, you know our older neighbors, seniors, and  
15442 those with disabilities would be at significant risk because their  
15443 healthcare costs comprise almost half of Medicaid spending.

15444 And another example of why this will be so devastating to  
15445 the families we represent, all you have to do is look at children  
15446 and the requirement under Medicaid that children enrolled in  
15447 Medicaid's early periodic screening diagnosis and treatment, the  
15448 EPSDT. Since we are going to be here a few more hours, you can  
15449 do a Dingell, Ms. Dingell and Google it, see Mr. Google -- EPSDT.

15450 Under the Federal EPSDT requirements, States must provide

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15451 regular screenings for children and determine through the  
15452 screenings whether the children are hitting or they are falling  
15453 behind key developmental benchmarks. Right now, States are  
15454 required to provide needed treatment, if the screenings find that  
15455 children have health problems, even if the treatment in question,  
15456 such as dental care or eyeglasses, or special equipment such as  
15457 a wheelchair, isn't covered for the State's adult Medicaid  
15458 beneficiaries.

15459 See these per capita caps will likely include the pernicious  
15460 removal of the EPSDT requirement. I have seen States push the  
15461 envelope here already on this and try to ratchet back what is  
15462 really fundamental to taking care of kids across the country. So  
15463 many enrolled in Medicaid, about 50 percent in Florida. This  
15464 would place vulnerable children at risk of having various  
15465 conditions going undiagnosed and not being treated on a timely  
15466 basis, if at all. That is very poor public policy. It is better  
15467 to catch problems early. We talked about the importance of  
15468 prevention before.

15469 It is all the worse. This whole move towards the per capita  
15470 cap is made all the worse at the same time as what is going on  
15471 over at Ways and Means with the huge tax cuts. And I just don't  
15472 think we can ignore the entire package. And, therefore, I urge  
15473 you to support the Pallone amendment.

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15474 Mr. Barton. [Presiding.] The gentlelady's time has  
15475 expired.

15476 What reason does the gentleman from Ohio seek recognition?

15477 Mr. Johnson. Mr. Chairman, thank you. I move to strike the  
15478 last word.

15479 Mr. Barton. The gentleman is recognized for 5 minutes.

15480 Mr. Johnson. Mr. Chairman, thanks. You know I am a little  
15481 befuddled why there is so much -- appears to be so much opposition  
15482 to per capita cap reform for Medicaid, especially given the  
15483 history of support from members of my colleagues on the other side  
15484 of the aisle, from their party.

15485 Let me read a few quotes. "Per capita reforms, and I quote,  
15486 provides that health care and coverage could be protected and  
15487 maintained the individual guarantee to Medicaid services. The  
15488 per capita cap approach provides that health care and coverage  
15489 could be protected and costs can be controlled by disciplining  
15490 the program with an annual limit in Federal spending per  
15491 beneficiary. This approach maintains the individual guarantee  
15492 to Medicaid services and creates and incentive to maintain  
15493 healthcare coverage. Funding would follow the people in need,  
15494 not some political entity."

15495 That is a quote from Senator Bob Graham, Democrat from  
15496 Florida.

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15497           Then we have another. Per capita reforms provide additional  
15498 incentives for States to control program spending but will not  
15499 force them to restrict Medicaid eligibility.

15500           And I quote, "the President has proposed per capital limits  
15501 on Federal Medicaid spending, which will provide an additional  
15502 incentive for States to control program spending but will not  
15503 force them to restrict Medicaid eligibility. Under per capita  
15504 spending limits, Medicaid enrollment can continue to expand and  
15505 contract with economic conditions and individual needs. With  
15506 enhanced flexibility, States will be able to manage within these  
15507 limits, while Medicaid beneficiaries, including senior citizens,  
15508 disabled people, and children will retain their healthcare  
15509 coverage."

15510           That is Bruce Vladek, Director of Healthcare Financing  
15511 Administration in June of 1995.

15512           And then the big one: A per capita reform guarantees that  
15513 the elderly, disabled, and pregnant women, and children continue  
15514 to be eligible for health benefits while reducing the rate of  
15515 increase in Medicaid spending to a level that is sustainable for  
15516 States and the Federal Government.

15517           And I quote, "a per capita cap would limit the amount of  
15518 Federal spending per eligible person, while retaining current  
15519 eligibility and benefit guidelines. This approach guarantees

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15520 that the elderly, disabled, and pregnant women and children  
15521 meeting certain criteria will continue to be eligible for health  
15522 benefits, while reducing the rate of increase in Medicaid spending  
15523 to a level that is sustainable for States and the Federal  
15524 Government."

15525 That quote was by President Bill Clinton in January of 1996.

15526 So, I continue to be befuddled with the opposition to per  
15527 capita cap reforms that we are proposing in our bill now. And  
15528 I urge my colleagues to oppose this amendment.

15529 With that, I will be glad to yield some time to my colleague  
15530 from Kentucky, Mr. Guthrie, if you would like it.

15531 Mr. Guthrie. Well, thanks. I think I have just said most  
15532 but I just want to stress that you start with the 2016 that all  
15533 the States had. So, it is not a cut from what they have. So you  
15534 are not all of a sudden pitting groups against each other. It  
15535 starts with the base that they had last year. It grows by medical  
15536 inflation and by demographics of who comes and goes with the  
15537 program. So, it slows down in growth.

15538 But the other thing is, and it does drive with budgets, are  
15539 you going to have a sustainable program? We are going to spend  
15540 over a trillion dollars between State and Federal Government in  
15541 2026 under the current projection. So I don't think we can just  
15542 dismiss the fact that it is growing at the rate that it is growing

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15543 and take it seriously and try to deal with it. And I think it  
15544 is a responsible way to look at this problem.

15545 So, I yield back.

15546 Mr. Johnson. Thank Mr. Chairman. I yield back the balance  
15547 of my time.

15548 Mr. Barton. The gentleman yields back. Oh, Mr. Kennedy  
15549 from Massachusetts. What reason does the gentleman seek  
15550 recognition?

15551 Mr. Kennedy. Mr. Chairman, thank you. I move to strike the  
15552 last word.

15553 Mr. Barton. Well you get to do that for the next 5 minutes.

15554 Mr. Kennedy. Lucky me. Thank you, Mr. Chairman.

15555 I have, to start, a couple of things to submit for the record.  
15556 One, I know some of my colleagues were referencing a New York Times  
15557 piece from 1997. I have a New York Times piece from I guess  
15558 yesterday morning that talks about the proposed Medicaid reforms  
15559 and is not quite as positive on them as you might have anticipated.  
15560 I would like to submit that for the record.

15561 I also want to point out there has been some discussion of  
15562 engagement between the committee and various governors.

15563 Mr. Barton. Did the gentleman submit something for the  
15564 record?

15565 Mr. Kennedy. Chairman, I have actually got a couple of

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15566 things for the record.

15567 Mr. Barton. Okay. I was going to accept you if were.

15568 Mr. Kennedy. I appreciate that. Thank you, sir.

15569 Mr. Barton. Another is a letter written by Government of  
15570 the Commonwealth, Charlie Baker, which he points out, towards the  
15571 end of the letter, one of the overall recommendations going  
15572 forward, the fourth bullet point is avoiding proposals that only  
15573 offer more flexibility and control in exchange for shifting costs  
15574 to States, which I think is particularly relevant, given our  
15575 questions on this topic.

15576 And last, is a letter from the Massachusetts Hospital  
15577 Association in which they detail their concerns over the proposed  
15578 Medicaid reforms, quoting here briefly, "our concerns include the  
15579 GOP's planned substitution of Medicaid coverage with a per capita  
15580 Federal grants to States age- and income-based tax credit that  
15581 could cover more people but offer less to those with the most  
15582 financial need and repeal the ACA's essential health benefits  
15583 requirements."

15584 So, Mr. Chairman, with your consent, I would ask unanimous  
15585 consent to submit all three of those documents for the record.

15586 Mr. Barton. I can't listen as fast as you talk but I think  
15587 I will accept and without objection.

15588 [The information follows:]

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15590

\*\*\*\*\*COMMITTEE INSERT 28\*\*\*\*\*

15591 Mr. Kennedy. I have been told I have that problem, Chairman,  
15592 but I appreciate your consideration.

15593 The other piece that I think is critical to this debate, and  
15594 I will do my best to keep this a little bit more intelligible,  
15595 is long-term care. As I think, I would hope, most of the committee  
15596 is aware, Medicaid is the largest payer of long-term care services  
15597 in the country. And I know we all care deeply about our seniors  
15598 but, understanding that, according to AARP, there are millions  
15599 of seniors that are at risk with some of these reforms.

15600 So, to go through some of the States that are represented  
15601 by the committee, those are 1.1 million seniors in California that  
15602 are at risk of having their long-term care benefits cut. It is  
15603 563,000 seniors in Florida. It is 194,000 seniors in Georgia.  
15604 It is 245,000 seniors in Illinois. It is 102,000 seniors in  
15605 Indiana. It is 99,000 seniors in Kentucky. It is 122,000  
15606 seniors in Louisiana. It is 156,000 seniors in Michigan; 93,000  
15607 in Mississippi; 94,000 -- I have been told I pronounce the word  
15608 wrong -- 94,000 in Missouri; 162,000 in New Jersey; 687,000  
15609 seniors in New York; 193,000 in North Carolina; 10,000 in North  
15610 Dakota; 203,000 seniors in Ohio; 69,000 in Oregon; 261,000 in  
15611 Pennsylvania; 152,000 seniors in Tennessee; 497,000 in Texas;  
15612 118,000 in Virginia; 109,000 in Washington State; 44,000 in West  
15613 Virginia; and a grand total for the committee's consideration of

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15614 nearly 6.9 million seniors across our country that are at risk  
15615 of losing long-term care benefits if these caps and Medicaid  
15616 reforms go through.

15617           And I think it is critically important that we understand,  
15618 given the late night, given the late notice, given the rushed  
15619 tenure of this debate, about that is going to mean for our seniors  
15620 and particularly those that are going to be subject to these caps  
15621 and these Medicaid reforms, making sure that our constituents have  
15622 time to understand what that means because I believe that most  
15623 people out there think that Medicare actually covers the cost for  
15624 seniors, which it does, but when it comes to caps for healthcare  
15625 spending, for nursing home spending, and long-term care spending  
15626 for seniors under Medicare, after which Medicaid often kicks in.  
15627 Putting these caps in place could put tremendous stress on State  
15628 budget which then are going to be tempted to roll that back and  
15629 the onus of that burden is then going to fall on families to care  
15630 for their parents, their grandparents, their sick, frail, at their  
15631 most vulnerable moment.

15632           And so we should be very, very clear that our constituents  
15633 understand that that risk is going to be borne by families in our  
15634 home States, in our home districts, under this plan.

15635           With that, I yield back.

15636           Mr. Barton. Does the gentleman yield back his 2 seconds?

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15637 Mr. Kennedy. Yes, sir.

15638 Mr. Barton. Who seeks recognition on the majority side?

15639 Seeing everybody asleep, we now go back to the minority side. Who

15640 do you want to recognize, the gentleman from California or the

15641 gentleman from Iowa? Oregon, I am sorry. We are going to

15642 recognize the gentleman from Oregon --

15643 Mr. Schrader. All right, thank you, Mr. Chairman.

15644 Mr. Barton. -- if you want to be recognized.

15645 Mr. Schrader. I do, Mr. Chairman, thank you.

15646 Mr. Barton. Then you are recognized for 5 minutes.

15647 Mr. Schrader. So I just have questions for Counsel, if I  
15648 may, sir.

15649 Mr. Barton. It is your time.

15650 Mr. Schrader. I think they are appropriate, anyways. And

15651 we are talking about the per capita caps and how they would play.

15652 It is a big change to how we would provide Medicaid for folks.

15653 It goes from an entitlement program to a program that has some

15654 enrollee changes. It has an inflationary index, an increase in

15655 the medical CPI. And I want to thank my friends across the aisle

15656 for at least thinking outside the box. To an earlier comment,

15657 at least it is not a flat-out block grant, which would be horrible.

15658 The question is, though, is it designed as well as it could

15659 be to accomplish what my friends on the other side of the aisle

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15660 actually want to do? And my good friend from Kentucky has  
15661 referenced several times that 2016 baseline that suggested going  
15662 forward. The problem I guess I am concerned -- question. Is  
15663 there a range of State spending per category, because there are  
15664 a lot of different categories involved -- it is a little  
15665 complicated -- in 2016, State-by-State?

15666 Counsel. So, Mr. Schrader, the per capita amount for each  
15667 State would be based on State historical spending.

15668 Mr. Schrader. Yes, so and it varies. My understanding is  
15669 there is a huge range among the States. The New York Times had  
15670 a story the other day showing the range is like from 4,000 plus  
15671 in Georgia to 10,000 plus in New York. Isn't it correct, also,  
15672 that in recent years Vermont and Rhode Island have spent about  
15673 \$5,000 per child on Medicaid, while Indiana and Georgia spend  
15674 around \$2,000?

15675 Counsel. Mr. Schrader, I don't have those numbers right in  
15676 front of me but you are correct, there is a discrepancy in State  
15677 spending by category.

15678 Mr. Schrader. And I guess where I am going with that is if  
15679 you have a baseline that is set up that is geared around a  
15680 particular time period, there is going to be huge variations. In  
15681 my State, for instance, in that 2016 time period, we were working  
15682 hard to limit the rate of medical inflation. As a matter of fact,

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15683 it was part of our waiver, part of a deal we made with the Federal  
15684 Government.

15685 It seems to me that the way this is we are rewarding the wrong  
15686 behavior. You get more money if your medical inflation continues  
15687 to increase. Is that what we want to do? That doesn't really  
15688 control healthcare costs. You are just rewarding bad behavior.  
15689 Those States, those providers that are using expensive treatments  
15690 maybe that they don't need to do because they are not thinking  
15691 outside the box in how they deliver health care, you are just  
15692 rewarding people that spend money, rather than get the quality  
15693 healthcare outcomes I think that we all want.

15694 I think it would make more sense to have a target for  
15695 inflation over a period of time that is below maybe a State's  
15696 current rate of inflation and give credit for those folks that  
15697 are able to maintain that; maybe give them the enhanced match  
15698 because they have actually been able to control their costs. That  
15699 is what I think the majority is looking for and I think the minority  
15700 is looking to make sure that it is a fair system that people  
15701 actually get their health care delivered with that enhanced match  
15702 that allows the innovation to think transformatively about it.

15703 Without that enhanced match, with regular Medicaid, you are  
15704 just treating acute cases walking in the door. It is the same,  
15705 terrible healthcare system we have had from the beginning.

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15706 Medicaid doesn't pay very well. I think everyone on the panel  
15707 knows it pays the worst of anything, worse than Medicare, worse  
15708 than commercial. We need an incentive to make States and  
15709 providers think outside the box. You give them that flexibility,  
15710 you give them flexibility with a little money to be flexible with,  
15711 rather than just treating that acute case that walks in the door.  
15712 There is nothing that changes, if we don't do that.

15713 So I just, based on the data here and the fact that we are  
15714 rewarding kind of the same bad inflationary behavior, why don't  
15715 we think outside the box and do it like, oh, gee, I guess Oregon  
15716 is doing that; so, why don't we do something like that?

15717 And I yield back. Thank you.

15718 Mr. Barton. The gentleman yields back. I am not the full  
15719 committee chairman but if I were, I would work with you on your  
15720 suggestion. I don't think the members on your side of the aisle  
15721 would work with you very much but -- you would work with him?  
15722 Well, there you go. You might come up with an idea at 4:30 in  
15723 the morning or whatever time it is.

15724 Does anybody on the majority side seek recognition?

15725 On the minority side, we want to go to the gentleman from  
15726 California, Mr. Cardenas.

15727 Mr. Cardenas. Thank you, Mr. Chairman.

15728 A question to the staff. What special categories are in the

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15729 new Medicaid per capita cap plan? Can you rattle off a few of  
15730 them that come to mind?

15731 Counsel. Sorry, sir. There is four categories of  
15732 enrollment and then five, if there is an expansion. So, children,  
15733 the elderly, adults, individuals with disabilities, and then  
15734 expansion enrollees.

15735 Mr. Cardenas. Okay. As an example, what does this bill  
15736 define as a disability?

15737 Counsel. So that is a very good question. Federal law  
15738 requires that Medicaid eligibility determinations must be made  
15739 in the best interest of the recipient. So Section 1902(a)(19)  
15740 of the Social Security Act provides that eligibility  
15741 determinations be made in a manner consistent with the simplicity  
15742 of administration in the best interest of the recipients. And  
15743 it says that States can't deny Medicaid coverage to individuals  
15744 with completed applications or terminate existing coverage until  
15745 all avenues of eligibility have been explored or evaluated.

15746 For individuals who have been eligible for more than one  
15747 category, Medicaid regulations specify that individual would be  
15748 determined eligible for the category that he or she selects. And  
15749 that is 42 CFR 435.404. So, we would maintain that approach.

15750 Mr. Cardenas. Okay. And so, therefore, would diabetes be  
15751 covered -- be considered as a disability?

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15752 Counsel. We would maintain that approach in current law.

15753 Mr. Cardenas. Okay. Now, apparently, if somebody has  
15754 diabetes, the cost for coverage is about four times the cost of  
15755 someone that doesn't have a disability. It is factored somewhere  
15756 in that range. So what happens to them when they reach the cap  
15757 created by this bill?

15758 Counsel. So the way the allotment works is that it is a per  
15759 capita allotment determined by the number of individuals in  
15760 eligibility categories times the number of enrollees and that is  
15761 the total computable allotment.

15762 Mr. Cardenas. Okay.

15763 Counsel. So it doesn't limit the amount of Federal dollars  
15764 that can go to one single individual.

15765 Mr. Cardenas. So once again, it is a per capita cap plan  
15766 and, therefore, it is an allotment of dollars and then the States  
15767 have to determine how they are going to apply those dollars to  
15768 their population mix.

15769 Speaking of diabetes, I think the most affected community  
15770 in the United States with diabetes is the Native American  
15771 community. I think they top the charts of all other categories  
15772 of folks. If that is the case, how would this per capita cap plan  
15773 involve sovereign nations? Would they be a subset of the State  
15774 or do they have a special category of their own and a pot they

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15775 would have to divvy up amongst the federally-recognized tribes?  
15776 Counsel. On page 38, line 3 of the American Indians and IHS  
15777 are exempt.  
15778 Mr. Cardenas. I am sorry. Can you say that one more time?  
15779 Counsel. Page 38, the American Indians and IHS are exempt.  
15780 Mr. Cardenas. Okay, so they would have their own pots  
15781 delineated directly to the sovereign nations?  
15782 Counsel. They would be exempted from the cap.  
15783 Mr. Cardenas. Oh, they would be exempted from the cap?  
15784 Counsel. Yes, sir.  
15785 Mr. Cardenas. So therefore, how would -- under this --  
15786 Counsel. Current law would apply to them.  
15787 Mr. Cardenas. I am sorry. What?  
15788 Counsel. Current law would apply for those individuals.  
15789 Mr. Cardenas. Okay, so this bill wouldn't affect the Native  
15790 American tribes.  
15791 Counsel. Right.  
15792 Mr. Cardenas. Okay. And where are they covered in the  
15793 current law?  
15794 Counsel. 1905(b) .  
15795 Mr. Cardenas. 1905(b) .  
15796 Counsel. Yes, sir.  
15797 Mr. Cardenas. Okay, thank you.

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15798 I will yield my time to anybody on my side of the aisle who  
15799 would like the remainder. Seeing none, okay, I yield back my  
15800 time. Thank you.

15801 Mr. Barton. The gentleman yields back.

15802 Anybody on the majority seek recognition? Seeing no one,  
15803 others on the minority side? You have got two. Which one do you  
15804 want to go to?

15805 We go to the gentleman from New Mexico. For what reason does  
15806 he seek recognition?

15807 Mr. Lujan. To strike the last word, Mr. Chairman.

15808 Mr. Barton. The gentleman is recognized for 5 minutes.

15809 Mr. Lujan. Thank you, Mr. Chairman.

15810 A question to counsel. What happens if, rather than January  
15811 1, 2020, these changes to Medicaid going into effect, if those  
15812 changes get moved up to January 1, 2018? What does that mean?

15813 Counsel. Which changes are you referencing, sir?

15814 Mr. Lujan. What text in the bill references January 1, 2020  
15815 as it talks about Medicaid?

15816 Counsel. So there are multiple dates that reference -- or  
15817 multiple issues that reference January 1, 2020, as it relates to  
15818 Medicaid in the underlying bill. January 1, 2020 is the freeze  
15819 date for the expansion population and then also on that date the  
15820 per capital allotment system would start.

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15821 Mr. Lujan. So with both of those dates, if those moved up  
15822 to January 1, 2018, what would happen?

15823 Counsel. If they were moved to January 1, 2018, they would  
15824 start on January 1, 2018.

15825 Mr. Lujan. It would shorten the time period associated for  
15826 the transition?

15827 Counsel. Yes, so if we moved to January 1, 2018, that would  
15828 be a shorter time period.

15829 Mr. Lujan. Well, Mr. Chairman, I am glad everyone got a  
15830 giggle out of that because I know that we don't believe everything  
15831 that is tweeted but what is being tweeted is that the White House  
15832 team indicated openness to move up Medicaid fix to January 1, 2018  
15833 instead of 2020 to entice conservatives. So I think it is an  
15834 important question that we need asked. I don't know if there is  
15835 an amendment that is coming or not, if this going to be done in  
15836 conference. If the conference committees, if our Republic  
15837 colleagues are going to demand that they are opened up to C-SPAN  
15838 the way that they did before.

15839 I just think that here we are at 4:24 in the morning and tweets  
15840 are coming out. So maybe someone is awake, maybe they are not.  
15841 And as we are trying to get answers as to what policy is and what  
15842 policy isn't, what that is going to mean to the American people.

15843 Because as we look at the impact specific to New Mexico, and

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15844 we are looking at Medicaid and what these per capita caps are,  
15845 I don't think there is any disagreement here that these per capita  
15846 caps will result in Federal investments, Federal dollars to States  
15847 to support Medicaid. Is there anyone that would disagree with  
15848 that?

15849 Is there anyone that would disagree with me when I say that  
15850 the result of this legislation would result in less Federal money  
15851 going to Medicaid? Everyone agrees.

15852 Mr. Barton. No, I would -- is the gentleman asking --

15853 Mr. Lujan. Can you explain that Mr. Chairman?

15854 Mr. Barton. Does the gentleman want an answer or --

15855 Mr. Lujan. Oh, I would, Mr. Chairman.

15856 Mr. Barton. -- is that a rhetorical question?

15857 Under the pending proposal, money for Medicaid would grow.  
15858 It just wouldn't grow at as fast a rate as it does under current  
15859 law.

15860 Mr. Lujan. So, Mr. Chairman, you are saying that there would  
15861 not be less Federal money going to States for Medicaid.

15862 Mr. Barton. They would, based on the base year of 2016, move  
15863 forward to 2019. There would be more money but the additional  
15864 growth in funding would be at a slower rate than under current  
15865 law. That is my understanding.

15866 Mr. Lujan. Well, let me, I promised Ms. Eshoo I would yield

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15867 a minute to her. If I have any time left, I will ask a follow-up  
15868 question.

15869 Ms. Eshoo.

15870 Ms. Eshoo. I thank the gentleman.

15871 It is what, 4:30 or whatever in the morning. I want to raise  
15872 a red flag here. And I know that we are all exhausted but I think  
15873 that we are not really thinking how -- what a heavy, heavy impact  
15874 this is going to have on long-term care. Approximately 60 percent  
15875 of Medicaid goes to long-term care.

15876 Now, what is not being talked about is the tsunami that is  
15877 not that far off in our future relative to dementia and  
15878 Alzheimer's. AARP, in their letter, talk about the boomers, and  
15879 when they start to turn 80 and older, the levels of service they  
15880 would need.

15881 You know we are talking about these formulas like they are  
15882 just tidy and neat --

15883 Mr. Barton. The gentlelady's time has expired -- or the  
15884 gentleman's time has expired.

15885 Ms. Eshoo. I think this is going to be big trouble, I really  
15886 do, and I think the majority doesn't realize what is coming on  
15887 this.

15888 Mr. Barton. Does anybody on the majority seek recognition?  
15889 Seeing none, the chairman recognizes the gentlelady from

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15890 Michigan, Mrs. Dingell, for 5 minutes.

15891 Mrs. Dingell. Thank you, Mr. Chairman. I strike the last  
15892 word but I just need help doing my math.

15893 So, I want to build on what my colleague from California and  
15894 New Mexico were asking. My colleague from Michigan, who I love  
15895 and is one of my dearest friends but I don't understand his math,  
15896 earlier today he said that this bill was okay because it didn't  
15897 jeopardize the success we have seen of the Healthy Michigan Plan  
15898 and that it wasn't going to hurt it.

15899 But the way that I understand it, it puts an arbitrary date  
15900 to ending expansion of 690 -- I am so tired, like the rest of you  
15901 -- 695,000 people right now have coverage. But bam, 2019, anybody  
15902 that comes after that is not going to be covered. But by the way  
15903 you have got --

15904 Mr. Upton. No, if the gentlelady will yield, we are not --

15905 Mrs. Dingell. -- to stop -- let me finish asking it. I  
15906 am going to keep asking it.

15907 Mr. Upton. No, no, but don't say that they are not going  
15908 to be covered because they will be covered.

15909 Mr. Barton. The gentlelady from Michigan actually --

15910 Mrs. Dingell. They will be covered.

15911 Mr. Upton. Right.

15912 Mrs. Dingell. But anybody that comes after that is not going

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15913 to be but then --

15914 Mr. Upton. No.

15915 Mrs. Dingell. Okay, let me finish my --

15916 Mr. Upton. If the gentlelady will yield, they will still  
15917 be covered but they will be covered under a lower FMAP.

15918 Mrs. Dingell. Okay, they will be covered under a lower FMAP  
15919 but I am going to now build on what Anna was also talking about  
15920 because Medicaid is the largest payer of long-term care in this  
15921 country, accounting for 42 percent of all spending. And as our  
15922 population starts to age, which is going to happen, the demand  
15923 for long-term care is going to double in the next 40 years. Among  
15924 people 65 and over, it is estimated that 70 percent will need  
15925 long-term care at some point. And people who are older than 85  
15926 are four times more likely to need these services than younger  
15927 services.

15928 So all this math is coming together and yet you are telling  
15929 me no, we are not going to have to ration, no we are not going  
15930 to have to worry. I can't get the math to add up in my head and  
15931 maybe because it is 4:30 in the morning but I don't think it is.

15932 Mr. Upton. Sorry, I had about three people talking to me  
15933 at the same time.

15934 Does the Counsel want to -- if the gentlelady -- does the  
15935 Counsel want to yield to the question that she was asking?

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15936 Mrs. Dingell. I love my colleague but I just can't figure  
15937 out his math tonight right now.

15938 Mr. Barton. I thought you loved another former member of  
15939 this committee from Michigan.

15940 Mrs. Dingell. He's my love, true love.

15941 Mr. Barton. I just wanted to set the record straight on  
15942 that.

15943 Mrs. Dingell. That's a good clarification.

15944 Mr. Barton. All right.

15945 Mrs. Dingell. He is probably asleep and not watching this  
15946 either.

15947 Mr. Barton. If he has got sense, he is asleep.

15948 Mr. Upton. He's probably tweeting.

15949 Mr. Barton. It's somebody else.

15950 Mrs. Dingell. We need humor. We need it.

15951 Okay, could someone help me with my math? My staff is  
15952 getting mad.

15953 Counsel. Sure, Mrs. Dingell. So, again, a question  
15954 regarding how the Medicaid freeze would work and how it would  
15955 affect expansion States?

15956 Mrs. Dingell. And how are we taking into account all this  
15957 math that we are going to freeze the number, we are going to have  
15958 more people -- we say we want people to be able to come into Healthy

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15959 Michigan and then we have got all these seniors that are going  
15960 to be needing more care. They weren't on Medicare because they  
15961 had private insurance beforehand. Suddenly, they need Medicaid  
15962 to help.

15963 Counsel. So the bill before us would allow expansion states  
15964 to continue to enroll individuals on expansion until January 1,  
15965 2020. At that date, those individuals who stay on the Medicaid  
15966 program, the state would continue to receive the enhanced match,  
15967 as long as those individuals --

15968 Mrs. Dingell. But just for the old ones, not the new ones.

15969 Counsel. Correct. So for individuals enrolled after that  
15970 date --

15971 Mrs. Dingell. That ends expansion then.

15972 Counsel. The State could continue to add enrollees at  
15973 regular match.

15974 Mrs. Dingell. Okay, now what are we doing about these  
15975 seniors whose numbers are growing and have to go into that number  
15976 somehow and we are not going to hurt them? We are not going to  
15977 ration care?

15978 Counsel. So the aged are a traditional Medicaid population,  
15979 not --

15980 Mrs. Dingell. Well we are growing. We are doubling. Ten  
15981 thousand of us are turning -- I am not 65 yet either, for the

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15982 record. Fred's older than me.

15983 Mr. Upton. I am not 65 either.

15984 Mrs. Dingell. I know.

15985 Counsel. So Mrs. Dingell, I think that was a reference to  
15986 how a growth in seniors in a State would intersect with the per  
15987 capita allotment. So --

15988 Mrs. Dingell. And greater healthcare needs as well.

15989 Counsel. To the extent that more individuals enroll in the  
15990 Medicaid program in any State, for any category, the Federal  
15991 contribution to the State would increase under the per capita  
15992 allotment.

15993 Mrs. Dingell. But is it going to keep up with inflation,  
15994 with the cost of long-term care, especially when you hit 80 and  
15995 over? How do they account for -- that is the population that has  
15996 the greatest healthcare needs. How are we accounting for the  
15997 increase in those that need coverage?

15998 Mr. Upton. I might ask the gentlelady have an additional  
15999 25 seconds. Unanimous consent?

16000 Mr. Barton. Oh, my, Lord, extra time.

16001 Mr. Upton. By the time you finish --

16002 Mr. Barton. Without objection, 25 seconds.

16003 Counsel. So the per capita allotment provision would grow  
16004 at CPI medical.

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16005 Mrs. Dingell. Not with the real rate of inflation.

16006 Counsel. Medical inflation.

16007 Mrs. Dingell. Thank you. And thank you for my extra time.

16008 Mr. Barton. The gentlelady's time has expired.

16009 Before I recognize somebody else I am going to ask Counsel  
16010 a question, primarily just to keep myself awake.

16011 You have somebody in a Medicaid expansion State that is a  
16012 healthy adult. You have somebody in a Medicaid State that is  
16013 disabled, two different people. Under current law, they both  
16014 sign up. The young adult signs up at the 95 percent match. Is  
16015 that correct?

16016 Counsel. That is correct and that phases down to 90 percent  
16017 under the current law.

16018 Mr. Barton. The disabled individual signs up at the regular  
16019 FMAP match, not the higher match.

16020 Counsel. That is correct, so traditional Medicaid  
16021 populations receive a lower match.

16022 Mr. Barton. So under current law --

16023 Counsel. Under current law.

16024 Mr. Barton. -- Medicaid eligibles under the traditional  
16025 categories are signed up at the normal FMAP but the new category  
16026 of young adults are signed up at the super match. Is that correct?

16027 Counsel. That's correct, sir.

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16028 Mr. Barton. Thank you.

16029 Does anybody on either side seek recognition? If not, the  
16030 chair is prepared to call the question. Does the gentleman seek  
16031 a roll call vote?

16032 All those in favor of the Pallone Amendment will vote aye.  
16033 All those opposed will vote no. The chair will call -- I mean  
16034 the clerk will call the roll.

16035 The Clerk. Mr. Barton.

16036 Mr. Barton. Votes no.

16037 The Clerk. Mr. Barton votes no.

16038 Mr. Upton.

16039 Mr. Upton. Votes no.

16040 The Clerk. Mr. Upton votes no.

16041 Mr. Shimkus.

16042 Mr. Shimkus. No.

16043 The Clerk. Mr. Shimkus votes no.

16044 Mr. Murphy.

16045 [No response.]

16046 The Clerk. Mr. Burgess.

16047 Mr. Burgess. No.

16048 The Clerk. Mr. Burgess votes no.

16049 Mrs. Blackburn.

16050 [No response.]

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16051 The Clerk. Mr. Scalise.  
16052 [No response.]  
16053 The Clerk. Mr. Latta.  
16054 Mr. Latta. No.  
16055 The Clerk. Mr. Latta votes no.  
16056 Mrs. McMorris Rodgers.  
16057 [No response.]  
16058 The Clerk. Mr. Harper.  
16059 Mr. Harper. No.  
16060 The Clerk. Mr. Harper votes no.  
16061 Mr. Lance.  
16062 Mr. Lance. No.  
16063 The Clerk. Mr. Lance votes no.  
16064 Mr. Guthrie.  
16065 Mr. Guthrie. No.  
16066 The Clerk. Mr. Guthrie votes no.  
16067 Mr. Olson.  
16068 Mr. Olson. No.  
16069 The Clerk. Mr. Olson votes no.  
16070 Mr. McKinley.  
16071 Mr. McKinley. No.  
16072 The Clerk. Mr. McKinley votes no.  
16073 Mr. Kinzinger.

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16074            Mr. Kinzinger.    No.  
16075            The Clerk.    Mr. Kinzinger votes no.  
16076            Mr. Griffith.  
16077            Mr. Griffith.    No.  
16078            The Clerk.    Mr. Griffith votes no.  
16079            Mr. Bilirakis.  
16080            Mr. Bilirakis.    No.  
16081            The Clerk.    Mr. Bilirakis votes no.  
16082            Mr. Johnson.  
16083            Mr. Johnson.    No.  
16084            The Clerk.    Mr. Johnson votes no.  
16085            Mr. Long.  
16086            Mr. Long.        No.  
16087            The Clerk.    Mr. Long votes no.  
16088            Mr. Bucshon.  
16089            Mr. Bucshon.    No.  
16090            The Clerk.    Mr. Bucshon votes no.  
16091            Mr. Flores.  
16092            Mr. Flores.        No.  
16093            The Clerk.    Mr. Flores votes no.  
16094            Mrs. Brooks.  
16095            Mrs. Brooks.    No.  
16096            The Clerk.    Mrs. Brooks votes no.

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16097 Mr. Mullin.  
16098 Mr. Mullin. No.  
16099 The Clerk. Mr. Mullin votes no.  
16100 Mr. Hudson  
16101 Mr. Hudson. No.  
16102 The Clerk. Mr. Hudson votes no.  
16103 Mr. Collins.  
16104 Mr. Collins. No.  
16105 The Clerk. Mr. Collins votes no.  
16106 Mr. Cramer.  
16107 Mr. Cramer. No.  
16108 The Clerk. Mr. Cramer votes no.  
16109 Mr. Walberg  
16110 Mr. Walberg. No.  
16111 The Clerk. Mr. Walberg votes no.  
16112 Mrs. Walters.  
16113 Mrs. Walters. No.  
16114 The Clerk. Mrs. Walters votes no.  
16115 Mr. Costello.  
16116 Mr. Costello. No.  
16117 The Clerk. Mr. Costello votes no.  
16118 Mr. Carter.  
16119 Mr. Carter. No.

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16120 The Clerk. Mr. Carter votes no.  
16121 Mr. Pallone.  
16122 Mr. Pallone. Aye.  
16123 The Clerk. Mr. Pallone votes aye.  
16124 Mr. Rush.  
16125 [No response.]  
16126 The Clerk. Ms. Eshoo.  
16127 Ms. Eshoo. Aye.  
16128 The Clerk. Ms. Eshoo votes aye.  
16129 Mr. Engel.  
16130 Mr. Engel. Aye.  
16131 The Clerk. Mr. Engel votes aye.  
16132 Mr. Green.  
16133 Mr. Green. Aye.  
16134 The Clerk. Mr. Green votes aye.  
16135 Ms. DeGette.  
16136 Ms. DeGette. Aye.  
16137 The Clerk. Ms. DeGette votes aye.  
16138 Mr. Doyle.  
16139 Mr. Doyle. Yes.  
16140 The Clerk. Mr. Doyle votes aye.  
16141 Ms. Schakowsky.  
16142 Ms. Schakowsky. Yes.

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16143 The Clerk. Ms. Schakowsky votes aye.  
16144 Mr. Butterfield.  
16145 Mr. Butterfield. Aye.  
16146 The Clerk. Mr. Butterfield votes aye.  
16147 Ms. Matsui.  
16148 Ms. Matsui. Aye.  
16149 The Clerk. Ms. Matsui votes aye.  
16150 Ms. Castor.  
16151 Ms. Castor. Aye.  
16152 The Clerk. Ms. Castor votes aye.  
16153 Mr. Sarbanes.  
16154 Mr. Sarbanes. Aye.  
16155 The Clerk. Mr. Sarbanes votes aye.  
16156 Mr. McNerney.  
16157 Mr. McNerney. Aye.  
16158 The Clerk. Mr. McNerney votes aye.  
16159 Mr. Welch.  
16160 Mr. Welch. Aye.  
16161 The Clerk. Mr. Welch votes aye.  
16162 Mr. Lujan.  
16163 Mr. Lujan. Aye.  
16164 The Clerk. Mr. Lujan votes aye.  
16165 Mr. Tonko.

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16166            Mr. Tonko.    Aye.  
16167            The Clerk.    Mr. Tonko votes aye.  
16168            Ms. Clarke.  
16169            Ms. Clarke.    Aye.  
16170            The Clerk.    Ms. Clarke votes aye.  
16171            Mr. Loeb sack.  
16172            Mr. Loeb sack.    Aye.  
16173            The Clerk.    Mr. Loeb sack votes aye.  
16174            Mr. Schrader.  
16175            Mr. Schrader.    Aye.  
16176            The Clerk.    Mr. Schrader votes aye.  
16177            Mr. Kennedy.  
16178            Mr. Kennedy.    Aye.  
16179            The Clerk.    Mr. Kennedy votes aye.  
16180            Mr. Cardenas.  
16181            Mr. Cardenas.    Aye.  
16182            The Clerk.    Mr. Cardenas votes aye.  
16183            Mr. Ruiz.  
16184            Mr. Ruiz.        Aye.  
16185            The Clerk.    Mr. Ruiz votes aye.  
16186            Mr. Peters.  
16187            Mr. Peters.     Aye.  
16188            The Clerk.    Mr. Peters votes aye.

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16189 Mrs. Dingell.

16190 Mrs. Dingell. Aye.

16191 The Clerk. Mrs. Dingell votes aye.

16192 Chairman Walden.

16193 The Chairman. Walden votes no.

16194 The Clerk. Chairman Walden votes no.

16195 The Chairman. [Presiding.] Are there any members wishing to

16196 be recorded? The gentlelady from Tennessee? Is she recorded?

16197 The Clerk. Mrs. Blackburn votes no.

16198 The Chairman. The gentleman from Pennsylvania, Mr. Murphy?

16199 Mr. Murphy. No.

16200 The Chairman. Votes no.

16201 The Clerk. Mr. Murphy votes no.

16202 The Chairman. The gentleman from Louisiana.

16203 Mr. Scalise. No.

16204 The Clerk. Mr. Scalise votes no.

16205 The Chairman. The gentlelady from the great State of

16206 Washington.

16207 Mrs. McMorris Rodgers. No.

16208 The Clerk. Mrs. McMorris Rodgers votes no.

16209 The Chairman. Anybody else on our side not recorded?

16210 Turning to this side, anybody over here not recorded?

16211 We have everybody. So, the Clerk will report the tally.

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16212           The Clerk. Mr. Chairman, on that vote, there were 23 ayes  
16213 and 31 noes.

16214           The Chairman. Twenty-three ayes, thirty-one noes; the  
16215 motion -- the amendment is not agreed to.

16216           Are there other amendments? Are there other members seeking  
16217 recognition?

16218           The chair recognizes the gentlelady from Florida for what  
16219 purpose?

16220           Ms. Castor. Thank you, Mr. Chairman. I have an amendment  
16221 at the desk.

16222           [The Amendment offered by Ms. Castor follows:]

16223

16224 \*\*\*\*\*COMMITTEE INSERT 29\*\*\*\*\*

16225 The Chairman. Can you describe that amendment for our  
16226 clerk?

16227 Ms. Castor. It is on age rating.

16228 The Chairman. And do you have a number or a reference? I  
16229 think you have got a cheat sheet there.

16230 Ms. Castor. I might. Yes, I do.

16231 The Chairman. Or do you have a copy of it?

16232 Ms. Castor. Yes, I do.

16233 The Chairman. It would just help our staff.

16234 Ms. Castor. This is at the end of the -- it is at the very  
16235 end of the bill to Section 135.

16236 The Chairman. If you have the amendment itself, at the top  
16237 it will give us a number.

16238 Ms. Castor. That is a different amendment.

16239 It is number eight.

16240 The Chairman. Eight? Okay. Let him get that and then we  
16241 will proceed.

16242 Ms. Castor. Thank you.

16243 The Chairman. The Clerk will report the amendment.

16244 The Clerk. An amendment to the amendment in the nature of  
16245 a substitute offered by Ms. Castor.

16246 The Chairman. The amendment, by unanimous is dispensed with  
16247 -- the reading is dispensed with.

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16248           The chair recognizes the gentlelady from Florida for 5  
16249 minutes.

16250           Ms. Castor. Thank you, Mr. Chairman.

16251           Colleagues, my amendment changes the Republican's  
16252 five-to-one age rating back to the three-to-one age rating, which  
16253 is the current law. The three-to-one age rating that was adopted  
16254 in the Affordable Care Act is a very important consumer protection  
16255 that prohibits insurance companies from charging older adults  
16256 more for their insurance and I am talking a whole lot more.

16257           In changing the age rating, the GOP is allowing insurance  
16258 companies to charge our older neighbors more. So the  
16259 affordability of insurance for our neighbors who are 50, age 50  
16260 and older up to going into Medicare gets dramatically more  
16261 difficult.

16262           How difficult, you ask? The five-to-one age rating would  
16263 disproportionately harm millions of hard-working  
16264 Americans who are currently participating in the marketplace, 40  
16265 percent of whom are over age 50. A report by RAND on the impact  
16266 of a five-to-one age rating would increase premiums for older  
16267 adults. It says that that age rating would increase premiums for  
16268 older adults by up to \$3,200 a year.

16269           In a February 2017 letter to Chairman Burgess and Ranking  
16270 Member Green, the AARP discussed how the ACA has helped drop the

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16271 uninsured rate for Americans age 50 to 64 by half. The ACA helped  
16272 drop it by half. That is a huge accomplishment. Think about  
16273 these folks. They are working hard. They didn't have insurance  
16274 through their employer. The Affordable Care Act and the  
16275 marketplace was a lifeline for them and thank goodness, when they  
16276 went in, they didn't have to pay exorbitant premiums and copays.  
16277 It was kind of kept in check.

16278           Additionally a September of 2015 Commonwealth Fund analysis  
16279 found that the change to five-to-one would cause 400,000 of our  
16280 older neighbors to lose coverage.

16281           Now remember what President Trump said. He promised  
16282 numerous times that the Republican bill will have better health  
16283 care for more people at a lesser cost. Well, the five-to-one age  
16284 rating included in this Republican bill would fail that test. And  
16285 I can't help but think of my friend, Kathy Palmer from Tampa, she  
16286 was my guest to the Joint Session of Congress, the President's  
16287 address to the Joint Session. She is 60 years old. She works  
16288 two part-time jobs. She is a single mom. She is also going to  
16289 school to get her accountant's degree. She has a teenager in high  
16290 school. And before the ACA, she could not afford insurance.

16291           So thanks to the marketplace, and some help with the tax  
16292 credit, and this age rating provision, she was able to afford care.  
16293 And here is the story she told me and she has spoken out across

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16294 my community back home in Tampa. In December, she had heart  
16295 pains. She thought she was having a heart attack. She rushed  
16296 to the emergency room. Thank goodness it was a false alarm. But  
16297 you know what? Can you guess what her emergency room bill was?  
16298 Seventy thousand dollars but, ultimately, she paid two hundred  
16299 dollars because she had coverage.

16300 And that is one of the problems with the GOP bill. It doesn't  
16301 commit to coverage. I know the new OMB Director today said on  
16302 today this isn't about insurance coverage, again, going back to  
16303 access. These are the things that are impeding, will really harm  
16304 our neighbors back home and I urge you to support this important  
16305 amendment to take the age rating back to an affordable level for  
16306 our older neighbors back home.

16307 The Chairman. The gentlelady yields back the balance of her  
16308 time. The chair recognizes the gentleman from Indiana, Dr.  
16309 Bucshon, for 5 minutes to speak on this matter.

16310 Mr. Bucshon. Mr. Chairman, thank you.

16311 Initial estimates from analysts suggest for the possibility  
16312 of success, the individual markets set up by Obamacare would need  
16313 to consist of at least 40 percent of young adults. Today, that  
16314 number sits near 30 percent, which has led to destabilized risk  
16315 pools and driven insurers out of many areas of the country. In  
16316 fact, patients in two-thirds of our country are limited to a choice

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16317 of one or two insurers. Across five entire States, patients have  
16318 only one option. The Department of Health and Human Services  
16319 estimates a 25 percent average increase in premiums for the  
16320 millions of Americans on exchanges.

16321 Under Obamacare, premiums may vary on the basis of an  
16322 enrollee's age but by more than a three-to-one ratio. CBO  
16323 suggests this policy inherently raises average premiums. Prior  
16324 to passage to Obamacare, healthcare expenses for the elderly  
16325 pre-Medicare age typically ran 4.8 times higher on average than  
16326 younger patients. This artificial age ban inhibits the ability  
16327 of insurers to provide actuarially sound plans driving younger,  
16328 healthier individuals out of the insurance market, skewing risk  
16329 pools and driving up premiums for everyone. The State Age Rating  
16330 Flexibility Act of 2017, which I had introduced and is in this  
16331 bill, gives control back to the States, allowing them to tailor  
16332 their age rating standards to their specific population.

16333 Under this legislation, starting in 2018, States may set  
16334 their age bands anywhere from five-to-one to one-to-one,  
16335 depending on their State. Studies suggest this change would add  
16336 almost 4.5 million individuals under the age of 47 to the  
16337 marketplace and drop average premiums by 9.5 percent.

16338 This flexibility will allow young, healthy patients to join  
16339 the health insurance marketplace, stabilize risk pools, allowing

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16340 insurers to offer patients more options, breeding competition and  
16341 driving down costs for everyone.

16342           And this has been done. In the State of Maine, the State  
16343 where the healthcare market was facing a long-term death spiral  
16344 even before Obamacare, they offered guaranteed issue and  
16345 preexisting condition protections to stabilize their market.  
16346 Maine had an Invisible High-Risk Pool that they loosened their  
16347 age ratio from 1.5 to one to three-to-one. As a result of these  
16348 changes, individuals in their early 20s were able to see premium  
16349 savings of nearly \$5,000 a year, while individuals in their 60s  
16350 saw savings of more than \$7,000.

16351           A board member of Maine's Invisible High-Risk Pool recently  
16352 wrote in Health Affairs, as premiums drop, more young and healthy  
16353 applicants entered the market, total enrollment increased for the  
16354 primary insurer in the market and the individual market's  
16355 multi-year death spiral was reversed.

16356           Mr. Chairman, our plan gives flexibilities to the States.  
16357 It more adequately reflects the real cost of care and I urge my  
16358 colleagues to reject this amendment. I yield back.

16359           The Chairman. The gentleman yields back. Are there are  
16360 other members wishing to be heard on this matter?

16361           The chair recognizes the gentlelady from California, Ms.  
16362 Eshoo, for 5 minutes to speak on the amendment.

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16363 Ms. Eshoo. Thank you, Mr. Chairman. I move to strike the  
16364 last word.

16365 I think that this is an age tax, in plain English. And I  
16366 don't know what the thinking was in how this was constructed but  
16367 while people over the age of 60 get twice as much as individuals  
16368 under 30, the replacement bill also increases the age rating ratio  
16369 from three-to-one to five-to-one. So, you end up with an age tax.

16370 And you are going to hear from a lot of people across the  
16371 country on this. This is going to create some real big bills and  
16372 hardships for people.

16373 Now, AARP says that their previous estimates on the age  
16374 rating change showed the premiums for current coverage could  
16375 increase by up to \$3,200 for a 64-year-old, while reducing  
16376 premiums by only \$700 for a younger enrollee. But they say the  
16377 change in structure of the bill will dramatically increase  
16378 premiums for older consumers. And they estimate that the bill's  
16379 changes to the current law's tax credits could increase premium  
16380 costs for a 55-year-old earning \$25,000 by more than \$2,300 a year.  
16381 For a 64-year-old earning \$25,000, that increase rises to more  
16382 than \$4,400 a year and more than \$5,800 for a 64-year-old earning  
16383 \$15,000. Why are you doing this? Why are you doing this?

16384 In so much of the conversation and debate this evening, one  
16385 of the things that our Republican colleagues have highlighted were

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16386 out-of-pocket costs for premiums. Well, if you objected to what  
16387 you were describing before, this provision has older Americans  
16388 being forced to pay higher out-of-pocket costs for their premiums  
16389 because of this age-adjusted tax credit, given the increase in  
16390 the adjustment ratio.

16391 So, this is an age tax. That is what you have got here.

16392 And I don't think that the -- I should put it this way. I  
16393 think the impacts are really rather significant. If these  
16394 numbers were much lower, at least some people would be able to  
16395 absorb them but these are large amounts. These are large amounts  
16396 of money and I just -- it is the opposite of what you were -- it  
16397 is not the opposite of what you were describing before relative  
16398 to higher out-of-pocket costs but now you have done a turnaround  
16399 and you are applying it and you are applying it to older Americans  
16400 and that is why it is an age tax.

16401 So I support the gentlewoman's amendment. And I don't know  
16402 if you are going to all get in a huddle after this markup and start  
16403 talking about some of the things that you have put into this bill  
16404 but, if there were to be a huddle, I would think it would be around  
16405 this one because this is going to be highly, highly objectionable  
16406 legitimately by people across the country that are anywhere from  
16407 what, 50 to 54 and older.

16408 So, I don't know if anyone would like my last 41 or 40 seconds.

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16409 No? All right.

16410 I will yield back. Thank you.

16411 The Chairman. The chair will recognize the chairman of the  
16412 Subcommittee on Health, the gentleman from Texas, Mr. Burgess.

16413 Mr. Burgess. Thank you, Chairman, for the recognition.

16414 And Chairman, as you know, our committee has been focused  
16415 on market reforms, market reforms without mandates. We have  
16416 talked a lot in the subcommittee about giving States options  
16417 through greater flexibility. Under the Affordable Care Act, not  
16418 only are there mandates on the healthcare benefits that must be  
16419 covered, there are also restrictions on cost factors. So  
16420 focusing on one, the age-rating ratio, many states were using a  
16421 five-to-one age ratio before 2010, meaning that the most expensive  
16422 plan can only cost five times more than the least expensive plan,  
16423 when it comes to patients' ages. The Affordable Care Act moved  
16424 this three-to-one -- moved this ratio to three-to-one for all  
16425 States, all States, regardless of their patient needs or  
16426 circumstances.

16427 During a hearing last year, quoting from a witness from that  
16428 hearing, quote, "making health insurance too expensive for  
16429 healthier young people we want in the insurance pools drives them  
16430 away, increasing the cost of insurance for everyone who remains."  
16431 Closed quote.

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16432           Again, looking to the Congressional Budget Office and  
16433 quoting from them, average spending among people who are 64 years  
16434 old is about 4.8 times as high as average spending among people  
16435 who are 21 years old.

16436           In a separate hearing, another witness suggested the cost  
16437 for an average 64-year-old may be as much as six times that of  
16438 a 21-year-old. Here is the witness in his own words: "The  
16439 average 64-year-old consumes six times as much health care in  
16440 dollar value as the average 21-year-old. Hence, in an  
16441 underwritten insurance market, insurance premiums for  
16442 64-year-olds are roughly six times as costly as those for  
16443 21-year-olds. Under the Affordable Care Act, policies are  
16444 age-rated. Insurers cannot charge their oldest policyholders  
16445 more than three times what they charge their youngest customers.  
16446 If every customer remains in the insurance market, this has the  
16447 net effect of increasing premiums for 21-year-olds by 71 percent  
16448 and reducing them for 64-year-olds by 13 percent."

16449           Mr. Chairman, I don't think it is any secret we want to  
16450 attract younger, healthier patients to healthcare plans. Making  
16451 health insurance more affordable will encourage all patients to  
16452 buy and to keep health insurance without a government mandate.

16453           As far back as 2013, the Kaiser Family Foundation argued that  
16454 the percentage of young people necessary to balance the risk

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16455 should be 40 percent. This report calls a scenario where young  
16456 adults represent only 25 percent of enrollees what they called  
16457 the worst-case scenario.

16458 And it goes on to say, quoting here, "but if this more extreme  
16459 assumption of low enrollment among young adults holds, overall  
16460 costs in the individual market plans would be about 2.4 percent  
16461 higher than premium revenues. Today, the number of young,  
16462 healthier enrollees is less than 30 percent. Initial estimates  
16463 from analysts suggested for a possibility of success the  
16464 individual markets set up in the Affordable Care Act would need  
16465 to consist of at least 40 percent young adults." Forty percent  
16466 young adults. Today, that number sits near 30 percent. So  
16467 everyone here should be able to agree that we need more young,  
16468 healthy individuals for a stable market. It is one of the  
16469 strongest tools that we have to achieve that goal.

16470 Studies suggest that this change would add almost 4.5 million  
16471 individuals under 47 to the marketplace and drop average premiums  
16472 by 9.5 percent.

16473 This policy gives control back to the States. It allows the  
16474 States to tailor their age-rating standards to their specific  
16475 population. Each State has different populations and they are  
16476 allowed to set their age rating wherever it most advantages their  
16477 citizens.

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16478 Thank you, Mr. Chairman. I will yield back the balance of  
16479 my time.

16480 The Chairman. The gentleman yields back.

16481 Are there other members wishing to be heard on this matter?

16482 The chair recognizes the gentlelady from Colorado, Ms. DeGette,  
16483 for 5 minutes.

16484 Ms. DeGette. Thank you, Mr. Chairman.

16485 Mr. Chairman, when we passed the Affordable Care Act, one  
16486 of the issues that we faced was the fact that older  
16487 Americans who had, oftentimes, more complicated and greater  
16488 healthcare issues and healthcare needs could not afford their  
16489 insurance. And so what we did when we passed the ACA was we  
16490 instituted a three-to-one ratio and that is because we want older  
16491 people, people who are what did they call them earlier today, the  
16492 younger or the almost elderly, the people from 50 to 65, we want  
16493 to make sure that people like that can actually get insurance that  
16494 they can afford and get the health care that they need.

16495 Now prior to the Affordable Care Act, most States did not  
16496 protect consumers from being charged higher premiums solely based  
16497 on age. And so these older people, many of them could not afford  
16498 to get insurance.

16499 The ACA's three-to-one ratio struck really a good balance  
16500 because it shielded older Americans from paying vastly higher

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16501 premiums than younger, healthier enrollees but it also did allow  
16502 for some age rating. And what would happen would be if you did  
16503 the five-to-one ratio, premiums for older adults would increase  
16504 more substantially than premiums would decrease for younger  
16505 enrollees.

16506 And so just for an example, the annual premium for a typical  
16507 silver plan for a 64-year-old would grow from \$8,500 under the  
16508 ACA to \$11,000. A 24-year-old enrollee would see premiums fall  
16509 from \$2,800 to \$2,100. And so what would happen if you went to  
16510 a five-to-one ratio, you would actually overcharge older adults  
16511 and undercharge younger adults.

16512 Now, my friends on the other side of the aisle say well, we  
16513 want to encourage enrollment among the young and healthy and yes,  
16514 we do but let's not forget that enrollment among the young and  
16515 healthy has actually been relatively strong under the ACA. In  
16516 2016, 32 percent of the marketplace enrollees were ages 19 to 34,  
16517 which is pretty comparable to their representation in the  
16518 population. We can always do better. I am not suggesting that  
16519 we have achieved everything we want with the young and healthy  
16520 but to put it on the backs of older Americans would only make our  
16521 situation worse because they wouldn't be able to afford insurance.

16522 In fact, if you changed the ratio to five-to-one, that would  
16523 decrease coverage among healthy older adults by as many as 400,000

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16524 people over age 47.

16525 Now, this is why the AARP came out in opposition to this  
16526 legislation. And I know that one of my colleagues has already  
16527 put the letter into the record but what AARP is concerned about  
16528 is for older adults, people who are not Medicare-eligible, they  
16529 will not be able to afford insurance. And what AARP estimated  
16530 is that for a 64 year old senior who makes \$15,000 to \$25,000 a  
16531 year, premium increases could be as high as \$7,000 to \$8,000 a  
16532 year. You tell me who they are going to afford that insurance  
16533 at a salary of \$15,000 to \$25,000 a year.

16534 And so I really think this is a very backward way of thinking.  
16535 It didn't work before and it is certainly not going to work now.  
16536 If our goal is to get meaningful health insurance for every  
16537 American, we should stick with our three-to-one ratio and fix some  
16538 other things.

16539 With that, I yield back.

16540 The Chairman. The gentlelady yields back.

16541 The chair recognizes the gentleman from Georgia, our  
16542 pharmacist.

16543 Mr. Carter. Thank you, Mr. Chairman. I am glad we finally  
16544 got to this end of the dais. I appreciate that very much.

16545 Mr. Chairman, I want to talk about this real quickly. The  
16546 plan that we are offering here will strengthen the healthcare

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16547 market by loosening Obamacare's age-rating ratio, which is used  
16548 to adjust premium amounts according to an individual's age.

16549           Obamacare mandated that the cost of the most generous plan  
16550 for older patients can only be three times what younger consumers  
16551 pay for the least generous plan. This unrealistic regulation led  
16552 to insurance pools with older, less healthy individuals, while  
16553 driving younger and healthier Americans from the insurance  
16554 market. This ill-advised three-to-one policy led to  
16555 artificially higher premiums for millions of Americans,  
16556 especially younger and healthier patients.

16557           Loosening the age-rating restriction will help. My  
16558 colleague, Dr. Bucshon, gave the example of Maine. Maine, a State  
16559 where the healthcare market was facing a long-term death spiral.  
16560 Even before Obamacare, they offered guaranteed issue and  
16561 preexisting condition protections. To save lives through their  
16562 market, Maine had an Invisible High-Risk Pool that loosened their  
16563 age ratio from 1.5-to-1 to 3-to-1.

16564           As a result of these changes, individuals in their early 20s  
16565 were able to see premium savings of nearly \$5,000 per year, while  
16566 individuals in their 60s saw savings of more than \$7,000 a year.  
16567 As premiums drop, more young and healthy applicants entered the  
16568 market.

16569           Now the plan that we are offering here, Mr. Chairman, states

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16570 that the flexibility in resources experienced these same results  
16571 as they had in Maine. We are told by the health economists that  
16572 the cost of care by age is roughly 4.8-to-1; hence, that is where  
16573 we get the 5-to-1 ratio.

16574 Our plan accepts this reality, loosening the ratio to  
16575 five-to-one and gives the States the flexibility to set their own  
16576 ratio. Obamacare failed to make health coverage more affordable  
16577 for the majority of Americans. Instead, it increased costs, it  
16578 reduced access, everything.

16579 Now, hear this and make sure we understand because we just  
16580 heard it said that this was an age tax. Keep in mind that to  
16581 protect older Americans, our plan will also provide a more  
16582 generous tax credit to older Americans purchasing coverage in the  
16583 individual market. So we are offsetting that. This is not an  
16584 age tax. Keep that in mind. Our age-rating reform will help  
16585 bring younger enrollees get health care and improve the  
16586 deteriorating individual insurance market for everyone. This  
16587 flexibility will allow young, healthy patients to join the Health  
16588 Insurance Marketplace, stabilizing risk pools, allowing insurers  
16589 to offer patients more options, breeding competition -- breeding  
16590 competition and driving down costs for everyone.

16591 So four major points there, Mr. Chairman. First of all, the  
16592 real cost of care by age is roughly 4.8-to-1, according to health

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16593 economists. So our plan accepts this reality. It loosens the  
16594 ration to five-to-one and it gives the States the flexibility to  
16595 set their own ratio.

16596 Third, the third point is to protect older Americans. Our  
16597 plan also provides a more generous tax credit to older Americans  
16598 purchasing coverage in the individual market.

16599 So I think it is erroneous and I think it is misleading to  
16600 say that this is an age tax. It is not. This is simply going  
16601 to make the markets more competitive. So I hope that we will  
16602 defeat this amendment because what we are offering here is going  
16603 to achieve exactly what we are trying to trying to achieve and  
16604 that is more competition in the marketplace.

16605 And I yield back.

16606 Mr. Bucshon. Will the gentleman yield?

16607 Mr. Carter. I do.

16608 Mr. Bucshon. Just a quick point also. This is one of the  
16609 main reasons why the exchanges are spiraling and insurance  
16610 companies are dropping out. Young, healthy people, the predicted  
16611 percentage of 40 percent is around 28 to 30 percent. Because of  
16612 that, costs are going up for everyone, further driving even more  
16613 people out of the marketplace and that is why the exchange is --  
16614 one of the main reason the exchanges are failing.

16615 This type of change will bring the cost down for everyone

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16616 and encourage younger, healthier people to get into the market  
16617 and, as they do, the costs will continue to come down, of course,  
16618 because their risk is less.

16619 I yield back to the gentleman.

16620 Mr. Carter. Mr. Chairman, I will yield back the remainder  
16621 of my time.

16622 The Chairman. The gentleman yields back. Are there other  
16623 members seeking recognition?

16624 The chair recognizes the gentlelady from Illinois for  
16625 purposes of debate on this amendment.

16626 Ms. Schakowsky. Thank you, Mr. Chairman.

16627 What I would say to my colleagues across the aisle, if you  
16628 don't think that your town hall meetings are raucous enough, then  
16629 I would definitely suggest that you vote against this amendment.

16630 It is just shocking to me that at the same time that your  
16631 bill would give a \$600 billion tax cut to the richest Americans  
16632 and corporations, that you are going to figure out a way -- and  
16633 you have got it all figured out I know. You have all added it  
16634 up. I know in the tax credit, well that is going to make all the  
16635 difference in the world. The tax credit, which is not even based  
16636 on income, it is just based on age, is going to fix everything  
16637 here. And you are going to take it out on the backs of senior  
16638 citizens. And the median annual income of a senior purchasing

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16639 insurance on the exchange is \$25,000 -- \$25,000. And let's just  
16640 figure out how we are going to make them pay more out-of-pocket  
16641 for their health care. That is exactly what we were trying to  
16642 address in the Affordable Care Act. How are we going to make it  
16643 possible for seniors to get the health care they need? Never mind  
16644 saving for retirement. We are talking now about the 50- to  
16645 64-year-olds, where we have a huge retirement crisis right now.  
16646 People don't have a penny in the bank in order to retire, largely  
16647 because they are paying so much money for their healthcare costs.

16648           Now we could figure out with \$600 billion how we might be  
16649 able to figure out a scheme that would protect those senior  
16650 citizens and would be able to attract the younger people. And  
16651 I don't know if Maine is the only example of how this thing worked,  
16652 if it has really been tested. AARP says seniors are going to pay  
16653 \$3,000 more or even above that and the young people will see \$700  
16654 less that they pay. I am not sure how that actually works out.

16655           So you know I think this is an absolutely crazy thing to do.  
16656 I agree with my colleagues who called this an age tax. That is  
16657 exactly what we are dealing with right now.

16658           And I am just wondering. I want to ask my Republican  
16659 colleagues, did you really come to Congress to take health care  
16660 away from senior citizens? Because that is what happens. When  
16661 you can't afford the care, you don't get the care. We have all

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16662 heard the stories of seniors cutting their medication in half,  
16663 taking a pill every other day, of not going to the doctor, of  
16664 putting off the kind of preventative care that they need because  
16665 they simply can't afford their health care.

16666 And you know just all this adding it up I think with very  
16667 little evidence that this kind of thing is going to absolutely  
16668 attract young people to come in. We do have a problem there.  
16669 Let's sit down and figure that out and figure out maybe we can  
16670 lower the cost for young people but to ask our seniors -- and by  
16671 the way, it gives the States permission not just to go to  
16672 five-to-one, they could go to six-to-one, or seven-to-one. In  
16673 other words, insurers could charge any darn thing they want to  
16674 the senior citizens at any level they want. As long as the State  
16675 says that it is going to be okay, they could set that rate at any  
16676 place.

16677 I just think this -- and it is not just me. The 35 million  
16678 members of AARP are not going to be greeting this message and your  
16679 vote with glee here. They are not going to congratulate you for  
16680 figuring out how to balance the healthcare market, I assure you.

16681 I have been working professionally with senior citizens long  
16682 before I was one myself. And I know that this is going to be a  
16683 real thorn in their side and is not necessary. We don't need to  
16684 do this. You don't need to vote against this amendment. And I

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16685 support the woman's amendment and would like to see it passed.

16686 I yield back.

16687 The Chairman. The gentlelady yields back.

16688 Other members seeking recognition? The chair recognizes  
16689 the gentleman from Texas, Mr. Flores.

16690 Mr. Flores. Thank you, Mr. Chairman. One of the primary  
16691 reasons, as you have heard already, for the death spiral that  
16692 Obamacare exchanges are in is because of this artificial  
16693 three-to-one ratio. If you think about it for a minute, if the  
16694 cost to provide health care to a 60-year-old is \$500 a year but  
16695 you only charge them \$300 a year and you are taking that \$200  
16696 difference and charging it to a younger population, that is an  
16697 age tax but it is an age tax on the younger. It is an age tax  
16698 on the 27-year-old who is just starting in their career, who has  
16699 a lower income, who can't afford to buy as much as somebody who  
16700 is farther along in their career can. And so it is an age tax.  
16701 It hurts our millennial generation because it is an  
16702 inter-generational transfer of funds of costs from one generation  
16703 to a younger generation and that is what we shouldn't have.

16704 My first economics professor taught me something I have never  
16705 forgotten. She said the laws of economics are like the laws of  
16706 gravity. The more you violate them, the harder the impact at the  
16707 end. By artificially setting the underwriting ratio at

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16708 three-to-one instead of what the real costs are, you are causing  
16709 a disruption. So you are causing younger people to not be able  
16710 to afford their health care because it is more expensive than the  
16711 product they are buying and so they don't buy it. And so then  
16712 you wind up with an older population that is expensive that is  
16713 not paying the full share of the cost on an underwriting basis  
16714 and the whole system collapses.

16715 And that is what happened. And that is the reason why we  
16716 have got younger, healthier Americans that are driven away from  
16717 the insurance markets and that has caused prices to rise for all  
16718 consumers. In fact, persons who purchased insurance through  
16719 Obamacare's individual marketplace saw their monthly premiums  
16720 increase by an average of 25 percent.

16721 So our plan, our proposal, accepts reality and it allows the  
16722 States to set their own rate up to five-to-one. And our goal is  
16723 to pull health insurance markets out of a death spiral by  
16724 encouraging younger people to purchase health coverage and incur  
16725 more health coverage options to help drive down costs for  
16726 everyone.

16727 The gentlelady's amendment also, by having a three-to-one  
16728 ratio says that older patients with the most generous plan are  
16729 only charged three times what younger consumers pay for the least  
16730 generous plan. So, there is a further violation of the laws of

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16731 economics in that.

16732 I can understand why AARP doesn't like this is because they  
16733 are not getting young people to subsidize the cost of care for  
16734 their population. And look, I am part of that population so it  
16735 seems to me like I ought to pay for my share of the cost of the  
16736 coverage that I incur.

16737 And Mr. Chairman, I yield back.

16738 The Chairman. The gentleman yields back the balance of  
16739 time.

16740 Mr. Carter. Would the gentleman yield? Can I --

16741 The Chairman. That would be up to Mr. Flores.

16742 Mr. Flores. I yield to Mr. Carter.

16743 Mr. Carter. Mr. Chairman, very quickly, the gentleman has  
16744 just articulated it excellent and thank you for doing that.  
16745 Because the point is even Obamacare, when Obamacare was proposed,  
16746 this is what the idea was, to get more young people into the  
16747 healthcare market, into the health insurance market. It didn't  
16748 work. It didn't work at three-to-one. We give you an example  
16749 of where it did work in Maine. It saved money. It saved  
16750 20-year-olds \$5,000 per year. It saved those in their 60s \$7,000  
16751 per year.

16752 This is not an age tax. We are giving a tax credit, more  
16753 of a tax credit to those older people who need it. We get them

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16754 in the market, along with the younger people. We increase  
16755 competition and then the costs go down.

16756 Of all the things that we have done in this plan, this is  
16757 one of the best things that we have done. I would submit to you  
16758 that this is going to help competition as much as anything is going  
16759 to.

16760 So I thank the gentleman from Texas for doing such a good  
16761 job of articulating that. And I will submit again that  
16762 three-to-one it didn't work in Obamacare. We are going to try  
16763 it this way. It is not going to cost the older people any more.  
16764 They are going to get a tax credit for it. This is going to  
16765 increase competition.

16766 Mr. Chairman, I yield.

16767 The Chairman. The gentleman yields back the balance time  
16768 to Mr. Flores. Mr. Flores --

16769 Mr. Flores. I yield back the balance of my time.

16770 The Chairman. -- yields back.

16771 Other members seeking recognition? The chair recognizes  
16772 the gentleman from North Carolina.

16773 Mr. Butterfield. Mr. Chairman, I just have a brief question  
16774 of Counsel. I can do this very quickly.

16775 Is the five-to-one ratio aspirational or is it actually a  
16776 ceiling?

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16777 Counsel. So, page 66 sets the ratio at five-to-one but  
16778 states could narrow or expand that ratio.

16779 Mr. Butterfield. States could go beyond. And would you  
16780 think a State like North Carolina would exceed the five-to-one  
16781 ratio?

16782 The Chairman. That is not a --

16783 Mr. Butterfield. That is rhetorical. I withdraw the  
16784 question.

16785 The Chairman. Yes, thank you.

16786 Mr. Butterfield. Thank you, Mr. Chairman, I yield back.

16787 The Chairman. Thank you. The gentleman yields back.

16788 Any members on this side of the aisle? Other members? I  
16789 guess we go down here to Mr. Sarbanes. You are recognized to speak  
16790 for 5 minutes to speak on the amendment.

16791 Mr. Sarbanes. Thank you, Mr. Chairman. I don't know that  
16792 I need 5 minutes. I am very concerned about changing the age  
16793 rating and I am even more concerned to hear that this five-to-one  
16794 is sort of a guideline but States can go on either side of that  
16795 because once you take down the guardrails, which is essentially  
16796 what the age rating is, you begin to slice the insurance pool back  
16797 up in ways that completely undermine the principle of broadening  
16798 insurance pool, spreading risk in a way that can make the pool  
16799 viable and also those who are benefitting from the coverage in

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16800 the pool addressed in an effective way.

16801           So I worry that there is a combination effect occurring with  
16802 respect to older Americans and that combination is negative and  
16803 it comes from the age rating being changed, which is going to have  
16804 a significant impact on the premiums that are being paid by older  
16805 Americans in the health exchanges.

16806           The supports to help alleviate the burden of some of the  
16807 deductibles and copayment assistance or copayments that are in  
16808 the current ACA are also going away. So that extra support that  
16809 is available will not be there anymore.

16810           And then the notion that the tax, these flat tax credits,  
16811 you know there is a couple of tiers to them, but the idea that  
16812 those, in any way, can substitute for the affordability credits  
16813 that are being pulled away is nonsense. Every analysis that has  
16814 been done so far suggests that, again, particularly for those  
16815 adults who are in the higher age brackets within the insurance  
16816 exchange, the health exchanges, the credits that are available  
16817 to them under this proposed legislation don't come anywhere close  
16818 to making up for the affordability credits that are being lost.

16819           And so you have the combination of the tax credits being less,  
16820 essentially being downgraded. You have assistance with respect  
16821 to deductibles and copayments going away and then taking these  
16822 guardrails out of the picture, which are the age ratings. And

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16823 those ratios further aggravate the impact on those in the higher  
16824 age bracket who are getting their coverage through the health  
16825 insurance exchanges.

16826 So you put all that together and it is really a significant  
16827 burden on those folks in the health insurance exchanges. And for  
16828 that reason, I don't think we should be changing the age rating,  
16829 particularly in the context of all of these other things that are  
16830 happening.

16831 I yield back.

16832 The Chairman. The gentleman yields back the balance of  
16833 time.

16834 Other members seeking recognition on this amendment? The  
16835 chair recognizes the gentleman from New Mexico for 5 minutes for  
16836 purposes of striking the last word.

16837 Mr. Lujan. Thank you, Mr. Chairman. Good morning, sir.

16838 The Chairman. Good morning.

16839 Mr. Lujan. Counsel responded to Mr. Butterfield's question  
16840 in a way that caught my attention. I wasn't intending on asking  
16841 anything during this round.

16842 Did I hear General Counsel say that the age rating is changed  
16843 to five-to-one in this bill?

16844 Counsel. Five-to-one and States can expand or narrow the  
16845 band.

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16846 Mr. Lujan. So that is the part that I want to zero on.

16847 States can expand or narrow. What does that mean?

16848 Counsel. They could go below five-to-one. They could go  
16849 above five-to-one.

16850 Mr. Lujan. It could be ten-to-one.

16851 Counsel. It would be at the State's discretion.

16852 Mr. Lujan. It could be twenty-to-one.

16853 Counsel. That's correct.

16854 Mr. Lujan. It could be two-to-one.

16855 Counsel. It could be two-to one.

16856 Mr. Lujan. So why put a number in there at all?

16857 Mr. Chairman, the Republicans in this bill chose to put a  
16858 number in there that they have been bragging on that is five-to-one  
16859 and I guess I didn't fully appreciate this. Maybe when Counsel  
16860 was reading the bill yesterday morning they were going a little  
16861 fast here so I didn't catch that, as I was going through it. Maybe  
16862 it was when I went to the restroom, Mr. Chairman, and I got scolded  
16863 for that one, too.

16864 The Chairman. There you go.

16865 Mr. Lujan. But help me understand that. Then is  
16866 five-to-one a suggestion?

16867 Mr. Carter. Will the gentleman yield?

16868 Mr. Lujan. Sure.

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16869 Mr. Carter. As we said before, health economists have said  
16870 that cost of care by age is roughly 4.8-to-1. Hence, that is where  
16871 we got the five-to-one.

16872 Mr. Lujan. You are not saying it shall be five-to-one and  
16873 only be five-to-one. That is not what this bill says. Correct,  
16874 Counsel?

16875 Counsel. It sets it at five-to-one but States can narrow  
16876 or expand.

16877 Mr. Lujan. Do States need to apply for a waiver to expand  
16878 or contract?

16879 Counsel. No.

16880 Mr. Lujan. States can on their own determine whatever ratio  
16881 they want.

16882 Counsel. Yes.

16883 Mr. Lujan. So I go back to the question I asked before. Why  
16884 are Republicans setting a number to begin with, just so they can  
16885 feel good about themselves? I just don't understand that.

16886 Mr. Shimkus. Will the gentleman yield?

16887 Mr. Lujan. Mr. Shimkus.

16888 Mr. Shimkus. I mean just following up on what was stated  
16889 earlier is that the desire to get the young, healthy people into  
16890 the market.

16891 Mr. Lujan. But reclaiming my time, the point that I am

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16892 trying to make here is while five-to-one has been talked about,  
16893 maybe there is some numbers that people can cite, the bill does  
16894 not require five-to-one. The bill says States can do whatever  
16895 you want. So we suggest you do five-to-one is what the bill says  
16896 but States can do whatever they want. It could be ten-to-one,  
16897 eight-to-one, seven-to-one, whatever the States determine.

16898 I am sorry, Mr. Chairman, I guess I just caught that all.

16899 Mr. Green. Will the gentleman yield?

16900 Mr. Lujan. I yield to Mr. Green.

16901 Mr. Green. The five-to-one, is that -- so getting older is  
16902 going to be a preexisting condition. So people 62, 63 will have  
16903 to pay that much more premium to draw in the young and invincibles.  
16904 It sounds like a preexisting condition to me.

16905 Mr. Lujan. Mr. Sarbanes. I yield to Mr. Sarbanes.

16906 Mr. Sarbanes. Well, yes, just picking up on the theme here.  
16907 I mean this is being stated as an effort to encourage the young  
16908 and healthy to get in but if you get to ten-to-one or  
16909 fifteen-to-one, I mean getting them in at a certain point doesn't  
16910 offer you much benefit if they are getting in for a nickel and  
16911 all of the premium costs are being loaded up to these folks who  
16912 are in the higher age bracket.

16913 So there is a rationale to putting the ratio in a place where  
16914 there is some connection there because, otherwise, you are not

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16915 going to get people coming in who are young and healthy who are  
16916 benefitting the pool with the premiums that they are paying. So,  
16917 I yield back.

16918 Mr. Lujan. And Mr. Sarbanes, I guess the only thing that  
16919 concerns me more than that is there is no protections for those  
16920 that are older in here, none. That ratio can be as high as the  
16921 State wants it. Our Republican colleagues can't even set a cap.  
16922 Maybe we add an amendment --

16923 The Chairman. Will the gentleman yield?

16924 Mr. Lujan. -- that would say it can be no more than a  
16925 hundred-to-one. At least that is a start.

16926 The Chairman. Will the gentleman yield?

16927 Mr. Lujan. Yes, sir, Mr. Chairman.

16928 The Chairman. Were you not on a public utility commission?

16929 Mr. Lujan. I was, Mr. Chairman.

16930 The Chairman. Didn't you set rates? How the heck can we  
16931 trusted you to set rates at the State level?

16932 Mr. Lujan. Mr. Chairman, reclaiming my time.

16933 The Chairman. I don't get it.

16934 Mr. Lujan. Reclaiming my time. Mr. Chairman, you and I  
16935 both know when you are establishing rates and you are looking at  
16936 rates, you have a fixed rate in there. And so what you have done  
16937 is you have said we will suggest a --

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16938 The Chairman. The gentleman's time has expired.

16939 Mr. Lujan. Mr. Chairman, you took a little of my time there.

16940 The Chairman. Well, you yielded to me. The gentleman's  
16941 time has expired.

16942 Mr. Lujan. Mr. Chairman, you are suggesting the utility  
16943 should only pay whatever, five cents a kilowatt hour but you can  
16944 feel whatever you feel like charging to that customer.

16945 The Chairman. No, that is not --

16946 Mr. Lujan. You are setting the range --

16947 The Chairman. The gentleman's time has expired.

16948 Mr. Lujan. Another thought it is why details matter in these  
16949 legislations.

16950 The Chairman. The gentleman's time has expired. I am going  
16951 to recognize myself to continue this discussion because I find  
16952 it fascinating.

16953 Because we have a couple of former rate regulators from the  
16954 State and I might ask my colleague, Mr. Cramer, who was an elected  
16955 rate regulator.

16956 So why is it that only a Washington politician or bureaucrat  
16957 knows the right rate and it is arbitrary and not based on the  
16958 marketplace? Is there a reason that we wouldn't trust somebody  
16959 at the State level to take care of their constituents?

16960 Mr. Cramer. My answer would not be as clear and articulate

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16961 as your question. You answered the question with the question.

16962 The Chairman. Tell me about that.

16963 Mr. Cramer. Well, I was sitting here listening and I had  
16964 the exact same thought as you asked. I was sitting here thinking  
16965 what in the world would we be doing if turned North Dakota's  
16966 utility rates over to the FERC. That would make no sense because  
16967 we, in North Dakota, know the cost of the resource, the cost of  
16968 the transmission, whether it is electricity or gas. We are the  
16969 experts on the ground with the customer. And to somehow suggest  
16970 that we should be confined by some Washington mandate violates  
16971 really what is best for the people that we work for.

16972 So your question to Mr. Lujan is exactly what was running  
16973 through my mind.

16974 Mr. Lujan. Will the gentleman yield?

16975 The Chairman. And the stunning thing --

16976 Mr. Lujan. Will the gentleman yield?

16977 The Chairman. The stunning thing to me is that Mr. Lujan,  
16978 himself, was a public utility commissioner and they looked at the  
16979 market. They looked at their resources. They looked at what  
16980 mattered to New Mexico, and I assume didn't stick it to the  
16981 consumer just because they could.

16982 Mr. Cramer. Well, if they did, you wouldn't be in the job  
16983 very long.

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16984 The Chairman. Okay and that would apply to any commissioner  
16985 anywhere. I am not picking on Mr. Lujan here.

16986 Mr. Cramer. That's true.

16987 The Chairman. But I am just saying I am thinking through  
16988 my days in the State legislature --

16989 Mr. Lujan. Mr. Chairman, since you have used my name a few  
16990 times, would you yield to me?

16991 The Chairman. Of course I will, in just a second, to my good  
16992 friend.

16993 Mr. Lujan. Thanks.

16994 The Chairman. But my point is this is the seminal difference  
16995 between, I guess on this issue at least, between us on the  
16996 Republican side and you all on the Democratic side, which is we  
16997 actually trust people closer to the patient, closer to the  
16998 consumer to make this decision better than some bureaucrat back  
16999 here and I would just take you back to my comments from Governor  
17000 Herbert in Utah, who had to plead with a bureaucrat in Washington  
17001 to be able to use this new technology called email to email his  
17002 Medicaid recipients who had email and he was turned down by the  
17003 Federal bureaucrat by email. And it would have saved \$6 million  
17004 for the State of Utah that could have gone into health care. But  
17005 oh, no, Washington bureaucrat knew best and the Obama  
17006 administration said no, you can't use this wild new, crazy

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17007 technology that everybody else uses. You can't save your State  
17008 \$6 million. You have got to continue to use snail mail.

17009 This makes no sense. So yes, I would now yield to my friend.

17010 Mr. Lujan. Mr. Chairman, I just hope all the seniors that  
17011 are watching here understand that there is no protections for them  
17012 against these rate increases.

17013 And as I reminded the Chairman earlier, your good Governor  
17014 from Oregon said the Republic bill will increase costs for women  
17015 and seniors. Now I see why.

17016 The Chairman. So I am reclaiming my time. The good  
17017 Governor and I have a disagreement, too. Oregon voters voted to  
17018 dedicate a whole bunch of lottery money to help our veterans and  
17019 she took the money out of her budget from general fund that was  
17020 there for veterans. They are feeling really sold out right now,  
17021 I will tell you. So, the Governor and I have a little difference  
17022 of opinion there.

17023 But the bottom line is we believe in the States and the closer  
17024 we get these decisions back to the people who are right there in  
17025 the communities, it is what we believe in with the CCOs. It is  
17026 what we believe in in other parts of what we do. And for the life  
17027 of me, I can't imagine why, if it were Mr. Cramer back in North  
17028 Dakota, he would think it is in his best interest or the best  
17029 interests of the consumers in North Dakota to come up with some

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17030 cockamamie scare tactic rate that doesn't work for them. This  
17031 makes no sense.

17032 And by locking in this arbitrary three-to-one, that is the  
17033 arbitrary number here is what you all did to lock it in. You stuck  
17034 it to the younger generation. Please. You stuck it to the  
17035 younger generation --

17036 Mr. Lujan. Will the chairman yield?

17037 The Chairman. No, I will not yield. You stuck it to the  
17038 younger generation and they said not buying what you are selling.  
17039 That is why 19.2 million people under the age of 35 -- 45 percent  
17040 of whom are under the age of 35, said I will pay the IRS penalty,  
17041 that is your enforcement mechanism, or I will get a waiver but  
17042 I am not buying insurance so I am out of the pool.

17043 My time has expired.

17044 Other members seeking recognition? Sorry, I have got to go  
17045 by seniority. Mr. Tonko.

17046 Mr. Tonko. Thank you, Mr. Chair.

17047 I rise in support of the gentlelady's amendment to eliminate  
17048 the age tax. Older Americans are among the hardest hit by this  
17049 Republican plan. Not only would the propose tax cuts drain away  
17050 the Medicare Trust Fund to pay for a handout for the wealthy, this  
17051 Republican plan also repeals a common sense protection within the  
17052 Affordable Care Act that kept premiums under control for those

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17053 in their 50s and 60s. Instead, under this Republican plan, older  
17054 Americans will be forced to spend their pre-retirement years  
17055 paying thousands more every year just to keep their health care.  
17056 Then, we are hitting seniors with massive Medicaid cuts that will  
17057 jeopardize their long-term care. I don't think it is a winning  
17058 political strategy, for certain, to kick granny out of the nursing  
17059 home.

17060 This entire bill is an attack on seniors. The Brookings  
17061 Institute has estimated that this Republic repeal bill would not  
17062 only impose a new age tax on seniors, it will hasten the insolvency  
17063 of the Medicare Trust Fund by 2024.

17064 Earlier tonight or perhaps yesterday, I heard my colleagues  
17065 talk about how the ACA raided billions of dollars from Medicare.  
17066 I would ask Counsel does this Republican repeal bill return this  
17067 funding to Medicare that my Republican colleagues care so deeply  
17068 about? Does it return any dollars to the Trust Fund?

17069 Counsel. Mr. Tonko, the Energy and Commerce print doesn't  
17070 have any provisions related to Medicare.

17071 Mr. Tonko. But you must know the elements or whether or not  
17072 there is a plan to restore funds to the Medicare Trust Fund to  
17073 make it more solvent.

17074 Counsel. Which trust fund are you referencing?

17075 Mr. Tonko. The Medicare Trust Fund.

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17076 Counsel. Which Medicare Trust Fund?

17077 Mr. Tonko. Just in general.

17078 Counsel. There are multiple. There are two.

17079 Mr. Tonko. Does it return it to any of them?

17080 Counsel. There are two Medicare Trust Funds, the Part A  
17081 Trust Fund and the Part B Trust Fund.

17082 Mr. Tonko. So does it return to either of those?

17083 Counsel. There are no Medicare provisions within the E and  
17084 C bill.

17085 Mr. Tonko. But I hear there is all these buckets that you  
17086 are going to. Is there a plan here to make that fund more solvent,  
17087 based on what has happened to it here?

17088 Counsel. Which trust fund?

17089 Mr. Tonko. Either one of them.

17090 Mr. Shimkus. Will the gentleman yield? We are not  
17091 addressing Medicare. Will the gentleman yield?

17092 We are not addressing Medicare in this bill. Our provisions  
17093 are Medicaid.

17094 Mr. Tonko. Okay so I guess we don't make an effort here to  
17095 make the trust fund more solvent and that is because this bill  
17096 is simply a tax cut for the wealthy in healthcare bill clothing.  
17097 Instead of investing in health care, we are investing in  
17098 healthcare CEOs on the backs of the elderly.

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17099 And with that, I yield back.

17100 The Chairman. The gentleman yields back the balance of  
17101 time. Other members seeking recognition?

17102 The chair recognizes the gentleman from Illinois, Mr.  
17103 Shimkus.

17104 Mr. Tonko. I yield to the gentleman from Maryland.

17105 The Chairman. You yielded back so I went to -- all right.

17106 Mr. Tonko. I didn't see his hand up.

17107 Mr. Sarbanes. I just wanted to --

17108 The Chairman. Let us reset the clock to 2 minutes.

17109 Mr. Sarbanes. Can I just ask Counsel --

17110 The Chairman. If the gentleman would suspend.

17111 Mr. Sarbanes. Yes.

17112 The Chairman. Yes, just hit it. We will stop at 3.

17113 Mr. Sarbanes. Yes, do you know if --

17114 The Chairman. Well no, wait a minute. Please stand by. We  
17115 are experiencing technical difficulties.

17116 Just let it go. Okay, we will go until 2.

17117 Go ahead. Mr. Sarbanes is recognized for 2 minutes.

17118 Mr. Sarbanes. Does Counsel know whether it was the case that  
17119 at the State level in various states there were situations where  
17120 insurance companies were allowed to discriminate against patients  
17121 based on a preexisting condition prior to the passage of the ACA?

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17122 Counsel. Yes.

17123 Mr. Sarbanes. Okay, I just want to say thank God for  
17124 wherever the pointy-headed Washington bureaucrat is who decided  
17125 that States could no longer discriminate based on preexisting  
17126 conditions. It is not always a good and a virtue to send it back  
17127 to the States.

17128 One of the reasons we are here is to try to put some kind  
17129 of constraints in place, bring some rational thinking based on  
17130 expert testimony that we get here as to how these insurance  
17131 products ought to be regulated and that extends to the rating  
17132 guardrail systems as well.

17133 And we keep hearing about this bogeyman of this bureaucrat  
17134 that is hidden away in Washington that is trying to run everybody's  
17135 lives. There is a decent respect for the balance in a Federalist  
17136 system between our perspective, a Federal perspective and what  
17137 happens at the States. But when the practices get out of line  
17138 in a way that harm people, there is an appropriate role to be played  
17139 to step in and provide some kind of restrictions and requirements.  
17140 And that is what we are talking about with age rating and that  
17141 is what we are talking about in terms of a ban on discrimination  
17142 based on preexisting conditions and other things.

17143 And I yield back.

17144 The Chairman. The gentleman's time has expired.

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17145           The chair recognizes the gentleman from Illinois, Mr.  
17146 Shimkus for 5 minutes.

17147           Mr. Shimkus. Thank you, Mr. Chairman.

17148           Just going back just on the -- well, this isn't Medicare but  
17149 when Secretary Sebelius was testifying, and I mentioned this in  
17150 a health care hearing a couple of weeks ago, she eventually  
17151 admitted that they double counted \$500 billion. They counted  
17152 \$500 billion as a pay-for for Obamacare and then she also admitted  
17153 that they counted that same \$500 billion as a savings of the  
17154 Medicare Trust Fund. So it was a momentous occasion to get her  
17155 to agree that she double counted \$500 billion.

17156           On this discussion about what the savings will be to  
17157 encourage the young healthy back in the market, Standard & Poor's  
17158 did an initial estimate of the bill before us and it projects  
17159 increased affordability for the eligible younger population,  
17160 resulting in an improved risk pool in the individual market. And  
17161 that is what we want. We want an improved risk pool, a stronger  
17162 one, a more youthful one.

17163           S&P projected that average premiums for 21-year-olds would  
17164 decline by 20 percent as a result of the replacement plan. Using  
17165 the national average national premium price from the 2016  
17166 marketplace, a 20 percent decrease would mean annual premiums of  
17167 \$2,625 compared to average annual premiums of \$3,2081 for the

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17168 21-year-old.

17169 And with that, I will turn to see if anyone else wants  
17170 additional time. And if not, I will yield back.

17171 Mr. Burgess. [Presiding.] The chair thanks the gentleman.  
17172 The gentleman yields back.

17173 The chair recognizes the gentleman from Massachusetts -- or  
17174 for what purpose does the gentleman from Massachusetts --

17175 Mr. Kennedy. To strike the last word, Mr. Chairman.

17176 Mr. Burgess. The gentleman is recognized for 5 minutes.

17177 Mr. Kennedy. Thank you, Mr. Chairman.

17178 A couple of points that I just wanted to weigh in on. First,  
17179 for our colleague from Texas, Mr. Flores, I appreciated the  
17180 explanation that you gave and I thought it was a good one about  
17181 the structure and the way that we bring people in for the insurance  
17182 markets and why it is important to try to keep those costs low  
17183 for younger Americans so that they will come in to those insurance  
17184 pools and offset the risk and the importance of having those  
17185 healthy risk pools.

17186 I think where you see some push back from Democrats on this  
17187 is one, not the idea that there is some wealth transfer or that  
17188 one age bracket is subsidizing the other but that in the structure  
17189 of this bill is also a \$600 billion tax cut to the wealthy. And  
17190 there is plenty of ways that that \$600 billion could be used,

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17191 rather than giving a tax cut for insurance company CEOs to increase  
17192 their pay. It could be used to offset some of the costs for our  
17193 seniors instead.

17194 And so look, in Massachusetts we have actually, as we talked  
17195 about before, we have got healthy exchanges. We have got good  
17196 insurance coverage. We have got a robust economy. One of the  
17197 issues there is we actually have a better insurance product for  
17198 people in the marketplace and we yes, actually have a stiffer  
17199 penalty than the federal penalty was across the board. So it was  
17200 a tougher penalty for you not to engage but it was a better product  
17201 if you did.

17202 Now you all have structured this a bit differently with  
17203 instead of saying a penalty to let your insurance lapse, it is  
17204 a penalty to get back in. As we have well-established, there is  
17205 no CBO score yet. We don't know how much this is going to cost.  
17206 We don't know what the insurance implications are going to be about  
17207 who gets in and who gets out. But the fact is is that structure  
17208 is actually quite similar.

17209 The rhetoric around this happens to be that somehow paying  
17210 that fine or fee or tax the Government is tyranny but paying it  
17211 to an insurance company is somehow freedom, which is an  
17212 interesting way of looking at it. I never looked at an insurance  
17213 company so positively but I am open to the suggestion from our

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17214 colleagues that somehow investing in the insurance market is an  
17215 act of freedom.

17216           The second point I would like to make and Chairman Walden  
17217 had talked about trusting those closest to the issue and I think  
17218 that is a very valid point. I would point the chairman and other  
17219 members of the committee to The New York Times piece today, another  
17220 one, that pointed that in fact the American Hospital Association,  
17221 the Association of American Medical Colleges, the Catholic Health  
17222 Association of the United States, and the Children's Hospital  
17223 Association, along with the American Nurses Association, the  
17224 American Medical Association, and AARP have all come out against  
17225 your bill.

17226           So, if we are talking about the medical community of nurses,  
17227 hospitals, faith community, they have all looked at this and given  
17228 what their position on the front lines. They don't like it. So  
17229 it isn't just bureaucrats in Washington, which by the way we are  
17230 elected to represent our constituents back home here and try to  
17231 figure out the right way to legislate, these are those folks that  
17232 are representing the people on the front lines and they don't like  
17233 it either.

17234           I yield the balance of my time to the ranking member.

17235           Mr. Pallone. I just wanted to follow-up on a few of the  
17236 points that Mr. Kennedy made.

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17237 First of all, if the Federal Government didn't step in and  
17238 these are things that you actually agree with now, we would still  
17239 have preexisting conditions. We would still have lifetime caps.  
17240 We would still have annual caps. We would still have -- we  
17241 wouldn't have children up to 26 on a policy. So to say that there  
17242 is no need somehow for the Federal Government and we are going  
17243 to leave this to the old days when the States were dealing with  
17244 these things, belies the fact that all of you now agree that some  
17245 of these discriminatory practices have to be federalized and put  
17246 into Federal law. Otherwise, we wouldn't have those protections.

17247 So I don't know why I should treat the age rating any  
17248 differently than these other discriminatory practices and say  
17249 they should be left up to the States, rather than be a Federal  
17250 initiative.

17251 Secondly, as Mr. Kennedy said, when you talk about -- if I  
17252 run out of time, Mr. Chairman, I will just take my own time after  
17253 the Republicans.

17254 Mr. Kennedy points out that you are repealing all these  
17255 taxes. Well one of the taxes that you are repealing from my  
17256 understanding actually does impact Medicare and the Trust Fund  
17257 and that is the one that is the, we call it the Medicare -- the  
17258 payroll tax increase. So there is a payroll tax increase on the  
17259 wealthiest American which currently amounts to 0.9 percent

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17260 increase for individual workers with annual incomes of more than  
17261 \$200,000 and couples with more than \$250,000. That increase  
17262 helped --

17263 Mr. Burgess. The gentleman's time has expired. May I just  
17264 ask if there is anyone on the majority side who seeks time?

17265 Seeing none, does the gentleman seek --

17266 Mr. Pallone. I will strike the last word, yes.

17267 Mr. Burgess. -- to strike the last word? The gentleman  
17268 is recognized for 5 minutes.

17269 Mr. Pallone. So that, the repeal of that pay-for, if you  
17270 will, it is my understanding will jeopardize the Medicare program,  
17271 put it on less strong financial footing. Now I understand that  
17272 is in the Ways and Means Committee, so that is why probably the  
17273 Counsel didn't mention it but it is a fact. And this is part of  
17274 the transfer, if you will where these higher income individuals  
17275 are now going to get a tax break and money is not available to  
17276 use for other things that will create more affordability here.

17277 Now look, we can do whatever we want here. My understanding  
17278 is the reason why we went from five-to-one to three-to-one was  
17279 because we were concerned that these people between 50 and 64,  
17280 that there were a lot of them that were not insured maybe because  
17281 when they get to be that age they lose their job or sometimes they  
17282 fire people that are 50 to 65 because they like to have younger

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17283 people in the workforce and maybe a lot of them weren't able to  
17284 get insurance. They weren't working. They weren't getting  
17285 insurance on the job. And the ACA was very successful in cutting  
17286 the number of uninsured in that age bracket in half. So that was  
17287 the goal.

17288 The problem that I see is that not only are you increasing  
17289 this age rating to five-to-one but your tax credit that you are  
17290 substituting for, the subsidy that we have is not generous enough.  
17291 So that is where if you weren't getting rid of some of these  
17292 pay-fors you could have a more generous tax credit so you wouldn't  
17293 force these people to go uninsured again.

17294 I mean the AARP in a letter that I know a number of people  
17295 have cited says that changing the age rating limit to five-to-one  
17296 would increase yearly premiums for an average 60-year-old by  
17297 \$2,100. The combined impact of the provisions -- in other words,  
17298 even with the increased tax credit, which I guess goes up to almost  
17299 \$4,000 for this age bracket, a 64-year-old earning \$15,000 would  
17300 see an \$8,400 increase in premiums. So this is a person paying  
17301 \$15,000. How are they going to afford \$8,400 increase in their  
17302 premium? A lot of them will lose their insurance. In fact, the  
17303 letter from the AARP says that 400,000 older Americans would lose  
17304 their health coverage altogether.

17305 So look, you are making a decision here which we don't agree

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17306 with. You think you are going to get some more young people but,  
17307 again, if you look at the AARP letter and, again, this has been  
17308 cited many times, there won't be many more young people that go  
17309 into the system and that decide to have insurance, even though  
17310 they are only going to save \$700, which may seem like a lot but  
17311 it may not be, and apparently is not, enough of an incentive to  
17312 get a lot of these young people to sign up.

17313 So the problem here is you are sacrificing a lot of these  
17314 seniors because you want to get rid of this pay-for, including  
17315 the one that is for the wealthy with the payroll tax. You are  
17316 not getting enough of a generous tax credit to these lower income  
17317 people that get a subsidy who are between 50 and 64.

17318 So you are not going to sacrifice hundreds of thousands of  
17319 these people who are going to lose their insurance because they  
17320 can't afford it. And at same time, you are not getting many young  
17321 people that are going to be added to the system to help finance  
17322 this insurance pool.

17323 So my point, and I am not making this stuff up, I am pretty  
17324 much citing the AARP letter, which is why they don't support the  
17325 Republican bill here today, is that they have concluded that this  
17326 isn't going to help much. It is going to take a lot more seniors  
17327 off the rolls. It is not going to add more young people and this  
17328 is just the wrong way to go, regardless of whether you think States

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17329 make the right decision. You have already admitted that they  
17330 don't make the right decisions in a lot of cases by keeping a lot  
17331 of the anti-discriminatory practices that we have done in the ACA.

17332 So I think this new policy is a failure and it is a good reason  
17333 not to support this legislation.

17334 I yield back.

17335 Mr. Burgess. The chair thanks the gentleman. The  
17336 gentleman yields back.

17337 For what purposes does the gentleman from West Virginia seek  
17338 recognition?

17339 Mr. McKinley. To strike the last word.

17340 Mr. Burgess. The gentleman is recognized for 5 minutes.

17341 Mr. McKinley. Just very quickly, Mr. Chairman.

17342 I have been listening to all this about the wealthiest people  
17343 and how we are taking care of the wealthy. And I just get a little  
17344 concerned about that.

17345 If you look at the list -- first let's go back and understand  
17346 most corporations in the country are S corps and, therefore, it  
17347 is not their take-home pay. This is what their corporation is  
17348 making and we are penalizing those companies with it. So this  
17349 gives -- there was \$117 billion associated with this repeal of  
17350 the Medicare tax on the payroll tax. Also part of that, and I  
17351 would think people would rally around this, is we are delaying

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17352 the Cadillac tax. Now, unless someone really wants to go back  
17353 and punish people for having quality insurance programs, I think  
17354 that is a good reduction with that. The same thing with the  
17355 repealing the prescription drug tax or the medical device tax.  
17356 We have talked about that for years. We need to get rid of that  
17357 because that is increasing our overall cost.

17358           What about the flexible spending accounts or increasing our  
17359 health savings accounts? Those are how it all comes up to us for  
17360 a pay-for when we take care of those issues with it that, overall,  
17361 was intended to help out on our health care to keep our costs down  
17362 but we should not be punishing our S corps out there by virtue  
17363 of this nine-tenths of a percent on a payroll tax.

17364           So, I think it is one more divisive thing that I have seen  
17365 from some folks here on the floor that like to drive this wedge  
17366 by talking about we are just taking care of the wealthy and I get  
17367 weary of that after a while, Mr. Chairman. And I just want people  
17368 to understand there is a lot more to that \$600 million than what  
17369 people were suggesting that there has been with that.

17370           If they would just take a little bit of time instead of just  
17371 exaggerating, tell the truth. Tell the truth. Thank you.

17372           I yield back.

17373           Mr. Burgess. The gentleman yields back. The chair thanks  
17374 the gentleman.

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17375 Are there any members seeking time on the Castor Amendment?  
17376 If not, the question then becomes on adoption, adoption of the  
17377 Castor Amendment.  
17378 Mr. Pallone. I would like a roll call, Mr. Chairman.  
17379 Mr. Burgess. A roll call has been requested. The clerk  
17380 will call the roll. The Clerk. Mr. Barton.  
17381 Mr. Upton.  
17382 Mr. Upton. Votes no.  
17383 The Clerk. Mr. Upton votes no.  
17384 Mr. Shimkus.  
17385 Mr. Shimkus. No.  
17386 The Clerk. Mr. Shimkus votes no.  
17387 Mr. Murphy.  
17388 [No response.]  
17389 The Clerk. Mr. Burgess.  
17390 Mr. Burgess. No.  
17391 The Clerk. Mr. Burgess votes no.  
17392 Mrs. Blackburn.  
17393 [No response.]  
17394 The Clerk. Mr. Scalise.  
17395 Mr. Scalise. No.  
17396 The Clerk. Mr. Scalise votes no.  
17397 Mr. Latta.

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17398            Mr. Latta.    Votes no.  
17399            The Clerk.    Mr. Latta votes no.  
17400            Mrs. McMorris Rodgers.  
17401            Mrs. McMorris Rodgers.    No.  
17402            The Clerk.    Mrs. McMorris Rodgers votes no.  
17403            Mr. Harper.  
17404            Mr. Harper.    No.  
17405            The Clerk.    Mr. Harper votes no.  
17406            Mr. Lance.  
17407            Mr. Lance.    No.  
17408            The Clerk.    Mr. Lance votes no.  
17409            Mr. Guthrie.  
17410            Mr. Guthrie.    No.  
17411            The Clerk.    Mr. Guthrie votes no.  
17412            Mr. Olson.  
17413            Mr. Olson.    No.  
17414            The Clerk.    Mr. Olson votes no.  
17415            Mr. McKinley.  
17416            Mr. McKinley.    No.  
17417            The Clerk.    Mr. McKinley votes no.  
17418            Mr. Kinzinger.  
17419            Mr. Kinzinger.    No.  
17420            The Clerk.    Mr. Kinzinger votes no.

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17421 Mr. Griffith.  
17422 Mr. Griffith. No.  
17423 The Clerk. Mr. Griffith votes no.  
17424 Mr. Bilirakis.  
17425 Mr. Bilirakis. No.  
17426 The Clerk. Mr. Bilirakis votes no.  
17427 Mr. Johnson.  
17428 Mr. Johnson. No.  
17429 The Clerk. Mr. Johnson votes no.  
17430 Mr. Long.  
17431 Mr. Long. No.  
17432 The Clerk. Mr. Long votes no.  
17433 Mr. Bucshon.  
17434 Mr. Bucshon. No.  
17435 The Clerk. Mr. Bucshon votes no.  
17436 Mr. Flores.  
17437 Mr. Flores. No.  
17438 The Clerk. Mr. Flores votes no.  
17439 Mrs. Brooks. Mrs. Brooks.  
17440 Mrs. Brooks. No.  
17441 The Clerk. Mrs. Brooks votes no.  
17442 Mr. Mullin.  
17443 Mr. Mullin. No.

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17444 The Clerk. Mr. Mullin votes no.  
17445 Mr. Hudson  
17446 Mr. Hudson. No.  
17447 The Clerk. Mr. Hudson votes no.  
17448 Mr. Collins.  
17449 Mr. Collins. No.  
17450 The Clerk. Mr. Collins votes no.  
17451 Mr. Cramer.  
17452 Mr. Cramer. No.  
17453 The Clerk. Mr. Cramer votes no.  
17454 Mr. Walberg  
17455 Mr. Walberg. No.  
17456 The Clerk. Mr. Walberg votes no.  
17457 Mrs. Walters.  
17458 Mrs. Walters. No.  
17459 The Clerk. Mrs. Walters votes no.  
17460 Mr. Costello.  
17461 Mr. Costello. No.  
17462 The Clerk. Mr. Costello votes no.  
17463 Mr. Carter.  
17464 Mr. Carter. No.  
17465 The Clerk. Mr. Carter votes no.  
17466 Mr. Pallone.

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17467           Mr. Pallone.   Aye.

17468           The Clerk.   Mr. Pallone votes aye.

17469           Mr. Rush.

17470           [No response.]

17471           The Clerk.   Ms. Eshoo.

17472           Ms. Eshoo.   Aye.

17473           The Clerk.   Ms. Eshoo votes aye.

17474           Mr. Engel.

17475           [No response.]

17476           The Clerk.   Mr. Green.

17477           Mr. Green.   Aye.

17478           The Clerk.   Mr. Green votes aye.

17479           Ms. DeGette.

17480           Ms. DeGette.   Aye.

17481           The Clerk.   Ms. DeGette votes aye.

17482           Mr. Doyle.

17483           Mr. Doyle.   Yes.

17484           The Clerk.   Mr. Doyle votes aye.

17485           Ms. Schakowsky.

17486           Ms. Schakowsky.   Aye.

17487           The Clerk.   Ms. Schakowsky votes aye.

17488           Mr. Butterfield.

17489           Mr. Butterfield.   Aye.

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17490 The Clerk. Mr. Butterfield votes aye.  
17491 Ms. Matsui.  
17492 Ms. Matsui. Aye.  
17493 The Clerk. Ms. Matsui votes aye.  
17494 Ms. Castor.  
17495 Ms. Castor. Aye.  
17496 The Clerk. Ms. Castor votes aye.  
17497 Mr. Sarbanes.  
17498 Mr. Sarbanes. Aye.  
17499 The Clerk. Mr. Sarbanes votes aye.  
17500 Mr. McNerney.  
17501 [No response.]  
17502 The Clerk. Mr. Welch.  
17503 Mr. Welch. Aye.  
17504 The Clerk. Mr. Welch votes aye.  
17505 Mr. Lujan.  
17506 Mr. Lujan. Aye.  
17507 The Clerk. Mr. Lujan votes aye.  
17508 Mr. Tonko.  
17509 Mr. Tonko. Aye.  
17510 The Clerk. Mr. Tonko votes aye.  
17511 Ms. Clarke.  
17512 Ms. Clarke. Aye.

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17513 The Clerk. Ms. Clarke votes aye.  
17514 Mr. Loeb sack.  
17515 Mr. Loeb sack. Aye.  
17516 The Clerk. Mr. Loeb sack votes aye.  
17517 Mr. Schrader.  
17518 Mr. Schrader. Aye.  
17519 The Clerk. Mr. Schrader votes aye.  
17520 Mr. Kennedy.  
17521 Mr. Kennedy. Aye.  
17522 The Clerk. Mr. Kennedy votes aye.  
17523 Mr. Cardenas.  
17524 Mr. Cardenas. Aye.  
17525 The Clerk. Mr. Cardenas votes aye.  
17526 Mr. Ruiz.  
17527 Mr. Ruiz. Aye.  
17528 The Clerk. Mr. Ruiz votes aye.  
17529 Mr. Peters.  
17530 [No response.]  
17531 The Clerk. Mrs. Dingell.  
17532 Mrs. Dingell. Aye.  
17533 The Clerk. Mrs. Dingell votes aye.  
17534 Chairman Walden.  
17535 The Chairman. Walden votes no.

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17536 The Clerk. Chairman Walden votes no.  
17537 Mr. Murphy.  
17538 Mr. Murphy. No.  
17539 The Clerk. Mr. Murphy votes no.  
17540 Mr. Barton.  
17541 Mr. Barton. No.  
17542 The Clerk. Mr. Barton votes no.  
17543 Mrs. Blackburn.  
17544 Mrs. Blackburn. No.  
17545 The Clerk. Mrs. Blackburn votes no.  
17546 Mr. McNerney.  
17547 Mr. McNerney. Aye.  
17548 The Clerk. Mr. McNerney votes aye.  
17549 Mr. Burgess. Is there any other members seeking to vote?  
17550 Seeing none, the clerk will report.  
17551 The Clerk. Mr. Chairman, on that vote there were 21 ayes  
17552 and 31 noes.  
17553 Mr. Burgess. Twenty-one ayes and thirty-one noes, the  
17554 amendment is not adopted.  
17555 The Chairman. [Presiding.] Okay, I am going to recognize  
17556 myself now for an amendment which I believe the clerk has.  
17557 [The Amendment offered by Mr. Walden follows:]  
17558

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17559

\*\*\*\*\*COMMITTEE INSERT 30\*\*\*\*\*

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17560 The Chairman. And if the clerk would report the amendment.

17561 The Clerk. Amendment to the amendment in the nature of a  
17562 substitute to committee print offered by Mr. Walden.

17563 The Chairman. The clerk will dispense with the reading of  
17564 the amendment.

17565 For my colleagues on both sides of the aisle, this literally  
17566 is a technical amendment. We have talked to the ranking member  
17567 about it and it is a clarifying amendment to make sure that if  
17568 there is a conflict when it comes to the Patient and State  
17569 Stability Fund that the appropriated amount, what gets  
17570 appropriated by Congress is actually the overriding number.

17571 The way it was worded, there was some question about it. We  
17572 don't want to have any confusion out there. So this is a technical  
17573 amendment that just makes clear that the total amount available  
17574 is the amount obligated -- or is the amount appropriated by the  
17575 Government.

17576 With that, Mr. Pallone, are you good with that?

17577 Mr. Pallone. No problem. It is a technical amendment. I  
17578 would urge our support.

17579 The Chairman. With that, any member seeking to comment on  
17580 the amendment?

17581 If not the question comes before us on approval of the  
17582 amendment.

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17583 Those in favor, say aye.

17584 Those opposed, nay.

17585 The ayes have it. The ayes have it and the amendment is  
17586 approved.

17587 Now, are there other members that have amendments?

17588 We will now turn to Mr. Green. For what purpose do you seek  
17589 recognition?

17590 Mr. Green. Mr. Chairman, I have an amendment at the desk,  
17591 Amendment 45.

17592 [The Amendment offered by Mr. Green follows:]

17593

17594 \*\*\*\*\*INSERT 31\*\*\*\*\*

17595 The Chairman. Okay, we will get our clerks to find the  
17596 amendment number four-five. It is actually four-six, 4 before  
17597 6:00 A.M.

17598 Mr. Green. The cost-sharing?

17599 The Chairman. A.M.

17600 Mr. Green. Oh, yes.

17601 The Chairman. Does the clerk have the amendment? The clerk  
17602 will report the amendment.

17603 The Clerk. Amendment to the amendment in the nature of a  
17604 substitute to the committee print offered by Mr. Green.

17605 The Chairman. The clerk will dispense with the reading of  
17606 the amendment.

17607 The gentleman from Texas is recognized to debate his  
17608 amendment.

17609 Mr. Green. Thank you, Mr. Chairman.

17610 The amendment would strike the provision of the legislation  
17611 that repeals the cost-sharing reduction program of the Affordable  
17612 Care Act. It is mind-boggling to me that after all the talk we  
17613 have heard calling the ACA a failure because many face high  
17614 deductibles and can't afford to use their insurance this provision  
17615 repeals a program designed to lower out-of-pocket costs for those  
17616 who purchased insurance on the exchange.

17617 The Affordable Care Act requires insurers that cover

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17618 marketplace enrollees to reduce cost-sharing for enrollees with  
17619 incomes not exceeding 250 percent of the Federal poverty level.  
17620 Cost-sharing reduction payments have been the subject of partisan  
17621 legal challenges and sabotage efforts to destabilize the ACA and  
17622 put a strain on the market. So, I guess it is not that shocking.

17623 House v. Burwell, although now House v. Price, is an ongoing  
17624 legal challenge to the CRS payments. Now that it serves my  
17625 colleagues to stop deliberately trying to make matters worse for  
17626 political gain, I expect the appropriators will do their jobs and  
17627 appropriate the money to cover these payments as was always  
17628 intended. And I think that was an amendment that we adopted and  
17629 agreed amendment.

17630 But the real reason to strike this provision is to eliminate  
17631 the CSR program that is cost-sharing reductions exist to mitigate  
17632 the very problem that Trumpcare would exacerbate affordability.  
17633 Nothing in this plan addresses the problem of high deductibles,  
17634 cost-sharing, or overall affordability. It makes matters  
17635 changing to the financial assistance tax programs that will only  
17636 put affordability further out of reach for millions of Americans.

17637 For example, under this plan, a 60-year-old in my district  
17638 making \$30,000 a year would get 35 percent less financial  
17639 assistance to purchase health insurance than they do under the  
17640 Affordable Care Act now. Early estimates found that this plan

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17641 would cost Americans an average of \$1,500 more each year than the  
17642 ACA.

17643           And my colleagues are likely to point to the Patient and State  
17644 Stability Fund as their response to limiting the cost-sharing  
17645 reduction program, while States could devote, at least in part,  
17646 the cost-sharing reduction subsidies, it would be hard to for a  
17647 State to do this using just the Federal money and provide the  
17648 outrageously expensive high-risk pool and other expensive  
17649 initiatives to increase resources for health care.

17650           I oppose striking the CSR program, especially in light of  
17651 the other provisions of the plan that will make health care more  
17652 expensive for millions of Americans and I urge my colleagues to  
17653 support this amendment.

17654           The Chairman. Does the gentleman yield back?

17655           Mr. Green. I yield back.

17656           The Chairman. The gentleman yields back the balance of his  
17657 time.

17658           The chair recognizes the gentleman from Virginia, Mr.  
17659 Griffith, for 5 minutes to speak on the amendment.

17660           Mr. Griffith. Thank you very much, Mr. Chairman. I hope  
17661 folks will oppose the amendment. It may be well-intentioned but  
17662 it is going in the wrong direction.

17663           Our program creates a credit program. We do fund the CSR,

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17664 the cost-sharing reduction program during the transition period  
17665 but this program has not been funded for several years and yet,  
17666 the previous administration continued to find money.

17667 This committee, along with Ways and Means, launched an  
17668 investigation on how they found that money in February of 2015  
17669 and we believe they unconstitutionally funded the cost-sharing  
17670 reduction program through a permanent appropriation for tax  
17671 credits and refunds for which they weren't authorized to take the  
17672 money from.

17673 Chairman Upton sent 15 letters over the course of the  
17674 investigation and issued three subpoenas; one each to HHS,  
17675 Treasury, and OMB. The staff of the two committees conducted 13  
17676 transcribed interviews and one deposition of relevant officials  
17677 and we are still waiting for some of that information to come in.  
17678 We have, our staff has been able to look at some of it but not  
17679 been able to bring it back and study it. And we are still waiting  
17680 and hoping that the new administration will give us some of the  
17681 documents that we have asked for.

17682 The committees published two reports about their findings  
17683 in this investigation -- on this investigation in June and  
17684 December of last year and we did find a lot of information out.  
17685 We found that the Obama administration took a series of steps  
17686 indicating knowledge that the CSR program needed to be funded

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17687 through annual appropriations. For example, not only did  
17688 President Obama's fiscal year 2014 budget request funding for this  
17689 program but HHS also included a request for an advanced  
17690 appropriation to make payments for the CSR program in its fiscal  
17691 year 2013 budget submission to OMB.

17692 With respect to fiscal year 2014 budget requests to fund the  
17693 program, this investigation found that the Obama administration  
17694 surreptitiously and informally withdrew its request for funding  
17695 for fiscal year from their budget requests. Emails later  
17696 revealed that only weeks after withdrawing the request, senior  
17697 officials at HHS, Treasury, OMB and the White House discussed,  
17698 by virtue of email, funding the CSR program from the permanent  
17699 appropriation for tax credits and refunds and these official  
17700 discussed using the permanent appropriations the source of funds  
17701 in the context of the potential impact of sequestration on the  
17702 program. These emails provide evidence that the administration  
17703 withdrew request for an annual appropriation without yet knowing  
17704 how the program would be funded.

17705 The legal analysis to fund the CSR program through the  
17706 permanent appropriation for tax refunds and credits was approved  
17707 at the highest levels of the Obama administration and according  
17708 to some witnesses' testimony that said that former Attorney  
17709 General Eric Holder approved of the analysis.

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17710 Senior IRS officials raised concerns about the legality of  
17711 the source of the funding for the CSR program to the IRS Legal  
17712 Department, the Office of General Counsel, the Treasury, and other  
17713 senior Treasury officials.

17714 Secretary Lew signed an unusual action memorandum  
17715 recommending that the IRS administer the CSR payments in the same  
17716 manner as the advanced premium tax credit payments through the  
17717 permanent appropriation for tax credits and refunds.

17718 The committees faced unprecedented obstruction in the course  
17719 of this investigation and, given the Obama administration refusal  
17720 to produce the documents we requested, many questions remain yet  
17721 unanswered.

17722 Given what we do know about the source of funding decision,  
17723 you have to wonder what we still don't know about this decision  
17724 and, in all fairness, we are going to fund it during the transition  
17725 because we promised not to leave people out there without the  
17726 coverage. But when you don't have the funding for it, and I don't  
17727 remember the exact number but I want to say it is about 35 -- how  
17728 much -- \$7 billion in the hole right now, we are looking at maybe  
17729 35 if we continued it on time.

17730 We are \$7 billion in the hole that was never funded. It is  
17731 not on the books. It is not showing as a cost of Obamacare at  
17732 this point. To come in and say we are going to continue this

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17733 program I think is a mistake, particularly when we have already  
17734 made arrangements to replace it with something else. And  
17735 further, recognizing that it is not money that was already out  
17736 there, it is not a program that has been successful in the sense  
17737 that the Government isn't paying for it the way it is supposed  
17738 to. It is just more Washington spending run amok.

17739 With that, Mr. Chairman, I yield back.

17740 The Chairman. The gentleman yields back.

17741 The chair recognizes the gentleman from New Jersey, Mr.  
17742 Pallone, for 5 minutes to speak on the amendment.

17743 Mr. Pallone. Thank you, Mr. Chairman.

17744 You know it is just a continuation on the Republican side  
17745 of budget-driven initiatives. And all I keep hearing is we can't  
17746 afford it. It is unsustainable. It is not in the budget. I mean  
17747 the bottom line is why is it that the Republicans don't talk about  
17748 the impact of what they are doing in terms of improving health  
17749 care, or making it more affordable, or less out of pocket?

17750 You know I would just like to remind my Republican colleagues  
17751 that President Trump keeps promising -- Ms. Castor read so many  
17752 of his tweets or quotes -- he keeps promising Americans over and  
17753 over again that health insurance under the Republican repeal would  
17754 be cheaper, better, that everyone would be covered. And  
17755 repealing the CSRs and replacing them with nothing, because that

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17756 is what you are doing, replacing them with nothing, goes directly  
17757 against this promise that he keeps making to the American people.  
17758 It is just budget-driven.

17759 Cost-sharing reductions are a critical part of the ACA's  
17760 package of financial assistance to help individuals afford  
17761 coverage. They lower out-of-pocket costs for individuals below  
17762 250 percent of the federal poverty level and they are vitally  
17763 important to keep these people so they can afford health care.

17764 And you are talking about people I figure maybe between the  
17765 \$25,000 and the \$30,000 category, particularly for sicker  
17766 individuals who have to use more health care and incur greater  
17767 out-of-pocket costs. As of March 2016, approximately 6.4 million  
17768 Americans across the country were benefiting from CSRs. When  
17769 some of my colleagues on the other side say that this isn't helping  
17770 anybody or is not doing anything, that is not true. These  
17771 enrollees are disproportionately located in red states that did  
17772 not expand Medicaid, particularly, Alabama, Florida, Georgia,  
17773 Mississippi, South Carolina, and eliminating CSRs would  
17774 unquestionably make health insurance more expensive for these  
17775 millions of low-income Americans.

17776 And what is particularly galling to me is that the Republic  
17777 repeal bill will simultaneously cut taxes for the rich. We just  
17778 mentioned that. So while we are making cuts to the programs that

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17779 help low-income individuals access health care with these  
17780 cost-sharing initiatives, or you are eliminating them with your  
17781 reductions, we are giving a huge tax cut to the wealthy.

17782 I just don't understand. You know I have been saying it all  
17783 night that don't talk to me about you know just mention the budget,  
17784 just mention unsustainability. This is the richest country in  
17785 the world. We paid for these things for the most part. I know  
17786 the gentleman is arguing that somehow they weren't but they were  
17787 paid for. And all you are doing now is cutting out all the  
17788 pay-fors, trying to find ways of cutting back on people who need  
17789 help and it goes totally contrary to what the President keeps  
17790 saying over and over again about how he promises to reduce costs  
17791 with this Republican bill.

17792 If you are going to honor the promises that the President  
17793 is making and not harm millions of your own constituents, then  
17794 you would support Mr. Green's amendment.

17795 Unless someone wants the time, I will yield back.

17796 The Chairman. The gentleman yields back.

17797 The chair recognizes the gentleman from Oklahoma, Mr.  
17798 Mullin.

17799 Mr. Mullin. Thank you, Mr. Chairman. I move to strike the  
17800 last word.

17801 Let's put the fact that the Obama administration illegally

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17802 funded this program aside and let's talk about the merits helping  
17803 lower-income patients afford health care.

17804 First, our bill acknowledges the importance of supporting  
17805 people who need help. Look no farther than the Patient and State  
17806 Stability Fund. Not only does this program recognize the value  
17807 of federalism, it encourages States to develop innovative ideas  
17808 to improve care and lower cost.

17809 Under Section 2202, number 7, the use of funds reads, and  
17810 I quote, "providing assistance to reduce out-of-pocket costs,  
17811 such as copayments, coinsurance, and deductibles of individuals  
17812 enrolled in health insurance coverage in the State."

17813 Let me read that again. Assistance to reduce -- reduce. We  
17814 keep talking about raising the cost for those that need help. In  
17815 this bill it says assistance to reduce out-of-pocket costs such  
17816 as copayments, coinsurance, premiums, and deductible. It  
17817 actually is spelled out in the bill under Section 202 -- or 2202,  
17818 number 7. So, when we are talking about things, make sure we are  
17819 talking about facts.

17820 There are two critically important differences in the  
17821 Patient and State Stability Fund and the cost-sharing reductions.  
17822 Our bill is paid for. Wow! Can you believe that, a bill coming  
17823 out of here is paid for?

17824 Our bill is paid for. The Obama administration illegally

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17825 funded cost-sharing reductions.

17826 We give States complete flexibility, recognizing that they  
17827 know best how to care for their unique needs. So, unlike  
17828 Obamacare, we recognize, acknowledge, and value federalism,  
17829 promoting freedom, flexibility, and fairness.

17830 Now let's talk about numbers. CBO projects that Federal  
17831 Government will spend \$13 billion annually on CSRs for years 2020,  
17832 2021, and 2022. In comparison, the Patient and State Stability  
17833 Fund spends \$10 billion annually over those same years with the  
17834 State match helping increase the available funding. In no way  
17835 is the Patient and State Stability Fund intended to replace CSRs.  
17836 I simply point out that this is a way the States of flexibility.  
17837 If you think CSRs are what your state needs, use this funding to  
17838 stream them. But if you don't and you think that there is a  
17839 condition-based, population-based, or geographically-based  
17840 health concerns that need to be addressed, go for it.

17841 If someone else would like the time, I would yield to them.

17842 Mr. Griffith. I will take it.

17843 Mr. Mullin. I yield to Mr. Griffith.

17844 Mr. Griffith. Thank you very much and I agree with what you  
17845 had to say.

17846 I noted with some interest, though, the gentleman from New  
17847 Jersey said somehow it got paid for. Well, I was a criminal

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17848 defense attorney for 28 years and somehow my clients sometimes  
17849 got things paid for but if you take money out of an account which  
17850 not set up for the purpose from which you are taking the money  
17851 and you take it without authority from the people who are supposed  
17852 to authorize that, that would be us in Congress, my client would  
17853 be facing criminal charges. And my experience was, if I did a  
17854 good job, they got home incarceration instead of jail time.

17855 So, the problem is is that we are trying to build a program  
17856 that deals with these issues responsibly, that actually pays for  
17857 them, that doesn't require us to rob Peter to pay Paul, constantly  
17858 shifting money behind the scenes between Treasury and HHS and  
17859 doing things of dubious legal merit. And so the replacement plan  
17860 is much better than the CSR plan. You pointed out very well, I  
17861 would say to the gentleman how if the State wants to continue CSR,  
17862 they can do it with the money that they are going to receive. And  
17863 what we are trying to do is to make sure that it is all aboveboard,  
17864 that we know what we are doing, that we have got it paid for and  
17865 that we are taking care of people at the same time.

17866 Now in the interim, notwithstanding the taint that is now  
17867 on the funding stream, we are going to make sure it gets funded  
17868 and that is part of this bill, too, because we promised we weren't  
17869 going to have people have the rug pulled out from under them and  
17870 we are not going to do that.

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17871 This bill does that and I appreciate your comments and I yield  
17872 your time back to you.

17873 Mr. Mullin. Mr. Chairman, I yield back.

17874 The Chairman. The gentleman yields back the balance of his  
17875 time.

17876 The chair recognizes the gentlelady from Florida.

17877 Ms. Castor. Thank you, Mr. Chairman. I am pleased to yield  
17878 my 5 minutes to Mr. Pallone.

17879 Mr. Pallone. Thank you, Ms. Castor.

17880 You know I just don't understand. I understand you keep  
17881 wanting to talk about the budget, the legality. You are changing  
17882 the law here in this bill. So, you know if you are worried about  
17883 the previous bill doesn't include this funding or somehow  
17884 providing this funding is not under the law, you can change it.  
17885 You would change it now and say okay, we are going to do this  
17886 cost-sharing.

17887 I don't understand how you are not worried about these  
17888 people. These are the people, from my understanding, in this  
17889 \$25,000-\$30,000 bracket who are not eligible for Medicaid because  
17890 their income is a little too high and under the Affordable Care  
17891 Act, they are getting a pretty high subsidy. I don't know if it  
17892 is 70 or 80 percent because they can't afford to pay the premium  
17893 and their subsidy is high.

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17894           Now keep in mind what you are doing here. You are going to  
17895 take away that subsidy, that 70 or 80 percent from these people.  
17896 You are going to give them \$2,000 or maybe \$4,000 credit if they  
17897 are older. That is not going to make up for the subsidy. So you  
17898 are basically away the way that they can buy the insurance because  
17899 the subsidy -- the difference between the subsidy under the ACA  
17900 and whatever you are giving them for a tax credit is going to make  
17901 it very, very hard for them to even have the insurance to begin  
17902 with.

17903           Then you are saying, oh, we are not going to give them  
17904 cost-sharing for the out-of-pocket costs because of the  
17905 deductibles or the copays that this CSR helps them pay for. I  
17906 mean why are these people being -- why are they the brunt of your  
17907 punishment? I just don't understand it.

17908           I mean and then I am telling you that they are primarily in  
17909 the red states that you guys represent. These are your own  
17910 constituents and these are the people that are going to have the  
17911 hardest time paying for their coverage, paying for their health  
17912 insurance if they have a lot of copays or they have go to a doctor  
17913 so often.

17914           All the stories I heard all night long were about the people  
17915 that are having a problem with their deductibles. I don't  
17916 understand. These should be the first people, based on your

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17917 stories that you should be trying to help and you are giving me  
17918 this argument well, it wasn't set up so you could legally do this  
17919 and this is going to cost money. Well you know you are getting  
17920 rid of \$600 million in copays under the ACA. Take a little bit  
17921 of it and help these people out, these working people. These are  
17922 working people. They are not eligible for Medicaid. They are  
17923 working. They are not getting health insurance on the job. They  
17924 are barely making ends meet. It is outrageous that you don't talk  
17925 about them and their health needs and you keep talking about the  
17926 legality of it and the budget.

17927           It can't be that much money. I think I figured about \$6  
17928 billion. You are taking \$600 billion in pay-fors away, mostly  
17929 going to wealthy and corporate interests. You can't give these  
17930 people \$6 billion, these working people? I just don't understand  
17931 it and nobody is addressing it. You just keep talking about the  
17932 law, which you could obviously change.

17933           I yield. Well, unless anybody else wants the time, I yield  
17934 back.

17935           The Chairman. The gentleman yields back.

17936           Are there other members seeking recognition on this issue?  
17937 If not -- I see no one else.

17938           The question now comes before us on approval of the  
17939 amendment.

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17940 Mr. Pallone. Roll call.

17941 The Chairman. All right, yes.

17942 Those in the favor of the amendment will vote aye. Those  
17943 against will vote no. And the clerk will call the roll.

17944 The Clerk. Mr. Barton.

17945 Mr. Upton.

17946 [No response.]

17947 The Clerk. Mr. Shimkus.

17948 [No response.]

17949 The Clerk. Mr. Murphy.

17950 [No response.]

17951 The Clerk. Mr. Burgess.

17952 Mr. Burgess. No.

17953 The Clerk. Mr. Burgess votes no.

17954 Mrs. Blackburn.

17955 Mrs. Blackburn. No.

17956 The Clerk. Mrs. Blackburn votes no.

17957 Mr. Scalise.

17958 Mr. Scalise. No.

17959 The Clerk. Mr. Scalise votes no.

17960 Mr. Latta.

17961 Mr. Latta. No.

17962 The Clerk. Mr. Latta votes no.

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17963 Mrs. McMorris Rodgers.  
17964 [No response.]  
17965 The Clerk. Mr. Harper.  
17966 [No response.]  
17967 The Clerk. Mr. Lance.  
17968 Mr. Lance. No.  
17969 The Clerk. Mr. Lance votes no.  
17970 Mr. Guthrie.  
17971 [No response.]  
17972 The Clerk. Mr. Olson.  
17973 Mr. Olson. No.  
17974 The Clerk. Mr. Olson votes no.  
17975 Mr. McKinley.  
17976 Mr. McKinley. No.  
17977 The Clerk. Mr. McKinley votes no.  
17978 Mr. Kinzinger.  
17979 [No response.]  
17980 The Clerk. Mr. Griffith.  
17981 Mr. Griffith. No.  
17982 The Clerk. Mr. Griffith votes no.  
17983 Mr. Bilirakis.  
17984 Mr. Bilirakis. No.  
17985 The Clerk. Mr. Bilirakis votes no.

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17986 Mr. Johnson.

17987 Mr. Johnson. No.

17988 The Clerk. Mr. Johnson votes no.

17989 Mr. Long.

17990 Mr. Long. No.

17991 The Clerk. Mr. Long votes no.

17992 Mr. Bucshon.

17993 Mr. Bucshon. No.

17994 The Clerk. Mr. Bucshon votes no.

17995 Mr. Flores.

17996 [No response.]

17997 The Clerk. Mrs. Brooks.

17998 Mrs. Brooks. No.

17999 The Clerk. Mrs. Brooks votes no.

18000 Mr. Mullin.

18001 Mr. Mullin. No.

18002 The Clerk. Mr. Mullin votes no.

18003 Mr. Hudson

18004 Mr. Hudson. No.

18005 The Clerk. Mr. Hudson votes no.

18006 Mr. Collins.

18007 Mr. Collins. No.

18008 The Clerk. Mr. Collins votes no.

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18009 Mr. Cramer.  
18010 Mr. Cramer. No.  
18011 The Clerk. Mr. Cramer votes no.  
18012 Mr. Walberg  
18013 Mr. Walberg. No.  
18014 The Clerk. Mr. Walberg votes no.  
18015 Mrs. Walters.  
18016 Mrs. Walters. No.  
18017 The Clerk. Mrs. Walters votes no.  
18018 Mr. Costello.  
18019 Mr. Costello. No.  
18020 The Clerk. Mr. Costello votes no.  
18021 Mr. Carter.  
18022 Mr. Carter. No.  
18023 The Clerk. Mr. Carter votes no.  
18024 Mr. Pallone.  
18025 Mr. Pallone. Aye.  
18026 The Clerk. Mr. Pallone votes aye.  
18027 Mr. Rush.  
18028 [No response.]  
18029 The Clerk. Ms. Eshoo.  
18030 Ms. Eshoo. Aye.  
18031 The Clerk. Ms. Eshoo votes aye.

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18032 Mr. Engel.

18033 [No response.]

18034 The Clerk. Mr. Green.

18035 Mr. Green. Aye.

18036 The Clerk. Mr. Green votes aye.

18037 Ms. DeGette.

18038 Ms. DeGette. Aye.

18039 The Clerk. Ms. DeGette votes aye.

18040 Mr. Doyle.

18041 Mr. Doyle. Yes.

18042 The Clerk. Mr. Doyle votes aye.

18043 Ms. Schakowsky.

18044 Ms. Schakowsky. Aye.

18045 The Clerk. Ms. Schakowsky votes aye.

18046 Mr. Butterfield.

18047 Mr. Butterfield. Aye.

18048 The Clerk. Mr. Butterfield votes aye.

18049 Ms. Matsui.

18050 Ms. Matsui. Aye.

18051 The Clerk. Ms. Matsui votes aye.

18052 Ms. Castor.

18053 Ms. Castor. Aye.

18054 The Clerk. Ms. Castor votes aye.

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18055 Mr. Sarbanes.  
18056 Mr. Sarbanes. Aye.  
18057 The Clerk. Mr. Sarbanes votes aye.  
18058 Mr. McNerney.  
18059 Mr. McNerney. Aye.  
18060 The Clerk. Mr. McNerney votes aye.  
18061 Mr. Welch.  
18062 Mr. Welch. Aye.  
18063 The Clerk. Mr. Welch votes aye.  
18064 Mr. Lujan.  
18065 Mr. Lujan. Aye.  
18066 The Clerk. Mr. Lujan votes aye.  
18067 Mr. Tonko.  
18068 Mr. Tonko. Aye.  
18069 The Clerk. Mr. Tonko votes aye.  
18070 Ms. Clarke.  
18071 Ms. Clarke. Aye.  
18072 The Clerk. Ms. Clarke votes aye.  
18073 Mr. Loeb sack.  
18074 Mr. Loeb sack. Aye.  
18075 The Clerk. Mr. Loeb sack votes aye.  
18076 Mr. Schrader.  
18077 Mr. Schrader. Aye.

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18078 The Clerk. Mr. Schrader votes aye.  
18079 Mr. Kennedy.  
18080 [No response.]  
18081 The Clerk. Mr. Cardenas.  
18082 Mr. Cardenas. Aye.  
18083 The Clerk. Mr. Cardenas votes aye.  
18084 Mr. Ruiz.  
18085 Mr. Ruiz. Aye.  
18086 The Clerk. Mr. Ruiz votes aye.  
18087 Mr. Peters.  
18088 Mr. Peters. Aye.  
18089 The Clerk. Mr. Peters votes aye.  
18090 Mrs. Dingell.  
18091 Mrs. Dingell. Aye.  
18092 The Clerk. Mrs. Dingell votes aye.  
18093 Chairman Walden.  
18094 The Chairman. Walden votes no.  
18095 The Clerk. Chairman Walden votes no.  
18096 The Chairman. Are there members not recorded? Mr. Barton?  
18097 Mr. Barton. No.  
18098 The Clerk. Mr. Barton votes no.  
18099 The Chairman. Mr. Upton?  
18100 Mr. Upton. Votes no.

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18101 The Clerk. Mr. Upton votes no.

18102 The Chairman. The gentleman from Illinois.

18103 Mr. Shimkus. No.

18104 The Clerk. Mr. Shimkus votes no.

18105 The Chairman. The gentlelady from Washington State.

18106 Mrs. McMorris Rodgers. No.

18107 The Clerk. Mrs. McMorris Rodgers votes no.

18108 The Chairman. The gentleman from Kentucky?

18109 Mr. Guthrie. No.

18110 The Clerk. Mr. Guthrie votes no.

18111 The Chairman. The gentleman from Pennsylvania?

18112 Mr. Murphy. No.

18113 The Clerk. Mr. Murphy votes no.

18114 The Chairman. The gentleman from Mississippi?

18115 Mr. Harper. No.

18116 The Clerk. Mr. Harper votes no.

18117 The Chairman. The gentleman from Illinois?

18118 Mr. Kinzinger. No.

18119 The Clerk. Mr. Kinzinger votes no.

18120 The Chairman. The gentleman from Texas.

18121 Mr. Flores. No.

18122 The Clerk. Mr. Flores votes no.

18123 The Chairman. Oh, the gentleman, Mr. Kennedy from

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18124 Massachusetts.

18125 Mr. Kennedy. Aye.

18126 The Clerk. Mr. Kennedy votes aye.

18127 The Chairman. You have to have a tie on to vote but -- no,  
18128 just kidding. At this hour -- I know Kinzinger didn't either.  
18129 No, it is fine.

18130 Any other members on their way that we need to wait for?

18131 Okay, if not, we are good to go.

18132 All right, clerk, if there are no other members -- oh, wait  
18133 a minute. Mr. Carter, did you vote? Have you voted?

18134 Mr. Carter. Yes, I did.

18135 The Chairman. Okay, the clerk will -- did Mr. Welch vote?  
18136 Is he recorded?

18137 The Clerk. Mr. Welch is recorded.

18138 The Chairman. He is recorded. Okay. Mr. Johnson?

18139 The Clerk. Mr. Johnson is recorded.

18140 The Chairman. Okay, we are just trying to make sure we  
18141 didn't miss anybody that was on their way.

18142 The Clerk. Mr. Welch is recorded aye.

18143 The Chairman. You can change. I don't think that will  
18144 happen.

18145 So, the clerk will report the tally.

18146 The Clerk. Mr. Chairman, on that vote there were 22 ayes

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18147 and 31 noes.

18148 The Chairman. Twenty-two ayes, thirty-one noes, the noes  
18149 have it and the amendment is not agreed to.

18150 Are there other amendments?

18151 Mr. Lujan. Mr. Chairman?

18152 The Chairman. The chairman recognizes the gentleman -- for  
18153 what purpose does the gentleman from New Mexico seek recognition?

18154 Mr. Lujan. I have an amendment at the desk.

18155 [The Amendment offered by Mr. Lujan follows:]

18156

18157 \*\*\*\*\*COMMITTEE INSERT 32\*\*\*\*\*

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18158 The Chairman. Could you describe your amendment?

18159 Mr. Lujan. It is a really good amendment, Mr. Chairman.

18160 The Chairman. Okay, we will look for that one. You  
18161 generally do great amendments but if you want to do good  
18162 amendments.

18163 Mr. Lujan. I believe it is either 55 or 208. It is entitled  
18164 Sense of the House.

18165 The Chairman. Fifty-five or two-zero-eight?

18166 Mr. Lujan. Yes, so someone had shared with me it was 208  
18167 but on the document it has 055.XML.

18168 The Chairman. Could you share that with just our clerks to  
18169 make sure they get the right one? Is that it? Yes, we just want  
18170 to make sure everybody is on the right place.

18171 Do we have the amendment? Okay, we will get it.

18172 Mr. Lujan. Kimberly, bring my coffee back.

18173 The Chairman. All right and does the clerk have the  
18174 amendment? The clerk will report the amendment.

18175 The Clerk. An amendment to the amendment in the nature of  
18176 a substitute to the committee print offered by Mr. Lujan.

18177 The Chairman. The reading of the amendment is dispensed  
18178 with.

18179 The chair recognizes the gentleman from New Mexico to explain  
18180 his amendment.

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18181 Mr. Lujan. Mr. Chairman, Medicaid is a program that has a  
18182 vital link to America's healthcare system and it should not be  
18183 undermined as part of some partisan game to score political points  
18184 at the expense of our most vulnerable citizens.

18185 Medicaid provides health coverage to more than 70 million  
18186 Americans, including families living check to check, children,  
18187 pregnant women, senior citizens, elderly adults and people with  
18188 disabilities.

18189 In New Mexico, as part of the Affordable Care Act, Medicaid  
18190 expansion took Medicaid from a safety net to a ladder for the  
18191 middle class. In fact, 235,400 individuals in New Mexico gained  
18192 coverage through ACA's Medicaid expansion and could lose coverage  
18193 if ACA Medicaid expansion is repealed.

18194 Medicaid is a health insurance program that fills a vital  
18195 role in my state and for millions more across the country. Before  
18196 passage of the ACA, the number one reason that middle class  
18197 families declared bankruptcy, lost their houses, lost their cars,  
18198 lost everything was medical debt. We should not go back to a time  
18199 where the difference between being middle class and living in  
18200 poverty is a cancer diagnosis. The difference between having a  
18201 house and being homeless is one bad car accident. That is exactly  
18202 what will happen if we do not reject these dangerously misguided  
18203 efforts to cut Federal Medicaid spending, shift costs to States

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18204 who cannot afford it, and take coverage away from hardworking  
18205 Americans, children, seniors, and the elderly, and people living  
18206 with disabilities.

18207           And let's talk for a moment about an important group of  
18208 Americans who depend on the Medicaid program, senior citizens,  
18209 our parents and grandparents.

18210           Medicaid is the only long-term care insurance program in this  
18211 country, yet instead of having a real conversation about financing  
18212 long-term care, Republicans want to make it harder for working  
18213 and middle-class spouses to be financially secure, in the face  
18214 of overwhelming and insurmountable nursing home costs.

18215           That is why I am introducing this resolution today that  
18216 expresses the sense of Congress that this vital program should  
18217 remain in place without making it harder for individuals and  
18218 families who depend on this health coverage to get the insurance  
18219 they need and deserve.

18220           It is that simple, a sense of Congress that states what is  
18221 obvious. I urge my colleagues to vote yes on my amendment.

18222           I yield back the balance of my time.

18223           The Chairman. The gentleman yields back the balance of his  
18224 time.

18225           Are there other members seeking recognition on this  
18226 amendment? Well, is there anybody on our side? No.

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18227           Okay, so we will go to Mr. Pallone for 5 minutes on the  
18228 amendment.

18229           Mr. Pallone. Thank you, Mr. Chairman. I really appreciate  
18230 the fact that the gentleman from New Mexico has introduced this  
18231 sense of the House resolution, effectively, with regard to  
18232 Medicaid. But I just -- and you know there is so much that we  
18233 could talk about but I just want to focus on the long-term care.  
18234 I know that he says that the Republican Medicaid proposal will  
18235 make it harder and much more costly for families to find long-term  
18236 care for elderly parents. He says capping the program reduces  
18237 the funding available for nursing home care. And as the American  
18238 population gets older, this will lead to long waiting lists for  
18239 seniors.

18240           I mean this is true, and I know I have sort of hinted at it  
18241 already at one point in the last 24 hours or whatever that we have  
18242 been here, but I can't stress enough when did the Affordable Care  
18243 Act, there were many of us who wanted to have a long-term care  
18244 component, not only for home- and community-based care but also  
18245 for nursing home care. And part of the reason that we didn't do  
18246 that was because to create a new program outside of Medicaid would  
18247 have been very costly and were confined by the pay-fors to  
18248 approximately a trillion dollars for the overall ACA. But I  
18249 always regretted the fact that we didn't find a new way, if you

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18250 will, to cover long-term care, including nursing home care.

18251           And I would still hope at some point that we could because  
18252 I don't particularly like the fact that people have to go on  
18253 Medicare for a few weeks and then they have to spend down their  
18254 assets before they are eligible for Medicaid. But as Mr. Lujan  
18255 said, right now the only long-term care program available is under  
18256 Medicaid and can't -- we have got to make sure that it is shored  
18257 up, that it continues to be viable and pays for adequate care.  
18258 And the problem is whether it is because of the capping or the  
18259 phasing out of expanded Medicaid, the fear is that in the long-run,  
18260 as states find that they have less money to pay for Medicaid  
18261 programs, that they will start providing less money to nursing  
18262 homes. And the consequence of that is that care is reduced.

18263           And I said before, I remember. I mean I wasn't a politician  
18264 at the time but I remember in the 70s in my district, in my home  
18265 town of Long Branch, we had a number of fires because the  
18266 conditions of the nursing homes were so bad. And people in some  
18267 of the fires throughout New Jersey will actually killed because  
18268 they were bedridden and they burned actually in the nursing homes.

18269           And we also did things in New Jersey to try to increase the  
18270 amount of nurses so that people had adequate care, there was good  
18271 oversight with regard to their prescriptions. These are the  
18272 types of things that will go by the wayside. The condition of

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18273 these nursing homes will get worse. The care will get worse  
18274 because the nursing home operators won't have sufficient funds.

18275 I remember the gentleman from Oklahoma, he is probably too  
18276 young but there was a Senator Boren at one time and a Congressman  
18277 Boren that was here for a few years. And Senator Boren had this  
18278 amendment at the federal level that I think, if I remember,  
18279 guaranteed that a certain level of funding had to go to nursing  
18280 homes to make sure that they didn't get deplorable. And at one  
18281 point, the Congress actually got rid of the Boren Amendment, which  
18282 I thought was a terrible thing because of the consequences.

18283 Now fortunately, we have been able to keep up an adequate  
18284 level of funding for nursing homes but that could all go by the  
18285 wayside if we see the kind of major changes to the Medicaid program  
18286 that the Republicans are proposing in this bill. There hasn't  
18287 been a lot of attention to this in the discussion about the  
18288 Affordable Care Act or the possible repeal and replacement but  
18289 this is real and it is significant.

18290 So I really appreciate the fact that my colleague from New  
18291 Mexico has brought this up and included this as a major component  
18292 and I would urge that we support his resolution.

18293 The Chairman. The gentleman yields back the balance of his  
18294 time. The Chair recognizes the Chair of the Subcommittee on  
18295 Health, Dr. Burgess.

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18296 Mr. Burgess. Thank you, Mr. Chairman.

18297 You know, talking about the CLASS Act one more time, and I  
18298 do remember when the gentleman offered the language of the CLASS  
18299 Act late in the evening as we were marking up H.R. 3200 in July  
18300 of 2009. It was placeholder language, it was new information that  
18301 had never been seen or evaluated by the committee before. The  
18302 problem was that the CLASS Act, which would have established a  
18303 voluntary long-term care insurance program to pay for  
18304 community-based services and supports for individuals with  
18305 functional limitations, it was a laudable goal, but it was really  
18306 the poster child for some of the common themes of the Affordable  
18307 Care Act; bad policy, dishonest budgeting, and government that  
18308 is way too big. So instead of focusing on reducing costs of  
18309 long-term care insurance for Americans, the ACA exploited  
18310 taxpayer confidence by creating a poorly structured program that  
18311 was doomed to fail. And, in fact, this is one of those bipartisan  
18312 changes to the Affordable Care Act that ultimately was supported  
18313 by both sides. Congress did step in to rescue taxpayers by  
18314 repealing the CLASS Act in the American Taxpayer Relief Act of  
18315 2012 signed by President Obama in January of 2013.

Now, ~~18316~~ the issue of a per capita allotment, it's not a limiting -- a limit on  
18317 funding for an individual Medicaid beneficiary. It's an aggregate  
18318 limit that's calculated on a per capita basis on the amount of

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18319 federal Medicaid funding that a state would receive. If an  
18320 individual's care proved to be more expensive than average,  
18321 federal funding could continue to be used to pay for it as long  
18322 as the state had not exceeded their total aggregate allowable  
18323 amount based on the capitated formula.

The per capita cap, the reform does not fundamentally alter Medicaid eligibility  
18324 requirements. The policy sets a limit on the annual cost growth  
18325 for per capita expenditures for which the states receive matching  
18326 funds from the federal government. Funding would decline if  
18327 Medicaid enrollment fell; for example, the state chose to restrict  
18328 enrollment, or when enrollment fell as a result of an improving  
18329 economy.  
18330

Hey, there's a valid point. You know, we've been for the last eight years kind  
18331 of stuck between 1 and 2 percent GDP growth, but that could change.  
18332 The household survey for employment for the month of February is  
18333 actually looking pretty good. We'll get the numbers in 24 hours  
18334 of what the employment figures are. You know, an improving economy  
18335 would really help a lot of things.  
18336

18337 I'm reminded of former member of the Ways & Means Committee,  
18338 who upon his retirement, I became the longest tenured doctor in  
18339 the United States Congress, but Dr. McDermott, who was here long  
18340 before I got here, when a sense of Congress resolution was offered  
18341 once before he said, "A sense of Congress resolution? Well, why

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18342 don't you just send a get well card to this problem and maybe we'll  
18343 all feel better."

18344 Mr. Chairman, I don't think this sense of Congress resolution  
18345 is well placed. I think we would be well advised to defeat it,  
18346 and carry on with the other important business of the day. I yield  
18347 back the balance of my time.

18348 The Chairman. The gentleman yields the balance of time. Any  
18349 other member seeking recognition? The gentleman from New York,  
18350 Mr. Tonko, is recognized for five minutes.

18351 Mr. Tonko. Thank you, Mr. Chair.

18352 I rise in support of the gentleman's amendment. The efforts  
18353 of this bill certainly impact last year's activity when this  
18354 committee in a bipartisan manner passed landmark legislation on  
18355 substance use and mental health. These pieces of legislation  
18356 invested in public health solutions to our nation's most pressing  
18357 problems like the opioid epidemic and untreated mental illness,  
18358 and were premised on the strong foundation that Medicaid and  
18359 private health insurance coverage provides to our nation's mental  
18360 health and substance use systems. The Medicaid stream here is  
18361 critical to these outcomes.

18362 The underlying bill would erode those foundations to the  
18363 core. We all know the numbers; 91 Americans die each day from an  
18364 opioid overdose, and far too many individuals with mental illness

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18365 do not get the care they need.

18366           The Affordable Care Act's coverage expansions resulted in  
18367 significant increases in coverage and care among individuals with  
18368 mental illness and substance use disorders. The percentage of  
18369 adults with serious psychological distress who are uninsured fell  
18370 by over 8 percent between 2012 and 2015. Between 2010 and 2015,  
18371 the number of people foregoing mental health care due to cost fell  
18372 by about one-third for people below 400 percent of the federal  
18373 poverty level.

18374           It is also important to recognize the considerable role that  
18375 Medicaid plays in our behavioral health care system. In 2014,  
18376 Medicaid accounted for 25 percent of all mental health spending,  
18377 and 21 percent of all substance use disorder expenditures in the  
18378 nation. In fact, Medicaid is the single largest payer for mental  
18379 health services in the United States. Medicaid is also a key  
18380 financing source for medication-assisted treatment that assists  
18381 individuals in breaking free from their opioid addiction.

18382           The evidence is clear; rolling back at the ACA coverage  
18383 expansions and reducing traditional Medicaid will limit access  
18384 to behavioral services at a time when our country can least afford  
18385 it. I, therefore, most strongly urge my colleagues to support this  
18386 amendment. And with that, I yield back.

18387           Mr. Barton. The gentleman yields back.

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18388           Receives recognition, the gentleman from Kentucky, Mr.  
18389 Guthrie.

18390           Mr. Guthrie. Thank you very much, Mr. Chairman. Thank you  
18391 for the time.

18392           I just want to hit three quick points that I've talked about  
18393 a few times. I just want to make sure I emphasize this.

18394           Under the per capita allotment reform, federal Medicaid  
18395 spending will continue to increase every year under the policy,  
18396 but at a rate that reflects the true cost of care. The per capita  
18397 allotment reform protects the individual entitlement and does not  
18398 change Medicaid rules regarding access to care. The policy  
18399 protects the individual entitlement, but slows the rate of growth  
18400 in the federal government's contribution to the Medicaid program  
18401 to reflect real costs.

18402           And, moreover, a large portion of Medicaid spending is a  
18403 long-term care, which is not medical care. In addition, long-term  
18404 care's projected growth is much slower than the cost of medical  
18405 care; meaning, that this population's growth over time would in  
18406 no way be impacted by the growth rate chosen.

18407           I yield time to anyone on our side. Mr. Chairman, I yield  
18408 back.

18409           Mr. Barton. The gentleman yields back.

18410           Does the gentlelady from Florida seek recognition? The

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18411 gentlelady is recognized for five minutes.

18412 Ms. Castor. Thank you, Mr. Chairman.

18413 Just briefly, to support this important sense of the House  
18414 amendment regarding Medicaid. It's not accurate to say that when  
18415 you go to a radical restructuring of Medicaid and you put a cap  
18416 on it, that it -- the cost will increase over time equal to the  
18417 cost of care. That's simply -- I don't know of any reputable  
18418 analyst who's looked at the impact of per capita caps on our  
18419 families that can say that.

18420 To the contrary, what happens with a cap is that you have  
18421 -- you're changing it to an amount. Yes, you set that cap one year,  
18422 you have a little adjustment I see in the GOP bill, but over time  
18423 what happens is that you can't -- you don't keep up with it. And  
18424 what we fear will happen is, in the future the Congress then will  
18425 ratchet it down even more, and that simply puts our families too  
18426 much at risk, especially this older population.

18427 Let's, instead, work on reforms to control cost. There is  
18428 a lot of flexibility in Medicaid and innovation, but when you go  
18429 to the caps, you eliminate the ability of states to do those  
18430 innovative things. That's what a lot of the analysts and experts  
18431 say, so I would hope that we would at least say adopt this important  
18432 sense of the Congress amendment. And I thank Mr. Lujan for filing  
18433 this amendment. I yield to Mr. Lujan.

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18434 Mr. Lujan. Mr. Chairman, what I don't understand about how  
18435 many times that explanation has been given about not cutting  
18436 federal money to the states. All last week and the week before,  
18437 all I read and all that I heard from our colleagues was that  
18438 Republicans were going to shift responsibility to the states when  
18439 it came to Medicaid; that Republicans were going to shift costs  
18440 to the states. Is that accurate, Mr. Chairman, or counsel?

18441 Mr. Barton. We're going to give the states more flexibility.  
18442 That's a true statement.

18443 Mr. Lujan. Mr. Chairman, is it a true statement to say that  
18444 under the Republican bill, that costs will shift to the states?

18445 Mr. Barton. I don't know that you could say we're going to  
18446 shift costs to the states.

18447 Mr. Lujan. Do the states have to pick up more of the tab?

18448 Mr. Barton. Well, on the Medicaid expansion states, after  
18449 the freeze kicks in for new enrollees, and you have the beginning  
18450 of the ratchet down when they cannot add new enrollees, if a state  
18451 chose to continue to add that population, they would have to --  
18452 they would only receive the normal non-super-FMAP, if that makes  
18453 sense to you.

18454 Mr. Lujan. It does, Mr. Chairman, because I'm just -- I'm  
18455 trying to make sense why -- if I can find the article here. I'm  
18456 trying to make sense why four U.S. Senators sent a letter to Mitch

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18457 McConnell saying that they're concerned about the House Bill  
18458 impact on Medicaid expansion in their states. And that's -- oh,  
18459 goodness, where is it at here? Senators Rob Portman in Ohio,  
18460 Shelley Moore Capito of West Virginia, Corey Gardner, Colorado,  
18461 and Lisa Murkowski of Alaska.

18462 If it's as good as my colleagues are saying it is, then  
18463 Portman, Capito, Gardner, and Murkowski should be screaming from  
18464 the mountaintops on how they love this; yet, they wrote a letter  
18465 with concerns to the impact of their constituents here.

I'm just trying to make sense of it, Mr. Chairman, but appreciate the response.

18466 That provided some clarity to me, and I yield back to the lady  
18467 from Florida.

18468 Mr. Barton. We are here to serve.

18469 Mr. Lujan. Thank you, Mr. Chairman.

18470 Mr. Barton. Who seeks recognition? The gentleman from  
18471 Maryland seeks recognition for what purpose?

18472 Mr. Sarbanes. I move to strike the word --

18473 Mr. Barton. The gentleman is recognized for five minutes.

18474 Mr. Sarbanes. Very quickly, Mr. Chairman. I just want to push  
18475 back a little bit on this idea of flexibility, because that keeps  
18476 being invoked as the basis for this fundamental restructuring of  
18477 the Medicaid program, and that's what it is. It's not just going  
18478 back to pre-ACA days, it's taking the program to a completely  
18479

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18480 different place, which we think is going to damage the interests  
18481 of Medicaid recipients.

But the fact of the matter is that we've had testimony in this committee since  
18482  
18483 I've been here from people at CMS describing the waiver  
18484 opportunities that different states have had to experiment with  
18485 innovation in their Medicaid programs, including innovations that  
18486 can result in some significant cost-savings. But they've all made  
18487 the point that their ability to do that innovation is dependent  
18488 on having a supportive partnership in place; in other words, you  
18489 can't innovate effectively if you're under siege. And so, using  
18490 the argument of providing the states with more flexibility as a  
18491 way of justifying changing the formula so that less resources are  
18492 going to flow, in fact, is producing a situation where many of  
18493 these states who want to engage in some creative innovation around  
18494 their programs, again, in ways that may save money over time,  
18495 they're really going to be constrained from doing that because  
18496 they're going to be under this attack where the partnership that's  
18497 been there is going to be pulled out from under them. So the notion  
18498 that we're giving them flexibility, I think, can be called into  
18499 question.

18500           You're putting pressure on the states, which makes it harder  
18501 for them to do the kind of constructive and sensible innovation,  
18502 and flexibility that I think we'd all like to see.

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18503 I yield back, unless somebody wants some time.

18504 Mr. Barton. I want to compliment the gentleman from Maryland.

18505 I can't listen fast enough to Mr. Kennedy, but you speak slowly

18506 and clearly. I can understand and listen to you.

18507 Does anybody seek recognition for any purpose? If not, the

18508 Clerk will call the roll, and the Ranking Member has asked for

18509 a roll call vote. Those in favor of the Lujan amendment will vote

18510 yes, and those opposed will vote no.

18511 The Clerk. Mr. Barton.

18512 Mr. Barton. No.

18513 The Clerk. Mr. Barton votes no.

18514 Mr. Upton.

18515 Mr. Upton. No.

18516 The Clerk. Mr. Upton votes no.

18517 Mr. Shimkus.

18518 Mr. Shimkus. No.

18519 The Clerk. Mr. Shimkus votes no.

18520 Mr. Murphy. Mr. Burgess.

18521 Mr. Burgess. No.

18522 The Clerk. Mr. Burgess votes no.

18523 Mrs. Blackburn.

18524 Mrs. Blackburn. No.

18525 The Clerk. Mrs. Blackburn votes no.

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18526 Mr. Scalise.  
18527 Mr. Scalise. No.  
18528 The Clerk. Mr. Scalise votes no.  
18529 Mr. Latta.  
18530 Mr. Latta. No.  
18531 The Clerk. Mr. Latta votes no.  
18532 Mrs. McMorris Rodgers.  
18533 Mrs. McMorris Rodgers. No.  
18534 The Clerk. Mrs. McMorris Rodgers votes no.  
18535 Mr. Harper. Mr. Lance.  
18536 Mr. Lance. No.  
18537 The Clerk. Mr. Lance votes no.  
18538 Mr. Guthrie.  
18539 Mr. Guthrie. No.  
18540 The Clerk. Mr. Guthrie votes no.  
18541 Mr. Olson. Mr. McKinley.  
18542 Mr. McKinley. No.  
18543 The Clerk. Mr. McKinley votes no.  
18544 Mr. Kinzinger.  
18545 Mr. Kinzinger. No.  
18546 The Clerk. Mr. Kinzinger votes no.  
18547 Mr. Griffith.  
18548 Mr. Griffith. No.

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18549 The Clerk. Mr. Griffith votes no.  
18550 Mr. Bilirakis.  
18551 Mr. Bilirakis. No.  
18552 The Clerk. Mr. Bilirakis votes no.  
18553 Mr. Johnson.  
18554 Mr. Johnson. No.  
18555 The Clerk. Mr. Johnson votes no.  
18556 Mr. Long.  
18557 Mr. Long. No.  
18558 The Clerk. Mr. Long votes no.  
18559 Mr. Bucshon.  
18560 Mr. Bucshon. No.  
18561 The Clerk. Mr. Bucshon votes no.  
18562 Mr. Flores.  
18563 Mr. Flores. No.  
18564 The Clerk. Mr. Flores votes no.  
18565 Mrs. Brooks.  
18566 Mrs. Brooks. No.  
18567 The Clerk.  
18568 Mrs. Brooks votes no.  
18569 Mr. Mullin.  
18570 Mr. Mullin No.  
18571 The Clerk. Mr. Mullin votes no.

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18572 Mr. Hudson.  
18573 Mr. Hudson. No.  
18574 The Clerk. Mr. Hudson votes no.  
18575 Mr. Collins.  
18576 Mr. Collins. No.  
18577 The Clerk. Mr. Collins votes no.  
18578 Mr. Cramer. Mr. Walberg.  
18579 Mr. Walberg. No.  
18580 The Clerk. Mr. Walberg votes no.  
18581 Mrs. Walters.  
18582 Mrs. Walters. No.  
18583 The Clerk. Mrs. Walters votes no.  
18584 Mr. Costello.  
18585 Mr. Costello. No.  
18586 The Clerk. Mr. Costello votes no.  
18587 Mr. Carter.  
18588 Mr. Carter. No.  
18589 The Clerk. Mr. Carter votes no.  
18590 Mr. Pallone.  
18591 Mr. Pallone. Aye.  
18592 The Clerk. Mr. Pallone votes aye.  
18593 Mr. Rush. Ms. Eshoo.  
18594 Ms. Eshoo. Aye.

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18595 The Clerk. Ms. Eshoo votes aye.  
18596 Mr. Engel. Mr. Green.  
18597 Mr. Green. Aye.  
18598 The Clerk. Mr. Green votes aye.  
18599 Ms. DeGette.  
18600 Ms. DeGette. Aye.  
18601 The Clerk. Ms. DeGette votes aye.  
18602 Mr. Doyle.  
18603 Mr. Doyle. Yes.  
18604 The Clerk. Mr. Doyle votes aye.  
18605 Ms. Schakowsky.  
18606 Ms. Schakowsky. Aye.  
18607 The Clerk. Ms. Schakowsky votes aye.  
18608 Mr. Butterfield.  
18609 Mr. Butterfield. Aye.  
18610 The Clerk. Mr. Butterfield votes aye.  
18611 Ms. Matsui.  
18612 Ms. Matsui. Aye.  
18613 The Clerk. Ms. Matsui votes aye.  
18614 Ms. Castor.  
18615 Ms. Castor. Aye.  
18616 The Clerk. Ms. Castor votes aye.  
18617 Mr. Sarbanes.

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18618            Mr. Sarbanes. Aye.

18619            The Clerk. Mr. Sarbanes votes aye.

18620            Mr. McNerney. Mr. McNerney.

18621            Mr. McNerney. Aye.

18622            The Clerk. Mr. McNerney votes aye.

18623            Mr. Welch.

18624            Mr. Welch. Aye.

18625            The Clerk. Mr. Welch votes aye.

18626            Mr. Lujan.

18627            Mr. Lujan. Aye.

18628            The Clerk. Mr. Lujan votes aye.

18629            Mr. Tonko.

18630            Mr. Tonko. Aye.

18631            The Clerk. Mr. Tonko votes aye.

18632            Ms. Clarke.

18633            Ms. Clarke. Aye.

18634            The Clerk. Ms. Clarke votes aye.

18635            Mr. Loeb sack.

18636            Mr. Loeb sack. Aye.

18637            The Clerk. Mr. Loeb sack votes aye.

18638            Mr. Schrader.

18639            Mr. Schrader. Aye.

18640            The Clerk. Mr. Schrader votes aye.

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18641 Mr. Kennedy.

18642 Mr. Kennedy. Aye.

18643 The Clerk. Mr. Kennedy votes aye.

18644 Mr. Cardenas.

18645 Mr. Cardenas. Aye.

18646 The Clerk. Mr. Cardenas votes aye.

18647 Mr. Ruiz.

18648 Mr. Ruiz. Aye.

18649 The Clerk. Mr. Ruiz votes aye.

18650 Mr. Peters.

18651 Mr. Peters. Aye.

18652 The Clerk. Mr. Peters votes aye.

18653 Mrs. Dingell.

18654 Mrs. Dingell. Aye.

18655 The Clerk. Mrs. Dingell votes aye.

18656 Chairman Walden.

18657 The Chairman. No.

18658 The Clerk. Chairman Walden votes no.

18659 Mr. Barton. Ask their vote, gentleman from Pennsylvania.

18660 The Clerk. Mr. Murphy votes no.

18661 Mr. Barton. The gentleman from North Dakota.

18662 The Clerk. Mr. Cramer votes no.

18663 Mr. Barton. The gentleman from Texas.

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18664 The Clerk. Mr. Olson votes no.

18665 Mr. Barton. Gentleman from --

18666 The Clerk. Mr. Harper votes no.

18667 Mr. Barton. Any members on the Minority side that haven't  
18668 cast their vote? Seeing no other members present that wish to cast  
18669 their vote, the Clerk will tally the vote and report it.

18670 The Clerk. Mr. Chairman, on that vote there were 22 ayes and  
18671 31 nos.

18672 Mr. Barton. 22 ayes and 31 nos. The amendment is not agreed  
18673 to.

18674 The Chair would point out that it's dawn. If the Minority  
18675 would be willing to move all their amendments en bloc and accept  
18676 a no vote on a voice vote, and if the Majority would accept the  
18677 Barton-Blackburn-Hudson amendment, we could end this, and I will  
18678 buy Waffle House for everybody in the committee. Can't do it; worth  
18679 a shot.

18680 Are there other members who wish to offer amendments?  
18681 Gentleman from Vermont seeks recognition; for what purpose? The  
18682 gentleman has an amendment at the desk. The clerk will report the  
18683 amendment. Would the gentleman identify his amendment?

18684 Mr. Welch. Thank you. Yes, it is 202.

18685 Mr. Barton. Amendment 202.

18686 Mr. Welch. To strike Section 112C.

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18687 Mr. Barton. The clerk will report the amendment and the clerk  
18688 will pass out the amendment. We will consider the amendment as  
18689 read, without objection, and the gentleman from Vermont --

18690 The Clerk. An amendment to the amendment in the nature of  
18691 a substitute to the committee offered by Mr. Welch.

18692 Mr. Barton. The gentleman is recognized for five --

18693 Mr. Welch. Thank you very much.

18694 Mr. Chairman, before I start on the amendment, I'd like to  
18695 just make an observation. I cannot believe the staff and what a  
18696 job the staff has done for us all night both sides. Thank you very  
18697 much. And CSPAN, thank you. Thank you all very much.

18698 One of the things, I believe, that we all agree on is that  
18699 whatever health plan people have, it's excellent if they have  
18700 essential health benefits covered. It's prevention, it's mental  
18701 health and substance abuse, it's prescription drugs, it's  
18702 maternal and child health, it's lab tests, it's the emergency  
18703 room, it's prevention services that we've got several physicians  
18704 on our committee both sides of the aisle. It gives people  
18705 confidence that when they have something they think is wrong with  
18706 them they can get a medical opinion and get medical advice in a  
18707 timely way to address it.

18708 It's a combination of giving people peace of mind that it's  
18709 not going to bust the bank if they go see a physician, and it's

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18710 also really good for any people who may be sick to get the help  
18711 they need sooner rather than later, and to start having regular  
18712 interaction with their physician. And I believe all of us believe  
18713 that's a good idea. Whatever you think about the Medicaid  
18714 expansion, whatever you think about private pay, whatever you  
18715 think about what the subsidy should be, the health care plan that  
18716 provides people with essential services is a very good thing.

18717         So my question is, why in the world would you eliminate those  
18718 essential health services from the Medicaid provisions in your  
18719 bill? Why not keep them in? That's going to -- the Medicaid  
18720 expansion we oppose. We're having that debate, but now under your  
18721 provision, those folks who are in the Medicaid expansion are going  
18722 to lose those essential health benefits. That's absolutely wrong;  
18723 it's wrong medically, and it's wrong as a matter of policy, and  
18724 we shouldn't do it. It's really that simple. And, obviously, now  
18725 with all of us, in every one of our districts we have a heroin  
18726 and opioid problem, every single one of us. It's the scourge of  
18727 our times. And under the bill as it is now written, people who  
18728 need substance abuse services are going to be denied the  
18729 opportunity to get those services.

18730         This is something that should be changed, and I hope that  
18731 whatever you think about the other provisions of the bill, knowing  
18732 that there is mutual concern about the opioid crisis, and knowing

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18733 that there's a mutual desire to have Americans get access in a  
18734 timely way to the essential health care services that we require,  
18735 that there would be an openness to changing this provision and  
18736 restoring those essential health benefits.

18737 And I'd like to yield my time now to Mr. Kennedy.

18738 Mr. Kennedy. I thank my colleague from Vermont.

18739 I, obviously, wholeheartedly agree with the way you  
18740 characterized this amendment and the intent of it. And I think  
18741 it actually speaks to a bit of the discussion we were having  
18742 earlier on both sides of the aisle here, and the belief, my  
18743 interpretation, anyway, that some of these protections are  
18744 actually already in place in the bill.

18745 I know that these protections are, or my understanding is  
18746 that those protections are in place for the individual market,  
18747 that these aren't in place for other aspects of insurance  
18748 coverage, so just to echo what Mr. Welch has said, trying to make  
18749 sure it remains available, those essential protections remain  
18750 available for the 11 or so million people that are on the Medicaid  
18751 expansion. It would seem to make sense given the fact that they  
18752 are a vulnerable population and are going to need access to those  
18753 benefits; and the debate that we had earlier around insuring that  
18754 there is one, coverage, but then the benefits are also available  
18755 so that people can actually avail themselves of the care that they

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18756 are going to need and be able to afford it.

18757 I don't think there's actually -- I could be wrong on this.

18758 I don't mean to speak for my colleagues. I don't believe there's

18759 any real disagreement on the value of those services. I would urge

18760 my colleagues; and, again, I think under the -- I was under the

18761 impression, I think that some believe that these protections were

18762 already in place in the bill. And given that, I would urge their

18763 support for this amendment.

18764 I yield back to Mr. Welch.

18765 Mr. Barton. Does the gentleman yield back his time? The

18766 gentlelady is recognized for the last 20 seconds. We're going to

18767 have somebody in our side before we come back.

18768 I want to ask the counsel before we go to Dr. Murphy, what

18769 exactly does this Section 112C do? It says, "Sunset of essential

18770 health benefits requirement." Explain what that does. Page 8, line

18771 3 through 7.

Counsel 18772 Mr. Barton, it just removes the application of the essential health

18773 benefit plans mandated requirement that all states have alternate

18774 benefit plans, must cover the essential health benefits. It

18775 removes that mandate.

18776 Mr. Barton. For all of the categories, or for the --

18777 Counsel. For alternate benefit plans, the benchmark plans

18778 in Medicaid.

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18779 Mr. Barton. I'm still not clear, but I'm sure everybody else  
18780 is.

18781 Does the gentleman from Pennsylvania seek recognition?

18782 Counsel. So benchmark plans were created in the DRA, and they  
18783 kind of evolved to use over time. In 2012, there were about 12  
18784 states that used them, and then all expansion enrollees are  
18785 covered in alternative benefit plans, so it's a benchmark that  
18786 states get to choose from the Blue Cross/Blue Shield option for  
18787 Congress, for the state employee coverage, or the largest  
18788 statewide HMO, or to work with the secretary to determine  
18789 appropriate coverage. So that's the idea, that you get to pick  
18790 amongst benchmarks. That's functionally how they work.

18791 Mr. Kennedy. Mr. Chairman, if I may. I believe it's  
18792 essentially the Medicaid expansion plans. Right?

18793 Mr. Barton. Okay. I'm about half-asleep, so I'm going to  
18794 recognize Dr. Murphy. He understands it, and he can --

18795 Mr. Murphy. We can start the day with the Star Spangled  
18796 Banner, if you wish. It will wake us all up.

18797 Mr. Barton. That would.

18798 Mr. Murphy. Thank you, Mr. Chairman.

18799 First, just to be clear, counsel, alternate benefit plans  
18800 also -- mental health parity also applies to them. Am I correct?

18801 Counsel. Yes, sir.

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18802 Mr. Murphy. Okay. All right. So let me go through a few things  
18803 here.

18804 First of all, this provision does not modify a mandatory  
18805 benefit for Medicaid beneficiaries, but under this bill the states  
18806 could still choose to cover mental health benefits and other  
18807 health care services to Medicaid patients served by the  
18808 alternative benefit plans. It would have to apply -- would have  
18809 the ability to better design solutions to meet the needs of  
18810 patients. And I go back to the point that we have put \$100 billion  
18811 into this that states could use those funds for mental health  
18812 benefits.

18813 We've heard from both Red and Blue states they need to be  
18814 more -- they need more flexibility from Washington to craft  
18815 solutions that work for their patients. I'm going to describe how  
18816 they can do this in a minute, but alternative benefit plans were  
18817 created by the Deficit Reduction Act of 2005. This law gives states  
18818 the option to enroll Medicaid beneficiaries in these benchmark  
18819 plans.

18820 ABPs, as they're known, give states flexibility to basically  
18821 benchmark coverage to one of four categories. As you said, the  
18822 Blue Cross/Blue Shield standards provider plan under the Federal  
18823 Employees Health Benefit Program, or a plan offered to and  
18824 generally available to state employees, or the largest commercial

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18825 health maintenance organization state or coverage approved by the  
18826 Secretary appropriate to meet the needs of the targeted  
18827 populations. But ABP coverage must have the same actuarial value  
18828 as those -- as one of these benchmark options.

18829 I want to be clear, this bill does not change the federal  
18830 mental health parity requirements established. And I want to say  
18831 that over and over again, because those laws still apply. These  
18832 requirements mandate that under a given insurance plan, coverage  
18833 of mental health and addiction services, if offered, should be  
18834 on par with coverage of medical and surgical services in terms  
18835 of treatment limitations, the amount, the duration, scope of  
18836 benefits, financial requirements, beneficiary co-payments, in  
18837 and out of network covered benefits, annual lifetime dollar  
18838 limits; though, does not change the 2016 CMS rule which required  
18839 managed care plans both traditional, Medicaid and Medicaid  
18840 alternative benefit plans, as well as CHIP to comply with mental  
18841 health parity again.

18842 The reason for the provision in the bill is to give governors  
18843 and state legislatures more tools to better design solutions for  
18844 their patients. Now think about this; mandating ABPs to  
18845 alternative benefit plans, Congress is respectfully saying they  
18846 no better, don't trust the governors. Now, let me describe how  
18847 this can work.

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18848           Five percent of Medicaid beneficiaries are responsible for  
18849 55 percent of Medicaid spending. States have begun to figure this  
18850 out, about 1 percent of beneficiaries, about 15, 20 percent of  
18851 spending. Eight out of ten people going to the emergency room have  
18852 at least some mental health issue associated with it that had that  
18853 been addressed they wouldn't be in the ER.

18854           As programs such as Geisinger, UPMC, and Kaiser, and  
18855 Intermountain, and other programs do this, they have finally  
18856 figured out that by providing services to people on Medicaid, they  
18857 can actually provide better service and lower cost. Examples would  
18858 be, let's say a woman with migraines, or someone with inflammatory  
18859 bowel disease, or someone with schizophrenia or a heart problem  
18860 have a lot more ER admissions because in many cases they double  
18861 or triple their risk for depression, anxiety, panic disorders,  
18862 or other mental health disorders.

18863           States recognizing that they do better to treat these by  
18864 having easier access to physicians, and nurses, and nurse  
18865 practitioners, and many of them are now hiring within their  
18866 practice licensed counselors, psychologists, psychiatrists,  
18867 actually recognize that providing these services to their  
18868 beneficiaries, they lower cost; about 40 percent reduction. They  
18869 help keep people out of emergency rooms. They help keep people  
18870 out of inpatient, or I might say one of the goals and stated plans

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18871 of the Affordable Care Act was to increase outpatient care and  
18872 decrease emergency care and inpatient care. It actually had the  
18873 opposite effect. There's been more inpatient admissions, more  
18874 emergency admissions because the system wasn't working, because  
18875 states were not collecting data.

18876 This bill, by the way, requires states to collect data and  
18877 look at what's happening so that they recognize if they provide  
18878 these whole wrap-around services for persons with chronic  
18879 illness, with other psychological problems, or to people with a  
18880 primary mental health disorder who oftentimes have other chronic  
18881 illnesses. In other words, you can't be treating physical illness  
18882 without behavioral illness, as well. And states are figuring this  
18883 out, but they need the flexibility to design these plans. These  
18884 emerging things, not something that Washington can work out, but  
18885 something the states have to have the knowledge and flexibility  
18886 to move forward on.

18887 This is getting into the weeds a lot and technical, and I  
18888 will make sure we have a hearing in Oversight & Investigations  
18889 so members can work on this together and come up with some solid  
18890 solutions for Medicaid reform.

18891 I yield back, Mr. Chairman.

18892 The Chairman. I thank the gentleman, and his time has  
18893 expired. Would members on this side like to respond? So I now

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18894 recognize the gentlelady from California, Ms. Eshoo, for five  
18895 minutes on the amendment.

18896 Ms. Eshoo. Thank you, Mr. Chairman. Strike the last word.

18897 Something comes to mind as I was looking at the list of  
18898 essential health benefits. Actually, two things came to mind. Let  
18899 me read what these benefits are. And what we're, of course,  
18900 debating is the bill phases these benefits out of Medicaid  
18901 coverage. The outpatient care a patient gets without being  
18902 admitted to a hospital, emergency services, hospitalization like  
18903 surgery and overnight stays, pregnancy, maternity, newborn care,  
18904 mental health and substance use disorder services, prescription  
18905 drugs, rehabilitative and habilitative services and devices,  
18906 laboratory services, preventive and wellness services, and  
18907 chronic disease management, and pediatric services including oral  
18908 and vision care for infants and children.

18909 So, members of Congress, how about if someone informs you  
18910 right now that you and your family's policy, all of these things  
18911 are going to be ripped out of it? Just think of what you would  
18912 think. So, I think one of the first things we need to think about  
18913 is, is this fair?

18914 The other thing I thought of was what my father always used  
18915 to say. He used to say, "Honey, you know what? The best thing about  
18916 citizenship in the United States is there's only one class, first

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18917 class." But you know what, if he was here tonight, he would say  
18918 uh-oh, people are not being -- this is not first class citizenship  
18919 here. Why are you doing this? Why are you ripping these -- they  
18920 are aptly named. These are essential health benefits. Essential  
18921 is probably the operative word.

18922 Now, you want to use the word "flexibility," use the word  
18923 flexibility, but you know what, under Medicaid per capita caps,  
18924 once these essential health benefits are repealed, the states are  
18925 not going to have any incentive to protect their Medicaid  
18926 populations or provide them with the kind of care that's built  
18927 into these essential benefits. They're just not. So, you know,  
18928 don't tell us that this is about flexibility.

18929 What governor came in and said let's get rid of essential  
18930 benefits? I don't think there is a Republican governor or  
18931 Democratic governor that would come in the door and say that. So,  
18932 this is lowering citizenship; just because people don't have maybe  
18933 all that some of us have, does not make them lesser beings. And  
18934 they desire essential benefits. And if you're smart in terms of  
18935 dollars, these are the best dollars to spend because this is about  
18936 prevention when you have these benefits, instead of waiting until  
18937 people get sicker, and sicker, and sicker and the care, of course,  
18938 becomes more complex, and it's costlier.

18939 So, obviously, I'm not for what's being proposed in the bill,

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18940 but it's -- I don't know; it has like a sense of -- I'm embarrassed  
18941 by it, that something like this would even be considered. We're  
18942 better than this.

18943 Mr. Welch, you want to take the rest of the time?

18944 Mr. Welch. Thank you very much.

18945 There's an abstraction that is infusing this debate,  
18946 flexibility. Does that mean, this is a serious question, that a  
18947 woman who's pregnant in Vermont can be denied maternal health  
18948 benefits, but a woman in New Hampshire can't be? We're leaving  
18949 that decision up to other people, as opposed to making the decision  
18950 on the basis of the need? That's essentially what we're saying;  
18951 it's pick and choose.

18952 And this talk about having it go back to the states, we're  
18953 talking about human beings, and last I knew they're the same in  
18954 Louisiana as they are in Vermont. If you're a pregnant woman  
18955 anywhere in this country, we don't want that woman to have maternal  
18956 and child health? That's what we're saying with this amendment.  
18957 It's really unnecessary, and it's really stupid.

18958 I yield back.

18959 The Chairman. The Chair recognizes the gentleman from Texas,  
18960 Mr. Flores.

18961 Mr. Flores. Thank you, Mr. Chairman.

18962 I want to build on the comments that Mr. Murphy had earlier,

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18963 and I'd like to start out by saying that there is precedent for  
18964 this already. If we think about the PACE Act that Mr. Guthrie  
18965 championed recently, the PACE Act removed the application of  
18966 essential health benefits to the large group market. Every  
18967 Democrat in Congress supported the PACE Act. It was voice voted  
18968 off the House floor, it was voted off the Senate floor, and  
18969 President Obama signed into law. Chuck Schumer was a co-sponsor,  
18970 so there's precedent.

18971 Now, the reason for the provision in the bill is to give  
18972 governors and state legislatures more tools to better design  
18973 solutions for their patients. Think about it; by mandating  
18974 essential health benefits to alternative benefit plans, Congress  
18975 is effectively saying that they know better, that they don't trust  
18976 50 governors or 50 state legislators.

18977 Why is the federal government setting this benchmark? Why  
18978 do we assume that allowing states to benchmark to what Congress  
18979 or state employees have for health care is deficient? We believe  
18980 that the states will continue to cover these services as most did  
18981 before the ACA.

18982 One other thing; this change doesn't take effect until  
18983 December 31st of 2019, so if states still want to offer some  
18984 essential health benefits and alternative benefit plans in  
18985 Medicaid, they can work with the Secretary to design an

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18986 alternative benefit plan that works for their states. States can  
18987 tailor the benefits to the unique mental health benefits of their  
18988 state. States are much closer to their beneficiaries, and are far  
18989 better than Washington, D.C. at knowing these needs and providing  
18990 appropriate coverage.

18991 Also, it's important to note that our patient state, excuse  
18992 me, patient and state's ability fund give states the ability to  
18993 use those funds to promote access to preventative services,  
18994 including dental care services, whether preventive or medically  
18995 necessary, or any combination of such services. And I want to  
18996 highlight, as well as mental health and substance use disorders.

18997 This meets the needs we heard from the states to allow them  
18998 to govern their own unique Medicaid populations, but they have  
18999 to follow the benchmark provisions. And just to repeat what Mr.  
19000 Murphy said, here what the benchmark provisions are, again, just  
19001 to remind everybody, it's either, one, the Blue Cross/Blue Shield  
19002 Standard Provider Plan under the Federal Employees Health Benefit  
19003 Program, which we used to be able to enjoy as members of Congress.  
19004 Number two, a plan offered to and generally available to state  
19005 employees. Those usually aren't too skimpy. Number three is the  
19006 largest commercial health maintenance organization in the state.  
19007 Again, that's not a fly-by-night plan. Or, four, the coverage  
19008 approved by the Secretary appropriate to meet the needs of the

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19009 targeted population.

19010           And again to repeat what Mr. Murphy said again one more time,  
19011 the alternative benefit equivalent coverage must have the same  
19012 actuarial value as one of those benchmark options. So I think if  
19013 you really look at what we're doing, we're giving the states  
19014 flexibility, but we haven't reduced the ability of the states to  
19015 meet their populations' needs.

19016           If there's another Republican that would like the rest of  
19017 my time, they can have it.

19018           The Chairman. Well, I might pick up on that a bit, because  
19019 basically what you said is that the PACE Act passed unanimously.  
19020 Right? And it did the same thing for large group plans to give  
19021 that flexibility. People recognized the importance of that. It's  
19022 not that we don't believe in these things should be covered; it's  
19023 you've got to have flexibility in these plans for them to survive.  
19024 And with the individual market crashing, everything else, we're  
19025 trying overall to work on all these different pots, and let the  
19026 states have the flexibility they need to work through this. So  
19027 we did it for a group of the bigger plans, we're saying we'll do  
19028 it here. It's worked before. Everybody agreed to that. President  
19029 Obama signed that into law.

19030           Mr. Flores. Right. Mr. Chairman --

19031           The Chairman. Am I missing something here, Mr. Flores?

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19032 Mr. Flores. No, you're not. And, again, remember the  
19033 alternative benefit plans, where the state sets one up, have to  
19034 meet those minimum benchmarks that are not that easy to meet. So  
19035 I think --

19036 The Chairman. Again, those -- can you go through what those  
19037 minimum benchmarks are with these plans?

19038 Mr. Flores. Sure. The first one is the Blue Cross/Blue Shield  
19039 Standard Provider Plan under Federal Employees Health Benefits  
19040 --

19041 The Chairman. It's got to meet that.

19042 Mr. Flores. Right.

19043 The Chairman. Or?

19044 Mr. Flores. Two, a plan offered to and generally available  
19045 to state employees.

19046 The Chairman. All right. Those are usually pretty generous.  
19047 Right?

19048 Mr. Flores. Usually, that's correct. The largest commercial  
19049 health maintenance organization in the state. And they wouldn't  
19050 be the largest if they're offering substandard benefit packages.  
19051 Or number four, the coverage approved by the Secretary appropriate  
19052 to meet the needs of the targeted population. And, lastly, in the  
19053 aggregate, the alternative benefit plan has to meet the same  
19054 actuarial value as one of those benchmark options.

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19055 The Chairman. All right.

19056 Mr. Flores. I yield back.

19057 The Chairman. The gentleman yields back. The Chair  
19058 recognizes the Ranking Member, Mr. Pallone, for five minutes on  
19059 the amendment.

19060 Mr. Pallone. Thank you, Mr. Chairman.

19061 I listened to the gentleman from Texas say that, you know,  
19062 this should be left up to the states, but the State of Texas doesn't  
19063 even provide expanded Medicaid. So, I mean, if you leave it up  
19064 to the states, in the case of his state, people wouldn't even have  
19065 Medicaid coverage in this expanded category. So I don't even  
19066 understand why in the world you'd want to say that, you know, it  
19067 should be left up to the states.

19068 You know, I made this argument earlier this evening with  
19069 regard to a lot of the discriminatory practices. If we left it  
19070 up to the states or the way things used to be, you would still  
19071 have the problems of preexisting conditions, annual caps,  
19072 lifetime caps on insurance, you know, not having kids on their  
19073 policy up to the age of 26.

19074 I mean, the reason that the federal government stepped in;  
19075 and, of course, the intention was that states would adopt expanded  
19076 Medicaid. And the reason that the federal government stepped in  
19077 and dealt with so many of these issues, and didn't leave it to

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19078 the states, was because it wasn't working, and they weren't  
19079 providing benefits, so they had discriminatory practices.

19080 So, you know, I just have to disagree with the general premise  
19081 that the gentleman from Texas is stating about leaving it --

19082 Mr. Mr. Sarbanes. Would the gentleman yield?

19083 Mr. Pallone. -- up to the states. No, if I have time left,  
19084 I will. I just want to finish with my points here now.

19085 The essential benefits package, which we put in place with  
19086 the ACA for both expanded Medicaid, as well as the private  
19087 insurance market, for those buying insurance on the Exchange, the  
19088 individual market, was really -- was crucial. In other words, we  
19089 not only wanted to cover people who had no insurance, but we also  
19090 wanted to make sure that they didn't continue to have these  
19091 skeletal plans, because beforehand, you know, people go out and  
19092 buy these skeletal plans, didn't include hospitalization, didn't  
19093 include doctor's visit. You know, they basically could do whatever  
19094 they want, and we needed to have the guarantee of essential benefit  
19095 package to make sure that when people bought their insurance, it  
19096 was basically as good as you would get, you know, for a decent,  
19097 good Blue Cross/Blue Shield plan so that people didn't buy, you  
19098 know, gold star insurance and find out later that they didn't even  
19099 have hospitalization.

19100 So in the same way that we put it into the private insurance

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19101 market on the Marketplace, we also wanted to include it for people  
19102 that were in expanded Medicaid because, first of all, a lot of  
19103 those people go back and forth between the two, depending on  
19104 whether they're working, and what kind of job they have. But the  
19105 problem is that if you take this away and you start cutting back  
19106 on the amount of money that's available under Medicaid, it's  
19107 inevitable, in my opinion, that the things that are more high cost,  
19108 benefits that are more high cost are going to be eliminated. And,  
19109 you know, this is a group that's disproportionately childless  
19110 adults, many subject to opioid addiction. Behavioral health would  
19111 be the first thing that goes. We've already explained that, and  
19112 even though Mr. Murphy talks about parity, parity doesn't help  
19113 you if you don't have a package that includes behavioral health  
19114 or mental health care. It's not going to help you. It's not going  
19115 to cure that problem.

19116 Other things that were often dropped in the past were  
19117 maternal care, again because this childless adult population was  
19118 disproportionately male, so oftentimes it included maternal care.  
19119 Another thing that was often dropped were prescription drugs  
19120 because they tend to be very expensive. So this is what you're  
19121 going to see. You're going to see this population, which has a  
19122 high incidence of opioid addiction no longer having any insurance  
19123 to deal with their substance abuse problem, many cases not having

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19124 access to prescription drugs. And all this talks about flexibility  
19125 and leaving it up to the states isn't going to do these people  
19126 any good when they don't have these benefits that are so crucial.

19127 So, you know, I just want to urge members to support this  
19128 amendment, and I yield to the gentleman from Maryland.

19129 Mr. Sarbanes. I thank the gentleman for yielding.

19130 I just want to reinforce your comments about treatment  
19131 services available for families who are suffering, and  
19132 individuals who are suffering from opioid addiction. If you look  
19133 at it through a different lens you could say that, you know, we  
19134 could be doing even better up here than we have been in responding  
19135 to this crisis across the country. But it was fortuitous that the  
19136 Medicaid expansion was kind of coming in in its full measure at  
19137 that moment when the crisis was accelerating, because those  
19138 treatment services are there. So the worst thing we could do right  
19139 now by changing the essential health benefits would be to pull  
19140 those resources away from people who need them, and are in this  
19141 dire situation.

19142 I yield back.

19143 The Chairman. The gentleman's time has expired.

19144 The Chair recognizes the gentleman from Texas, Mr. Barton,  
19145 for five minutes.

19146 Mr. Barton. Thank you.

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19147 I must admit, Mr. Chairman, I don't totally understand the  
19148 essential benefits package because of all the complexity of the  
19149 traditional Medicaid, and then the expanded Medicaid, and then  
19150 the private market, all that. So I'm going to try to create an  
19151 analogy that I do understand, Mr. Chairman.

19152 Let's say that this committee passed the Federal Election  
19153 Campaign Act for members of Congress, Federal Election Campaign  
19154 Act. Anybody who is a current member or wanting to run for Congress  
19155 had to follow this, and the Federal Election Commission was  
19156 empowered to put out an essential campaign element. And you had  
19157 to do -- if you were going to run for Congress, you had to have  
19158 these essential campaign elements in your campaign plan, had to  
19159 have bumper stickers, had to have yard signs, had to have a  
19160 billboard program, had to have a four by eight program, and a four  
19161 by four program, had to have a radio program, had to have a TV  
19162 program, had to do neighborhood walk program, had to go on talk  
19163 radio, had to have a social media campaign, and had minimum  
19164 requirements for all that. And because they were worried that some  
19165 of the people that were in Congress, or that were thinking about  
19166 running for Congress couldn't afford it, Federal Election  
19167 Commission would pay 100 percent of the cost for the first six  
19168 years.

19169 Now, we all know how silly that would be. None of us when

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19170 we decided to run for Congress went to the Federal Election  
19171 Commission and found out how to run for Congress. Some of us loved  
19172 bumper stickers, some of us didn't. Some of us used social media,  
19173 some of us didn't. Some of us walked neighborhoods, some of us  
19174 didn't. Somehow we all got here. We all used our own ingenuity  
19175 to run the best campaign that we could have to put our best foot  
19176 forward to get people to elect us.

19177 My friends on the Democrat side seem to think that the only  
19178 way to guarantee that people are going to be covered is if the  
19179 federal government mandates it, got to have all these mandates.  
19180 Now, on our side we think well, there may be a few mandates that  
19181 you have to have, but generically we think -- we believe in  
19182 markets. We believe that if we eliminate some of the mandates in  
19183 the Affordable Care Act, give the states flexibility to run their  
19184 Medicaid programs, that by golly, they'll figure out how to  
19185 provide the best health care they can for their populations. And  
19186 we basically believe in freedom, and flexibility, and delegation  
19187 back to the states, but we're still going to have to pay for a  
19188 lot of it.

19189 The Chairman. Would the gentleman yield?

19190 Mr. Barton. I'll yield to the Chairman, sure.

19191 The Chairman. I appreciate it, because you and I were both  
19192 here when we created Medicare Part D for Senior Citizens, because

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19193 there wasn't a pharmaceutical benefit program. And we had the same  
19194 set of arguments from the Democrats, and we had to lock everything  
19195 into the statute, and we resisted that because we believed markets  
19196 could work, if given the flexibility.

19197 Mr. Barton. Right.

19198 The Chairman. And today that program is 40 percent, roughly,  
19199 below what the Congressional Budget Office thought it would cost,  
19200 seniors have about an 85 percent satisfaction rate, which is  
19201 pretty good, and there aren't bus trips to Canada to get drugs.

19202 And my point of saying all that is, if you do -- if you create  
19203 the right market forces and empower -- start with the consumer,  
19204 empower the consumer, which we did in Medicare Part D, it works.

19205 Mr. Barton. Right.

19206 The Chairman. And that's really what you're saying, is rather  
19207 than mandate a certain set of benefits, we allow flexibility, and  
19208 create a competitive market, these things work. If you go the other  
19209 way, you get what's happening in the individual market right now;  
19210 too many Washington mandates drives the cost up, drives the people  
19211 out you need in because the prices are too high, the market fails.  
19212 That's what we're inheriting right now trying to fix in other parts  
19213 of our effort in insurance reform, health care reform. Some of  
19214 that we're doing here, some of it we'll do through Dr. Price, some  
19215 of it will be in regular legislating.

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19216 Mr. Barton. I don't think, Mr. Chairman, that the essential  
19217 benefits that are highlighted are necessarily bad, or  
19218 unnecessary.

19219 The Chairman. Right.

19220 Mr. Barton. I simply say, I think you can repeal them, give  
19221 the states flexibility, and require that the money we send to the  
19222 states be spent on health care for that population.

19223 The Chairman. Right.

19224 Mr. Barton. And in most cases, they're going to adopt to the  
19225 needs of their constituency in that state.

19226 The Chairman. The gentleman's time has --

19227 Mr. Barton. That's my point.

19228 The Chairman. -- expired. Just going to work down, as we're  
19229 supposed to do here. Mr. Doyle is recognized for five minutes.

19230 Mr. Doyle. Thank you, Mr. Chairman.

19231 Yes, I was around for that Medicare Part D debate, and as  
19232 I recall, Democrats wanted to negotiate with Pharma for lower  
19233 rates for seniors to use our buying power as this large group,  
19234 and I would say if you compare what seniors are paying under  
19235 Medicare Part D with what veterans are paying under VA where they  
19236 negotiated for pharmaceutical prices, the veterans are getting  
19237 a much better deal than our senior citizens are. So, you know,  
19238 you say the market works; well, the market is working a lot better

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19239 in VA than it's working for senior citizens in Medicare Part D,  
19240 and it doesn't have a donut hole.

19241 Let's get back to this other thing. The people that find  
19242 themselves in the Medicaid expansion group, and in Pennsylvania  
19243 over 80,000 people are in Medicare expansion that have mental  
19244 illness or substance use disorders. And what's going to happen  
19245 to these folks because the essential benefit package doesn't apply  
19246 there, is the guarantee is gone. That's really what we're talking  
19247 about here.

19248 Will they maybe get psychiatric care, or will they maybe get  
19249 care for their opioid disorder? They might, if Pennsylvania  
19250 decides they have the money to do it; although, that money gets  
19251 cut in the expansion group, or they may find out that the money  
19252 is just not there to do it, so the service just can't be provided.

19253 They're going to have to make tough choices, and as my  
19254 governor said in the letter to us, is that we're pitting people  
19255 against one another, groups against one another for the scarce  
19256 dollars that will be available to provide these benefits. So, all  
19257 Democrats are saying is, there's a guarantee in the regular  
19258 Medicaid, but there's not a guarantee in the Medicaid expansion.  
19259 And maybe people will get coverage, and maybe they won't.

19260 And I think that's the difference, and that's the distinction  
19261 that we're trying to make. It's not a function of the market

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19262 working, or governors having flexibility. My governor is going  
19263 to be forced to make very tough choices about who gets help and  
19264 who doesn't as those dollars get scarcer and scarcer. So, that's  
19265 what we're talking about.

19266 And, you know, it seems to me in business since we always  
19267 talk about the market around here, is that most business people  
19268 I know when they're going to go out and buy something, they  
19269 negotiate for the best price. And maybe they get two or three  
19270 different bids on something they want.

19271 We didn't do that in Medicare Part D. We just basically said  
19272 to Pharma, you know, you're going to charge what you're going to  
19273 charge, and told seniors there's a donut hole. VA, we negotiated.  
19274 To me, that's how the market works. You go out and you negotiate  
19275 for things and get the best price.

19276 So I will gladly yield my remaining one minute and 30 seconds  
19277 to anyone -- to Mr. Schrader.

19278 Mr. Schrader. Thank you, appreciate that.

19279 Yes, I think the idea the market always works has proven  
19280 dramatically wrong in 2008. We had a little thing called the Great  
19281 Recession. It's important, I think, from time to time for us to  
19282 have a light hand of regulation and talk about how to protect  
19283 people from maybe shortsighted economic decisions that cost them  
19284 their health care, maybe their home over the long haul. That's

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19285 what the essential benefits package is really all about.

19286 You can buy a catastrophic health care plan and get by on  
19287 the cheap, and think you're doing the right thing, only to find  
19288 out, you know, it doesn't maybe cover your catastrophic problem,  
19289 and maybe more importantly, as you get older doesn't take care  
19290 of your aging process where you're going to need more health care.

19291 The whole idea behind any insurance product is that you're  
19292 paying over your lifetime commensurate with what your needs are  
19293 going to be at the end of the day. That's what we're talking about.  
19294 The essential benefits, more importantly, keep you healthy. We're  
19295 losing track. We're always talking about insurance, and market.  
19296 I mean, I like that, but the main thing is, let's make sure these  
19297 people are healthy going forward, and that's what the essential  
19298 benefits do, they take care of a person's basic health care needs  
19299 in total. The other references to oh, it's already included, and  
19300 it's got to be like this plan, this Blue plan, that plan; then  
19301 there's that says, you know, whatever the Secretary wants. You  
19302 can drive a truck through that, folks. Let's protect these people.  
19303 Let's help them make good lifetime decisions, the essential  
19304 benefits.

19305 I yield back.

19306 The Chairman. The gentleman's time has expired. Are there  
19307 other members seeking recognition on this amendment on the

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19308 Republican side? If not, we'll look this way, and Ms. Schakowsky,  
19309 you're recognized for five minutes on the amendment.

19310 Ms. Schakowsky. Thank you, Mr. Chairman.

19311 Regarding this issue of being able to have the guarantee that  
19312 we can treat opioid addiction, I wanted to put into the record,  
19313 ask unanimous consent, a letter from the American Society of  
19314 Addiction Medicine that raises a number of concerns. May I have  
19315 unanimous consent to put this in the record?

19316 The Chairman. Answer your question. Yes, of course.

19317 Ms. Schakowsky. Yes, okay.

19318 The Chairman. Without objection.

19319 Ms. Schakowsky. Thank you.

19320 So, here's what they say, in part. "We are concerned that  
19321 rolling back the Medicaid expansion, sun setting the essential  
19322 health benefits requirement for Medicaid expansion plans, and  
19323 capping federal support for Medicaid benefits will reduce  
19324 coverage for and access to addiction treatment services, changes  
19325 that will be particularly painful in the midst of the ongoing  
19326 opioid addiction -- the opioid epidemic. The Medicaid expansion,  
19327 in particular, has led to significant increases in coverage and  
19328 treatment access for persons with addiction. And to be sure, the  
19329 American Society of Addiction Medicine supports flexibility in  
19330 the Medicaid program, and has supported several states'

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19331 applications for 1115 waivers to transform their addiction  
19332 treatment systems to offer all levels of care described by the  
19333 ASAM criteria, treatment criteria for addictive  
19334 substance-related and co-occurring conditions; however, the  
19335 Society has seen for decades how states under-funded addiction  
19336 treatment services, and waste federal dollars on inefficient and  
19337 ineffective care when they are left to decide how to manage their  
19338 federal Medicaid dollars without mandates for parity and  
19339 accountability to cover appropriate care."

19340           So, the experts, the medical association that deals with  
19341 opioid addictions has some very serious concerns about this idea  
19342 of just leaving it to the states. And it seems like, as many people  
19343 have already said, a really bad time to start messing around with  
19344 opportunities to treat this epidemic that is occurring in so many  
19345 states right now.

19346           So, if anybody wants my time, I'll put this in the record  
19347 and I will yield to the lady from -- the Honorable lady from  
19348 Florida.

19349           Ms. Castor. I thank Ms. Schakowsky for yielding the time.

19350           You know, it's become more and more clear as this long markup  
19351 has gone along, the threat to Medicaid as we know it, it is now  
19352 crystal clear, especially if you're tuning in now, here it's  
19353 7:30ish, the GOP Bill seeks to dismantle Medicaid as we know it

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19354 in a couple of ways.

19355 A lot of the debate overnight was on how it's funded, and  
19356 how we take care of seniors in nursing homes and children, and  
19357 a lot of our disabled neighbors. So we talked about per capita  
19358 caps. That's one way they go and really sock it to the gut of our  
19359 neighbors back home.

19360 The other way they're doing it besides the cuts is they're  
19361 now going to go to what is the -- really the meat of it, is how  
19362 we take care. There are a few basic fundamental health services  
19363 that are provided under Medicaid, the essential health benefits.  
19364 So on one hand they're going to say we're going to cut the money,  
19365 and on the other hand we're going to take away the health services  
19366 that are meaningful to our families.

19367 And if you listen closely you'll hear the word "flexibility,  
19368 flexibility, flexibility," used over and over again, and it's a  
19369 euphemism for cuts, because already Medicaid is very flexible.  
19370 States can innovate, they can get waivers from federal, from CMS,  
19371 but what it is, they're trying -- let me translate it for you.  
19372 It's a euphemism for cuts and dismantling Medicaid as we know it  
19373 that serves our neighbors so well. In fact, it's a canard, and  
19374 it would be comical if it wasn't so serious to the way we take  
19375 care of each other in this country.

19376 The Chairman. The gentlelady's time has expired. Are there

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19377 others seeking recognition on this amendment? The gentleman from  
19378 Illinois is recognized for five minutes on the amendment.

19379 Mr. Shimkus. Yes, I won't take that long. I appreciate it.

19380 I think we all have dealt with providers in our district,  
19381 and so I take great exception at my colleague from Florida's  
19382 portrayal, because I've been asked by health care providers for  
19383 flexibility. And I've been asked for flexibility from health care  
19384 providers in the space that we've been talking about, drugs,  
19385 mental illness, and the like. Because what they want to do is they  
19386 want to wraparound those services with the medical ability when  
19387 a lot of times they immediately access the emergency room, and  
19388 then they need to get inpatient for a couple of days, and then  
19389 they need to get counseling. So, I would say that to make the  
19390 blanket statement as she has is not truly indicative of the people  
19391 who are on the ground providing services to those in need.

19392 And I will yield back my time.

19393 The Chairman. Thank you. Would the gentleman yield?

19394 Mr. Shimkus. I would yield to you.

19395 The Chairman. Yes. So I want to pick up on that because I've  
19396 been in these meetings with governors, Republicans and Democrats.  
19397 And overall on the issue of Medicaid, this is what many of them  
19398 ask for. It's no euphemism, it's the reality that's too often  
19399 ignored by those who -- I'll leave it at that.

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19400           The issue is, they've asked us for flexibility. They say --  
19401 I've had governors say to me why is it if Oregon gets a waiver,  
19402 I can't ask for the same waiver without having to go through a  
19403 whole big bureaucratic process? They said that in the meeting.  
19404 They said if California gets a waiver, this state gets a waiver,  
19405 why can't I just apply and get the same waiver? Instead, they have  
19406 to go through an enormous and expensive process that they argue  
19407 they shouldn't have to.

19408           I mean, there's just one example after another, after another  
19409 that they gave to us, and so we listen to it. We actually asked  
19410 for their input. We wrote to every governor, wrote to the insurance  
19411 commissioners. We said tell us what's your frustration? What can  
19412 we help you fix here? We extended the, I know it's unique,  
19413 legislative hand of the federal government to say we want to hear  
19414 from you, and then we'll do what we can here. Even trying to do  
19415 minor things is very difficult. Change is hard for some, but if  
19416 we don't get flexibility of the states we won't get innovation  
19417 for the states.

19418           Mr. Shimkus. Will the gentleman yield?

19419           The Chairman. And, again, it gets back to -- I'll just give  
19420 you, because we're now in this morning hour, my example of my new  
19421 friend, Governor Herbert of Utah. I mean, can you imagine having  
19422 to come to a person, some person in HHS CMS to ask for a waiver

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19423 to be able to email with people that email, and then nine months  
19424 later getting an email from the federal government saying no? And  
19425 Governor Herbert of Utah told me that's \$6 million wasted.

19426 This is the kind of flexibility, it's just one example, we  
19427 can get you a lot of them. I'm sure your states can give you those;  
19428 that says we want flexibility. So when somebody says flexibility  
19429 is just a code word for something else, I don't know. I guess I'm  
19430 --

19431 Mr. Shimkus. Will the gentleman yield?

19432 The Chairman. I've listened to Governor Scott from Florida,  
19433 I've listened to Governor Walker of Wisconsin, I talked to  
19434 Governor Baker of Massachusetts, I've been on the phone with  
19435 Governor Kasich. I mean, they have different views on these  
19436 matters, but to almost a single one of them they said please, give  
19437 us some flexibility, but they also said we want accountability,  
19438 and there's a reason. Because anybody that sat through the  
19439 hearings we've done, the Oversight hearings, we know from the GAO  
19440 and the OIG, their own report said there's all this problem with  
19441 reporting. There's \$36.3 billion last year identified by the GAO  
19442 in Medicaid of improper payments. That doesn't mean it's all  
19443 waste, fraud, and abuse. It means improper payments, and they  
19444 can't tell us what -- how it's working.

19445 There are serious issues with Medicaid and the

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19446 accountability. There's a lot of work we're trying to get through  
19447 here. And, in fact, part of what we do in this bill is try to get  
19448 at that information so we can take Medicaid off the high risk list  
19449 of the GAO.

19450 Mr. Shimkus. Would the Chairman yield?

19451 The Chairman. I yield back -- well, it's not my time.

19452 Mr. Shimkus. It's my time, and I'd like to finish with 30  
19453 seconds, because we've had a long day and a half, or at least a  
19454 full day, 24 hours, but please don't end this in a rancorous,  
19455 accusatory tone where you make claims, when you know that many  
19456 of us are dealing with these very issues. We're dealing with --  
19457 we all said we've got the opioid -- and there may be family members  
19458 involved in this. And to say that we're not involved dealing with  
19459 health care providers and listening to the need for flexibility,  
19460 I just reject.

19461 I yield back my time.

19462 The Chairman. Sorry, the gentleman's time has expired. Are  
19463 there other members seeking recognition? I believe Mr. Sarbanes  
19464 would be next in seniority, if he is not --

19465 Mr. Sarbanes. Yes, I'll be real quick, and then I can yield  
19466 to somebody.

19467 The Chairman. For five minutes.

19468 Mr. Sarbanes. Yes. I mean, flexibility is fine. We're not

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19469 against flexibility, we're against flexibility that's a Trojan  
19470 Horse for these cuts that are being put in place. When you ask  
19471 the governors what do they need, and they say we need flexibility,  
19472 and we want the opportunity to do these 1115 waivers and so forth,  
19473 terrific. Let's have those proposals come forward. Some of them  
19474 are extremely creative. Let's give them the flexibility through  
19475 that process that exists at CMS to try out some new things, many  
19476 of which not only provide -- can provide better care, but can also  
19477 reduce costs over time, so there is a mechanism for offering the  
19478 flexibility.

19479           What we're concerned about is that you use the flexibility  
19480 offer to camouflage coming in with these cuts to the resources  
19481 that the states need, and so we're not against flexibility. I think  
19482 we would all support flexibility and innovation, but let's not  
19483 offer that to the states with one hand, and then take away the  
19484 kind of resources they need to actually do that in an effective  
19485 way with the other hand.

19486           And I'll yield to anybody who wants the time. Okay, I yield  
19487 back.

19488           The Chairman. The gentleman yields back his time. The Chair  
19489 recognizes the gentlelady from Tennessee for five minutes.

19490           Mrs. Blackburn. Thank you. Mr. Chairman, when it comes to  
19491 the issue of the 1115 waiver system and flexibility, the reason

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19492 we are doing this is because our states, like my state of  
19493 Tennessee, who spends hundreds of thousands of dollars and months,  
19494 and months trying to get CMS to adjust a waiver so that they can  
19495 do things more effectively, so that they can be more efficient,  
19496 so that the delivery is better, so that the access is better.

19497 And I think it is so important as we look at the changes in  
19498 the delivery systems for health care, many which we discussed and  
19499 worked on when we did 21st Century Cures. As this changes, as  
19500 there's new technology, as there's more opportunities that move  
19501 into the delivery of health care, of course our states want to  
19502 be able to provide a better quality of care, greater access, and  
19503 address these issues, such as the opioid addiction which affects  
19504 so many of our constituents, but if you will not let them have  
19505 that space to innovate, they're not going to be able to do it.

19506 Plus, just think about the number of man hours and the amount  
19507 of money that goes into applying for a waiver, working through  
19508 the changes of the waiver, and that could be going into patient  
19509 care.

19510 Mr. Chairman, I yield back.

19511 The Chairman. The gentlelady yields back the balance of her  
19512 time. The Chair recognizes the gentleman from New Mexico, Mr.  
19513 Lujan.

19514 Mr. Lujan. Thank you, Mr. Chairman. Strike the last word.

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19515 Mr. Chairman, what we've learned over the last 18 or 20 hours  
19516 is that our Republican colleagues in the bill that's before us,  
19517 the Republican Repeal Bill, will shift responsibility to states  
19518 for Medicaid. Let me see if I can translate what that means. That  
19519 means that when Republicans are going to shift responsibility to  
19520 states, that means they're going to shift costs to states. And  
19521 when they're shifting costs to states, that means they're passing  
19522 costs on to states.

19523 Now, specific to mental and behavioral health issues, and  
19524 opioid issues, and addiction, while the Republican proposal does  
19525 not repeal any federal parity requirements from law, the  
19526 Republican proposal will kill mental health parity for millions  
19527 of Americans and eliminate access to mental health and substance  
19528 use disorder services that is meant to provide to them. Mental  
19529 health parity is about insuring that individuals with health  
19530 insurance have coverage for the behavioral health services that  
19531 they need. Insuring that for plans that cover mental health and  
19532 substance abuse disorder services, those services will be covered  
19533 at parity to medical and surgical services.

19534 The Republican draft will kick millions of Americans off of  
19535 insurance coverage, but leave them with this parting gift, that  
19536 they can't rest assured that if they are able to afford coverage  
19537 in the future, including paying the 30 percent penalty because

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19538 they were previously unable to afford coverage, they could get  
19539 health coverage that provides for benefits for mental health and  
19540 substance use disorder service at parity to medical and surgical  
19541 services.

19542 In addition to kicking millions of people off coverage, the  
19543 Republicans are repealing the requirement that states provide  
19544 coverage for mental health and substance use disorder services  
19545 to their Medicaid expansion population; meaning, individuals  
19546 covered by Medicaid expansion will no longer be guaranteed  
19547 coverage for mental health and substance use disorder services.

19548 Therefore, although the parity requirements remain in  
19549 effect, there will be no guarantee that they will be offered  
19550 coverage for any mental health or behavioral health services. Even  
19551 worse, the Republicans are repealing Medicaid expansion so they  
19552 eventually won't even have coverage for their other medical needs  
19553 either. This is despite the fact that almost 30 percent of the  
19554 persons who receive health insurance coverage through the  
19555 Medicaid expansion either have a mental health condition or  
19556 substance use disorder; that more than 1.6 million people with  
19557 substance use disorders, including opioid use disorders gain  
19558 coverage to the Medicaid expansion.

19559 This amendment is nothing more than an illusion. That's  
19560 what's wrong with the Republican repeal plan. The Republicans are

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19561 hoping that the behavioral health community will ignore the  
19562 devastating effect their proposal will have on access to  
19563 behavioral health services, including services to respond to the  
19564 opioid crisis. And instead of applauding Republicans for not  
19565 repealing any federal mental health parity requirements,  
19566 individuals with mental health and substance use disorders and  
19567 their families cannot afford to applaud such empty action, or  
19568 support the harmful Republican proposal.

19569           Mr. Chairman, it's my understanding that as soon as we finish  
19570 these amendments, we'll be -- there'll be a vote before this  
19571 committee on final passage of the draft/bill of the Republican  
19572 repeal effort. Again, this bill was posted at 6:00 p.m. Monday  
19573 night. It wasn't too long ago when the Chairman of our committee  
19574 went before then-Speaker Pelosi and demanded 72 hours that a bill  
19575 be posted before there be a vote. And if that wasn't good enough,  
19576 there was a request --

19577           The Chairman. Would the gentleman yield?

19578           Mr. Lujan. I will not.

19579           The Chairman. Because that was seven years ago.

19580           Mr. Lujan. Seven years ago; seems like yesterday, Mr.  
19581 Chairman. And if that wasn't enough, there was another letter that  
19582 was a request signed by members of this committee on the other  
19583 side of the aisle demanding 14 days that a bill be posted before

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19584 it's voted on.

19585 I'm just saying, Mr. Chairman, how times have changed seven  
19586 years ago. It's good to see that it's morning in America, Mr.  
19587 Chairman. The people are watching, and I'm glad they're tuning  
19588 in right now.

19589 I yield back.

19590 The Chairman. The Chair recognizes himself, because you  
19591 brought this up earlier in this same markup, and I thought we sort  
19592 of had that figured out. That was an initial proposal of 72 hours,  
19593 three days. We're trying to do reforms because of what had happened  
19594 under the Democrats' watch, and I go back to Speaker Pelosi told  
19595 the National Association of Counties, the big speech, we've got  
19596 to pass Obamacare so you can find out what's in it. And there were  
19597 these multi-thousand page bills that were being done in the dark  
19598 at night, hundreds of pages of amendments up in Rules. We would  
19599 vote on it 9:00 the next morning. This place was broken.

19600 And as you know, when Obamacare was considered in the House,  
19601 Republicans had upwards of some 60 amendments at the Rules  
19602 Committee which we hoped to offer on the floor, and were denied  
19603 the opportunity to offer a single amendment, not one, not one.

19604 You've gotten to the point of restricting amendments on  
19605 Appropriation Bills. You limited those, so we were trying to open  
19606 this thing up. There was a debate whether 72 hours or three days,

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19607 we settled on three days to give the House flexibility. And so  
19608 that's -- you know, we could re-litigate all that but there is  
19609 a reason this place needed a cleaning and an airing.

19610 And, by the way, we brought cameras into the Rules Committee  
19611 so that the American people could see what was going on up there.  
19612 We tried to get you all to do that; you wouldn't do it. Once we  
19613 were in the majority, we opened it up, we brought about regular  
19614 order, we devolved the authorities back here to the committees.  
19615 And I'm proud of that.

19616 Mr. Shimkus. Mr. Chairman, will you yield?

19617 The Chairman. I would certainly yield.

19618 Mr. Shimkus. Am I mistaken? Did they take away the ability  
19619 to do a motion to recommit for a while on the floor?

19620 The Chairman. I think that might have -- I'd have to consult  
19621 with --

19622 Mr. Shimkus. I think that --

19623 The Chairman. -- an historian at this hour in the morning,  
19624 but I think that might have been the case.

19625 Mr. Shimkus I think that's true, which we --

19626 The Chairman. Re-established, absolutely. And so, I mean,  
19627 we can re-litigate all that history. It's in the books, people  
19628 can look it up, but that's not what the American people really  
19629 want.

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19630           What they want is us to fix these problems that have come  
19631 before us, and that's what we're doing today. And when we asked  
19632 the governors to give us input on what would work best for the  
19633 people of our states, these are the ideas they brought forward.  
19634 Now, we're not incorporating every idea of every governor. They're  
19635 in conflict in some cases about what they want or don't want. We  
19636 tried to find the best, and that's what's represented in this bill;  
19637 flexibility.

19638           And for Medicaid, remember if you're age, blind, disabled,  
19639 what Obamacare did. Obamacare said we're going to -- the Democrats  
19640 said we're going to give states 100 percent funding to put a single  
19641 able bodied adult, or an able bodied adult onto Medicaid, and we'll  
19642 put them on at 100 percent federal funding, but if your age, blind,  
19643 and disabled we might only pay 50 percent. And, by the way, there  
19644 are states with waiting lists for those most in need, and those  
19645 states decided well, I'll take the 100 percent because that's  
19646 free, put those people on, we'll make those most in need wait.

19647           That's a moral question that you all decided to go down that  
19648 road. And then they say to the states you've got to maintain that  
19649 effort, but we're going to pull the money back. That's a little  
19650 sleight of hand, and it's left some states wondering what they  
19651 bought into here, because then it goes down to 90 percent but  
19652 states have to keep a maintenance of effort at 100 percent.

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19653           And so what they did was prioritize this population over  
19654 those most in need. And all we're saying in this, the grand change  
19655 here is, should the federal government pay 90 percent for aged,  
19656 blind, and disabled, and 50 to 73 percent for somebody that's --  
19657 or for the new eligibles, or 50 to 73 percent for aged, blind,  
19658 and disabled? And we're just trying to get back to where we take  
19659 care of those most in need first. That's what this is about;  
19660 flexibility to the states. And then fix this broken insurance  
19661 market.

19662           The young people have fled from -- 19.2 million people, 45  
19663 percent of which are -- can we have order, please?

19664           Committee will come to order.

19665           Forty-five percent of which whom are under 35-years of age.  
19666 So when you look at the death spiral of the individual market,  
19667 it's because young people said I'll pay the IRS the penalty you  
19668 forced on me, or I'll get a waiver. Twice as many of those did  
19669 that as signed up. We're trying to reverse that; get people back  
19670 into the insurance market with affordable insurance, more  
19671 choices, better rates, and help for those who really need it.

19672           And with that, I yield back the balance of my time. Are there  
19673 others seeking recognition? The gentleman from New York, Mr.  
19674 Tonko.

19675           Mr. Tonko Move to strike the last word, Mr. Chair.

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19676 The Chairman. The gentleman is recognized.

19677 Mr. Tonko. Thank you.

19678 I rise in support of Mr. Welch's amendment. We've heard a  
19679 lot of talk yesterday and today about freedom. I still haven't  
19680 found the exact section of the bill that promises more freedom,  
19681 but I'll keep looking. But maybe it comes by freedom by passing  
19682 responsibilities to the states, or maybe freedom from parity by  
19683 not requiring coverage for mental health services and the illness  
19684 of addiction. Whatever it is, we'll keep looking for freedom.

19685 But I wanted to talk about another kind of freedom; the  
19686 freedom of finally being able to break the death grip of addiction.  
19687 Millions of our constituents have been able to taste that freedom  
19688 for the first time due to the reforms put in place by the Affordable  
19689 Care Act. The members of the recovery community are, for me,  
19690 personal heroes. As you get to know these individuals, as I have  
19691 on many occasions, the last being to serve them on Super Bowl  
19692 Sunday at one of their centers. You know their journey is difficult  
19693 enough, the conversations will certainly prove that. The road to  
19694 recovery is already filled with far too many potholes, why would  
19695 we want to put another obstacle in people's way by playing with  
19696 their health insurance?

19697 Before the Affordable Care Act, if you bought coverage on  
19698 the individual or small group markets, mental health parity was

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19699 often not the reality for you. Because of this expansion, more  
19700 than 62 million Americans were able to access mental health and  
19701 substance use benefits for the first time. Think about that; 62  
19702 million.

19703 Repealing the Medicaid expansion, as this bill does, maybe  
19704 not tomorrow but the benefit will wither away, would rip coverage  
19705 away from an estimated 1.6 million newly insured individuals who  
19706 are struggling with opioid abuse. What about their freedom? What  
19707 about their choice to recover?

19708 I can tell you this, when you put up barrier after barrier,  
19709 first making it harder to get insurance, then fighting tooth and  
19710 nail for the medication to make them better, these people are not  
19711 going to benefit from this Republican repeal plan. If we're  
19712 serious about not pulling the rug out from folks, I don't see why  
19713 we couldn't make this promise so that my constituents don't have  
19714 to worry about the government interfering with their recovery.  
19715 They deserve better.

19716 And in closing, I would ask my Republican colleagues why  
19717 their bill keeps the essential health benefits for the  
19718 Marketplace, but not for Medicaid? Either you are intentionally  
19719 discriminating against the most vulnerable, or you simply plan  
19720 to pull the essential benefit rug out from the Marketplace  
19721 beneficiaries at a later date. Which is it?

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19722 With that, I yield back.

19723 Mr. Guthrie. The gentleman yields back. Is there anyone on  
19724 the Majority side seeking -- the gentleman from Louisiana, Mr.  
19725 Scalise, is recognized for five minutes.

19726 Mr. Scalise. Thank you, Mr. Chairman.

19727 And I really want to go back to why we're here, and that is  
19728 because, first of all, Obamacare has failed the people of this  
19729 country. When you look at the skyrocketing premiums, I know  
19730 throughout the night, we're here on I guess our 22nd consecutive  
19731 hour going through, and I want to thank the Chairman for his  
19732 patience because it's been a lot of the same rehashed arguments  
19733 recycled over and over again. I mean, we understand that our  
19734 friends on the other side of the aisle want to hold on to Obamacare.  
19735 Now at least throughout the middle of the night a number of members  
19736 on the other side have recognized and acknowledged that Obamacare  
19737 isn't working for families. We haven't seen the kind of support  
19738 for them to join with us to repeal the law, but we're moving forward  
19739 with repeal anyway because it's something that we're committed  
19740 to doing, because the people that we represent, like the people  
19741 in my district when I said send me your stories about how Obamacare  
19742 has worked for you. And look at all these stories of families,  
19743 real people. Here's one, "Prior to the implementation of  
19744 Obamacare, my family of three had health care coverage that fit

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19745 our family at a market-driven competitive price. Since Obamacare,  
19746 our premiums have skyrocketed. We have less meaningful coverage,  
19747 we have superfluous coverage like maternity care for my teenage  
19748 son, an additional bureaucracy that makes it almost impossible  
19749 to use."

19750 Here's another constituent of mine, "Premiums increased by  
19751 16 percent for 2016, and has now increased by an additional 30  
19752 percent for 2017, and I'm never sick. I'm a 57-year old divorced  
19753 woman with no children. How many other people am I paying for?  
19754 I enjoy helping other people, but not at the expense of being able  
19755 to help myself."

19756 So what are we doing in our bill that not only repeals  
19757 Obamacare, but replaces it? Let's start with freedom. The freedom  
19758 in our bill is throughout the entire package that we filed. Now,  
19759 some people might not see freedom the same way. To me, freedom  
19760 is letting families make their own choices in health care, and  
19761 not on elected bureaucrats here in Washington. Obamacare was look  
19762 at the individual mandate, the Employer Mandate that basically  
19763 said if some unelected bureaucratic here in Washington doesn't  
19764 like your plan, then you can't keep it. That's not freedom, so  
19765 in our bill we actually zero that out. We say there's no Employer  
19766 Mandate penalty, there's no individual mandate penalty, which  
19767 means people, families have the freedom to choose the health care

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19768 plan that they like. That's the ultimate freedom in health care.

19769 Now, maybe some people don't view that as freedom because  
19770 they don't think people should be able to make that choice for  
19771 themselves, and there's clearly a philosophical difference we  
19772 have. But you know what, if those are the two definitions of  
19773 freedom, I'm going to be on the side of giving families the freedom  
19774 to choose their own plan, not saying you have to go through some  
19775 unelected bureaucrat in Washington. And if that bureaucrat, who  
19776 you don't even know the name of, says you can't buy the plan, then  
19777 you're not allowed to do it, or the IRS is going to penalize you.  
19778 We get rid of that penalty.

19779 Medicaid reform; the program hasn't been reformed since the  
19780 1950s, so you look at what we do here, the 1960s, we actually give  
19781 states the flexibility, a majority of governors in this country  
19782 have said give us flexibility where we don't have to come and beg  
19783 CMS. We've heard from governors who say it might take them over  
19784 1,000 pages to file a request for a waiver from CMS, and usually  
19785 they get rejected. In many cases, it costs maybe a half a million  
19786 dollars to file that waiver. Why should they have to come and plead  
19787 to the federal government to do something innovative for their  
19788 state where they can actually provide better health care for their  
19789 citizens? That's freedom.

19790 And so the real question is, who do you trust? Do you trust

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19791 people, or do you think that the federal government through  
19792 unelected bureaucrats are the only people that can tell you what  
19793 you can and can't do? So yes, we have a real big difference of  
19794 opinion on what that freedom is, but at least in our bill we're  
19795 not only gutting all of those elements of Obamacare that take away  
19796 your freedom, not to mention all the job losses that come with  
19797 it, all the skyrocketing costs of health care premiums that come  
19798 with it that are real, that are going on today, people paying over  
19799 \$10,000 for deductibles, so they can't even use the little card  
19800 that they have. It's useless for them. Let's give them their  
19801 freedom back. Let families make their choices for health care.

19802 I yield back the balance of my time.

19803 Mr. Barton. The gentleman yields back. Who seeks  
19804 recognition? The gentleman from Massachusetts is recognized for  
19805 five minutes.

19806 Mr. Kennedy. Thank you, Mr. Chairman. I'll try to keep my  
19807 typical pace without the Boston accent.

19808 A couple of things, and I know we've been going on a while  
19809 on this. I appreciate everybody's patience.

19810 Chairman Walden was talking about his conversations with a  
19811 number of governors. I know my governor from Massachusetts,  
19812 Governor Baker, was down here a while ago. I know I submitted his  
19813 letter that was done at the request of Leader McCarthy back in

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19814 for the record, and I would just highlight again that the letter  
19815 states the importance of Medicaid. It states yes, some requests  
19816 for added flexibility, but not at the expense of funding. And I  
19817 think that's critical as we move forward because we've heard an  
19818 awful lot as this amendment, bringing it back down to the text  
19819 before the committee at the moment, is about the essential health  
19820 benefits for Medicaid population. And we've heard from our  
19821 colleagues that there's a \$100 billion fund that could be used  
19822 by states to provide for those benefits because they are no longer  
19823 guaranteed under this new law with the repeal of the Affordable  
19824 Care Act. \$100 billion sounds like a lot of money; a couple of  
19825 caveats here.

19826 One, it's over nine years. Two, the first year is \$15 billion,  
19827 the second year is \$15 billion, and then it's \$10 billion a year.  
19828 Two, that goes to all 50 states. Three, 85 percent of that  
19829 state-by-state allocation is done based off of claims data, 15  
19830 percent is done based off of another calculation. So when we start  
19831 actually thinking about this, the actual money allocation that  
19832 goes to an individual state is far less than saying hey, there's  
19833 \$100 billion here that states have to play with. Four, that funding  
19834 goes to a wide variety -- it can be used for a wide variety of  
19835 different reasons. We've heard our colleagues reference that a  
19836 bit over the past 24 hours. One, reinsurance. Two, high-risk

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19837 pools. Three, covering additional benefits like the essential  
19838 health benefits.

19839 That's great, that's fine, that's what the money is supposed  
19840 to be used for. Wonderful. I'd point out, though, that estimates  
19841 show that for -- to adequately fund high-risk pools, some  
19842 estimates out there are saying you need \$180 billion just for a  
19843 high-risk pool, and you've appropriated \$100 billion over nine  
19844 years, not the 180, so now all of a sudden if we're trying to  
19845 actually say this funding is going to be available to do all of  
19846 these things, we are double counting it in a just absurd way to  
19847 try to think that it's going to meet all the obligations that is  
19848 then rolled back by the other provisions of this legislation.

19849 So I do think it's critically important as we go forward that  
19850 people understand what this -- how much money is there, what it  
19851 can be used for. It is not spelled out at least initially all that  
19852 clearly about how this funding is going to go to each state. I  
19853 understand that those figures are ascertainable, again based off  
19854 of some claims data, but it's not inherently clear from the text.  
19855 So, I think it's important to recognize that the funds are far  
19856 less than might be anticipated. And I would also point out that  
19857 as we try to get a sense for how much money these various reforms  
19858 might cost, a quick Google search here; Texas' Medicaid program  
19859 in 2013, the quickest stuff that I could find, was itself \$25

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19860 billion. So the idea that somehow this is money that is going to  
19861 be able to be flushed out across the spectrum here is just not  
19862 true.

19863 This brings me back to the reason for the amendment in the  
19864 first place, which is -- we went through this 12, 14, 16, 18 hours  
19865 ago when counsel acknowledged that the essential health benefits  
19866 package for the Medicaid expansion and some of those benchmark  
19867 plans is going to be repealed under this legislation, period.

19868 I appreciate my colleagues walking through the 21st Century  
19869 Cures are still in place, and Mental Health Parity Act is still  
19870 in place. That does nothing when it comes to how those laws  
19871 interact and how those protections are actually provided. Aside  
19872 from the fact that if you erode the essential health benefits  
19873 package and in this instance, particularly for mental health  
19874 benefits, those guarantees are no longer put in place. And so to  
19875 try to say that all is well and that there's additional funding  
19876 that if you listen carefully to my colleagues' testimony said that  
19877 money could be used to do this. It doesn't say it will, it doesn't  
19878 say it shall, he said it could, because of flexibility.

19879 Flexibility, again, is great, but if there's no funding to get  
19880 there, that's not flexibility. And I would say that's not freedom.

19881 If your idea of freedom is choosing between health care and  
19882 rent, that's not freedom. If it's health care and mortgage, that's

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19883 not freedom. And if it is, welcome to the United States of America.

19884 I yield back.

19885 Mr. Barton. The gentleman yields back. Anybody seek  
19886 recognition on the Majority side? Oh, the gentleman from Oklahoma  
19887 is recognized for five minutes for purposes of debate only.

19888 Mr. Mullin. I am -- move to strike the last word.

19889 I am not going to take my five minutes, but I do want to point  
19890 out some things. You know, we hear our colleagues on the other  
19891 side, and my good friend from Massachusetts just brought it up,  
19892 that if a person is having to choose between paying their health  
19893 care or rent, then that's not freedom. We've heard the price is  
19894 going through the roof right now.

19895 Earlier, I don't know, it may have been 21 hours ago, I  
19896 brought up the fact that premiums across the board have raised  
19897 by 25 percent, double digits. Oklahoma, premiums have raised by  
19898 76 percent, in Arizona 116 percent. That isn't freedom. That's  
19899 not choice when we're driving insurers out of the market, and the  
19900 majority of the counties across the country only have one insurer  
19901 to choose from. Oklahoma only has one insurer on the Exchange to  
19902 choose from. That's not freedom. You're stuck.

19903 This is about bringing down the price, and when we start  
19904 talking about Medicaid, it has four purposes, is to take care of  
19905 the child, the single mother that's pregnant, the blind and the

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19906 disabled. That's what it was intended for. That was what it was  
19907 intended for. It was also intended for the states to run it,  
19908 because the states know their population the best. All we're  
19909 talking about is returning that freedom back to the states.

19910           You're telling me that people here in Washington, D.C. that's  
19911 surrounded by concrete and have a misrepresentation of what the  
19912 rest of the country is like can tell my parents what kind of health  
19913 care they should have. They've never been on our place. We've lived  
19914 in the same place for -- well, since before statehood, literally.  
19915 Washington, D.C. has no reason to be making those decisions.  
19916 That's why Medicaid was set up to be pushed down to the states'  
19917 level and let the states run them. We can do it more efficiently,  
19918 and we can do it more effectively.

19919           I have personally met with over 30 governors. I don't know  
19920 how many of my colleagues over here have met with more than 30  
19921 governors, and what they keep saying on Medicaid, give us  
19922 flexibility, give us flexibility. We can run it more efficiently  
19923 and provide better service.

19924           We're talking about rural health centers where I live.  
19925 There's 36 rural hospitals, and all of them are almost going broke  
19926 right now because they can't afford to take the reimbursement  
19927 rates that they're required to take the way the ACA, Obamacare,  
19928 has it set up.

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19929 Yes, Joe, I'll yield to you.

19930 Mr. Kennedy. I'll be quick. I'll give it back to you.

19931 Mr. Mullin, I can see from somebody --

19932 Mr. Mullin. Mr. Mullin, wow, we're getting official here.

19933 Mr. Kennedy. -- who has not been to Oklahoma, that I cannot

19934 possibly indicate to you or your family what your health choices

19935 should be. And I do concede --

19936 Mr. Mullin. I agree.

19937 Mr. Kennedy. -- that flexibility would be good, and I would

19938 concede that there's challenges with the implementation of the

19939 Affordable Care Act. Now, we can go back and forth about as to

19940 why that is, and why that happened, all the rest of it. I don't

19941 mean to get into that argument now.

19942 I will say one of -- a couple of points. One, we've heard

19943 an awful lot out of your caucus that the Affordable Care Act is

19944 not working in your states and in your districts. I take that --

19945 Mr. Mullin. Joe, in all due respect, we've heard a lot of

19946 that from you all, too.

19947 Mr. Kennedy. So, I take you at your word for that, clearly.

19948 I would also say that on all of the graphs that you put up, that

19949 your caucus has put up, there's not a single one that says what

19950 your plan is going to do to those premiums. This has been a

19951 referendum on the ACA without any discussion as to how your's is

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19952 going to make it better other than --

19953 Mr. Mullin. Reclaiming my time. Just from the business  
19954 experiences that I have because that's all I've done. Politics  
19955 is new to my, guys, but I think it plays --

19956 Mr. Kennedy. I think you were a fighter at one point.

19957 Mr. Mullin. Well, it plays -- that actually is good for up  
19958 here.

19959 It plays just commonsense, the more I can get government out  
19960 of my companies, the more I can get the mandates away from me,  
19961 the easier it is to provide service to my customers which allows  
19962 me to have larger revenues, which allows me to hire and expand,  
19963 which is the backbone of our economy. Fifty percent of this  
19964 country's economy is driven by small business owners, S Corps,  
19965 50 percent.

19966 Mr. Butterfield. Would the gentleman --

19967 Mr. Mullin. And we're talking about getting rid of those  
19968 mandates, bringing the market back alive, allowing entrepreneurs  
19969 who built this country to come back alive, reinvest in the  
19970 insurance market, and creating an atmosphere for that to be  
19971 conducive. If we can create an atmosphere for entrepreneurs to  
19972 come alive, we will.

19973 We don't create anything but barriers here in Washington,  
19974 D.C. When we create an environment for entrepreneurs to come

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19975 alive, that alone, competition, will drive down the cost.

19976 I'm sorry, I'm out of time. I yield back.

19977 Mr. Barton. The gentleman's time is expired. Who seeks  
19978 recognition on the Minority side? The gentleman from California.  
19979 The one who raised his hand first was Mr. Ruiz, but it looks like  
19980 Mr. Cardenas is going to take over, so we'll recognize him.

19981 Mr. Cardenas. Thank you, Mr. Chairman.

19982 Mr. Barton. Five minutes.

19983 Mr. Cardenas. I just want to remind the American public  
19984 what's going on -- what's been going on over the last 24 hours  
19985 in this committee. Talk about entrepreneurship; basically, what  
19986 we're doing -- what is being attempted by the Republican bill is  
19987 to unleash the insurance industry on the American people the way  
19988 it was before the Affordable Care Act was enacted.

19989 Once again, some of us have said this earlier in this  
19990 committee, and I'll say it again. What the Republicans are not  
19991 reminding the American public, is that we had year-over-year  
19992 increases in insurance premiums that were going up, and up, and  
19993 up, and out of control. However, what the Republicans refuse to  
19994 talk about, as my colleague, Mr. Kennedy, just pointed out, that  
19995 they refuse to paint the entire picture of what the American  
19996 public, small businesses, families were having to deal with, and  
19997 what they were having to deal with was premiums were going up while

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19998 the coverage was less and less, which meant that you were getting  
19999 less for your money, and you were getting higher premiums with  
20000 coverage that really wasn't coverage because, basically, what  
20001 people were getting was, if your child had asthma, they would turn  
20002 down your right to get insurance from Company X. And then  
20003 eventually when you found Company Y that would actually insure  
20004 you, they'd say well, your son or daughter's asthma is not covered.

20005 That doesn't make any sense. If I wanted to buy some car  
20006 insurance and they said but when you drive your car if there's  
20007 an accident, we're not covering you. Well, then why am I getting  
20008 insurance? Well, because unlike buying a car, you have a family.  
20009 Your wife needs insurance, you need insurance, but you're going  
20010 to have to forego having insurance for your precious child that  
20011 happens to have asthma.

20012 That was the life of the American family, that was the  
20013 experience of the American family before the Affordable Care Act.  
20014 Now with the Affordable Care Act, unequivocally, insurance  
20015 companies are not allowed to do that to one family in America.  
20016 They are just not allowed to do that.

20017 In addition to that, before the Affordable Care Act, you paid  
20018 higher and higher premiums year, over year, over year in every  
20019 state in the Union, and what happened was you didn't have the right  
20020 to control the fact that they could take away your home if somebody

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20021 in your family had a catastrophic illness. So you paid the  
20022 premiums, if you're lucky you got away with your life because you  
20023 actually got health care, and you got the operations, and the  
20024 cancer was cured, but they took away your home. They devastated  
20025 you financially.

20026 And that was the journey, that was the life of American  
20027 families all across America. Small businesses were having to deal  
20028 with it, families were having to deal with it, single mothers were  
20029 having to deal with it, and nobody would do a darned thing about  
20030 it until the Affordable Care Act came along, and it is not perfect,  
20031 but for the last seven years the Republicans have been saying that  
20032 they want to get rid of the Affordable Care Act, otherwise known  
20033 by them by Obamacare.

20034 And what we're doing today is not good for the American  
20035 families, so I just want to warn the American people today, the  
20036 Republicans are likely going to get what they want because they  
20037 run both Houses and they now have the Presidency, but I'm letting  
20038 the American public know right here, right now the premiums will  
20039 continue to go up just like they were before the Affordable Care  
20040 Act, the premiums will continue to go up with less and less  
20041 coverage every single year, the insurance companies' profits will  
20042 go up year over year more than they did over the last seven years,  
20043 and the American public is going to see more of their dollars come

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20044 out of their wallet with less coverage, and on top of that, they're  
20045 going to be losing their homes like they did before.

20046 That's what today is about.

20047 Yes, the Republicans control the gavel. They will win the  
20048 argument, they will win the vote at the end of the day in this  
20049 committee, they will win the vote on the floor of the House, they  
20050 will try to figure out how they're going to get the Republicans,  
20051 enough Republicans to stick with them in the Senate. They'll  
20052 probably make that happen by buying them off with some, I don't  
20053 know what, but the bottom line is this; the American public will  
20054 lose, lose, lose, lose at every front. And that's the truth; it's  
20055 as simple as that. Mark my words a year from now, two years from  
20056 now, three years from now the American public is going to be  
20057 thinking what the heck did Washington do to me?

20058 I yield back.

20059 Mr. Barton. The gentleman's time has expired. Anybody on --  
20060 oh, we have folks on the Majority side. Subcommittee Chairman,  
20061 Dr. Burgess, is recognized for five minutes.

20062 Mr. Burgess. Thank you, Mr. Chairman.

20063 Mr. Barton. For purposes of debate only.

20064 Mr. Burgess. Thank you.

20065 Well, you know, it's interesting in light of the discussion  
20066 we just heard, it's interesting because when you ask the people

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20067 who actually have insurance under the Affordable Care Act about  
20068 their satisfaction levels, have actually gone way down over the  
20069 last year. And here's the Investor's Business Daily from last  
20070 Friday. It says, "The new coverage -- the news coverage of the  
20071 Affordable Care Act these days has been all about protests against  
20072 repeal and the increase in public support for the law, but an  
20073 actual survey of actual Affordable Care Act customers released  
20074 this week paints an entirely different picture."

20075           Now this is interesting. They found that just 22 percent of  
20076 44,000 Obamacare enrollees polled rate their health care plan as  
20077 good to excellent. That's down from a higher percent that gave  
20078 it high marks last year. The reason for the sharp decline,  
20079 continuing to quote from the article, "is higher premiums, worse  
20080 service, and lack of choice."

20081           Mr. Ruiz. Would the gentleman yield? It's hard to hear you.  
20082 Can you repeat that, again?

20083           Mr. Burgess. Yes, I'll be -- I'm sorry. I'll get closer to  
20084 the microphone. "The reason for the sharp decline was higher  
20085 premiums, worsening service, and lack of choice." They found that  
20086 98 percent reported decline in customer service support, 90  
20087 percent noted premium increases, 80 percent said their plans had  
20088 narrower provider networks, that's doctors, narrower provider  
20089 networks, and 77 percent said their plan's benefits had been

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20090 trimmed, nearly two-thirds, 61 percent complained about lack of  
20091 competitors in their market. In other words, "the collapse of  
20092 competition in the Affordable Care Act Exchanges which left five  
20093 states and a third of U.S. counties --

20094 Mr. Ruiz. Would the gentleman yield for a question?

20095 Mr. Burgess. -- with only one insurer has led to a rapid  
20096 deterioration in quality." Mr. Ruiz. Would the gentleman  
20097 yield for a question?

20098 Mr. Burgess. I need to finish this first. Again, this is from  
20099 the Investor's Business Daily from last Friday, so it's relatively  
20100 recent information.

20101 Mr. Ruiz. It's a question about the poll. What is the sample  
20102 size? Where was that poll conducted, in which states was it --

20103 Mr. Burgess. I actually did not yield to the gentleman, but  
20104 since the question has been posed, the sample size was 44,200  
20105 Affordable Care Act enrollees, polled -- who rated -- 22 percent  
20106 of 44,000 enrollees rated their health care plans as good to  
20107 excellent.

20108 I'd like to yield time to the gentlelady from Tennessee.

20109 Mrs. Blackburn.. Thank you, Mr. Chairman.

20110 As we talk about freedom and what the satisfaction is, let  
20111 me just read you this one email. "My family insurance coverage  
20112 is increasing 43 percent. We do not qualify for a health care

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20113 subsidy. We can purchase a non-qualified health care plan with  
20114 a separate dental plan for over \$300 cheaper than the cheapest  
20115 qualified plan without the dental insurance. That comes to over  
20116 \$3,600 a year. My question is, why would we have to pay a tax  
20117 penalty for purchasing more affordable and better coverage? What  
20118 can we, and many other families like us do to avoid this penalty?"

20119 Now, when you talk about giving people freedom and their  
20120 right to choose a plan that's going to fit them, I want you to  
20121 think about this. You want to give them -- you want to restrict  
20122 them and not allow them to have an insurance plan that is better,  
20123 costs less, fits their need, and it leaves them with \$3,600 a year  
20124 in their pocket that they can use for other things, maybe even  
20125 pay co-pays for their insurance. And to my colleagues that are  
20126 saying, you know, there was nothing before the Affordable Care  
20127 Act, if I may remind you, in 2009 in this committee we had the  
20128 Health Care Reform Act which had been brought forward by Dave Camp  
20129 who was Chairman of Ways and Means, and it included many of the  
20130 provisions that we all in a bipartisan manner support today.

20131 I will also remind you, in 2006, this committee had a week  
20132 dedicated to health care reform. Health care reform; right here.

20133 Mr. Barton. The gentlelady's time has expired.

20134 Mrs. Blackburn. I yield back.

20135 Mr. Burgess. Mr. Chairman, just before yielding back, I would

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20136 ask unanimous consent to put this Investor's Business Daily  
20137 editorial in the record, please.

20138 Mr. Barton. Without objection, so ordered.

20139 The doctor -- you know, we need a per California cap on the  
20140 Minority. We've got six Californians on the committee. The doctor  
20141 from California, Dr. Ruiz.

20142 Mr. Ruiz. Thank you very, very much. We've been here for 22  
20143 hours. I want to take us back to the nature of this amendment,  
20144 which is the essential benefits that patients will lose under this  
20145 bill.

20146 There's been a lot of disagreement in these 22 hours. I want  
20147 to talk about something that I agree with my colleagues on the  
20148 other side, especially Dr. Murphy from Pennsylvania. I agree about  
20149 the rise of mental health patients in the emergency department,  
20150 and the need to do something about it. How do I know? Well, I work  
20151 in the emergency department. I've worked in emergency departments  
20152 at Harvard, at Pittsburgh, in the Coachella Valley. I have visited  
20153 emergency departments across the nation. I have taken care of  
20154 those sick patients that are opioid dependent, that are either  
20155 in withdrawals or practically in respiratory distress, and I had  
20156 to resuscitate them. I have taken care of patients who are thinking  
20157 of suicide, who attempted suicide, and who, unfortunately,  
20158 completed suicide. I have had to commit patients for psychiatric

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20159 evaluations who oftentimes have to stay in the emergency  
20160 department for three or more days taking up a valuable resource  
20161 of a hospital bed in an overcrowded emergency department, and I  
20162 can tell you why that's the case. It's not Obamacare, it's because  
20163 there has been repeated assaults to our mental health services  
20164 with poor funding. It is because we have more people who have  
20165 essential benefits with more health insurance, and it's because  
20166 we have a shortage of mental health specialists, a shortage of  
20167 physicians to take care of those patients.

20168           So now, in this bill mental health is no longer guaranteed  
20169 as an essential benefit. It's optional. It gives the states the  
20170 flexibility not to offer care. And I can tell you --

20171           The Chairman. Would the gentleman yield?

20172           Mr. Ruiz. Not yet; I will later.

20173           The Chairman. Okay.

20174           Mr. Ruiz. There is no physician who prefers patients who  
20175 don't have mental health coverage. It is the difference between  
20176 the words "may" versus "shall" in this bill. There is parity with  
20177 other provisions of health insurance that are offered, but parity  
20178 doesn't equate with access. So some of my colleagues really focus  
20179 on the market concept. And, you know, there's a supply/demand  
20180 curve. In this supply/demand curve you set a price, and then you  
20181 accept people who can't afford the insurance and can't get care.

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20182 And you might be okay with that, but I'm not.

20183 The Chairman. Would the gentleman yield?

20184 Mr. Ruiz. No, not yet. I don't accept, and we don't accept  
20185 that there are people who suffer needlessly simply because they  
20186 can't afford care. They need the care, and we want to guarantee  
20187 that care for them.

20188 And listen, I'm not an ideologue here. I didn't grow up in  
20189 a partisan world. I'm a doctor. I care about giving care to my  
20190 patients. I care about preventing suicide. I care about making  
20191 sure patients are no longer addicted to opioids. I care that they  
20192 get the treatment and the follow-up that they need and that they  
20193 are not lost to follow-up. And it's not just me, it's the American  
20194 Medical Association, the doctors all over the nation.

20195 Mr. Chairman, I ask unanimous consent to submit the following  
20196 letter by the AMA for the record.

20197 Mr. Barton. Without objection, so ordered.

20198 The Chairman. Will the gentleman yield?

20199 Mr. Ruiz. At this point, I will yield.

20200 The Chairman. Thank you. I appreciate your yielding, because  
20201 I know you're a medical provider. I know you care deeply about  
20202 these issues. By the way, I'm not a medical provider, but I also  
20203 care deeply about them. And I want to make sure I understand the  
20204 crux of your argument, which is that you think it is completely

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20205 wrong for us to vote to eliminate any of these essential health  
20206 benefits. Is that what you're saying?

20207 Mr. Ruiz. What I am saying is that I believe it is wrong to  
20208 not provide in the word "shall" in the essential benefits --

20209 The Chairman. Right.

20210 Mr. Ruiz. -- mental health while giving tax breaks to  
20211 corporations and millionaires.

20212 The Chairman. Here's --

20213 Mr. Ruiz. That's wrong.

20214 The Chairman. Here's why I ask, because you were a cosponsor  
20215 of the bill that President Obama signed that eliminated essential  
20216 health benefits for millions of Americans. You were a cosponsor  
20217 --

20218 Mr. Ruiz. No, I'm going to have to recheck that.

20219 The Chairman. H.R. 1624, there are five Democrats on this  
20220 committee who cosponsored this bill, that did exactly that. And  
20221 it passed --

20222 Mr. Ruiz. You know, I want to reclaim my time.

20223 The Chairman. The President signed it into law.

20224 Mr. Ruiz. I want to reclaim my time. I'm going to look at  
20225 that bill. I'm going to look at that bill in detail, and I want  
20226 to give my time to Mr. Lujan.

20227 Well, this is the key element. The key element is that we

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20228 need to provide mental health services for patients who need it;  
20229 otherwise, we're just playing partisan ideological games at the  
20230 expense --

20231 Mr. Barton. The gentleman's time has expired.

20232 Mr. Ruiz. -- of our patients.

20233 Mr. Barton. The gentleman's time has expired. Who seeks  
20234 recognition on the Majority side? Seeing no one, oh.

20235 The Chairman. Somebody will.

20236 Mr. Barton. Mr. Olson of Texas is recognized for purposes  
20237 of debate only for five minutes.

20238 Mr. Olson. Strike the last word. Yield my time to Mr. Murphy  
20239 from Pennsylvania.

20240 Mr. Murphy. I thank the gentleman for yielding. Look, I want  
20241 to clear something up here.

20242 First, the good news. I am pleased that this committee is  
20243 talking so much about mental health. When you look at where we  
20244 were a few years ago on this issue, nobody wanted to touch it.  
20245 It is --

20246 The Chairman. Mr. Chairman, the committee is not in order.

20247 Mr. Barton. The Chairman is --

20248 The Chairman. It's back behind you, Mr. Chairman.

20249 Mr. Barton. I'm not as tough as you, Mr. Chairman. We get  
20250 regular order back here.

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20251 Mr. Murphy. Thank you. So, I am pleased that this committee  
20252 is discussing in such detail and with such passion mental health  
20253 services, because for the longest time we couldn't get anything  
20254 moving. It took over four years, and dozens of hearings, and  
20255 hundreds of meetings, and thousands of hours of work to get --  
20256 for helping Families With Mental Health Crisis bill passed. But  
20257 I want to point out something that's happened here, too.

20258 In the last few years, while the Affordable Care Act has been  
20259 in effect, suicide rates have continued to soar, they've climbed.  
20260 Homicides have continued high, victimization of the mentally ill  
20261 has continued high, and drug overdose deaths have now surpassed  
20262 in a year almost, or we're close to it the number of combat deaths  
20263 in the entire Vietnam War. It's not working.

20264 Mr. Kennedy. Would the gentleman yield?

20265 Mr. Murphy. Not yet; I just got started.

20266 The issue here is parity is parity of benefits, and what we  
20267 have is other problems that have to be dealt with. Unfortunately,  
20268 some things we couldn't get through in this bill to make sure we  
20269 had more providers. We need more psychiatrists, and  
20270 psychologists, and social workers. Half the counties in America  
20271 don't have them. We need a mechanism to provide student loan  
20272 forgiveness, too, for psychiatrists, and for primary care  
20273 physicians, other people --

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20276 is other problems that have to be dealt with. Unfortunately, some  
20277 things we couldn't get through in this bill to make sure we had  
20278 more providers. We need more psychiatrists and psychologists and  
20279 social workers. Half the counties in America don't have them.  
20280 We need a mechanism to provide school loan forgiveness, student  
20281 loan forgiveness for psychiatrists and for primary care  
20282 physicians and other people who are doing this.

20283 But here is something else that has happened, very real from  
20284 the therapists that I know that are in this field. And that is  
20285 because people buy plans and have such high deductibles, many  
20286 times people will say to their therapist, I can't come see you  
20287 in January and February and March because I have so much to pay  
20288 in a deductible, I can't afford psychotherapy services. Our goal  
20289 here is not just to have plans available and coverage available  
20290 but to have ones where people are not in a position where they  
20291 say I can't afford to be sick and I can't afford to get treatment.

20292 The goal here is having plans that people can choose from.  
20293 And as I stated earlier, Governors and other people need to pay  
20294 attention that even though they have Medicaid coverage that covers  
20295 some of this now, people aren't getting the care. Look what also  
20296 happens with people with mental health problems. They have a high

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20297 likelihood of being in prison, ten times more likely to be in jail  
20298 than in a hospital when they have problems such as severe mental  
20299 illness such as schizophrenia. And that is the existing  
20300 conditions of having services involved for the Medicaid  
20301 population. It is not working there because the cost is so, so  
20302 high.

20303 So then Medicaid, Governors and State Legislatures need to  
20304 be putting other services in place so they wrap around and  
20305 understand there is massive cost savings by being compassionate,  
20306 by doing these things. We will work on this and I am eager to  
20307 work with anybody on the other side of the aisle to make these  
20308 things happen.

20309 Mr. Kennedy. Would the gentleman yield?

20310 Mr. Murphy. Not yet. Not yet.

20311 Especially my friend, Mr. Kennedy, in terms of working with  
20312 you on these, I know you and I share an intense passion for wanting  
20313 to fix this. But what we have got to do is not just have meetings  
20314 but really work on solid legislation for this so that we are able  
20315 to come up with these solutions.

20316 But still, it isn't just a matter of saying well, we are going  
20317 to have these things available on your healthcare plans if you  
20318 still can't afford to have it because problems still occur. We  
20319 should be allowing, for example, psychologists to bill under

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20320 Medicare, which they can't do. So a lot of people in the elderly  
20321 population can't get access to services.

20322 So many other things we could be doing and I hope this  
20323 committee will take these things up in the future but for now,  
20324 we have got to make health care affordable and it is not and that  
20325 is why so many people put off mental health care.

20326 I will yield a few seconds to my friend from Massachusetts.

20327 Mr. Kennedy. Thank you, Dr. Murphy. I know this is  
20328 something obviously you care very passionately about and, as you  
20329 know, as do I.

20330 I struggled to understand. Medicaid is largest payer of  
20331 mental health services in the country. It is one of the first  
20332 times I have heard that Medicaid pays doctors too much.

20333 Mr. Murphy. The gentleman, I did not say Medicaid pays  
20334 doctors too much.

20335 Mr. Kennedy. No, I think my understanding is it is just the  
20336 expense of Medicaid is too much.

20337 Mr. Murphy. Oh, no. I am sorry. Thank you. I will  
20338 clarify that. What I was saying, for an individual patient who  
20339 has to reach a high deductible, they will not have an appointment  
20340 because they haven't met the deductible yet. Because if they have  
20341 an \$8,000 deductible, a \$5,000 deductible, they can't afford to  
20342 do that sort of thing.

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20343 Now under Medicaid, however, what happens is there is not  
20344 providers there. And what this committee did and I think many  
20345 of you oppose, when we had an amendment to try and create more  
20346 hospital beds, that was opposed.

20347 Mr. Barton. The gentleman's time has expired.

20348 Mr. Kennedy. A \$600 billion offset could go a long way for  
20349 those beds.

20350 Mr. Barton. Who seeks recognition? The gentleman from  
20351 California, Mr. McNerney.

20352 Mr. McNerney. Thank you. Thank you.

20353 You know in the wee hours of the night, there was a tone of  
20354 bipartisanship and that is gone now. So I am going to say this.  
20355 In health care, words like freedom, empowerment, and flexibility  
20356 are code words for shifting costs to individuals. You will end  
20357 up paying more for this plan, if you can get coverage at all.

20358 So I want to yield a minute to the gentleman from Vermont.

20359 Mr. Welch. Thank you. You know I have been sitting here  
20360 wondering why this debate has engaged us so much and I think it  
20361 is because of something -- hold on. You are not in order.

20362 I think it is because, Mr. Barton, of something you said early  
20363 on. Yes, it is. You indicated that your personal preference,  
20364 orientation is towards less regulation and an individual being  
20365 able to make decisions. A lot of folks agree with you. And you

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20366 don't like mandates, by and large.

20367 But I think all of us have to acknowledge that whether you  
20368 are on the side of preference against mandates, and Markwayne  
20369 Mullin spoke very well about this, or you are another side where  
20370 you think more mandates may be better, the fact is we need some  
20371 mandates. And in this legislation we have a mandate on age 26.  
20372 We have a mandate on preexisting conditions. We have a mandate  
20373 on no lifetime cap.

20374 So you don't answer the question about what we should do by  
20375 taking the position that if it is a mandate it is good or the  
20376 position that if it is a mandate it is bad.

20377 And I believe that when it comes to something as universally  
20378 important as health care to all of our citizens, a bedrock of our  
20379 discussion has to be what are the things that we can do that promote  
20380 unity, that promote an embrace of a common good. And when one  
20381 of the essential health benefits is maternal and child health,  
20382 I don't have a problem with a mandate that says women in Vermont,  
20383 or women in Texas, or women everywhere, will be assured that in  
20384 the insurance coverage they get, whether it is Medicaid or private  
20385 policy, there has to be included that kind of coverage.

20386 The absence of mandates has a price. Too much mandates has  
20387 a price. It gets in the way. It creates inefficiency. That is  
20388 true. But the absence of mandates can do much the same.

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20389           Look at what happens in prescription drugs. Some actors in  
20390 the market abuse their market power. Look at what Martin Shkreli  
20391 did. He didn't invent a drug. He had a hedge fund that bought  
20392 a company that had a drug and he raised the price from \$15 to  
20393 \$1,500. That is an area where some state action has to be taken,  
20394 or debatable, in order to protect the public from price gouging.

20395           So my request is that instead of us talking as though you  
20396 are being for a mandate or against a mandate, it doesn't answer  
20397 the question about what is good policy on something that is  
20398 universally important to all of the people we represent and what  
20399 are the limits of what we should do and what are the limits of  
20400 what we shouldn't do.

20401           I yield back.

20402           Mr. Barton. Will the gentleman yield for a question before  
20403 he yields back?

20404           Mr. Welch. Yes.

20405           Mr. Barton. Do you think that if we eliminated the essential  
20406 benefit package and let the States decide what to cover and what  
20407 not to cover that there wouldn't be some carrier who would offer  
20408 maternal benefits for young women? Do you think the market would  
20409 fail and that there would be no one willing to -- there is going  
20410 to be a demand for maternal benefits.

20411           Mr. Welch. Here is what --

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20412 Mr. Barton. Some States are going to recognize that they  
20413 have women and men they have to cover and the companies they  
20414 contract with to provide the coverage are going to say, for certain  
20415 classes, we have to have maternal benefits.

20416 Mr. Welch. I do believe that there would be some companies  
20417 that would do that. But I also believe that, in certain  
20418 circumstances, it makes sense to have standards so that the  
20419 companies that are competing are competing on a level playing  
20420 field.

20421 Mr. Barton. Would the gentleman yield?

20422 Mr. Welch. I gave the story late last night about my  
20423 neighbor, Shorty Sawyer. He wanted insurance. He didn't have  
20424 a lot of skill in figuring out what the coverage was. So having  
20425 a baseline where there can be confidence the women in your State  
20426 and the women in mine can have access to maternal health and then  
20427 the companies compete on that level playing field, I think is a  
20428 worthwhile public policy debate.

20429 Mr. Barton. Well, the key is what you talked about is  
20430 competition. If there is no competition, you mentioned the drug  
20431 company, if there is a monopoly or an oligopoly, I think most  
20432 Republicans would say there should be regulation. But if you have  
20433 true competition, in most cases, the competitive nature will  
20434 suffice to provide the benefit.

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20435 We are on the majority side now. Anybody seek time on the  
20436 majority?

20437 If not, I believe the gentlelady from I believe New York seeks  
20438 recognition.

20439 Ms. Clarke. Yes, thank you, Mr. Chairman. I would like to  
20440 yield to Mr. Lujan of New Mexico.

20441 Mr. Lujan. Thanks, Ms. Clarke.

20442 I have a question for Chairman Walden. Mr. Chairman, has  
20443 the Republican Governors Association endorsed this bill?

20444 General Counsel, can you answer my question? Has the  
20445 Republican Governors Association endorsed this bill?

20446 The Chairman. As you know, sir, that is not a question  
20447 properly before the --

20448 Mr. Lujan. Mr. Chairman, I apologize.

20449 The Chairman. Yes, I figured that you may have known that  
20450 but I guess not.

20451 So I am not aware that the RGA has endorsed this bill, no.

20452 Mr. Lujan. Mr. Chairman, has the National Governors  
20453 Association endorsed the bill?

20454 The Chairman. I am not aware of that.

20455 Mr. Lujan. Thank you, Mr. Chairman, reserving my time.

20456 I just heard a lot of talk about all the Governors that  
20457 everyone has been talking to.

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20458           The Chairman. [Presiding.] Reserve your time or reclaim  
20459 your time?

20460           Mr. Lujan. I am sorry, reclaiming my time, sir. I  
20461 apologize. Thank you for the correction. After 23 hours, Mr.  
20462 Chairman, not only the voice goes, the mind goes a little bit,  
20463 sir.

20464           But with all the talk of the Governors' work our Republican  
20465 colleagues on this, I am surprised that not even the Republican  
20466 Governors Association has endorsed this bill and I am not  
20467 surprised that the National Governors Association has not  
20468 endorsed this bill.

20469           I won't even ask if the Democratic Governors Association has  
20470 endorsed this bill. I will take a guess on that one.

20471           But I also have found that these organizations also oppose  
20472 the bill as it is currently written: America's Essential  
20473 Hospitals, American Hospital Association, Association of  
20474 American Medical Colleges, Catholic Health Association of the  
20475 United States, Children's Hospital Association, Federation of  
20476 American Hospitals, National Association of Psychiatric Health  
20477 Systems, the AMA, that is the American Medical Association, the  
20478 Nurses Union, AARP.

20479           At 5:53 this morning, one of our colleagues in the Senate,  
20480 Tom Cotton, posted House Healthcare Bill can't pass Senate without

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20481 major changes. To my friends in House: pause, start over. Get  
20482 it right, don't get it fast.

20483 And then there is this other article that was just written  
20484 that reads House GOP leadership released the text of their plan  
20485 to repeal and replace Obamacare last night and they are getting  
20486 quite a bit of push back on their own side of the aisle, not to  
20487 mention from the American Cancer Society.

20488 Here is a running list of conservative organizations and  
20489 politicians across speaking out against the American Health Care  
20490 Act: Americans for Prosperity, Freedom Partners, Cato  
20491 Institute, Club for Growth, FreedomWorks, Heritage Action for  
20492 America, Republican Study Committee, Tea Party Patriots, Justin  
20493 Amash, Dave Brat, Senator Shelley Moor Capito, Senator Cory  
20494 Gardner, Lisa Murkowski, Rob Portman. And they are opposing it  
20495 right now because we will not support a plan that does not include  
20496 stability for Medicaid expansion, populations, or flexibility of  
20497 States. Senator Ted Cruz, Representative Tom Garrett,  
20498 Representative Louie Gohmert, Representative Jim Jordan, Senator  
20499 Mike Lee, Governor Paul LePage, Mark Meadows, Rand Paul, Mark  
20500 Sanford.

20501 And so with that, Mr. Chairman, because we have been here  
20502 for 23 hours, there are still a lot of amendments on that table,  
20503 I would ask unanimous consent that we adjourn today and return

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20504 at 10:00 a.m. tomorrow morning so we can continue this important  
20505 hearing.

20506 Mr. Welch. I second. I second.

20507 Mr. Barton. I object.

20508 The Chairman. There is an objection.

20509 Mr. Lujan. I tried, Mr. Chairman. With that, I yield back  
20510 to Ms. Clarke from New York.

20511 Ms. Clarke. Mr. Chairman, I would like to yield the  
20512 remaining time to Dr. Ruiz. Oh, you don't need the time.

20513 Then, I yield to Anna Eshoo of California.

20514 Ms. Eshoo. I thank the gentlewoman from New York.

20515 I don't know what time we are going to end this morning but  
20516 I just want to say a couple of things. First of all, Mr. Chairman,  
20517 I think that you have been enormously --

20518 The Chairman. Would the gentlelady -- I just want to get  
20519 order.

20520 Ms. Eshoo. Sure.

20521 The Chairman. If members would -- I want to make sure that  
20522 everyone can hear my friend from California. You may proceed.

20523 Ms. Eshoo. Thank you, Mr. Chairman. I want to salute you  
20524 because I think that you have really comported yourself in an  
20525 admiral way. These are highly emotional issues that we are  
20526 talking about. And we have strong opinions about what we think

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20527 is the right thing to do.

20528 I don't agree with this bill but I thank you for the way you  
20529 have conducted yourself, the way the ranking member has and I have  
20530 to tell you, in listening to members for the last how many hours,  
20531 we don't want to count, on both sides of the aisle, I think it  
20532 shows that the members of the Energy and Commerce Committee have  
20533 really gone deep in terms of substance.

20534 So I salute all of you. I mean we have missed a whole night's  
20535 sleep but this has been a worthy exercise.

20536 I would just like to close on this note. There is an awful  
20537 lot to talk about about freedom. And I don't think there is anyone  
20538 who doesn't have this in their DNA.

20539 The Chairman. The gentlelady's time has expired.

20540 Ms. Eshoo. Okay but to say that I think that my constituents  
20541 have enjoyed the freedom of what insurance companies did to them.

20542 And with that, I will --

20543 The Chairman. The gentlelady's time has expired.

20544 Ms. Eshoo. Yes.

20545 The Chairman. Thank you. Are there other members wishing  
20546 to speak on this amendment or could we go to a vote so we can move  
20547 on to other amendments?

20548 The chair recognizes the gentlelady from Florida, Ms.  
20549 Castor, for 5 minutes to speak on the amendment.

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20550 Ms. Castor. And I yield my time to Ranking Member Pallone.  
20551 Mr. Pallone. Thank you. I am just going to use a minute  
20552 or so here.

20553 I just wanted to say this. I want to go back to this basic  
20554 amendment, the idea of essential benefit package. I think there  
20555 has been a great debate about this this evening or this morning  
20556 because we feel so strongly about it. I mean the bottom line is  
20557 when we pass the ACA, we wanted to cover as many people as possible.  
20558 We wanted to keep costs affordable but we also wanted to have great  
20559 benefits. We wanted to make sure people got a good benefit  
20560 package. And that is why we feel so strongly about this. And  
20561 the main thing was to get rid of these skeletal plans.

20562 I have heard a number of colleagues on the other side talk  
20563 about people should have freedom of choice, freedom to have  
20564 skeletal plans, freedom to have a plan maybe that doesn't include  
20565 hospitalization, freedom to have no insurance, you know get rid  
20566 of the mandate.

20567 But what they forget is this is not like freedom of speech.  
20568 If you have the freedom to not have health insurance or to have  
20569 a lousy plan, then that burden falls on everybody else because  
20570 if you get sick, you go to the emergency room, you don't have --  
20571 you are not compensated. And who pays? The hospital and  
20572 ultimately everyone else who has insurance or the taxpayers.

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20573           So it is not like other freedoms. Health care is different.  
20574           Somebody has to pay. Somebody takes on the burden and it really  
20575           isn't fair to say okay, I don't have to have health insurance or  
20576           I can have a skeletal plan and pay practically nothing while  
20577           everyone else takes the burden.

20578           And the last thing I wanted to say is you know Mr. Scalise  
20579           said earlier that last night all of us agreed on the Democratic  
20580           side that Obamacare was broken or needed major changes. That  
20581           isn't true. Basically, we said that we thought that Obamacare  
20582           has done a lot of great things but if the Republicans think that  
20583           they can do better, they have to show how. And we don't believe  
20584           that this bill makes things better in terms of covering more  
20585           people, reducing prices, or providing better benefits or care.  
20586           And the burden is on you when you put a bill up like this to show  
20587           how you are going to do those things. And I think the burden has  
20588           not been met and that is the reason why we don't agree and the  
20589           reason why we never actually indicated in any way that we think  
20590           that what you are proposing in any way is better than the  
20591           Affordable Care Act.

20592           I yield back.

20593           The Chairman. The gentleman yields back the balance of his  
20594           time. Are there other members seeking recognition?

20595           If not, we will go to a vote on the amendment. Those in favor

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20596 will vote aye; those opposed, no. And the clerk will call the  
20597 roll.

20598 The Clerk. Mr. Barton.

20599 [No response.]

20600 The Clerk. Mr. Upton.

20601 Mr. Upton. No.

20602 The Clerk. Mr. Upton votes no.

20603 Mr. Shimkus.

20604 Mr. Shimkus. No.

20605 The Clerk. Mr. Shimkus votes no.

20606 Mr. Murphy.

20607 Mr. Murphy. No.

20608 The Clerk. Mr. Murphy votes no.

20609 Mr. Burgess.

20610 Mr. Burgess. No.

20611 The Clerk. Mr. Burgess votes no.

20612 Mrs. Blackburn.

20613 Mrs. Blackburn. No.

20614 The Clerk. Mrs. Blackburn votes no.

20615 Mr. Scalise.

20616 Mr. Scalise. No.

20617 The Clerk. Mr. Scalise votes no.

20618 Mr. Latta.

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20619            Mr. Latta.    No.

20620            The Clerk.    Mr. Latta votes no.

20621            Mrs. McMorris Rodgers.

20622            Mrs. McMorris Rodgers.    No.

20623            The Clerk.    Mrs. McMorris Rodgers votes no.

20624            Mr. Harper.

20625            Mr. Harper.    No.

20626            The Clerk.    Mr. Harper votes no.

20627            Mr. Lance.

20628            Mr. Lance.    No.

20629            The Clerk.    Mr. Lance votes no.

20630            Mr. Guthrie.

20631            Mr. Guthrie.    No.

20632            The Clerk.    Mr. Guthrie votes no.

20633            Mr. Olson.

20634            Mr. Olson.    No.

20635            The Clerk.    Mr. Olson votes no.

20636            Mr. McKinley.

20637            Mr. McKinley.    No.

20638            The Clerk.    Mr. McKinley votes no.

20639            Mr. Kinzinger.

20640            Mr. Kinzinger.    No.

20641            The Clerk.    Mr. Kinzinger votes no.

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20642 Mr. Griffith.

20643 Mr. Griffith. No.

20644 The Clerk. Mr. Griffith votes no.

20645 Mr. Bilirakis.

20646 Mr. Bilirakis. No.

20647 The Clerk. Mr. Bilirakis votes no.

20648 Mr. Johnson.

20649 [No response.]

20650 The Clerk. Mr. Long.

20651 Mr. Long. No.

20652 The Clerk. Mr. Long votes no.

20653 Mr. Bucshon.

20654 Mr. Bucshon. No.

20655 The Clerk. Mr. Bucshon votes no.

20656 Mr. Flores.

20657 Mr. Flores. No.

20658 The Clerk. Mr. Flores votes no.

20659 Mrs. Brooks. Mrs. Brooks. No.

20660 The Clerk. Mrs. Brooks votes no.

20661 Mr. Mullin.

20662 [No response.]

20663 The Clerk. Mr. Hudson.

20664 Mr. Hudson. No.

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20665 The Clerk. Mr. Hudson votes no.  
20666 Mr. Collins.  
20667 Mr. Collins. No.  
20668 The Clerk. Mr. Collins votes no.  
20669 Mr. Cramer.  
20670 Mr. Cramer. No.  
20671 The Clerk. Mr. Cramer votes no.  
20672 Mr. Walberg.  
20673 Mr. Walberg. No.  
20674 The Clerk. Mr. Walberg votes no.  
20675 Mrs. Walters.  
20676 Mrs. Walters. No.  
20677 The Clerk. Mrs. Walters votes no.  
20678 Mr. Costello.  
20679 Mr. Costello. No.  
20680 The Clerk. Mr. Costello votes no.  
20681 Mr. Carter.  
20682 Mr. Carter. No.  
20683 The Clerk. Mr. Carter votes no.  
20684 Mr. Pallone.  
20685 Mr. Pallone. Aye.  
20686 The Clerk. Mr. Pallone votes aye.  
20687 Mr. Rush.

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20688 [No response.]

20689 The Clerk. Ms. Eshoo.

20690 Ms. Eshoo. Aye.

20691 The Clerk. Ms. Eshoo votes aye.

20692 Mr. Engel.

20693 Mr. Engel. Aye.

20694 The Clerk. Mr. Engel votes aye.

20695 Mr. Green.

20696 Mr. Green. Aye.

20697 The Clerk. Mr. Green votes aye.

20698 Ms. DeGette.

20699 Ms. DeGette. Aye.

20700 The Clerk. Ms. DeGette votes aye.

20701 Mr. Doyle.

20702 Mr. Doyle. Yes.

20703 The Clerk. Mr. Doyle votes aye.

20704 Ms. Schakowsky.

20705 Ms. Schakowsky. Aye.

20706 The Clerk. Ms. Schakowsky votes aye.

20707 Mr. Butterfield.

20708 Mr. Butterfield. Aye.

20709 The Clerk. Mr. Butterfield votes aye.

20710 Ms. Matsui.

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20711 Ms. Matsui. Aye.  
20712 The Clerk. Ms. Matsui votes aye.  
20713 Ms. Castor.  
20714 Ms. Castor. Aye.  
20715 The Clerk. Ms. Castor votes aye.  
20716 Mr. Sarbanes.  
20717 Mr. Sarbanes. Aye.  
20718 The Clerk. Mr. Sarbanes votes aye.  
20719 Mr. McNerney.  
20720 Mr. McNerney. Aye.  
20721 The Clerk. Mr. McNerney votes aye.  
20722 Mr. Welch.  
20723 Mr. Welch. Aye.  
20724 The Clerk. Mr. Welch votes aye.  
20725 Mr. Lujan.  
20726 Mr. Lujan. Aye.  
20727 The Clerk. Mr. Lujan votes aye.  
20728 Mr. Tonko.  
20729 Mr. Tonko. Aye.  
20730 The Clerk. Mr. Tonko votes aye.  
20731 Ms. Clarke.  
20732 Ms. Clarke. Aye.  
20733 The Clerk. Ms. Clarke votes aye.

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20734 Mr. Loeb sack.

20735 Mr. Loeb sack. Aye.

20736 The Clerk. Mr. Loeb sack votes aye.

20737 Mr. Schrader.

20738 Mr. Schrader. Aye.

20739 The Clerk. Mr. Schrader votes aye.

20740 Mr. Kennedy.

20741 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

20742 Mr. Cardenas.

20743 Mr. Cardenas. Aye.

20744 The Clerk. Mr. Cardenas votes aye.

20745 Mr. Ruiz.

20746 Mr. Ruiz. Aye.

20747 The Clerk. Mr. Ruiz votes aye.

20748 Mr. Peters.

20749 Mr. Peters. Aye.

20750 The Clerk. Mr. Peters votes aye.

20751 Mrs. Dingell.

20752 Mrs. Dingell. Aye.

20753 The Clerk. Mrs. Dingell votes aye.

20754 Chairman Walden.

20755 The Chairman. Votes no.

20756 The Clerk. Chairman Walden votes no.

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20757 The Chairman. I want to make sure members have time to get  
20758 here.

20759 Mr. Barton, how would you like to vote?

20760 Mr. Barton. No.

20761 The Clerk. Mr. Barton votes no.

20762 The Chairman. Mr. Mullin?

20763 Mr. Mullin. No.

20764 The Clerk. Mr. Mullin votes no.

20765 The Chairman. Johnson?

20766 Mr. Johnson. No.

20767 The Clerk. Mr. Johnson votes no.

20768 The Chairman. Are there any other Republicans not recorded?

20769 How about on the Democratic side?

20770 Are there any members not recorded who wish to be recorded?

20771 Have we got everybody? I just want to make sure at this hour.

20772 Is Mr. Lujan recorded?

20773 The Clerk. Mr. Lujan is recorded aye.

20774 The Chairman. Okay. All right, then the clerk will report  
20775 the roll.

20776 The Clerk. Mr. Chairman, on that vote, there were 23 ayes  
20777 and 31 noes.

20778 The Chairman. Twenty-three ayes, thirty-one noes. The  
20779 amendment is not approved.

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20780 Are there other amendments? Seeing none -- seeing none.  
20781 Does anyone else want to offer -- I assume someone -- there we  
20782 go. I assumed somebody down there.

20783 And so Mr. Butterfield, for what purpose do you seek  
20784 recognition?

20785 Mr. Butterfield. I have an amendment at the desk, number  
20786 26.

20787 [The Amendment offered by Mr. Butterfield follows:]

20788

20789 \*\*\*\*\*INSERT 33\*\*\*\*\*

20790 The Chairman. Twenty-six. We will let our staff find it  
20791 among the many amendments at the desk.

20792 The clerk will report the amendment.

20793 The Clerk. An Amendment to the Amendment in the Nature of  
20794 a Substitute to the Committee Print Offered by Mr. Butterfield.

20795 Mr. Butterfield. Mr. Chairman, can I reserve a point of  
20796 order?

20797 The Chairman. The gentleman reserves a point of order. The  
20798 amendment will be considered as read and the chair recognizes his  
20799 friend from North Carolina, Mr. Butterfield, to speak on his  
20800 amendment.

20801 Mr. Butterfield. Thank you very much, Mr. Chairman, and  
20802 good morning to all of my colleagues. It has been an interesting  
20803 22 hours.

20804 Mr. Chairman, my amendment will strike, if passed, Section  
20805 133 of the bill regarding continuous coverage. President Donald  
20806 Trump has promised Americans with preexisting conditions that  
20807 they will continue to have the same access to health coverage under  
20808 the GOP repeal plan. My colleagues on the other side of the aisle  
20809 have also, at least some of them, make such promises. However,  
20810 the bill that we are marking up today fails to live up to these  
20811 promises.

20812 The bill unravels the ACA's protections for individuals with

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20813 preexisting conditions in many ways. First, the bill puts  
20814 low-income individuals and individuals with serious preexisting  
20815 conditions at risk for being financially penalized by insurers  
20816 with a 30 percent -- a 30 percent what I would call a cancer tax  
20817 and locked out of coverage. For instance, according to the  
20818 American Cancer Society, cancer patients are likely to have gaps  
20819 in coverage beyond their control and would, therefore, be  
20820 disproportionately penalized by the continuous coverage  
20821 requirement. And I want to quote, research suggests that between  
20822 40 and 85 percent of cancer patients stop working. They stop  
20823 working while receiving cancer treatment with absences ranging  
20824 from 45 days to 6 months, depending on the treatment. Penalties  
20825 imposed on people in these situations may adversely impact access  
20826 to care, interrupt lifesaving treatment and make insurance  
20827 unaffordable when they attempt to regain coverage. End of quote.

20828 Similarly, enrollees with serious medical conditions, such  
20829 as chronic illnesses and disabilities could find themselves,  
20830 quote, again, permanently locked out of coverage. Individuals  
20831 living with chronic illnesses and disabilities are most  
20832 vulnerable to the penalties of the continuous coverage  
20833 requirements. End of quote.

20834 Additionally, Mr. Chairman, this bill will result in a death  
20835 spiral in the ACA Marketplaces, which will raise premiums even

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20836 more, even more for individuals with preexisting conditions.  
20837 This penalty, colleagues, will, while onerous to those who are  
20838 sick and need care, is unlikely to incentivize healthy Americans  
20839 to purchase coverage. Many economists think they will gamble.  
20840 They will simply stay out of the market. They will stay out of  
20841 the market until and unless they get sick.

20842 As the young and healthy pull out of the pool, premiums will  
20843 go up. They won't go down. Premiums will go up for those left  
20844 in the market.

20845 I believe when we get the CBO score on Monday, or whenever  
20846 it is going to be, it is going to be a rude awakening for my  
20847 Republican friends. We will see it when it comes.

20848 I would like to enter into the record The New York Times  
20849 articles that describes a phenomenon called Why Even Some  
20850 Republicans are Rejecting the Replacement Bill. I ask unanimous  
20851 consent that it be submitted and received.

20852 The Chairman. Without objection.

20853 [The information follows:]

20854

20855 \*\*\*\*\*COMMITTEE INSERT 34\*\*\*\*\*

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20856 Mr. Butterfield. Thank you.

20857 In conclusion, Mr. Chairman, this bill does not protect  
20858 Americans with preexisting conditions. It penalizes the sickest  
20859 and the poorest when they most need health insurance coverage.

20860 I urge my colleagues to support, please support this  
20861 amendment and give Americans a true guarantee of meaningful  
20862 coverage as we did under the Affordable Care Act. Let us strike  
20863 the continuous coverage provision from this bill.

20864 Does anyone desire any time? Thank you. I yield back.

20865 The Chairman. The gentleman yields back.

20866 The chair recognizes the gentlelady from Indiana, Ms.  
20867 Brooks, for 5 minutes.

20868 Mrs. Brooks. Mr. Chairman, I strike the last word.

20869 Republicans believe that strong patient protections are  
20870 about fairness. We support banning lifetime or annual caps,  
20871 ending the practice of excluding benefits based on preexisting  
20872 conditions and stopping the practice of health status  
20873 underwriting as we have talked about off and on for the last 22  
20874 hours. We also understand that in order to have these important  
20875 patient protections, there must be an incentive to enroll in  
20876 health care.

20877 The Obama administration chose otherwise. They chose to  
20878 mandate coverage and enforce penalties on every single American

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20879 that chose not to buy a Washington-mandated product.

20880           As we heard from one of our colleagues, the gentleman from  
20881 Pennsylvania, earlier, who has been involved in the healthcare  
20882 industry, when someone buys health insurance, they are buying  
20883 membership -- membership to a healthcare plan that delivers the  
20884 benefits they choose. Our plan protects members of health  
20885 insurance and it is a thoughtful solution that focuses on the needs  
20886 of health insurance consumers.

20887           So when the Obama administration forced and mandated  
20888 coverage, economists have told us that -- have sold Obamacare on  
20889 an inaccurate estimate that the individual mandate would lead to  
20890 21 million people enrolling in the plans created in Obamacare but  
20891 that is not what happened. The reality is that the enrollment  
20892 hasn't even reached half that number and their plans were based  
20893 on that number; 19.2 million people have actually paid the  
20894 individual mandate tax or claimed an exemption, which is actually  
20895 to the enrollment projections. And Democrats and the economists  
20896 can't have it both ways.

20897           We don't believe in mandating things and we don't intend on  
20898 mandating things now. So, continuous coverage means encouraging  
20899 and incentivizing individual responsibility in health care.

20900           We aren't here to tell people how to make decisions about  
20901 their health. We trust them to make the right decisions when it

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20902 comes to deciding what health care works and doesn't work for them.

20903           The important thing, though, is that when we talk about  
20904 continuous coverage, this is not a new concept in our country.  
20905 We already do it with both Medicare Part B and D. For Medicare  
20906 Part B, there is a ten percent surcharge on base premiums. For  
20907 Part D, there is a one percent surcharge placed on base premiums  
20908 for each month that a beneficiary is not enrolled.

20909           Continuous coverage is working effectively for our seniors  
20910 and it will work well for the rest of us. It has a proven track  
20911 record with Medicare. It has led to stable markets that have  
20912 delivered meaningful results for Americans.

20913           And with respect to my colleague's comment with respect to  
20914 the 30 percent surcharge which is in our bill, I find it  
20915 interesting that the same colleague who has been involved for much  
20916 of his career in insurance actually found the 30 percent surcharge  
20917 to be laughable as if it wasn't enough and wouldn't encourage  
20918 individuals to continue their coverage.

20919           And so in order to make insurance plans affordable, which  
20920 is what we are trying to do, make sure that we can cover preexisting  
20921 conditions, which is critically important, we have heard from our  
20922 constituents all across the country that that is very important.  
20923 We have to have an insurance market that encourages and  
20924 incentivizes people to continue their coverage.

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20925 And so with that, I will yield any other time, my time  
20926 remaining to any other members on my side of the aisle.

20927 With that, I yield back.

20928 The Chairman. All right. Other members seeking  
20929 recognition?

20930 If not, the vote is on the Butterfield Amendment. Those in  
20931 favor vote aye; those opposed, no. And the clerk will call the  
20932 roll.

20933 The Clerk. Mr. Barton.

20934 [No response.]

20935 The Clerk. Mr. Upton.

20936 Mr. Upton. No.

20937 The Clerk. Mr. Upton votes no.

20938 Mr. Shimkus.

20939 Mr. Shimkus. No.

20940 The Clerk. Mr. Shimkus votes no.

20941 Mr. Murphy.

20942 [No response.]

20943 The Clerk. Mr. Burgess.

20944 [No response.]

20945 The Clerk. Mrs. Blackburn.

20946 Mrs. Blackburn. No.

20947 The Clerk. Mrs. Blackburn votes no.

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20948 Mr. Scalise.  
20949 [No response.]  
20950 The Clerk. Mr. Latta.  
20951 Mr. Latta. No.  
20952 The Clerk. Mr. Latta votes no.  
20953 Mrs. McMorris Rodgers.  
20954 Mrs. McMorris Rodgers. No.  
20955 The Clerk. Mrs. McMorris Rodgers votes no.  
20956 Mr. Harper.  
20957 Mr. Harper. No.  
20958 The Clerk. Mr. Harper votes no.  
20959 Mr. Lance.  
20960 Mr. Lance. No.  
20961 The Clerk. Mr. Lance votes no.  
20962 Mr. Guthrie.  
20963 [No response.]  
20964 The Clerk. Mr. Olson.  
20965 Mr. Olson. No.  
20966 The Clerk. Mr. Olson votes no.  
20967 Mr. McKinley.  
20968 [No response.]  
20969 The Clerk. Mr. Kinzinger.  
20970 [No response.]

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20971 The Clerk. Mr. Griffith.  
20972 Mr. Griffith. No.  
20973 The Clerk. Mr. Griffith votes no.  
20974 Mr. Bilirakis.  
20975 [No response.]  
20976 The Clerk. Mr. Johnson.  
20977 [No response.]  
20978 The Clerk. Mr. Long.  
20979 Mr. Long. No.  
20980 The Clerk. Mr. Long votes no.  
20981 Mr. Bucshon.  
20982 Mr. Bucshon. No.  
20983 The Clerk. Mr. Bucshon votes no.  
20984 Mr. Flores.  
20985 Mr. Flores. No.  
20986 The Clerk. Mr. Flores votes no.  
20987 Mrs. Brooks.  
20988 Mrs. Brooks. No.  
20989 The Clerk. Mrs. Brooks votes no.  
20990 Mr. Mullin.  
20991 Mr. Mullin. No.  
20992 The Clerk. Mr. Mullin votes no.  
20993 Mr. Hudson. Mr. Hudson.

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20994            Mr. Hudson.    No.

20995            The Clerk.    Mr. Hudson votes no.

20996            Mr. Collins.

20997            Mr. Collins.    No.

20998            The Clerk.    Mr. Collins votes no.

20999            Mr. Cramer.

21000            Mr. Cramer.    No.

21001            The Clerk.    Mr. Cramer votes no.

21002            Mr. Walberg.

21003            [No response.]

21004            The Clerk.    Mrs. Walters.

21005            Mrs. Walters.    No.

21006            The Clerk.    Mrs. Walters votes no.

21007            Mr. Costello.

21008            [No response.]

21009            The Clerk.    Mr. Carter.

21010            Mr. Carter.    No.

21011            The Clerk.    Mr. Carter votes no.

21012            Mr. Pallone.

21013            Mr. Pallone.    Aye.

21014            The Clerk.    Mr. Pallone votes aye.

21015            Mr. Rush.

21016            [No response.]

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21017 The Clerk. Ms. Eshoo.  
21018 Ms. Eshoo. Aye.  
21019 The Clerk. Ms. Eshoo votes aye.  
21020 Mr. Engel.  
21021 Mr. Engel. Aye.  
21022 The Clerk. Mr. Engel votes aye.  
21023 Mr. Green.  
21024 Mr. Green. Aye.  
21025 The Clerk. Mr. Green votes aye.  
21026 Ms. DeGette.  
21027 Ms. DeGette. Aye.  
21028 The Clerk. Ms. DeGette votes aye.  
21029 Mr. Doyle.  
21030 Mr. Doyle. Votes aye.  
21031 The Clerk. Mr. Doyle votes aye.  
21032 Ms. Schakowsky.  
21033 Ms. Schakowsky. Aye.  
21034 The Clerk. Ms. Schakowsky votes aye.  
21035 Mr. Butterfield.  
21036 Mr. Butterfield. Aye.  
21037 The Clerk. Mr. Butterfield votes aye.  
21038 Ms. Matsui.  
21039 [No response.]

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21040 The Clerk. Ms. Castor.  
21041 Ms. Castor. Aye.  
21042 The Clerk. Ms. Castor votes aye.  
21043 Mr. Sarbanes.  
21044 Mr. Sarbanes. Aye.  
21045 The Clerk. Mr. Sarbanes votes aye.  
21046 Mr. McNerney.  
21047 [No response.]  
21048 The Clerk. Mr. Welch.  
21049 [No response.] The Clerk. Mr. Lujan.  
21050 Mr. Lujan. Aye.  
21051 The Clerk. Mr. Lujan votes aye.  
21052 Mr. Tonko.  
21053 Mr. Tonko. Aye.  
21054 The Clerk. Mr. Tonko votes aye.  
21055 Ms. Clarke.  
21056 Ms. Clarke. Aye.  
21057 The Clerk. Ms. Clarke votes aye.  
21058 Mr. Loeb sack.  
21059 Mr. Loeb sack. Aye.  
21060 The Clerk. Mr. Loeb sack votes aye.  
21061 Mr. Schrader.  
21062 Mr. Schrader. Aye.

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21063 The Clerk. Mr. Schrader votes aye.

21064 Mr. Kennedy.

21065 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

21066 Mr. Cardenas.

21067 Mr. Cardenas. Aye.

21068 The Clerk. Mr. Cardenas votes aye.

21069 Mr. Ruiz.

21070 Mr. Ruiz. Aye.

21071 The Clerk. Mr. Ruiz votes aye.

21072 Mr. Peters.

21073 Mr. Peters. Aye.

21074 The Clerk. Mr. Peters votes aye.

21075 Mrs. Dingell.

21076 Mrs. Dingell. Aye.

21077 The Clerk. Mrs. Dingell votes aye.

21078 Chairman Walden.

21079 The Chairman. Chair Walden votes no.

21080 The Clerk. Chairman Walden votes no.

21081 The Chairman. I know we have members coming back because

21082 that was a shorter debate than some anticipated.

21083 The gentleman from Texas.

21084 Mr. Barton. Votes no.

21085 The Clerk. Mr. Barton votes no.

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21086 The Chairman. Mr. Johnson.  
21087 Mr. Johnson. No.  
21088 The Clerk. Mr. Johnson votes no.  
21089 The Chairman. Dr. Murphy.  
21090 Mr. Murphy. Murphy votes no.  
21091 The Clerk. Mr. Murphy votes no.  
21092 The Chairman. Mr. Guthrie.  
21093 Mr. Guthrie. No.  
21094 The Clerk. Mr. Guthrie votes no.  
21095 The Chairman. Mr. Kinzinger.  
21096 Mr. Kinzinger. Kinzinger no.  
21097 The Clerk. Mr. Kinzinger votes no.  
21098 The Chairman. Mr. Bilirakis.  
21099 Mr. Bilirakis. No.  
21100 The Clerk. Mr. Bilirakis votes no.  
21101 The Chairman. Mr. Walberg.  
21102 Mr. Walberg. No.  
21103 The Clerk. Mr. Walberg votes no.  
21104 The Chairman. Dr. Burgess.  
21105 Mr. Burgess. Votes no.  
21106 The Clerk. Dr. Burgess votes no.  
21107 The Chairman. All right, we have got members over here.  
21108 Ms. Matsui.

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21109           Ms. Matsui.   Aye.

21110           The Clerk.   Ms. Matsui votes aye.

21111           The Chairman.  Is Mr. Sarbanes recorded?

21112           The Clerk.   Mr. Sarbanes is recorded as aye.

21113           The Chairman.  Oh, he is.  Okay.

21114           The Clerk.   Mr. Welch is not recorded.

21115           Mr. Welch.   Aye.

21116           The Clerk.   Mr. Welch votes aye.

21117           Mr. McNerney.  Aye.

21118           The Clerk.   Mr. McNerney votes aye.

21119           The Chairman.  Are there other members wishing to be  
21120 recorded?  If not, the clerk will report the result.

21121           The Clerk.   Mr. Chairman, on that vote there were 23 ayes  
21122 and 28 noes.

21123           The Chairman.  Twenty-three ayes, twenty-eight noes.  The  
21124 amendment is not adopted.

21125           Are other members seeking recognition to offer an amendment?  
21126 If not, we go over to Mrs. Dingell.

21127           For what purpose do you seek recognition?

21128           Mrs. Dingell.  I have an amendment at the desk, Mr. Chairman.

21129           [The Amendment offered by Mrs. Dingell follows:]

21130

21131           \*\*\*\*\*INSERT 35\*\*\*\*\*

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21132 The Chairman. Could you describe that for the clerks?

21133 Mrs. Dingell. 136.

21134 The Chairman. One-three-six.

21135 The clerk will report the amendment.

21136 The Clerk. Amendment to the Amendment in the Nature of a  
21137 Substitute to Committee Print Offered by Mrs. Dingell.

21138 The Chairman. And the amendment will be considered as read.

21139 The chair recognizes the gentlelady from Michigan to speak  
21140 under amendment.

21141 Mrs. Dingell. Thank you, Mr. Chairman. This amendment  
21142 simply states --

21143 The Chairman. Wait. I am going to have the gentlelady  
21144 suspend until we get order in the committees. Members, thank you.

21145 The gentlelady may proceed.

21146 Mrs. Dingell. Thank you, then, Mr. Chairman.

21147 This amendment simply states that the rationing of Medicaid,  
21148 which my colleagues call a per capita cap, will not take effect  
21149 if they would negatively impact seniors' access to long-term  
21150 services and supports under Medicaid.

21151 And also we authorized several critical long-term care  
21152 provisions that were part of the ACA, including the Balancing  
21153 Incentives Program and the Money Follows the Person Program.

21154 We all spent many hours of the night talking about what the

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21155 potential impact could be and we were reassured that we were not  
21156 going to hurt our seniors. So this amendment should be common  
21157 sense and it is essential. Medicaid is the largest payer of  
21158 long-term in this country, accounting for 42 percent of all  
21159 spending. And as our population continues to age, the demand for  
21160 long-term care is expected to double in the next 40 years. Among  
21161 people 65 and over, it is estimated that 70 percent will need  
21162 long-term care at some point. And people who are older than 85  
21163 are four times more likely to need those services than younger  
21164 seniors. And those age 85 and over are also likely to triple in  
21165 that same next 40 years.

21166 And while all of that is happening, there is also a decline  
21167 in the informal caregiving. Families have gotten smaller, people  
21168 are living further way, and we are in the sandwich generation.

21169 So we are worried and we just want to make sure our seniors  
21170 are okay. The truth is, we need to reform our entire long-term  
21171 care financing system, which is completely broken and in need of  
21172 a complete overhaul. That is why this amendment also requires  
21173 the Secretary to submit a report to Congress analyzing possible  
21174 option for developing a comprehensive long-term care financing  
21175 system. But since this will take time, we had better make sure  
21176 we do no harm to people currently receiving these services under  
21177 Medicaid.

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21178           And that is all this amendment is asking. Let's look before  
21179 we leap and let's make an informed decision so we don't leave  
21180 people out in the cold. I know what I am worried about. I am  
21181 worried that rationing care under Medicaid means that States will  
21182 have to do more with less, that home- and community-based services  
21183 will likely be one of the first major program areas that would  
21184 be cut, since it is an optional services. States are going to  
21185 have to ration care somewhere, if the caps do not adequately keep  
21186 up with inflation and do not adequately account for aging  
21187 population and the increased services seniors will need as they  
21188 age.

21189           So it should be no problem to adopt this amendment because  
21190 I know my colleagues on the other side of the aisle share the goal  
21191 of ensuring that not a single senior or person with disabilities  
21192 is negatively impacted by the rationing of Medicaid. And I know  
21193 none of us wants to go home to our constituents telling them that  
21194 we voted for something that would mean the most vulnerable among  
21195 us, seniors and the disabled, could be without the services they  
21196 need.

21197           So this amendment would simply be insurance for seniors that  
21198 they will be able to afford the care they need as they age.

21199           Thank you, Mr. Chairman, and I yield back the balance of my  
21200 time.

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21201 The Chairman. The gentlelady yields back. I will  
21202 recognize --

21203 Mrs. Dingell. I will yield my time to --

21204 The Chairman. Oh, I am sorry. I thought you were yielding  
21205 back. Did you yield to somebody, Mrs. Dingell?

21206 Mrs. Dingell. The ranking member.

21207 The Chairman. Okay, Mr. Pallone. It is her time to yield.  
21208 He did not want it.

21209 Mrs. Dingell. Ms. Schakowsky. I yield to Ms. Schakowsky.

21210 Ms. Schakowsky. I am going to go as fast as I can. I wanted  
21211 to strike the last word but I strongly support Congresswoman  
21212 Dingell's amendment.

21213 Accessible and affordable long-term care assistance has long  
21214 been an unresolved problem our in healthcare system and has had  
21215 devastating impacts, not just for patients but, as she mentioned,  
21216 also for families who often must assume caregiving  
21217 responsibilities when a loved one requires long-term care.

21218 We need to improve the quality of our long-term care  
21219 facilities. We need to increase the access to community- and  
21220 home-based services. We need to drastically expand our  
21221 caregiving workforce and, most importantly, we need to have a  
21222 serious discussion about a universal social insurance for  
21223 long-term care, instead of a patchwork system that would still

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21224 allow people to fall through the cracks. I strongly believe that  
21225 we need to have a universal long-term care system that works for  
21226 everyone. The Republican repeal bill takes us in the opposite  
21227 direction.

21228 I urge my colleagues to support this amendment.

21229 The Chairman. The gentlelady's time has expired.

21230 The chair recognizes the gentleman from Illinois. No. I  
21231 am sorry. New York. New York, Mr. Collins.

21232 Mr. Collins. Thank you, Mr. Chairman. Let's see. I think  
21233 I was asleep. Sorry about that.

21234 You know when we were talking about per capita caps and what  
21235 we do know is if we don't do something to fix Medicaid, it is going  
21236 to bankrupt our country. And we have taken all the steps we need  
21237 to take to make sure that as our Governors can make the decisions  
21238 that they need to make, which is what we are doing, we are  
21239 transitioning to our Governors the ability to design Medicaid  
21240 programs that work for them. We are giving them the flexibility.  
21241 And when we look at our base year of 2016 and then say we are going  
21242 to have cost adjustments equal to the CPI medical, that is the  
21243 inflationary impact, as measured for medical, there is no reason  
21244 any State should worry about funding.

21245 And so when we hear the doom and the gloom, which we hear  
21246 all the time, the sky is not falling. And I think most Governors

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21247 would relish the ease versus what they have today, trying to get  
21248 a waiver, all that they have to go through now, they can design  
21249 plans that work.

21250 New York, which has the most ambitious Medicaid program is  
21251 going to continue. We are actually holding New York harmless when  
21252 it comes to the per capita caps. We spend 44 percent more money  
21253 in New York than any other State in the nation and, guess what?  
21254 That becomes our base. We send taxi cabs to people's houses to  
21255 pick them to take them to their Medicaid appointment. I don't  
21256 know of any other State that does that. If New York wants to  
21257 continue that, they can do that.

21258 So, we are giving Governors the choice to design plans that  
21259 work for them. They are being held harmless as to the initial  
21260 funding rates. They are going to grow at an inflationary rate  
21261 for the CPI medical.

21262 I don't know what anyone else could ask, other than what we  
21263 have today, which is Washington calling the shots and, frankly,  
21264 States like New York gaming the system. And in gaming the system,  
21265 passing so much of the cost down to our counties, it is choking  
21266 off our ability to fix our roads and bridges.

21267 So this is very welcomed changes I know for those of us in  
21268 New York, who would say we have had enough of Albany telling us  
21269 what we are going to do at the county level.

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21270           So for us, the per capita caps, the protecting New York as  
21271 it is, and hopefully our State Legislature and our Governor in  
21272 New York, with flexibility can improve the program, make it more  
21273 cost-effective for all of us in New York.

21274           The Chairman. Would the gentleman yield to the Chairman?

21275           Mr. Collins. Yes, I yield.

21276           The Chairman. Yes, because as I read through this  
21277 amendment, which is about 24 hours old now, it says the provisions  
21278 of Section 121 and the amendment made by such section shall not  
21279 take effect if such provisions or amendments negatively impact  
21280 seniors' access to long-terms services and supports under the  
21281 Medicaid program, et cetera, et cetera.

21282           It doesn't say who is going to make that determination, which  
21283 I think raises, should raise legitimate policy issues because we  
21284 don't know who makes this decision and that really causes  
21285 problems. It is pretty ambiguous in that respect. And then  
21286 everything waits for a study that takes place in a year but this  
21287 is, really, I think the ambiguous part of this amendment because  
21288 it never identifies who would make these decisions.

21289           So with that, I yield back and will oppose the amendment.

21290           Mr. Collins, do you yield back your time?

21291           Mr. Collins. Yes, I urge everyone to vote no and yield back.

21292           The Chairman. Thank you.

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21293 Now, I recognize my friend from New Jersey, Mr. Pallone.  
21294 Mr. Pallone. Thank you, Mr. Chairman. Strike the last  
21295 word.

21296 The way I read this amendment, it simply says that it should  
21297 not take effect if such provisions or amendments negatively impact  
21298 seniors' access to long-term services and supports under the  
21299 Medicaid program.

21300 So I mean basically what it is saying is that we want a  
21301 guarantee that the existing Medicaid program still provides  
21302 adequate long-term services. So, I don't really see a problem  
21303 with it.

21304 I support Congresswoman Dingell's amendment because I think  
21305 Medicaid plays such an important role in ensuring that Americans  
21306 get the long-term care services and supports that they need.

21307 Now, contrary to private belief, private health insurance  
21308 and Medicare only cover very limited long-term services and  
21309 supports. Additionally, most Americans are unable to afford to  
21310 cover their long-term care needs out of pocket. So most Americans  
21311 rely on Medicaid to access these services and Medicaid pays for  
21312 more than 50 percent of all long-term services and supports in  
21313 America and we are talking, primarily, nursing home care.

21314 And it is for that reason why I am concerned with the  
21315 Republican proposal to change Medicaid as we know it. Such

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21316 changes could restrict access to these important services and  
21317 leave seniors with nowhere to turn. And family caregivers are  
21318 already stretched to capacity in providing services to their loved  
21319 ones. In fact across the country, 17 percent of working adults  
21320 provide unpaid care for family members or friends.

21321 With approximately 10,000 seniors turning 65 each day and  
21322 with projections that more than 70 percent of individuals over  
21323 the age of 65 will need long-term care, it is clear that the burdens  
21324 of long-term care will only increase. And so that is why we have  
21325 to protect the services provided by Medicaid, as well as identify  
21326 another reliable catastrophic option to pay for long-term  
21327 coverage.

21328 Mrs. Dingell and myself have talked a lot and we have actually  
21329 put together some proposals to provide for long-term care without  
21330 having to go through the spend-down provision which we both abhor.  
21331 And that is why, in addition to ensuring the Republican plan  
21332 does not harm seniors, this amendment calls for a study on a  
21333 comprehensive long-term services and support financing system in  
21334 this country.

21335 So this amendment would reauthorize critical programs that  
21336 incentivize states to provide more services in the home, help  
21337 change the balance to allow more seniors to access home- and  
21338 community-based services so they can age in the home. And I urge

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21339 my colleagues who feel that we must provide not only long-term  
21340 services in nursing homes that are good and beneficial, but also  
21341 home care alternatives. If you believe in that, I think you  
21342 should support this amendment and support protecting the health  
21343 and retirement security for seniors and their families.

21344 I will yield to the gentleman from Maryland.

21345 Mr. Sarbanes. And just very quickly, I thank the gentleman  
21346 for yielding.

21347 I want to support the amendment. Oftentimes when we think  
21348 of the services that are available and the benefits that are  
21349 available to our seniors, we think about the Medicare program and,  
21350 obviously, that is a fundamental support but, as you just  
21351 described, the Medicaid program is absolutely critical in terms  
21352 of skilled nursing care that is offered to our seniors in nursing  
21353 homes. There are millions of families across the country who  
21354 understand this because they have a parent or two parents that  
21355 are in a nursing home and rely very heavily on Medicaid funding  
21356 for the services that are provided there. So we have to keep the  
21357 program strong and I want to commend Mrs. Dingell for emphasizing  
21358 that with her amendment.

21359 And anything that would imperil the Medicaid program or begin  
21360 to create a kind of domino effect of diminishing resources that  
21361 would negatively impact the services of available to our seniors

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21362 in nursing homes across the country is something we should work  
21363 hard to avoid.

21364 I yield back my time. Thank you.

21365 Mr. Pallone. Did you want the time, Mr. Engel?

21366 All right. Will you strike the last word, then?

21367 I yield back.

21368 The Chairman. The gentleman yields back the time. Are  
21369 there other members seeking recognition?

21370 The chair recognizes the gentleman from Texas, the chairman  
21371 of the Subcommittee on Health, Dr. Burgess, for 5 minutes.

21372 Mr. Burgess. Thank you, Mr. Chairman.

21373 I just thought it might be worthwhile to point out that the  
21374 transition toward per capita allotments will not impact an  
21375 individual's ability to access long-term care under Medicaid. We  
21376 have discussed the mechanism of per capita allotment several times  
21377 already but it is worth repeating.

21378 A State's total allowable allotment will be calculated from  
21379 the State's sum of enrollees across eligibility groups. From  
21380 here, a State's total allotment will grow on an annual basis as  
21381 the rate of CPI medical. CPI medical is an important growth rate  
21382 that has been factored into the bill because it will help the  
21383 program grow at a rate that will cover the needs of those enrolled  
21384 in the program.

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21385           So what does this mean for long-term care? Beneficiaries  
21386 will not see disruptions in care and will not lose access to  
21387 benefits because of the flexibility of the allotments. The  
21388 allotments will not only grow at an accommodating rate but they  
21389 also offer additional flexibility to the states by allowing states  
21390 to address the needs of their specific high-risk patients.

21391           Not every individual on Medicaid will consume services on  
21392 an annual basis that exceeds allotments for their respective  
21393 allotment. Because of this, States will have the flexibility to  
21394 utilize those unused dollars to address the needs of high-risk  
21395 beneficiaries who need extra care. The per capita allotments in  
21396 the bill are designed to accommodate all beneficiaries.

21397           I do note that down towards the bottom of the first page the  
21398 amendment addresses a reauthorization for the Money Follows the  
21399 Person Program. The majority has been supportive of this program  
21400 in the past and we look forward to working with you in a bipartisan  
21401 manner when we get to regular order bills. This is not the time  
21402 to do this but, in general, there would be a favorable disposition  
21403 to that when we get to regular order.

21404           And I will yield to or yield back my time.

21405           The Chairman. Is there anybody on the regular time that  
21406 wants to the time from Mr. Burgess?

21407           Seeing none.

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21408 Mr. Burgess. I yield back.

21409 The Chairman. Are you yielding to Mrs. Dingell?

21410 Mr. Burgess. Yes.

21411 The Chairman. Oh, okay.

21412 Mrs. Dingell. Oh, thank you and I will take you up on that  
21413 because I think it is very serious and we need to do things like  
21414 that.

21415 I would like to read to you from a letter from the National  
21416 Committee to Preserve Social Security and Medicare which says the  
21417 House's bill per capital cap structure limits federal funding to  
21418 State Medicaid programs to an arbitrary per beneficiary funding  
21419 level. This will, ultimately, shift costs to States by  
21420 eliminating the guarantee of additional federal funds if State  
21421 costs increase because of the underlying healthcare costs, the  
21422 demography, or complexity of care.

21423 For example, as the baby boom generation nearly doubles the  
21424 senior population, State Medicaid programs will be unable to keep  
21425 up with the demands for long-term services and support.

21426 Mr. Burgess. Briefly reclaiming my time, would you clarify  
21427 the agency that you just cited?

21428 Mrs. Dingell. Yes, it is the National Committee to Preserve  
21429 Social Security and Medicare.

21430 Mr. Burgess. Well, again, reclaiming my time, I would just

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21431 point out that this bill that we are doing today actually does  
21432 not impact the Medicare. The Medicaid is where the per capita  
21433 allotment is being considered. So this bill would not impact  
21434 Medicare.

21435 Mrs. Dingell. With all due respect for my colleague, and  
21436 I will tell you this is something -- I am lucky. I don't need  
21437 Medicaid. But when John Dingell 2 years ago, I quickly learned  
21438 what a bureaucratic mess Medicare is and that after you have been  
21439 sick for 90 days, I met person after person who was in trouble,  
21440 needed help, didn't know how to work the system, and then they  
21441 needed long-term care. They needed skilled nursing and they had  
21442 to go to Medicaid to help them.

21443 So over time to keep reading this, the States will be forced  
21444 to make up the funding themselves.

21445 Mr. Burgess. Reclaiming my time again, briefly.

21446 Mrs. Dingell. Yes.

21447 Mr. Burgess. I do not disagree that Medicaid can be  
21448 difficult from a bureaucratic standpoint and I think that the  
21449 majority has been focused on that to the degree that we have.

21450 And I will yield back my time at this point.

21451 The Chairman. The gentleman yields back his time.

21452 Others seeking recognition? The gentleman from New York,  
21453 Mr. Engel, is recognized to speak on the amendment for 5 minutes.

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21454 Mr. Engel. Thank you, Mr. Chairman. I move to strike the  
21455 last word.

21456 I urge my colleagues to support this amendment. I have  
21457 already spoken about the problems that will be created by per  
21458 capita caps. By putting an arbitrary cap on Medicaid, my  
21459 Republican colleagues' bill is going to force States to make  
21460 draconian cuts. There is no way around it. Medicaid is an  
21461 administratively-lean program. There is simply no fat to cut.  
21462 The only possible way for states to deal with these funding caps  
21463 is to cap care. We don't want that, obviously.

21464 Medicaid is the primary payer for long-term care in this  
21465 country and the only real long-term care option for millions of  
21466 seniors. Medicaid also fills the gap for low-income seniors  
21467 enrolled in Medicare who do not have private insurance to cover  
21468 long-term services and supports, a service that Medicare,  
21469 remember, does not cover.

21470 So I can't see any reason why any member of this committee  
21471 shouldn't want to ensure this bill's draconian caps don't harm  
21472 seniors. So I urge my colleagues to support this amendment.

21473 Anybody want the rest of my time?

21474 Mrs. Dingell. Yes.

21475 Mr. Engel. Mrs. Dingell.

21476 Mrs. Dingell. Thank you, Mr. Engel.

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21477 I would like to just finish reading some of the observations  
21478 here. States that have expanded their Medicaid programs under  
21479 the Affordable Care Act will be hit especially hard by cuts to  
21480 both its expansion and non-expansion population. They also go  
21481 on to observe that millions of Medicare beneficiaries rely on  
21482 Medicaid to help fill in Medicare's coverage gaps. Medicare does  
21483 not pay for most long-term services and supports. Consequently,  
21484 Americans who work during their pre-retirement years often rely  
21485 on Medicaid for long-term services and supports when they exhaust  
21486 their savings.

21487 Nearly two-thirds of all nursing home residents' care is  
21488 financed in part by Medicaid. In addition, Medicaid provides  
21489 home- and community-based services that allow seniors to stay in  
21490 their homes.

21491 Now, they have calculated that Medicaid will be cut by nearly  
21492 \$369 billion and that States will have to make up that lost funding  
21493 or, more likely --

21494 The Chairman. The committee shall be in order.

21495 Mrs. Dingell. -- or more likely cut eligibility or  
21496 benefits, including long-term care coverage. And the way the  
21497 States are going to do it? Limit the number of individuals it  
21498 serves, scaling back nursing home quality, service --

21499 The Chairman. Will the gentlelady please suspend.

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21500 Members, please. Thank you.

21501 Mrs. Dingell. Thank you, Mr. Chairman.

21502 The Chairman. The gentlelady may proceed.

21503 Mrs. Dingell. I know everybody is tired. We are now past  
21504 the 23 hour but this is important. This is impacting seniors back  
21505 home. We have a moral obligation to them.

21506 States may have to scale back nursing home quality, service  
21507 and safety protections, ask patients' spouses, children, or other  
21508 family members to cover the cost of nursing home care, exhausting  
21509 much or all of their savings. And I cannot tell you how many  
21510 families I meet every day that are having to do this. And then  
21511 to tighten the eligibility criteria for home- and community-based  
21512 services, resulting in more individuals moving into nursing  
21513 homes.

21514 It is already a mess. We are going to cut it more and we  
21515 have go more seniors, not less. We have got a crisis and this  
21516 is going to make it worse.

21517 Thank you.

21518 Mr. Engel. Reclaiming my time, I yield the rest of my time  
21519 to Mr. Pallone.

21520 Mr. Pallone. Mr. Chairman, I just want to correct something  
21521 that Chairman Burgess said. I heard him say, and we already went  
21522 through this earlier in the evening, that this bill does not impact

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21523 Medicare.

21524 Now, I guess if you want to narrowly focus on the piece of  
21525 the bill that is before this committee, but the larger bill that  
21526 the Republicans have put forth to repeal the Affordable Care Act,  
21527 and this part is probably in the Ways and Means Committee, actually  
21528 repeals the Medicare tax, if you will, the payroll tax, if you  
21529 will, that helps finance and make the Medicare Trust Fund more  
21530 solvent.

21531 So we have this payroll tax on the wealthiest Americans which  
21532 currently amounts to 0.9 increase for individual workers with high  
21533 incomes and that helps make the Medicare Trust Fund more solvent  
21534 over the long-term.

21535 You have repealed that and you are helping the wealthy and  
21536 that is going to hurt the Medicare Trust Fund and, ultimately,  
21537 programs under Medicare. So, this bill does negatively impact  
21538 Medicare and the Trust Fund. Indeed, it does a lot of damage,  
21539 in my opinion, to the Medicare Trust Fund and, ultimately, to  
21540 Medicare programs.

21541 The Chairman. The gentleman's time has expired.

21542 The chair recognizes the gentleman from Texas, Mr. Barton.

21543 Mr. Barton. I would like seek recognition to strike the last  
21544 word.

21545 The Chairman. So recognized.

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21546 Mr. Barton. I would like to yield to the subcommittee  
21547 chairman, Dr. Burgess.

21548 Mr. Burgess. Thank you, Mr. Chairman.

21549 The Medicare payroll tax was passed as a consequence of the  
21550 Affordable Care Act. It was broadly recognized that money, while  
21551 collected and going into the Medicare Trust Fund, did not stay  
21552 there to grow the Trust Fund. It was immediately diverted to pay  
21553 off, setoff other costs for the subsidies in the exchanges.

21554 So perhaps if I could ask Counsel for some clarification on  
21555 the destination of the dollars that represent the 0.9 percent  
21556 Medicare payroll tax that was passed as part of the Affordable  
21557 Care Act.

21558 Counsel. Those dollars were deposited in the Medicare Part  
21559 A Trust Fund and then -- which is not under our jurisdiction.

21560 Mr. Burgess. Correct. That is under the jurisdiction of  
21561 the Ways and Means.

21562 Counsel. That is correct.

21563 Mr. Burgess. Has there been an accumulation of dollars  
21564 because of the 0.9 percent Medicare Trust Fund payroll tax that  
21565 was enacted under the Affordable Care Act?

21566 Counsel. That question is not before us in our title of the  
21567 bill.

21568 Mr. Burgess. Recalling the time in 2009 when the Affordable

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21569 Care Act was passed, it was, I think, broadly recognized that those  
21570 dollars would not accumulate in that, and I recognize that Part  
21571 A Trust Fund is not under our jurisdiction, but that those dollars  
21572 made a short stop in the Trust Fund and, while there may be IOUs,  
21573 as there will be in other Trust Funds, the monetization of that  
21574 debt is still going to have a significant impact on the program.

21575 I thank the gentleman from Texas for yielding and I yield  
21576 back.

21577 Mr. Pallone. Could I ask the gentleman to yield just for  
21578 a minute on this issue?

21579 Mr. Barton. I will yield to the gentleman from New Jersey.

21580 Mr. Pallone. Look, the bottom line is that these pay-fors  
21581 for the Affordable Care Act, including this payroll tax, helped,  
21582 according to CBO, in reducing the debt and also in expanding the  
21583 solvency of the Medicare Trust Fund.

21584 You can talk about the IOUs. Of course, money is borrowed  
21585 from the Trust Funds all the time but the bottom line is that  
21586 overall the ACA actually reduced the debt and it actually made  
21587 the solvency of the Medicare Trust Fund further out. In other  
21588 words, it made for the trust fund to last longer, essentially.  
21589 And by taking this money out and eliminating that pay-for, you  
21590 jeopardize the trust fund and you actually increase the debt. Now  
21591 of course you are going to say there is no CBO score. We will

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21592 wait and see but it is very likely that the CBO score will actually  
21593 show that that is the case and it may actually show that this  
21594 overall bill costs more money and puts us further into debt. And  
21595 that is a serious issue that impacts Medicare and impacts  
21596 everything we are talking about in the context of the ACA.

21597 Mr. Barton. I have to reclaim my time, Mr. Pallone.

21598 I want to yield to Mr. Guthrie for a different point of view.

21599 Mr. Guthrie. I just want to correct what was said by a couple  
21600 of people just a minute ago.

21601 Per capita allotment is not an arbitrary number. I heard  
21602 that twice. It is the federal money that goes to every State  
21603 allowed to grow by medical CPI. And so it is a Federal program  
21604 every State currently receives allowed to grow into the future  
21605 by medical CPI.

21606 Over 40 percent of the money is spent on long-term care.  
21607 Long-term care is expected to grow slower than medical CPI. So  
21608 you have got 42 percent of the people and their allotment, which  
21609 is a global allotment grow is going -- their use of the money will  
21610 be slower than medical CPI. So, therefore, it is actually going  
21611 to create more opportunities for people for long-term or not have  
21612 the pressure that I believe that other people see is coming.

21613 So just remember, it is not an arbitrary number. It is the  
21614 current Medicaid program that grows at medical CPI. Thank you

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21615 and I yield back to my friend from Texas.

21616 Mr. Barton. And Dr. Burgess.

21617 Mr. Burgess. Thank you, Chairman, for yielding the final  
21618 seconds.

21619 I would also point out that with the passage of the SGR  
21620 repeal, we will have to look at every extender that used to be,  
21621 used to catch a ride on the doc fix as it was moving through the  
21622 floor of the House late every year. Those will be things that  
21623 come through regular order. There will be ample opportunities  
21624 to work on those as we get into the regular order part of our agenda  
21625 after the FDA reauthorization in July.

21626 So, thank you, Mr. Chairman. I will yield back.

21627 Mr. Barton. I yield back.

21628 The Chairman. The gentleman yields back.

21629 Other members seeking recognition? No other members  
21630 seeking recognition? All right.

21631 Mr. Pallone. Roll call.

21632 The Chairman. Then the question is before us on the  
21633 amendment. Those in favor -- and I will ask for a roll call.

21634 Don't worry.

21635 Those in favor vote aye, those no. And the clerk will call  
21636 the roll.

21637 The Clerk. Mr. Barton.

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21638            Mr. Barton.    No.

21639            The Clerk.    Mr. Barton votes no.

21640            Mr. Upton.

21641            Mr. Upton.    No.

21642            The Clerk.    Mr. Upton votes no.

21643            Mr. Shimkus.

21644            Mr. Shimkus.    No.

21645            The Clerk.    Mr. Shimkus votes no.

21646            Mr. Murphy.

21647            [No response.]

21648            The Clerk.    Mr. Burgess.

21649            Mr. Burgess.    No.

21650            The Clerk.    Mr. Burgess votes no.

21651            Mrs. Blackburn.

21652            [No response.]

21653            The Clerk.    Mr. Scalise.

21654            Mr. Scalise.    No.

21655            The Clerk.    Mr. Scalise votes no.

21656            Mr. Latta.

21657            Mr. Latta.    No.

21658            The Clerk.    Mr. Latta votes no.

21659            Mrs. McMorris Rodgers.

21660            Mrs. McMorris Rodgers.    No.

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21661 The Clerk. Mrs. McMorris Rodgers votes no.  
21662 Mr. Harper.  
21663 Mr. Harper. No.  
21664 The Clerk. Mr. Harper votes no.  
21665 Mr. Lance.  
21666 Mr. Lance. No.  
21667 The Clerk. Mr. Lance votes no.  
21668 Mr. Guthrie.  
21669 Mr. Guthrie. No.  
21670 The Clerk. Mr. Guthrie votes no.  
21671 Mr. Olson.  
21672 Mr. Olson. No.  
21673 The Clerk. Mr. Olson votes no.  
21674 Mr. McKinley.  
21675 Mr. McKinley. No.  
21676 The Clerk. Mr. McKinley votes no.  
21677 Mr. Kinzinger.  
21678 Mr. Kinzinger. No.  
21679 The Clerk. Mr. Kinzinger votes no.  
21680 Mr. Griffith.  
21681 Mr. Griffith. No.  
21682 The Clerk. Mr. Griffith votes no.  
21683 Mr. Bilirakis.

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21684            Mr. Bilirakis.    No.  
21685            The Clerk.    Mr. Bilirakis votes no.  
21686            Mr. Johnson.  
21687            Mr. Johnson.    No.  
21688            The Clerk.    Mr. Johnson votes no.  
21689            Mr. Long.  
21690            Mr. Long.        No.  
21691            The Clerk.    Mr. Long votes no.  
21692            Mr. Bucshon.  
21693            Mr. Bucshon.    No.  
21694            The Clerk.    Mr. Bucshon votes no.  
21695            Mr. Flores.  
21696            Mr. Flores.      No.  
21697            The Clerk.    Mr. Flores votes no.  
21698            Mrs. Brooks.  
21699            Mrs. Brooks.    No.  
21700            The Clerk.    Mrs. Brooks votes no.  
21701            Mr. Mullin.  
21702            Mr. Mullin.      No.  
21703            The Clerk.    Mr. Mullin votes no.  
21704            Mr. Hudson.  
21705            Mr. Hudson.     No.  
21706            The Clerk.    Mr. Hudson votes no.

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21707 Mr. Collins.

21708 Mr. Collins. No.

21709 The Clerk. Mr. Collins votes no.

21710 Mr. Cramer.

21711 Mr. Cramer. No.

21712 The Clerk. Mr. Cramer votes no.

21713 Mr. Walberg.

21714 Mr. Walberg. No.

21715 The Clerk. Mr. Walberg votes no.

21716 Mrs. Walters.

21717 Mrs. Walters. No.

21718 The Clerk. Mrs. Walters votes no.

21719 Mr. Costello.

21720 Mr. Costello. No.

21721 The Clerk. Mr. Costello votes no.

21722 Mr. Carter.

21723 [No response.] The Clerk. Mr. Pallone.

21724 Mr. Pallone. Aye.

21725 The Clerk. Mr. Pallone votes aye.

21726 Mr. Rush.

21727 [No response.]

21728 The Clerk. Ms. Eshoo.

21729 Ms. Eshoo. Aye.

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21730 The Clerk. Ms. Eshoo votes aye.  
21731 Mr. Engel.  
21732 Mr. Engel. Aye.  
21733 The Clerk. Mr. Engel votes aye.  
21734 Mr. Green.  
21735 Mr. Green. Aye.  
21736 The Clerk. Mr. Green votes aye.  
21737 Ms. DeGette.  
21738 Ms. DeGette. Aye.  
21739 The Clerk. Ms. DeGette votes aye.  
21740 Mr. Doyle.  
21741 Mr. Doyle. Votes yes.  
21742 The Clerk. Mr. Doyle votes aye.  
21743 Ms. Schakowsky.  
21744 [No response.]  
21745 The Clerk. Mr. Butterfield.  
21746 Mr. Butterfield. Aye.  
21747 The Clerk. Mr. Butterfield votes aye.  
21748 Ms. Matsui.  
21749 Ms. Matsui. Aye.  
21750 The Clerk. Ms. Matsui votes aye.  
21751 Ms. Castor.  
21752 Ms. Castor. Aye.

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21753 The Clerk. Ms. Castor votes aye.

21754 Mr. Sarbanes.

21755 Mr. Sarbanes. Aye.

21756 The Clerk. Mr. Sarbanes votes aye.

21757 Mr. McNerney.

21758 [No response.]

21759 The Clerk. Mr. Welch.

21760 Mr. Welch. Yes.

21761 The Clerk. Mr. Welch votes aye.

21762 Mr. Lujan.

21763 Mr. Lujan. Aye.

21764 The Clerk. Mr. Lujan votes aye.

21765 Mr. Tonko.

21766 Mr. Tonko. Aye.

21767 The Clerk. Mr. Tonko votes aye.

21768 Ms. Clarke.

21769 Ms. Clarke. Aye.

21770 The Clerk. Ms. Clarke votes aye.

21771 Mr. Loeb sack.

21772 Mr. Loeb sack. Aye.

21773 The Clerk. Mr. Loeb sack votes aye.

21774 Mr. Schrader.

21775 Mr. Schrader. Aye.

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21776 The Clerk. Mr. Schrader votes aye.

21777 Mr. Kennedy.

21778 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

21779 Mr. Cardenas.

21780 Mr. Cardenas. Aye.

21781 The Clerk. Mr. Cardenas votes aye.

21782 Mr. Ruiz.

21783 Mr. Ruiz. Aye.

21784 The Clerk. Mr. Ruiz votes aye.

21785 Mr. Peters.

21786 Mr. Peters. Aye.

21787 The Clerk. Mr. Peters votes aye.

21788 Mrs. Dingell.

21789 Mrs. Dingell. Aye.

21790 The Clerk. Mrs. Dingell votes aye.

21791 Chairman Walden.

21792 The Chairman. Walden votes no.

21793 The Clerk. Chairman Walden votes no.

21794 The Chairman. Are there members wishing to be recorded?

21795 Mr. Murphy.

21796 Mr. Murphy. No.

21797 The Clerk. Mr. Murphy votes no.

21798 The Chairman. Mrs. Blackburn?

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21799           Mrs. Blackburn. No.

21800           The Clerk. Mrs. Blackburn votes no.

21801           The Chairman. Mr. Carter?

21802           Mr. Carter. No.

21803           The Clerk. Mr. Carter votes no.

21804           The Chairman. Any other members over here? Are there any

21805 Democratic members?

21806           Yes, Mr. McNerney.

21807           Mr. McNerney. Votes aye.

21808           The Clerk. Mr. McNerney votes aye.

21809           The Chairman. Any other members? If not, the clerk will

21810 report the roll.

21811           The Clerk. Mr. Chairman, on that vote, there were 22 ayes

21812 and 31 noes.

21813           The Chairman. Twenty-two ayes, thirty-one noes. The

21814 amendment is not agreed to.

21815           Are there other amendments for consideration? I don't know

21816 -- okay. Well, now Mr. Green.

21817           Mr. Lujan, the ranking member says you are next. I will let

21818 you two take it up.

21819           Mr. Lujan. Mr. Chairman I have an amendment at the desk.

21820 I believe it is numbered 131. It is titled Protecting Veterans'

21821 Access to Care.

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21822

[The Amendment offered by Mr. Lujan follows:]

21823

21824

\*\*\*\*\*INSERT 36\*\*\*\*\*

21825           The Chairman. All right, number 131. We will let our  
21826 able-bodied staff get the amendment and the clerk will report the  
21827 amendment.

21828           Mr. Barton. Reserving the right to make a point of order.

21829           The Chairman. Reserving the right to object?

21830           Mr. Barton. To object, yes, sir.

21831           The Chairman. Thank you. The clerk will report the  
21832 amendment.

21833           The Clerk. Amendment to the Amendment in the Nature of a  
21834 Substitute to the Committee Print.

21835           The Chairman. The reading of the amendment is dispensed  
21836 with and the gentleman is recognized to speak on his amendment  
21837 for 5 minutes.

21838           Mr. Lujan. Thank you, Mr. Chairman. My amendment would  
21839 protect veterans by certifying that this Republican repeal bill  
21840 will not take effect if the uninsured rate of veterans is projected  
21841 to rise. Our nation's veterans and military servicemen and women  
21842 are the defenders of our freedom. We made a commitment with these  
21843 servicemembers when they swore to put their lives on the line in  
21844 defense of our nation.

21845           If those of us entrusted with the public trust have a shred  
21846 of decency, we must keep that promise. We must honor the  
21847 sacrifices made by those who have served our country so bravely.

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21848 The Affordable Care Act and its Medicaid expansion provisions  
21849 extended coverage to half a million previously uninsured veterans  
21850 and many of their spouses.

21851 It is a common misconception that all of our veterans receive  
21852 their health care through the Department of Veteran Affairs. In  
21853 reality, priority is determined by service-related disabilities,  
21854 income, veteran discharge status, and other factors. In  
21855 addition, many low-income veterans eligible for VA care may not  
21856 have a VA facility near their home or may not be aware that VA  
21857 services are available to them.

21858 Mr. Chairman, the committee is in order.

21859 The Chairman. You are correct. The gentleman will  
21860 suspend. We will get those doors closed.

21861 Mr. Lujan. If they could stop the clock as well, Mr.  
21862 Chairman.

21863 The Chairman. There. If we could get order in the  
21864 committee room. It is a little noisy out in the hallway. They  
21865 are coming in.

21866 Okay, I think the gentleman can proceed.

21867 Mr. Lujan. There are an estimated 1.3 million uninsured  
21868 veterans in the United States. The largest population of  
21869 uninsured veterans is mainly from southern states, where leaders  
21870 decided to put partisanship over patriotism and chose not to

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21871 embrace Medicaid expansion as part of the ACA. There are 120,000  
21872 uninsured veterans in Texas, 54,000 uninsured veterans in North  
21873 Carolina, and 36,000 in Virginia. Uninsured veterans are more  
21874 likely to be younger, African American, and low-income and to have  
21875 deployed to Iraq or Afghanistan. And nearly half of uninsured  
21876 veterans have incomes below 138 percent of the poverty level.

21877 Spouses of veterans often are not eligible for VA care and  
21878 many also do not qualify for traditional Medicaid. These veteran  
21879 families, more often, report problems accessing care compared  
21880 with counterparts who have health insurance.

21881 Among the 645,000 uninsured spouses of veterans, more than  
21882 one-quarter could be eligible for coverage under Medicaid if their  
21883 state implemented the ACA's Medicaid expansion.

21884 The Chairman. Would the gentleman suspend for a moment  
21885 until we get order in the committee? Thank you, you may proceed.

21886 Mr. Lujan. Thank you, Mr. Chairman.

21887 In States that have not expanded Medicaid, the ACA's  
21888 insurance subsidies have helped veterans afford coverage through  
21889 the marketplace. However, Medicaid plays a crucial role in  
21890 filling in gaps and coverage. In States that have not expanded  
21891 Medicaid, veterans with incomes between 100 and 138 percent of  
21892 the federal poverty line could qualify for subsidies to purchase  
21893 insurance through their State's Health Insurance Marketplace if

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21894 they do not have access to affordable employer-sponsored  
21895 insurance.

21896 An estimated 66,000 veterans and 35,000 spouses with incomes  
21897 between 100 and 138 percent of the FPL live in non-expansion  
21898 States, making them potentially eligible for marketplace  
21899 subsidies.

21900 Researchers found that in States that have not expanded  
21901 Medicaid under the ACA, only 39 percent of uninsured veterans will  
21902 qualify for financial assistance for coverage in the ACA's  
21903 Marketplace but nearly four in ten will fall into the assistance  
21904 gap and would only qualify for Medicaid if their State were to  
21905 expand.

21906 In addition, two-thirds of veterans' spouses who could be  
21907 eligible for expanded Medicaid have incomes below 100 percent of  
21908 FPL and, therefore, would only be eligible if their State expands  
21909 Medicaid. The ACA is already making quality healthcare coverage  
21910 more accessible for veterans and their families.

21911 Between 2013 and 2015, the rate of non-elderly uninsured  
21912 veterans dropped by an estimated 42 percent, declining from nearly  
21913 12 percent in 2013 to 8.5 in 2014 and further decreasing to 6.8  
21914 in 2015, according to the National Health Interview Survey. The  
21915 uninsured rate for veteran family members also declined.

21916 During the same time frame, veterans also experienced a

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21917 reduction in unmet health needs, suggesting that increased  
21918 insurance coverage led to improved access to care.

21919 Declines in veteran uninsured rates were larger in Medicaid  
21920 expansion States than in non-expansion States. Medicaid and the  
21921 ACA plays an essential role in closing coverage gaps for America's  
21922 veterans and their families. If the ACA or its Medicaid expansion  
21923 are repealed, veterans will lose a source of coverage and many  
21924 will become uninsured.

21925 If the Republican repeal bill were to become law, millions  
21926 of our nation's vets stand to lose their health insurance. The  
21927 choice for my Republican friends today is simple and actions speak  
21928 louder than words. If my Republican colleagues were serious  
21929 about protecting veterans, they will vote for this amendment and  
21930 if it is as I suspect, this whole exercise is just one more round  
21931 of partisan gamesmanship and protecting the health and welfare  
21932 of our nation's veterans is not important, then reject this  
21933 amendment and vote for the underlying bill, which does very little  
21934 for veterans, does nothing for veteran families and breaks those  
21935 promises our country gave to the brave men and women who gave up  
21936 everything to put the uniform on to defend our nation.

21937 I urge my colleagues to support this amendment.

21938 The Chairman. The gentleman's time has expired.

21939 The chair recognizes the gentleman from Oklahoma, Mr. Mullin

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21940 for 5 minutes to speak on the amendment.

21941 Mr. Mullin. You know I guess what have we been here 23 hours,  
21942 24 hours? And I will say that I have heard all kinds of stuff  
21943 coming over from the other side of the committee room but this  
21944 is one of the most disgusting ones that I have heard.

21945 To think that we are going to throw out the veterans and use  
21946 it for gamesmanship -- you are saying we are using something like  
21947 this for gamesmanship and dare us to vote against it when this  
21948 committee has limited jurisdiction over that anyways but we will  
21949 happily have a discussion with you. But if you actually wanted  
21950 to have a discussion, you would have gave it to us before we even  
21951 got here, not since we have been in the hearing.

21952 For my colleague from New Mexico to make that assumption  
21953 literally goes all through me to think that I wouldn't want to  
21954 take care of my veterans.

21955 Let me ask you. Have you been shot at before? Then why  
21956 would you set here and make an assumption to think that we  
21957 wouldn't, I wouldn't be looking for our veteran's best interests,  
21958 when we know --

21959 Mr. Lujan. Will the gentleman yield?

21960 Mr. Mullin. No, I will not -- when we know -- when you know  
21961 that we have limited jurisdiction. If they are eligible for  
21962 Medicaid currently, they will still be eligible for Medicaid.

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21963 Our per capita makes sure of that. The reimbursement that we give  
21964 to the States will make sure of that.

21965 You are going to sit there and shake your head and say no  
21966 but truthfully, at the end of the day --

21967 Mr. Lujan. Will the gentleman yield?

21968 Mr. Mullin. No.

21969 At the end of the day, you have been over there for last 24  
21970 hours and made accusation, after accusation, after accusation and  
21971 then act like that you are somebody that is actually interested  
21972 in bipartisan talk. Not on an issue this important. Not an issue  
21973 that is this important to me.

21974 No, absolutely not. If you are serious about it, then tell  
21975 me what your legitimate concern is, not talking points for you  
21976 to go out there and put some statement to your constituents.

21977 But I can assure that rests in my mind every single day how  
21978 we are going to take care of the population that represents less  
21979 than one percent of the American population that protects 100  
21980 percent of our freedom each and every day and gives us the  
21981 opportunity to set here and either get along or not get along.  
21982 I can promise you I will do everything I can to protect them because  
21983 they protect us.

21984 I will yield the remainder of my time to --

21985 Mr. Lujan. Will the gentleman yield?

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21986 Mr. Mullin. -- the gentleman from Illinois, Mr. Shimkus.

21987 Mr. Shimkus. Thank you and thank you for highlighting that  
21988 we are the one percenters. We are the one percenters. And so  
21989 the veterans here, please raise your hand. I know we have a couple  
21990 here and we have a couple there that are missing.

21991 Mr. Shimkus. And the chief of staff, years ago, said you  
21992 know the real threat to our country is the national debt. The  
21993 debt is the threat. So I have spent a lot of this time talking  
21994 about the mandatory spending programs, driving the debt that is  
21995 \$19 trillion.

21996 But I would agree with my colleague from Oklahoma. There  
21997 is a line that we should draw. There is a line that we should  
21998 draw in respecting our colleagues. And this amendment placed by  
21999 you, the chair of the DCCC is solely designed to cast a vote to  
22000 use in political coverage. And I take, as a veteran, who has  
22001 served not just 5 years' active duty --

22002 Mr. Lujan. Will the gentleman yield?

22003 Mr. Shimkus. No, I will not -- but 23 years as a reservist.  
22004 I, personally, take great offense.

22005 And I am embarrassed for you and I am embarrassed for your  
22006 side and I embarrassed for your party to make the accusation that  
22007 we do not care for our veterans and to use this politically, I  
22008 am just -- I knew after many hours we would kind of devolve and

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22009 we would lose that comity and we would go for the jugular on things  
22010 like this.

22011 So, I am sorry for getting angry. I just thought our  
22012 committee was better than this. And --

22013 Mr. Butterfield. Will the gentleman yield?

22014 Mr. Shimkus. No. Well, I will to my fellow veteran. Yes,  
22015 I will.

22016 Mr. Butterfield. Thank you. Thank you, for yielding.

22017 You seem to be taking this argument to an illogical  
22018 conclusion.

22019 Mr. Shimkus. Reclaiming my time.

22020 Mr. Butterfield. The amendment --

22021 Mr. Shimkus. Reclaiming my time. What the gentleman from  
22022 New Mexico was saying we do not care for our veterans and we have  
22023 talked for 23 hours --

22024 Mr. Butterfield. That is not what this amendment says.

22025 Mr. Burgess. [Presiding.] The gentleman from Illinois  
22026 controls the time. The gentleman from Illinois controls the  
22027 time.

22028 Mr. Shimkus. And I would just say the per capita allotments  
22029 protect Medicaid and that is what this debate is about and that  
22030 is what this amendment does.

22031 And I apologize. I am sorry that we now devolve for

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22032 political expediency.

22033 Mr. Burgess. The gentleman's time has expired. The  
22034 gentleman from Oklahoma yields back.

22035 Mr. Mullin. Yes, I do.

22036 Mr. Burgess. For what purpose does the gentlelady from  
22037 California seek recognition?

22038 Ms. Eshoo. Thank you, Mr. Chairman, to strike the last word.

22039 Mr. Burgess. The gentlelady is recognized for 5 minutes.

22040 Ms. Eshoo. Thank you very much. So, 24 hours and it is  
22041 showing -- and it is showing. I think we all need to take a very  
22042 deep breath. I think Mr. Shimkus has done the right thing by  
22043 apologizing for what he said.

22044 I am equally proud that this committee has had two of its  
22045 strongest members, one on the Republican side, the chair of the  
22046 Republican Congressional Campaign Committee, the other on our  
22047 side, Mr. Lujan.

22048 But we are talking about a healthcare bill and we all worship  
22049 at the altar of our veterans but I worship at the altar of all  
22050 of the American people as well. They are in service to our  
22051 country.

22052 And so the debate about health care and how this legislation  
22053 is going to affect them has been the debate for 24 hours. So,  
22054 you know I mean it seems to me that I wish there were more that

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22055 felt a sense of rawness over what might become of people with a  
22056 per capita cap, at least in my view.

22057           So but let's just take a deep breath and be respectful of  
22058 one another. All right? Let's not leave this room with a  
22059 bitterness, a bitter cloud hanging over us. We are better than  
22060 that.

22061           And I would be happy to yield the rest of my time to Mr. Lujan.

22062           Mr. Lujan. Thank you, Ms. Eshoo.

22063           And I very much respect the words of my colleague Mr. Mullins  
22064 and Mr. Shimkus. I did not enlist and have the courage to put  
22065 on a uniform like millions of others, like my grandfather who  
22066 served in World War II and other family members that served in  
22067 Vietnam and other conflicts. I know that but I am also a  
22068 representative that also believes like you that we should fight  
22069 for our veterans, that we should make sure that we hold to that  
22070 commitment. That is all we are trying to do.

22071           And if you look at this language, and Mr. Mullins, I apologize  
22072 that I didn't submit it respectfully earlier in the day. You are  
22073 absolutely correct, sir, but it was submitted 2 hours, at least  
22074 2 hours ago. It may have been longer. This is not a long read  
22075 but you are absolutely correct.

22076           But if you read the provision of this legislation, all that  
22077 it is saying is that it doesn't take affect if there is -- that

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22078 this results in reduced access and care for our veterans. That  
22079 is all that it says.

22080 And so, again, I apologize if I insulted my colleagues who  
22081 have served. That is not what this is about.

22082 Mr. Barton. Would the gentleman yield --

22083 Mr. Lujan. I will not, Mr. Barton, at this time. I will  
22084 in just a second, sir.

22085 But again, I respect the words of my colleagues here but I  
22086 certainly hope that none of us take away another's  
22087 responsibilities to stand up and fight for their veterans who I  
22088 clearly know that freedom is not free and the ultimate price is  
22089 often paid in many, many ways.

22090 Ms. Eshoo. Can I reclaim my time?

22091 Mr. Lujan. I would yield back to Ms. Eshoo.

22092 Ms. Eshoo. All right. I just would like to add something  
22093 else to this that I just thought of. For the last 24 hours, we  
22094 have been going amendment by amendment and we have spoken of, on  
22095 both sides of the aisle, about particular populations in our  
22096 country.

22097 We have talked about women that are pregnant. We have talked  
22098 about the disabled. We have talked about the elderly. We have  
22099 talked about those that are in long-term care or may need someday  
22100 to go into long-term care. We have talked about those that need

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22101 mental health services. And, in this case, veterans.

22102           So, I think that that is the community of America and there  
22103 are special needs in each one of those communities of interest.  
22104 For a whole variety of reasons, the health services that one group  
22105 really needs another group needs another type of service.

22106           So, I hope that we can keep that in mind and not -- let's  
22107 stay on a very respectful plane.

22108           And with that, I will yield back my 9 seconds.

22109           Mr. Burgess. The gentlelady yields back. The chair thanks  
22110 the gentlelady.

22111           The chair recognizes the gentleman from Pennsylvania, Mr.  
22112 Murphy, going in seniority. For what purposes does the gentleman  
22113 from --

22114           Mr. Murphy. I would like to strike the last word and I will  
22115 also yield to my fellow military veterans here.

22116           Mr. Burgess. The gentleman is recognized for 5 minutes.

22117           Mr. Murphy. Thank you. And I want to associate myself with  
22118 the words of Colonel Shimkus, United States Army and West Point  
22119 graduate on this.

22120           A lot is being said and done here but in the end more is being  
22121 said than done in this committee. And I agree with him that when  
22122 things like this are put out, I do not believe it is done in earnest  
22123 to say hey, let's help veterans. That is why we have a Veterans

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22124 Administration. There are more employees in the Veterans  
22125 Administration than there are U.S. Marines and can't get a job  
22126 done. But the whole purpose of much of this, despite what people  
22127 have said, hey let's work together, there is problems with the  
22128 Affordable Care Act, I haven't seen an amendment to say here is  
22129 how to fix it. It is more like here is how to stick to the other  
22130 side.

22131 And I also am offended to using veterans this way. I didn't  
22132 join until I was a member of Congress, without fanfare, but did  
22133 it because I felt, as a psychologist, the Navy needed  
22134 psychologists to help people with traumatic brain injury and PTSD.

22135 And one of the things that people who are serving appreciate  
22136 is simply being quietly appreciated, to make sure they have the  
22137 services available. What they don't appreciate is people using  
22138 them for political purposes.

22139 And I know Mr. Shimkus apologized for some of the mood he  
22140 had but he didn't apologize, and he shouldn't, for what he said  
22141 because that is very important.

22142 And so I would like to yield now I guess -- or I will go to  
22143 Mr. Olson first and then got to Mr. Kinzinger.

22144 Thank you.

22145 Mr. Olson. I thank my friend from Pennsylvania. I want my  
22146 colleague from New Mexico to know you didn't just hurt veterans.

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22147 You hurt veteran's families.

22148 I deployed for 6 months twice in 3 years, flying P-3s out  
22149 of Hawaii. The second time, I left my new bride at home all alone.  
22150 After 7 months of being married, I left for 6 long months. We  
22151 could not call. No internet at that time, 1994. She was alone.  
22152 She just moved there and I left her for 7 months. While I was  
22153 flying in the Persian Gulf, every day I flew, Iran locked missiles  
22154 on my plane. We had the fire control radar tell us they were  
22155 tracking us to shoot us down like that.

22156 I came home safely. I was home for less than 2 weeks. I  
22157 thought I would be home for 3 months before I moved on. They sent  
22158 me to D.C. right before Christmas. My wife, who hadn't seen me  
22159 for 7 months had to move our family -- not our family our furniture,  
22160 what we had, all by herself all across the Pacific, all across  
22161 the country to Washington, D.C.

22162 Families make such sacrifices for their veterans, men and  
22163 women. And your comments today hurt just not me, hurt my wife,  
22164 every veteran, and every family member.

22165 We do this because we love our country, not because we want  
22166 the glory, some acclaim, or some healthcare benefits. We love  
22167 America so much we want to defend her.

22168 And my friend, I accept your apologies but, again, it was  
22169 very wrong what you said.

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22170 And I would like to yield to Mr. Kinzinger, Air Force veteran.  
22171 Mr. Kinzinger. Thank you and even though you are a Navy guy,  
22172 I am proud to follow you on this. Thank you.

22173 Mr. Olson. That hurt.

22174 Mr. Kinzinger. Look, I get it. I mean let's just be honest  
22175 with this. It is a messaging amendment and I think we have all  
22176 probably done something similar in a messaging amendment, whether  
22177 it is let's protect baby formula and then if you vote against it  
22178 you are against baby formula or whatever that is.

22179 Look, I think being a veteran doesn't necessarily make you  
22180 right in every opinion. So nobody argues -- I mean there is  
22181 veterans on the other side of the aisle and on our side of the  
22182 aisle and I think both sides love veterans. I mean that is just  
22183 a fact. I think the Democrats love their veterans and Republicans  
22184 do. We respect the service.

22185 The only thing I would caution against and you know I am not  
22186 particularly angry about this, but I would just caution against  
22187 saying you know I think whenever you throw veterans into something  
22188 like this, it can be seen as using them as a tool and look, these  
22189 are folks that have sacrificed a whole lot for the country, so  
22190 not just in this case but in, frankly, the next 19 months going  
22191 forward until the election -- there may be legitimate veterans'  
22192 issues that people can use, if it is a VA bill or a DoD bill or

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22193 something like that but just on these like messaging things on  
22194 bills like this, I would just strongly discourage both sides of  
22195 the aisle from using this in the future.

22196 So with that, I will yield back to the originator, Mr. Murphy.

22197 Mr. Murphy. Thank you and I would just suggest, for the sake  
22198 of comity and mood in this committee, I would request the gentleman  
22199 simply withdraw his amendment so that we don't vote on that.

22200 I yield back.

22201 Ms. DeGette. Mr. Chairman.

22202 The Chairman. [Presiding.] Okay.

22203 Ms. DeGette. Mr. Chairman, point of order.

22204 The Chairman. Just a second. I was meeting with Governor  
22205 Scott. So I apologize for not being here. And --

22206 Ms. DeGette. I have a point of order.

22207 The Chairman. You know kids, I am gone for 5 minutes.

22208 And so whose time is it?

22209 Ms. DeGette. I have a point of order, Mr. Chairman.

22210 The Chairman. I believe it is Mr. Murphy's time, which has  
22211 now run out.

22212 Does the gentlelady seek a point of order?

22213 Ms. DeGette. Yes, sir.

22214 The Chairman. Okay. To the point of order.

22215 Ms. DeGette. Under Rule 17 of the House Rules, it is against

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22216 the rules to characterize a member's motives or intentions. The  
22217 last two speakers both questioned Mr. Lujan's motives or  
22218 intentions for bringing up this amendment.

22219 And I have got to say I would move to take their words down  
22220 but it has been now almost 24 hours. I don't think that is a very  
22221 good use of our time.

22222 The Chairman. Yes, thank you.

22223 Ms. DeGette. But I would caution the members of this and  
22224 I would ask them to please apologize to Mr. Lujan and to keep their  
22225 comments towards the substance of his amendment.

22226 The Chairman. Okay.

22227 Ms. DeGette. Both of the last two speakers said that he was  
22228 doing this for political reasons.

22229 The Chairman. All right, if I could respond to the  
22230 gentlelady's point of order. I appreciate -- if we can have --  
22231 settle down.

22232 I didn't hear any of it. So, let me start with that. I  
22233 appreciate -- I know that. I appreciate that the fact that we  
22234 have been here now almost 24 hours so tempers are probably fraying  
22235 a little and we are all a little tired. And so the extent to which  
22236 we could move on from here -- and I believe Mr. Lujan is not asking  
22237 for an apology, if I read your -- so if he is okay with that, then  
22238 we will try and all of us take breath and then --

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22239 Ms. DeGette. I will tell you if someone else on your side  
22240 does that, I will move to take their words down because they are  
22241 questioning his motives. I think you can argue with the amendment  
22242 just like you did all the other ones but I am serious here.

22243 The Chairman. I know the seriousness of the member. So,  
22244 I appreciate that.

22245 So, I think we are on this side. Have you been recognized  
22246 Frank?

22247 All right, then I will go to the ranking member, Mr. Pallone,  
22248 and you are recognized for 5 minutes on the amendment.

22249 Mr. Pallone. Thank you, Mr. Chairman. I would hope that  
22250 the gentleman would not withdraw his amendment because I do think  
22251 it is an important amendment and I certainly don't question his  
22252 motives.

22253 Look, the bottom line is, as we know, even though this  
22254 committee doesn't have jurisdiction over the VA or the VA  
22255 hospitals, the fact of the matter is that there are many veterans,  
22256 because they are not service-connected, because the VA clinic or  
22257 hospital isn't close by, can't take advantage of the VA Healthcare  
22258 System. And so they take advantage of Medicaid if they are  
22259 eligible. They may go on the exchange and buy insurance through  
22260 the exchange.

22261 So all the things that we are discussing today with the

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22262 Affordable Care Act clearly apply to veterans, given the  
22263 circumstances, as well as their spouses. So I think it is very  
22264 important to have this amendment in order because we want to make  
22265 sure that veterans, like any other group, or any other particular  
22266 group are not impacted by changes that might be made to the ACA  
22267 that are detrimental to them or detrimental to the larger  
22268 population.

22269           You know I heard Mr. Murphy say that the Democrats aren't  
22270 talking about how to fix it. The fact of the matter is, we think  
22271 the ACA is working. We think it has actually covered a tremendous  
22272 amount of people, up to 95 percent of the people, Americans, now  
22273 have health insurance. We think it has resulted in affordable  
22274 premiums because of the subsidies and the other provisions we have  
22275 put into place. We think it has provided better benefits and  
22276 better health care.

22277           We are not saying it should be fixed. You are the ones with  
22278 this legislation that are suggesting, and certainly the President  
22279 has suggested, that all kinds of wonderful things are going to  
22280 happen to improve the ACA because of your legislation. And I  
22281 think we have spent the last 24 hours saying quite clearly that  
22282 we don't agree. We think fewer people are going to be insured.  
22283 We think that premiums are going to go up and insurance is going  
22284 to become less affordable. We think that benefits are going to

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22285 be reduced. We see all terrible things happening with the  
22286 legislation that you have put forward. So don't suggest to us  
22287 that it is our obligation to fix it. We feel that the Affordable  
22288 Care Act has done a good job.

22289 Now the problem here with regard to veterans is they are  
22290 subject to the same problems. If in fact their insurance premiums  
22291 go up because of the legislation before us, if in fact they are  
22292 not eligible for Medicaid expansion because of the legislation  
22293 that is before us, if they become uninsured because of the  
22294 legislation before us, Mr. Lujan is simply saying we don't want  
22295 them to be negatively impacted. I don't know why that is any  
22296 different than most of what we have been saying for the last 24  
22297 hours, which is that we feel that this legislation is going to  
22298 be very destructive to a lot of Americans and veterans, hopefully  
22299 not, but may be part of that.

22300 So I think his amendment is very much in order. I would hope  
22301 he would pursue it and I would urge my colleagues to support it.

22302 Mr. Barton. Would the gentleman yield for a question?

22303 Mr. Pallone. Yes.

22304 Mr. Barton. And I will either ask the ranking member or the  
22305 author.

22306 In his opening statement, the author of the amendment said  
22307 that potentially there were 66,000 veterans and 35,000 spouses

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22308 that might be covered. Do you have any idea how many actually  
22309 would be impacted? Because, as Mr. Pallone pointed out, you would  
22310 have to be a veteran who was not employed after he got out, who  
22311 was not service-connected, and you are not eligible for Medicare  
22312 but you were low-income and so you were eligible for Medicaid.  
22313 Out of that potential pool, do you have any data on how many people  
22314 actually --

22315 Mr. Pallone. Well, I do have this information with regard  
22316 to the non-expansion states which would, of course, include Texas.  
22317 In the non-expansion states, there are 66,000 veterans and 35,000  
22318 spouses with incomes between 100 and 138 percent of the federal  
22319 poverty line who qualify for subsidies to purchase insurance  
22320 through the marketplace if they don't have access to affordable  
22321 employer-sponsored insurance.

22322 Mr. Barton. But again, that is a different data set than  
22323 the author --

22324 Mr. Pallone. Well look, I mean you guys don't even have a  
22325 CBO score here. We have been asking for 24 hours if we should  
22326 even proceed because you don't have a CBO score. And as a result,  
22327 the CBO hasn't indicated to what extent --

22328 Mr. Barton. What is the source of the data that you did use?

22329 Mr. Pallone. The source of the data that I gave you is the  
22330 -- let's see -- it looks like it is a document by Jennifer Haley

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22331 and Genevieve Kennedy called Uninsured Veterans and Family  
22332 Members State and National Estimates of Expanded Medicaid.

22333 Mr. Barton. And who might those stellar individuals be?

22334 Mr. Pallone. Well, again, I am not -- all Mr. Lujan is saying  
22335 is veterans may be impacted. And we have been saying for the last  
22336 24 hours that a lot of people may be impacted. We are very  
22337 concerned about what you are doing here for veterans, for seniors,  
22338 for children. There is nothing new here about what we are saying.

22339 And I know you think you are doing a great thing but you are  
22340 not. So, that is the point.

22341 The Chairman. Pardon me. The gentleman's time has  
22342 expired.

22343 Are there other members seeking recognition on this  
22344 amendment?

22345 Mr. Butterfield, you are recognized to strike the last word  
22346 on the amendment.

22347 Mr. Butterfield. Thank you, Mr. Chairman. I won't take the  
22348 full 5 minutes but let me just say I thank you, Mr. Kinzinger,  
22349 for your remarks a few moments ago. There is not a single member  
22350 of this committee who does not support our veterans. We have  
22351 millions of veterans in this country and all of us collectively  
22352 support them.

22353 The sad part about it is that in the non-expansion States,

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22354 such as North Carolina where I live, and Mr. Barton's State of  
22355 Texas, these States have failed to expand the Medicaid program.  
22356 And that means that a lot of our veterans who have fought for our  
22357 great country have been left on the sidelines and not been able  
22358 to get health insurance in these expansion States.

22359         And Mr. Pallone is absolutely correct. In the non-expansion  
22360 States, there are 66,000 veterans, 35,000 spouses with incomes  
22361 between 138 percent of the federal poverty line who qualify for  
22362 subsidies to purchase insurance through the marketplace if they  
22363 don't have access to employer-sponsored insurance.

22364         Let me give you another statistic. Nearly four in ten  
22365 uninsured veterans will fall into the coverage gap and would only  
22366 qualify for Medicaid if their State were to expand.

22367         Another statistic, two-thirds of our veterans' spouses have  
22368 incomes of below 100 percent of the federal poverty line.  
22369 Therefore, they are only eligible if their State expands Medicaid.

22370         So colleagues, here if we are really concerned about our  
22371 veterans, let's join together in a bipartisan way to try to expand  
22372 Medicaid in all of the States so that our veterans can benefit  
22373 from this coverage.

22374         Thank you. I yield back.

22375         The Chairman. The gentleman yields back.

22376         Are there other members seeking recognition? Seeing none,

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22377 the clerk will call the roll on -- I am sorry.

22378 Who is seeking recognition? Mr. Green? Has Mr. Green  
22379 already spoken? He has not.

22380 Mr. Green. I move to strike the last word.

22381 The Chairman. The gentleman is recognized for 5 minutes.  
22382 He yields to Mr. Lujan.

22383 Mr. Lujan. Chairman, thank you very much. Thank you, Mr.  
22384 Green.

22385 Look, I know that when I go home, I will be able to look the  
22386 veterans I represent in the eye and just tell them I used every  
22387 tool that I could as well on the committees of jurisdiction that  
22388 I represent in communities like Gallup, New Mexico, Taos, and  
22389 Raton.

22390 And Mr. Chairman, I very respectfully take heart to what Dr.  
22391 Murphy said with asking me to withdraw that amendment but, if I  
22392 did that, I couldn't go home and face my veterans in the eye.

22393 And so with that, I just wanted to make sure I explained that  
22394 to you all as well.

22395 Mr. Shimkus. Would the gentleman yield for 1 second? I  
22396 would just say veterans don't like to be used. And I yield back.  
22397 I am just -- he allowed me the time. I am not screaming. I am  
22398 just saying.

22399 The Chairman. Whoa, whoa, whoa.

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22400 Mr. Green. I yield back my time.

22401 The Chairman. The gentleman has yielded back his time.

22402 Mr. Bucshon. Mr. Chairman?

22403 The Chairman. All right, if you really need to.

22404 Mr. Bucshon. I just wanted to --

22405 The Chairman. Wait a minute. We will recognize you in  
22406 regular order. The gentlemen seeks 5 minutes to strike the last  
22407 word and speak on the amendment.

22408 Mr. Bucshon. Mr. Chairman, I would just like to yield to  
22409 Mr. Shimkus, if he would like the time.

22410 Mr. Shimkus. No, I am done.

22411 Mr. Bucshon. Okay, I yield back.

22412 The Chairman. The gentleman yields back.

22413 The ranking member has asked for a roll call. The clerk will  
22414 call the roll. Those in favor of the amendment will vote aye;  
22415 those opposed, no. The clerk will call the roll.

22416 The Clerk. Mr. Barton.

22417 Mr. Barton. No.

22418 The Clerk. Mr. Barton votes no.

22419 Mr. Upton.

22420 Mr. Upton. No.

22421 The Clerk. Mr. Upton votes no.

22422 Mr. Shimkus.

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22423            Mr. Shimkus.    No.

22424            The Clerk.    Mr. Shimkus votes no.

22425            Mr. Murphy.

22426            Mr. Murphy.    No.

22427            The Clerk.    Mr. Murphy votes no.

22428            Mr. Burgess.

22429            Mr. Burgess.    No.

22430            The Clerk.    Mr. Burgess votes no.

22431            Mrs. Blackburn.

22432            Mrs. Blackburn.    No.

22433            The Clerk.    Mrs. Blackburn votes no.

22434            Mr. Scalise.

22435            [No response.]

22436            The Clerk.    Mr. Latta.

22437            Mr. Latta.    No.

22438            The Clerk.    Mr. Latta votes no.

22439            Mrs. McMorris Rodgers.

22440            [No response.]

22441            The Clerk.    Mr. Harper.

22442            Mr. Harper.    No.

22443            The Clerk.    Mr. Harper votes no.

22444            Mr. Lance.

22445            Mr. Lance.    No.

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22446 The Clerk. Mr. Lance votes no.  
22447 Mr. Guthrie.  
22448 Mr. Guthrie. No.  
22449 The Clerk. Mr. Guthrie votes no.  
22450 Mr. Olson.  
22451 Mr. Olson. No.  
22452 The Clerk. Mr. Olson votes no.  
22453 Mr. McKinley.  
22454 Mr. McKinley. No.  
22455 The Clerk. Mr. McKinley votes no.  
22456 Mr. Kinzinger.  
22457 Mr. Kinzinger. No.  
22458 The Clerk. Mr. Kinzinger votes no.  
22459 Mr. Griffith.  
22460 Mr. Griffith. No.  
22461 The Clerk. Mr. Griffith votes no.  
22462 Mr. Bilirakis.  
22463 Mr. Bilirakis. No.  
22464 The Clerk. Mr. Bilirakis votes no.  
22465 Mr. Johnson.  
22466 Mr. Johnson. No.  
22467 The Clerk. Mr. Johnson votes no.  
22468 Mr. Long.

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22469            Mr. Long.    No.  
22470            The Clerk.    Mr. Long votes no.  
22471            Mr. Bucshon.  
22472            Mr. Bucshon.    No.  
22473            The Clerk.    Mr. Bucshon votes no.  
22474            Mr. Flores.  
22475            Mr. Flores.    No.  
22476            The Clerk.    Mr. Flores votes no.  
22477            Mrs. Brooks.  
22478            Mrs. Brooks.    No.  
22479            The Clerk.    Mrs. Brooks votes no.  
22480            Mr. Mullin.  
22481            Mr. Mullin.    No.  
22482            The Clerk.    Mr. Mullin votes no.  
22483            Mr. Hudson.  
22484            Mr. Hudson.    No.  
22485            The Clerk.    Mr. Hudson votes no.  
22486            Mr. Collins.  
22487            Mr. Collins.    No.  
22488            The Clerk.    Mr. Collins votes no.  
22489            Mr. Cramer.  
22490            Mr. Cramer.    No.  
22491            The Clerk.    Mr. Cramer votes no.

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22492 Mr. Walberg.  
22493 Mr. Walberg. No.  
22494 The Clerk. Mr. Walberg votes no.  
22495 Mrs. Walters.  
22496 Mrs. Walters. No.  
22497 The Clerk. Mrs. Walters votes no.  
22498 Mr. Costello.  
22499 Mr. Costello. No.  
22500 The Clerk. Mr. Costello votes no.  
22501 Mr. Carter.  
22502 Mr. Carter. No.  
22503 The Clerk. Mr. Carter votes no.  
22504 Mr. Pallone.  
22505 Mr. Pallone. Votes aye.  
22506 The Clerk. Mr. Pallone votes aye.  
22507 Mr. Rush.  
22508 [No response.]  
22509 The Clerk. Ms. Eshoo.  
22510 Ms. Eshoo. Aye.  
22511 The Clerk. Ms. Eshoo votes aye.  
22512 Mr. Engel.  
22513 [No response.]  
22514 The Clerk. Mr. Green.

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22515            Mr. Green.    Aye.

22516            The Clerk.    Mr. Green votes aye.

22517            Ms. DeGette.

22518            Ms. DeGette.    Aye.

22519            The Clerk.    Ms. DeGette votes aye.

22520            Mr. Doyle.

22521            Mr. Doyle.    Yes.

22522            The Clerk.    Mr. Doyle votes aye.

22523            Ms. Schakowsky.

22524            Ms. Schakowsky.    Aye.

22525            The Clerk.    Ms. Schakowsky votes aye.

22526            Mr. Butterfield.

22527            Mr. Butterfield.    Aye.

22528            The Clerk.    Mr. Butterfield votes aye.

22529            Ms. Matsui.

22530            Ms. Matsui.    Aye.

22531            The Clerk.    Ms. Matsui votes aye.

22532            Ms. Castor.

22533            Ms. Castor.    Aye.

22534            The Clerk.    Ms. Castor votes aye.

22535            Mr. Sarbanes.

22536            Mr. Sarbanes.    Aye.

22537            The Clerk.    Mr. Sarbanes votes aye.

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22538 Mr. McNerney.

22539 [No response.]

22540 The Clerk. Mr. Welch.

22541 Mr. Welch. Aye.

22542 The Clerk. Mr. Welch votes aye.

22543 Mr. Lujan.

22544 Mr. Lujan. Aye.

22545 The Clerk. Mr. Lujan votes aye.

22546 Mr. Tonko.

22547 Mr. Tonko. Aye.

22548 The Clerk. Mr. Tonko votes aye.

22549 Ms. Clarke.

22550 Ms. Clarke. Aye.

22551 The Clerk. Ms. Clarke votes aye.

22552 Mr. Loeb sack.

22553 Mr. Loeb sack. Aye.

22554 The Clerk. Mr. Loeb sack votes aye.

22555 Mr. Schrader.

22556 Mr. Schrader. Aye.

22557 The Clerk. Mr. Schrader votes aye.

22558 Mr. Kennedy.

22559 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

22560 Mr. Cardenas.

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22561            Mr. Cardenas.    Aye.

22562            The Clerk.    Mr. Cardenas votes aye.

22563            Mr. Ruiz.

22564            Mr. Ruiz.    Aye.

22565            The Clerk.    Mr. Ruiz votes aye.

22566            Mr. Peters.

22567            Mr. Peters.    Aye.

22568            The Clerk.    Mr. Peters votes aye.

22569            Mrs. Dingell.

22570            Mrs. Dingell.    Aye.

22571            The Clerk.    Mrs. Dingell votes aye.

22572            Chairman Walden.

22573            The Chairman.    Walden votes no.

22574            Are there members who are not recorded who wish to be

22575            recorded?

22576            The Clerk.    Mr. McNerney.

22577            Mr. McNerney.    Aye.

22578            The Clerk.    Mr. McNerney votes aye.

22579            The Chairman.    Are there any other members while we are

22580            waiting for -- is Mr. Engel on his way?

22581            Mr. Welch are you recorded?

22582            Mr. Welch.    I am.

22583            The Chairman.    Okay.

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22584 Mr. Welch. Aye.

22585 The Clerk. Mr. Welch is recorded.

22586 The Chairman. Mr. Engel.

22587 Mr. Engel. Votes aye.

22588 The Chairman. Perfect.

22589 Mr. Engel. Thank you.

22590 The Clerk. Mr. Engel votes aye.

22591 The Chairman. Mr. Engel votes aye.

22592 Okay, now, the clerk will report the tally.

22593 The Clerk. Mr. Chairman, on that vote, there were 23 ayes

22594 and 29 noes.

22595 The Chairman. Twenty-three to twenty-nine. The amendment

22596 is not adopted.

22597 Are there further amendments for consideration?

22598 The gentleman from Texas seeks recognition for what purpose?

22599 Mr. Green. Strike the last word. I have an amendment at

22600 the desk, number 128.

22601 [The Amendment offered by Mr. Green follows:]

22602

22603 \*\*\*\*\*COMMITTEE INSERT 37\*\*\*\*\*

22604 The Chairman. Number one-two-eight. We will let our  
22605 clerks find the amendment so we are all on the same page.

22606 The clerk will report the amendment.

22607 The Clerk. Amendment to the Amendment in the Nature of a  
22608 Substitute to the Committee Print.

22609 The Chairman. Reading of the amendment is dispensed with  
22610 and the chair recognizes his friend from Texas to speak on his  
22611 amendment for 5 minutes.

22612 Mr. Green. Thank you, Mr. Chairman and members.

22613 This amendment, and I have heard for the last 24 hours  
22614 flexibility, I am asking for some flexibility. The House plan  
22615 would effectively end the Affordable Care Act's Medicaid  
22616 expansion. The ACA offered States the opportunity to expand  
22617 Medicaid coverage to low-income adults with incomes up to 138  
22618 percent the federal poverty level.

22619 Currently 31 States and the District of Columbia have  
22620 expanded their Medicaid programs. Unfortunately, a number of  
22621 States, including my home Texas, has not and therefore, almost  
22622 50,000 of my constituents who would otherwise have Medicaid remain  
22623 uninsured.

22624 For States that took up the option, the Federal Government  
22625 has covered 100 percent of the cost of the first 3 years and, under  
22626 current law, would cover 90 percent of the cost on a permanent

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22627 basis. The House plan would end Medicaid expansion in 2020.  
22628 This would mean that 11 million Americans who gained access  
22629 through Medicaid thanks to the ACA, would lose it.

22630 This amendment would strike the provision to end the Medicaid  
22631 expansion and replace it with a bill I introduced last Congress.  
22632 The legislation would allow States that have yet to expand  
22633 Medicaid get their full 3 years of 100 percent federal match. So  
22634 the States that didn't join, Texas, Florida, North Carolina would  
22635 have a chance to do that.

22636 And Mr. Chairman, I would be glad to yield to my colleague  
22637 from North Carolina.

22638 Mr. Butterfield. Thank you very much, Mr. Green, and thank  
22639 you for offering this amendment because it is very appropriate  
22640 and it is very timely.

22641 Under this new legislation, colleagues, we must ensure that  
22642 States are able to continue to expand their Medicaid program and  
22643 to enable States to receive the full amount, not a partial amount,  
22644 but a full amount of federal funding for the expansion that we  
22645 passed 7 years ago. Under this harmful bill, Medicaid expansion  
22646 would be curbed and new States could no longer expand after the  
22647 year 2020.

22648 My constituents overwhelmingly supported North Carolina  
22649 Governor Roy Cooper, who has been a strong advocate to expand

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22650 Medicaid. I represent one of the poorest districts in the  
22651 country, where nearly one in four people live in poverty. My  
22652 constituents would greatly benefit from Medicaid expansion;  
22653 650,000 North Carolinians stand to gain coverage through Medicaid  
22654 expansion if it happens. Representative Green's amendment would  
22655 preserve Medicaid expansion and provide full funding stipulated  
22656 in the ACA for new States that choose to expand. North  
22657 Carolinians already contribute to this funding through their  
22658 taxes and they deserve to be able to have health coverage under  
22659 Medicaid. And that goes for the State of Texas and the other  
22660 States as well.

22661 This amendment would enable my Governor and other Governors  
22662 of my constituents to continue to pursue Medicaid expansion.  
22663 Thank you, Mr. Green, for your very timely amendment. I support  
22664 it. I ask my colleagues to vote aye.

22665 I yield back.

22666 The Chairman. The gentleman yields back.

22667 Mr. Butterfield. I yield back to you, sir.

22668 The Chairman. Oh, I am sorry.

22669 Mr. Green. To continue on my time, Mr. Chairman, these  
22670 States that didn't do it may not do it but we will give the  
22671 Governors and the State Legislatures, and in Texas they are in  
22672 session right now, to see if they want to cover these folks, like

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22673 the other 31 jurisdictions did. And that is all we are asking  
22674 the flexibility for these States who didn't make that decision,  
22675 give them some time so maybe they can do it and realize that like  
22676 in my case, almost 50,000 of my constituents in urban Houston were  
22677 to get Medicaid if it was expanded.

22678 With that, I will be glad to yield back my time and ask for  
22679 a yes vote on the amendment.

22680 The Chairman. The gentleman yields back his time.

22681 The chair recognizes another gentleman from Texas, the chair  
22682 of the Subcommittee on Health, Dr. Burgess, for 5 minutes.

22683 Mr. Burgess. I thank the chairman for yielding.

22684 Mr. Chairman, the balance that the subcommittee is -- or the  
22685 full committee is striking between expansion and non-expansion  
22686 States actually gives both expansion and non-expansion States the  
22687 tools that they need to manage their healthcare markets.

22688 For expansion States, the current proposal would grandfather  
22689 all Medicaid enrollees enrolled in the expansion population as  
22690 of December 31, 2019. Those people would stay in the program.  
22691 After that date, expansion States could continue to keep the  
22692 Enhanced FMAP under current law for those grandfathered expansion  
22693 enrollees, as long as these individuals remain on the program.  
22694 This is a significant improvement for non-expansion States from  
22695 the reconciliation bill that was passed in December of 2015.

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22696           If a State keeps an expansion program beyond January 1, 2020,  
22697 the State will receive the State's regular federal matching rate  
22698 for any new expansion enrollee who is determined eligible and  
22699 enrolled in the program on or after the date. This strategy is  
22700 both fiscally responsible and fair, ensuring that the proposal  
22701 does not suddenly discontinue anyone while also ending the  
22702 Obamacare expansion that unfairly prioritizes able-bodied  
22703 working adults over the most vulnerable.

22704           When the ACA passed in 2010, current law, the ACA passed in  
22705 2010 and it repeals payments for Disproportionate Share Hospitals  
22706 because, of course, everyone at the time felt that Medicaid  
22707 expansion would meet the needs of every hospital but we know that  
22708 the Medicaid expansion was deemed to be unconstitutional.

22709           So in comparison, we line up the restoration of the  
22710 Disproportionate Share cuts for expansion States at the same time  
22711 that the grandfathering policy begins, January 1st of 2020,  
22712 ensuring we have parity between expansion and non-expansion  
22713 States. Also expansion States, just like non-expansion States  
22714 will be given the State's Patient and State Flexibility Fund in  
22715 calendar year 2018. Before the Affordable Care Act,  
22716 State-specific high-risk pools were program-specific, limiting  
22717 the flexibility of innovative local officials to meet the unique  
22718 needs of diverse communities. This new fund will help repair

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22719 State markets damaged by the Affordable Care Act and generally  
22720 favors non-expansion States.

22721           Again under current law, in non-expansion States, the  
22722 Disproportionate Share funds are scheduled to be reduced on  
22723 October 1st of this year, of 2017. In non-expansion States, there  
22724 will be a restoration of those Disproportionate Share funds so  
22725 that that cut will not occur in States that did not expand  
22726 Medicaid.

22727           And for all we talk about helping patients, I haven't really  
22728 heard an articulation of why the other side thinks it is fair for  
22729 the Federal Government to pay 90 percent for the cost of care for  
22730 low-income able-bodied adults above the federal poverty line,  
22731 while paying a fraction of that for traditional Medicaid  
22732 populations.

22733           The Medicaid expansion, thus, is inherently unfair,  
22734 prioritizing able-bodied adults over those for whom Medicaid was  
22735 designed in the first place. The base bill would right that  
22736 disparity by allowing States to maintain a Medicaid Program for  
22737 low-income adults but to do so in a more responsible and equitable  
22738 manner.

22739           I would be happy to yield to anyone else on the majority side.  
22740 If not, I can yield back the balance of my time.

22741           The Chairman. The gentleman yields back the balance of his

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22742 time.

22743 The chair recognizes the ranking member of the full  
22744 committee, Mr. Pallone, for 5 minutes to strike the last word.

22745 Mr. Pallone. Thank you, Mr. Chairman.

22746 The Medicaid expansion has been an overwhelming success,  
22747 providing health insurance to more than 14 million individuals  
22748 in 31 States and the District of Columbia who, otherwise, could  
22749 not have afforded coverage and would have remained uninsured.  
22750 And those individuals who have enrolled as a result of Medicaid  
22751 expansion have been overwhelmingly satisfied with their coverage  
22752 with 86 percent of new Medicaid enrollees optimistic about their  
22753 new health insurance ability to help them access the care that  
22754 they need.

22755 And expansion has also been a benefit to our healthcare  
22756 system in general, leading to a \$1,000 per person reduction in  
22757 medical debt and reducing the uncompensated care burden for  
22758 hospitals by \$10 billion.

22759 Now contrary to the statements from my colleagues on the  
22760 other side of the aisle, rolling back Medicaid expansion would  
22761 do great harm to patients, hospitals, and State budgets.

22762 Evidence has shown that States that have expanded Medicaid  
22763 generate greater savings and revenue, which they can then use to  
22764 finance other state initiatives. And those same States have also

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22765 benefited from an increase of jobs in the healthcare sector.

22766           So it is for all these reasons that I support the amendment  
22767 offered by my colleague, Mr. Green, which would repeal the  
22768 rollback of Medicaid expansion included in the GOP bill today and,  
22769 instead, incentivize the remaining States to expand their  
22770 Medicaid program.

22771           When we passed the ACA, the idea was that every State would  
22772 expand Medicaid. And because of Supreme Court decisions and  
22773 other actions, that hasn't been the case, but it is something that  
22774 we would like to do. There has been a lot of talk about what can  
22775 be done to improve the ACA. This incentivized program that Mr.  
22776 Green is proposing is one way to do that. Contrary to all the  
22777 concerns that we have about the Republican bill here and the  
22778 Republican replacement bill, this is something that we know will  
22779 increase the number of people who are insured. We are up to like  
22780 95 percent insured now because of the Affordable Care Act but there  
22781 is still about, I think there is still about four million  
22782 individuals who could gain access to healthcare coverage if the  
22783 additional 19 States utilized this incentive to expand Medicaid.

22784           Now, I just want to take this home to Dr. Burgess because  
22785 he may remember a few years ago we went to this Commonwealth Fund  
22786 health seminar for a couple days in Houston. And I took a break  
22787 from that at one point or maybe the day after and Mr. Green and

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22788 I believe Sheila Jackson Lee, took me to the Texas Children's  
22789 Hospital at the Texas Medical Center. And we bemoaned the fact  
22790 that when we went to the lobby of this beautiful Texas Children's  
22791 Hospital, which was next to the emergency room, there were so many  
22792 people that were waiting in line at the emergency room, many of  
22793 them on cots and different things in the lobby of this beautiful  
22794 facility waiting in the emergency room. And we know a lot of those  
22795 people would be eligible for Medicaid expansion if only the State  
22796 of Texas would do what it should do and expand Medicaid. But the  
22797 way to do that is to provide some sort of incentive and that is  
22798 exactly what Mr. Green is trying to do here.

22799 So it is my hope that my Republican colleague are probably  
22800 not going to support this amendment but I would certainly urge  
22801 the Democrats to do so because we need to make the point that  
22802 Medicaid expansion is one way to or this incentivizing is one way  
22803 to make sure that the goal -- I would like to see 100 percent  
22804 coverage in this country but to add another four million people  
22805 will certainly make a difference in adding more people who are  
22806 insured and eliminating a lot of people now that are uninsured.

22807 So I would urge passage of the amendment, Mr. Chairman.

22808 And I don't know if anybody wants my time. Mr. Green?

22809 Mr. Green. I thank the ranking member for yielding.

22810 For the next 2 years, these States, these entities, 19 of

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22811 them, would have the opportunity to say we know that we could cover  
22812 more people and they would be in the program, just like the 31  
22813 who did accept it.

22814 Now there is an issue because this bill actually requires  
22815 States now to do 6 months resigning people on Medicaid. Now in  
22816 Texas, we already have 6 months. Congressman Barton and I have  
22817 legislation to try and change that to a year but this bill does  
22818 the 6-month renewal. But it would give these States who didn't  
22819 do it to realize those folks could be covered, the poorest of the  
22820 poor, the children, the disabled, and even veterans because we  
22821 have veterans in the Houston area, too, who could get that coverage  
22822 from the Medicaid expansion. And I thank my colleague.

22823 Mr. Pallone. And I would yield back the balance of my time.

22824 Mr. Upton. [Presiding.] The gentleman yields back. The  
22825 chair will recognize himself for 5 minutes to strike the last word.

22826 I was going to make the same point, Mr. Green, that you just  
22827 did, that the States that did not expand still have the ability,  
22828 the right to do that, just as Michigan expanded their Medicaid  
22829 number by passing through legislation through the State House,  
22830 State Senate, signed by the Governor and Michigan is now one of  
22831 those 31 States.

22832 So the States that did not take advantage of that, still have  
22833 the ability to do it before January 1st of 2020, is my

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22834 understanding. Is that not correct?

22835 Mr. Green. Mr. Chairman, if you would yield.

22836 Mr. Upton. I yield, sure.

22837 Mr. Green. I think we need to actually allow those --

22838 Mr. Upton. But could not Texas, as a State that didn't  
22839 expand, still pass a bill?

22840 Mr. Green. Well my goal with this is --

22841 Mr. Upton. You are going to reach back.

22842 Mr. Green. -- I want the legislature and the Governor to  
22843 know the door is closing.

22844 Mr. Upton. Well --

22845 Mr. Green. And for the next 3 years, we could do the  
22846 expansion and then we would fit in with everyone else.

22847 Mr. Upton. I think the Governor knew that the door was  
22848 closing down to 90 percent anyway. It is not something new. They  
22849 still have the ability to do that, though, let's face it, they  
22850 are not probably likely to do that under the current --

22851 Mr. Green. Well, I don't think any State -- if you would  
22852 continue to yield -- I don't think any State likes to leave money  
22853 on the table. I don't want Texas to leave money on the table.

22854 Mr. Upton. But that, in fact, is what is happening and  
22855 knowing that in fact they could pursue the same course that  
22856 Michigan did.

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22857 But what we have done in this bill I think has been a careful  
22858 balance. We have provided a transition period to allow not only  
22859 insurance companies to take into account those that may be no  
22860 longer eligible under the 138 percent formula number. We are able  
22861 to hold harmless those folks that are on there until they are off,  
22862 for whatever reason, whether they get a job, whether they move  
22863 to a different State, they are held harmless. And we reward the  
22864 States, like Texas, and Florida, and the other States that did  
22865 not choose to expand by reversing, by not allowing the DSH cuts  
22866 that otherwise were going to come into play, which provide some  
22867 balance, some equity in that.

22868 And therefore, because we think that it is the right balance,  
22869 my sense is that the majority on this side of the aisle would oppose  
22870 that provision. But I appreciate your interest.

22871 Let me yield to my friend from Colorado, Ms. DeGette.

22872 Ms. DeGette. Thank you so much, Mr. Chairman. So, of  
22873 course, what the Green Amendment is addressing is this phase-out  
22874 of the Medicaid expansion in 2020. Right now, the Medicaid  
22875 expansion covers 11 million people in 32 States and the District  
22876 of Columbia. So when you phase it out, what this repeal bill is  
22877 going to do is it is going to break that commitment to our States.

22878 You might want to reset the clock.

22879 Mr. Upton. No, it is still my time.

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22880 Ms. DeGette. Oh, no, I thought --

22881 Mr. Upton. You asked me to yield to you.

22882 Ms. DeGette. No, no, I asked to strike the last word.

22883 Mr. Upton. No, it is still my time.

22884 I will take back my time that I yielded to you.

22885 Are there other members on my side that would like to speak?

22886 With that, I yield back the balance of my time and to strike  
22887 the last word to the gentlelady from Colorado for 5 minutes.

22888 Ms. DeGette. Thank you. Sorry about that. It has been a  
22889 long day. I won't, however, what I just said.

22890 Let me just say that my State of Colorado is a good example.

22891 In my State of Colorado, people who are in the Medicaid program  
22892 will be in very bad shape if the repeal bill becomes law because  
22893 we expanded Medicaid in 2014. We were one of the original states  
22894 to do it. And since then, nearly 588,000 Coloradans have  
22895 enrolled. So, therefore, after 202, hundreds of thousands of  
22896 people will not have Medicaid unless Colorado somehow comes up  
22897 with the money.

22898 What this bill also does is it shifts \$253 billion onto States  
22899 under the provisions that get the expansion alone. And so to  
22900 continue covering the expansion population, States are going to  
22901 have to pay three to five times more than they do under the  
22902 Affordable Care Act.

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22903           In Colorado, our federal payment rate will drop by 40 percent  
22904 for the expansion population. Federal payments will be slashed  
22905 to a similar extent in California, New York, New Jersey, Illinois,  
22906 Pennsylvania, Washington, and other States. And these are  
22907 draconian cuts that our States simply can't handle. That is why  
22908 our Governors are pleading with Congress to keep the commitments  
22909 on the expansion.

22910           For example, on January 24th, the National Governors  
22911 Association wrote, quote, in considering changes to Medicaid  
22912 financing, it is critical that Congress continued to maintain a  
22913 meaningful federal role in this partnership and does not shift  
22914 costs onto States.

22915           Now, if we have got the Medicaid expansion, this also places  
22916 an extreme burden on our hospitals, especially those in rural  
22917 areas that are already hanging on by a thread. And this is one  
22918 of many reasons why groups like the American Hospital Association  
22919 and, virtually, all of the major hospital groups, have come out  
22920 in opposition to this bill.

22921           So you know Republicans in the Senate are already figuring  
22922 this out. My Senator, Cory Gardner, Republican of Colorado,  
22923 joined Senators Portman, and Capito and Murkowski in a letter to  
22924 Republican leadership opposing this approach. They said, and I  
22925 quote, the draft proposal from the House does not meet the test

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22926 of stability for individuals currently enrolled in the program.  
22927 Senator Gardner knows that Colorado is not going to be able to  
22928 make up this difference.

22929 I want to talk about one more issue that Dr. Burgess talked  
22930 about and that is this DSH issue because the DSH is not going to  
22931 fix this. What this Manager's Amendment says for the  
22932 non-expansion States, then they will get their DSH restored.  
22933 Well, that is all well and good but -- and also in Section 115  
22934 of the Manager's Amendment, it also gives safety net funding. So  
22935 rewards those States that didn't take the Medicaid expansion but  
22936 then for the States that did take the Medicaid expansion, 39 of  
22937 them, what it says is that the DSH restoration will have a 2-year  
22938 delay. So you are actually punishing States that have taken the  
22939 Medicaid expansion and that is not going to be acceptable either.

22940 I will yield to the vice ranking member of the committee,  
22941 Ms. Castor, the balance of my time.

22942 Ms. Castor. Well, I want to thank Ms. DeGette and just point  
22943 out two things. The goal really is coverage for the families  
22944 across America. Coverage. And when you don't expand Medicaid  
22945 in some States, you are really missing out. And then to go back  
22946 to a very inefficient system, where you are always going to have  
22947 to have some safety fund and Disproportionate Share is kind of  
22948 a wobbly formula, but that doesn't serve us. That is a very

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22949 expensive, inefficient system. What you want, the goal for  
22950 everyone across the country is to have coverage. And that is why  
22951 a lot of the discussion has been about, in our committee, because  
22952 of what is happening in the individual market doesn't serve our  
22953 families. The goal is coverage, not access. Is very expensive  
22954 to provide health care to our folks who show up into the emergency  
22955 room. Those costs are shifted back onto people's employer-based  
22956 health insurance.

22957           So you think you might not be paying but actually, you are  
22958 picking up a larger cost.

22959           I yield back my time.

22960           Ms. DeGette. And I yield back.

22961           Mr. Lance. Mr. Chairman.

22962           Mr. Upton. The gentlelady yields back.

22963           The chair would recognize -- can I recognize Mr. Lance first  
22964 to strike the last word for 5 minutes?

22965           Mr. Lance. Thank you, Mr. Chairman. I move to strike the  
22966 last word.

22967           When the legislation went before the Supreme Court, as  
22968 everyone on the committee knows, it was not declared  
22969 constitutional under the Commerce Clause. And there was the  
22970 thought by the administration and certainly by the Solicitor  
22971 General that it was constitutional based upon the Commerce Clause.

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22972 Obviously, this is the Commerce Committee. In the alternative,  
22973 the Solicitor General argued that it was constitutional under the  
22974 Tax Clause and that is why the law stood.

22975 But at the same time, the Supreme Court said, as the committee  
22976 knows, that the forced expansion of Medicaid was  
22977 unconstitutional. I thought, at the time when the Supreme Court  
22978 ruled, that that was an internal tension and dichotomy that  
22979 somehow eventually would result in this very fine discussion we  
22980 are having today. I bet a friend of mine that it was going to  
22981 be declared unconstitutional under the Commerce Clause and that  
22982 we would have to rewrite the law. I was wrong. The Solicitor  
22983 General argued in a subsidiary argument that it was a tax.  
22984 President Obama repeatedly said it was not a tax. That is the  
22985 only way it was declared constitutional, as you know, in a  
22986 five-to-four vote.

22987 It seems to me that it is unrealistic to think that those  
22988 states that did not expand Medicaid would be willing, ultimately,  
22989 to permit the rest of us, including New Jersey which expanded right  
22990 away and I think it was the right decision, and I am proud of New  
22991 Jersey and I wish every State had done it, but it is unrealistic  
22992 in my political judgment to think that those States that did not  
22993 expand would ultimately permit a 90 percent match. And I think  
22994 that is unfortunate and I wish that every State had expanded,

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22995 including the great States of Texas and Florida, and North  
22996 Carolina, and the others.

22997 But the Supreme Court, in an anomalous decision ruled it as  
22998 constitutional, based upon a Taxation Clause but then ruled,  
22999 several paragraphs later that the forced expansion was  
23000 unconstitutional. That is a dichotomy and a tension that results  
23001 in what we are trying to do today and we are obviously trying to  
23002 be fair to both classification of States. In a perfect world,  
23003 I would prefer to see continued 90 percent payment to those States  
23004 that expanded, including New Jersey, with a Republican Governor  
23005 and a Democratic Legislature. These are now matters being  
23006 discussed in the Senate by Senator Gardner and others but I  
23007 believed as an attorney then and I believe now that this tension  
23008 exists based upon what I consider is an inconsistent decision by  
23009 the Supreme Court not ruling it constitutional under the Commerce  
23010 Clause and yet saying that States are not forced to expand based  
23011 upon federalism arguments and the Tenth Amendment.

23012 Thank you.

23013 Mr. Upton. Would the gentleman yield?

23014 Mr. Lance. Yes, of course, I would yield.

23015 Mr. Upton. I just want to make the point that as all of us  
23016 look at this issue and there was a report today, I want to say  
23017 it was in Roll Call this morning, that there are a number of

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23018 Republicans, obviously on my side of the aisle that think, in fact,  
23019 the provision in the underlying bill is too generous and they are  
23020 looking to scale it back rather dramatically. And that is why  
23021 a number of us like the balance that is there, not only a period  
23022 of transition, grandfathering those folks that are on, until they  
23023 are naturally off, and providing some assistance to States that  
23024 in fact did not move forward on expanding Medicaid.

23025 Mr. Lance. Reclaiming my time. I am not one of those  
23026 Republicans and I do not think this is too generous.

23027 Mr. Upton. No, I know that. No, no, no. I know that. But  
23028 I am saying that there are a number of folks --

23029 Mr. Lance. Yes, yes.

23030 Mr. Upton. -- that would like to whittle this further down  
23031 and we may have that vote at some point, maybe on this committee,  
23032 maybe on the House floor, maybe whatever.

23033 So, I yield back to the gentleman.

23034 Mr. Lance. I do and I yield to Ms. Eshoo.

23035 Ms. Eshoo. All right, thank you. I thank the gentleman  
23036 from New Jersey and I thank him for his remarks that we just all  
23037 paid very close attention to, intelligent remarks.

23038 I just want to say one thing about the underlying bill. To  
23039 actually penalize a State that has expanded by disallowing the  
23040 DSH for 2 years, I mean I think that States that expanded are part

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23041 of the honor roll in the country because they are providing such  
23042 marvelous services to people across the country. So I object to  
23043 that.

23044 I don't think it is a bragging point, most frankly, of the  
23045 bill that is being considered. And I thank the gentleman for  
23046 yielding to me and I yield back.

23047 Mr. Upton. Actually, the gentleman's time has now expired  
23048 and I will go to this side of the aisle, if anyone want to strike  
23049 the last word.

23050 If not, I recognize the gentleman from Georgia, Mr. Carter  
23051 for 5 minutes.

23052 Mr. Carter. Mr. Chairman I ask to strike the last word.

23053 I just wanted to point out I keep hearing that they are saying  
23054 that the DSH, restoring the DSH cuts for the next 2 years is  
23055 penalizing the expansion States and that is not what it is doing  
23056 at all. In fact, what it is doing is to reward those that did  
23057 not expand, like my State of Georgia, to make them whole. This  
23058 is a three-tier program. We have got the Medicaid safety  
23059 supplemental funding that is going to be \$10 billion over the next  
23060 5 years and, depending on your ratio of those people between 100  
23061 and 138 percent, that that is how much you get of that.

23062 Then, we have got the Patient State Stability Fund which,  
23063 again, has modifiers in that.

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23064 But the DSH payments and not suspending them for the  
23065 non-expansion States, that is a reward to help to bring them up  
23066 and make them whole with the expansion states.

23067 Ms. DeGette. Will the gentleman yield?

23068 Mr. Carter. I yield.

23069 Ms. DeGette. That is not what we are saying. What we are  
23070 saying is that you are giving the States that did not do the  
23071 Medicaid expansion the DSH plus an additional fund under Section  
23072 115, the safety net funding.

23073 But then what you are doing to the States that did expand,  
23074 the 39 States, you are penalizing them because once they phase  
23075 out in 2020, it is a 2-year delay to get their DSH funds. That  
23076 is what we are saying.

23077 Mr. Carter. That is exactly right. Reclaiming my time,  
23078 that is exactly right. And the reason for that is to get it even  
23079 for the non-expansion States like the State of Georgia.

23080 Ms. DeGette. Again, if the gentleman will yield, what will  
23081 happen, though, is because of that 2-year delay, all the expansion  
23082 States are going to fall off the cliff and their hospitals aren't  
23083 going to be able to get those DSH funds for 2 years.

23084 Mr. Carter. Reclaiming my time. What the lady doesn't  
23085 understand is that you expanded and you are able to cover those  
23086 --

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23087 Ms. DeGette. Excuse me, don't call me lady.

23088 Mr. Carter. -- able-bodied adults who are now in the  
23089 Medicaid expansion.

23090 Mr. Barton. Would the gentleman yield?

23091 Mr. Carter. I yield.

23092 Mr. Barton. I want to ask Counsel a question.

23093 If you are a non-expansion State under current law and you  
23094 are watching this State and your Governor and Legislature has this  
23095 lightbulb go on and say hey, I want to expand, under current law,  
23096 is that automatic or do they have to petition HHS and get approval  
23097 from either the Secretary or CMS?

23098 If the Governor of Texas sent an email today saying we have  
23099 changed our mind, we want to expand, would they be allowed to  
23100 automatically or would there be an approval process?

23101 Counsel. A State could expand Medicaid under current law  
23102 that has not. So the non-expansion States could --

23103 Mr. Barton. It is not subject to approval or disapproval.  
23104 It would be automatic.

23105 Counsel. They could do it under a waiver but they don't have  
23106 to do it under a waiver.

23107 Mr. Barton. That doesn't make sense: they could do it  
23108 under a waiver but they don't have to do it under a waiver.

23109 Counsel. They could expand Medicaid under current law.

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23110 They could also do it under a waiver as well, under different  
23111 terms.

23112 Mr. Barton. So essentially, a State could join the parade  
23113 late without having to get approval from the Trump administration.

23114 Counsel. That is right. They could expand without  
23115 approval.

23116 Mr. Carter. Reclaiming my time. But staff, is that not why  
23117 we got this formula here is to try to make them whole, as whole  
23118 as we could?

23119 Counsel. For the non-expansion States, there are  
23120 essentially three benefits included within the underlying --

23121 Mr. Carter. Exactly.

23122 Counsel. So the first is the safety net supplemental that  
23123 was addressed for Medicaid providers.

23124 The second benefit is the ACA Medicaid DSH cuts are  
23125 immediately repealed for the non-expansion States.

23126 Mr. Carter. Right.

23127 Counsel. For the expansion States, those DSH cuts are  
23128 restored 2 years later.

23129 Mr. Carter. Right.

23130 Counsel. And Mr. Carter, as you mentioned earlier, there  
23131 is additional funding through the Patient and State Stability  
23132 Program a modifier that would help non-expansion states.

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23133 Mr. Carter. Right. I yield to Mr. Griffith.

23134 Mr. Upton. The gentleman's time has actually expired. We  
23135 had a clock issue. So it actually has expired.

23136 Mr. Carter. I yield.

23137 Mr. Upton. Yield back.

23138 Members on this side? The gentlelady from Florida, the vice  
23139 chair, ranking vice chair is recognized for 5 minutes.

23140 Ms. Castor. Thank you, Mr. Upton. On the Section 115 that  
23141 relates to the safety net payments, this new safety net fund that  
23142 would go to non-expansion States, I notice in the subsection A,  
23143 it uses the word "may." So this appears to send down some funds  
23144 to a non-expansion State but not have a requirement that it  
23145 actually goes to safety net providers.

23146 Why isn't there direct language that says yes, if we are  
23147 sending this safety net funding, that it actually has to go to  
23148 the safety net providers? Because sometimes what States do, they  
23149 do a little shell game. The Feds send them money and it goes into  
23150 the State budget, the State general revenue.

23151 Counsel. Can you restate your question so that we are clear  
23152 on that?

23153 Ms. Castor. Yes, so we in Section 115, Safety Net Funding  
23154 for Non-Expansion States, it provides a new fund is created to  
23155 send money to non-expansion States and I would assume the general

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23156 intent is that it go to hospitals and providers that serve the  
23157 uninsured, that were not covered by Medicaid through the  
23158 expansion. But it appears to be too permissive.

23159 So money would be sent to a State but there is no -- using  
23160 the word "may" it would appear that there is no real requirement  
23161 that it goes to those safety net providers that are providing  
23162 uncompensated care.

23163 Counsel. So the "may" lets them not take the money if they  
23164 don't want.

23165 Ms. Castor. And then where in the language can you point  
23166 me to that -- of course they are going to take the money, right?  
23167 Where in the language does it require that it go to the safety  
23168 net providers and not just into the general revenue of a State  
23169 budget?

23170 Counsel. So on page 23, there is limitation language that  
23171 would limit the funds to not exceed providers' costs incurred for  
23172 furnishing healthcare services.

23173 Ms. Castor. So can you speak up a little bit?

23174 Counsel. Yes, ma'am. On page 23 there is language similar  
23175 to how there are --

23176 Mr. Upton. Order.

23177 Ms. Castor. Can you read that language so that everyone can  
23178 hear it?

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23179 Counsel. Limitation on payment adjustment amount for  
23180 individual providers. The amount of a payment adjustment under  
23181 subsection A for an eligible provider may not exceed the  
23182 provider's cost incurred in furnishing healthcare services as  
23183 determined by the Secretary and net of payments under this title,  
23184 other than under this section, and by uninsured patients --

23185 Ms. Castor. That doesn't say that it has to go to the  
23186 providers. It just says the payment adjustment may not exceed  
23187 the provider's costs.

23188 Counsel. That is what that language says.

23189 Ms. Castor. So, it is permissive. I think it is not clear  
23190 in the --

23191 Counsel. Ms. Castor, it is permissive. The State doesn't  
23192 have to take the money.

23193 Ms. Castor. But I mean they are going to take the money but  
23194 what we want to see is that it actually goes to the providers,  
23195 the hospitals and others that are providing uncompensated care.

23196 Counsel. So it would have to go to the provider for the State  
23197 to get the incentive that is on page 22 related to the match. So  
23198 if you take a look at --

23199 Ms. Castor. Can you read that language, please?

23200 Counsel. Sure, so page 22, line 3 provides an additional  
23201 match for the States.

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23202 Ms. Castor. Can you read that explicitly because I --

23203 Counsel. Sure.

23204 Ms. Castor. I am on page 22.

23205 Counsel. It actually starts on page 21.

23206 Ms. Castor. Okay.

23207 Counsel. So, it reads increase in applicable FMAP.

23208 Ms. Castor. Can you speak up again, too, please?

23209 Counsel. Notwithstanding Section 1905(b), the Federal

23210 Medical Assistance Percentage applicable with respect to

23211 expenditures attributable to a payment adjustment under

23212 subsection A for which payment is permitted under subsection C

23213 shall be equal to: paragraph 1) 100 percent for calendar quarters

23214 in calendar years 2018, 2019, 2020, and 2021; and paragraph 2)

23215 95 percent for calendar quarters in calendar year 2022.

23216 Ms. Castor. And again, that language does not require that

23217 the money that comes from the safety net, this new safety fund

23218 actually go to the providers.

23219 Maybe we can work on an amendment, although I know we want

23220 to bring this in for a landing. But do you have another

23221 clarification?

23222 Counsel. Yes, ma'am, we have been advised by Legislative

23223 Counsel that the "may" is permissive for States to accept the money

23224 and in subsection B, if they receive the money then the rules apply

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23225 on the top of page 22, which payment is permitted under Subsection  
23226 C may be equal to you have the match, the amount, the formula,  
23227 and then the limitation on providers.

23228 So the mechanics is that it is a State option to take the  
23229 money. If a State takes it, here is the formula for the spend,  
23230 the match, and the parameters for that funding.

23231 Ms. Castor. So is it clear to the committee that --

23232 Mr. Barton. If we were awake, it might be.

23233 Ms. Castor. Yes.

23234 Mr. Barton. Some of us are still half asleep.

23235 Mr. Upton. The gentlelady's time has expired.

23236 Ms. Castor. Well, this is an issue --

23237 Mr. Upton. The chair would recognize the gentleman from  
23238 Texas, Mr. Barton, to strike the last word.

23239 Mr. Barton. Thank you. I would like to ask a question of  
23240 the Counsel. Under current law of the Medicaid expansion  
23241 enrollees, able-bodied adults, what is the approximate cost per  
23242 year to the Federal Government for that expansion population? My  
23243 back of the envelope is about \$80 billion a year but I could be  
23244 off as much as CBO probably will be.

23245 Counsel. Chairman, that sounds right. I don't have the  
23246 exact figure.

23247 Mr. Barton. It is multiple billions.

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23248 Counsel. Yes.

23249 Mr. Barton. I mean it is somewhere between \$50 billion and  
23250 \$100 billion.

23251 Counsel. That is right.

23252 Mr. Barton. Somewhere in that range.

23253 Counsel. We think the per capita cost is approximately  
23254 \$6,000.

23255 Mr. Barton. So it is a big number. It is a big number.

23256 We have been having a little bit of a kumbaya moment here,  
23257 where everybody that is for the expansion on both sides of the  
23258 aisle, and there are some Republicans that support it, have been  
23259 almost hugging each other about what a great thing it is.

23260 Keep in mind it is able-bodied adults, most of whom are under  
23261 the age of 40. These are not sick, frail, elderly.

23262 Now some of us don't share that enthusiasm. And all those  
23263 manila folders down there, there are two of them have my name on  
23264 them. And at the appropriate time, when Chairman Walden gives  
23265 me the green light, and I am not going to do anything until he  
23266 says it is appropriate to do so, I am going to offer an amendment  
23267 that tweaks the current bill in a different direction than Mr.  
23268 Green does.

23269 My amendment would say the States that have expanded, or  
23270 maybe some States that haven't but want to, can keep expanding

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23271 for this calendar year, not for 3 more years, but for this year,  
23272 1 more year.

23273 Then, because the current bill, as it is currently drafted,  
23274 does not ever definitively end this 90 percent match, although  
23275 this year it is 95 but it does go to 90, that theoretically goes  
23276 in perpetuity. With Mrs. Blackburn and Mr. Hudson, I am going  
23277 to offer a second amendment that would end that super-match by  
23278 date certain, which right now under my amendment is 2023.

23279 If you take \$80 billion a year and start multiplying it out  
23280 and we don't change the program, friends, that is a lot of money.  
23281 And Republican Study Committee agrees with myself and Mrs.  
23282 Blackburn, and Mr. Hudson. They just officially endorsed our  
23283 amendments in their Steering Committee. The Freedom Caucus  
23284 supports it. The Trump administration is open to it.

23285 So, as Chairman Upton has pointed out, at some point in time,  
23286 we are going to have a come-to-Jesus moment and see whether we  
23287 might not can shorten that expansion period and put some  
23288 definitive certainty to when it will end. And then the majority  
23289 will rule. We will find out whether we have the votes to tweak  
23290 it a little bit or whether we don't.

23291 So with that, Mr. Chairman, I thank you for your courtesy  
23292 and yield back.

23293 Mr. Carter. Would the gentleman yield?

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23294 Mr. Upton. Are there other members -- do you want to yield?

23295 Mr. Carter. Would the gentleman yield?

23296 Mr. Barton. I will yield to Mr. Carter and then Mr.

23297 Griffith.

23298 Mr. Carter. I thank the gentleman for yielding.

23299 Mr. Chairman, I just want to point out Georgia was one of

23300 those States that did not expand our Medicaid. If you look at

23301 Obamacare, it really should have been called ObamaCaid. I mean

23302 out of 20 million lives that were covered, 14.5 million of them

23303 went onto the expansion of Medicaid. Able-bodied adults went

23304 into a safety net program that was never intended, never intended

23305 to be for able-bodied adults. It is a safety net program for the

23306 aged, the blind, the disabled, for children.

23307 I am proud that Georgia did not expand that program and I

23308 think we ought to be treated fairly and I am going to do everything

23309 I can to make sure we are treated fairly, just like the expansion

23310 States.

23311 And I yield back.

23312 Mr. Barton. Mr. Griffith.

23313 Mr. Griffith. Thank you, I appreciate that.

23314 Two things, one I think that Mr. Lance did a great job in

23315 explaining the balance, I thought he did a nice job on that.

23316 And then Mr. Barton said earlier, he asked the Counsel if

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23317 the Governor sent an email could they expand. The Counsel  
23318 answered correctly the State could expand but that depends on the  
23319 laws of each individual state and in my home State, the  
23320 Commonwealth of Virginia, which still retains some of its  
23321 sovereignty, the legislature has to go along with that. So it  
23322 is not just the Governor. It is the Governor and the legislature.

23323 And I wanted to be clear so that nobody thought that the  
23324 Governor in Virginia could just get us into it if we didn't want  
23325 to be in it.

23326 Mr. Barton. I appreciate the correction. The same thing  
23327 in Texas, I think the legislature would have to --

23328 Mr. Griffith. I yield back.

23329 Mr. Upton. The gentleman's time has expired.

23330 Other members wishing to speak on the amendment? Seeing  
23331 none, a roll call has been requested and our debate has ended.

23332 Those in favor of the amendment offered by the gentleman from  
23333 Texas, Mr. Green, will vote aye; those opposed will vote no. The  
23334 clerk will call the roll.

23335 The Clerk. Mr. Barton.

23336 Mr. Barton. No.

23337 The Clerk. Mr. Barton votes no. Mr. Upton.

23338 Mr. Upton. No.

23339 The Clerk. Mr. Upton votes no.

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23340 Mr. Shimkus.

23341 [No response.]

23342 The Clerk. Mr. Murphy.

23343 Mr. Murphy. No.

23344 The Clerk. Mr. Murphy votes no.

23345 Mr. Burgess.

23346 Mr. Burgess. No.

23347 The Clerk. Mr. Burgess votes no.

23348 Mrs. Blackburn.

23349 Mrs. Blackburn. No.

23350 The Clerk. Mrs. Blackburn votes no.

23351 Mr. Scalise.

23352 Mr. Scalise. No.

23353 The Clerk. Mr. Scalise votes no.

23354 Mr. Latta.

23355 Mr. Latta. No.

23356 The Clerk. Mr. Latta votes no.

23357 Mrs. McMorris Rodgers.

23358 Mrs. McMorris Rodgers. No.

23359 The Clerk. Mrs. McMorris Rodgers votes no.

23360 Mr. Harper.

23361 Mr. Harper. No.

23362 The Clerk. Mr. Harper votes no.

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23363 Mr. Lance.  
23364 Mr. Lance. No.  
23365 The Clerk. Mr. Lance votes no.  
23366 Mr. Guthrie.  
23367 Mr. Guthrie. No.  
23368 The Clerk. Mr. Guthrie votes no.  
23369 Mr. Olson.  
23370 Mr. Olson. No.  
23371 The Clerk. Mr. Olson votes no.  
23372 Mr. McKinley.  
23373 Mr. McKinley. No.  
23374 The Clerk. Mr. McKinley votes no.  
23375 Mr. Kinzinger.  
23376 Mr. Kinzinger. No.  
23377 The Clerk. Mr. Kinzinger votes no.  
23378 Mr. Griffith.  
23379 Mr. Griffith. No.  
23380 The Clerk. Mr. Griffith votes no.  
23381 Mr. Bilirakis.  
23382 Mr. Bilirakis. No.  
23383 The Clerk. Mr. Bilirakis votes no.  
23384 Mr. Johnson.  
23385 Mr. Johnson. No.

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23386 The Clerk. Mr. Johnson votes no.  
23387 Mr. Long.  
23388 Mr. Long. No.  
23389 The Clerk. Mr. Long votes no.  
23390 Mr. Bucshon.  
23391 Mr. Bucshon. No.  
23392 The Clerk. Mr. Bucshon votes no.  
23393 Mr. Flores.  
23394 Mr. Flores. No.  
23395 The Clerk. Mr. Flores votes no.  
23396 Mrs. Brooks.  
23397 Mrs. Brooks. No.  
23398 The Clerk. Mrs. Brooks votes no.  
23399 Mr. Mullin.  
23400 Mr. Mullin. No.  
23401 The Clerk. Mr. Mullin votes no.  
23402 Mr. Hudson.  
23403 [No response.]  
23404 The Clerk. Mr. Collins.  
23405 Mr. Collins. No.  
23406 The Clerk. Mr. Collins votes no.  
23407 Mr. Cramer.  
23408 Mr. Cramer. No.

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23409 The Clerk. Mr. Cramer votes no.  
23410 Mr. Walberg.  
23411 Mr. Walberg. No.  
23412 The Clerk. Mr. Walberg votes no.  
23413 Mrs. Walters.  
23414 Mrs. Walters. No.  
23415 The Clerk. Mrs. Walters votes no.  
23416 Mr. Costello.  
23417 Mr. Costello. No.  
23418 The Clerk. Mr. Costello votes no.  
23419 Mr. Carter.  
23420 Mr. Carter. No.  
23421 The Clerk. Mr. Carter votes no.  
23422 Mr. Pallone.  
23423 Mr. Pallone. Aye.  
23424 The Clerk. Mr. Pallone votes aye.  
23425 Mr. Rush.  
23426 [No response.]  
23427 The Clerk. Ms. Eshoo.  
23428 Ms. Eshoo. Aye.  
23429 The Clerk. Ms. Eshoo votes aye.  
23430 Mr. Engel.  
23431 [No response.] The Clerk. Mr. Green.

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23432            Mr. Green.    Aye.

23433            The Clerk.   Mr. Green votes aye.

23434            Ms. DeGette.

23435            Ms. DeGette.   Aye.

23436            The Clerk.   Ms. DeGette votes aye.

23437            Mr. Doyle.

23438            Mr. Doyle.    Yes.

23439            The Clerk.   Mr. Doyle votes aye.

23440            Ms. Schakowsky.

23441            Ms. Schakowsky.   Aye.

23442            The Clerk.   Ms. Schakowsky votes aye.

23443            Mr. Butterfield.

23444            Mr. Butterfield.   Aye.

23445            The Clerk.   Mr. Butterfield votes aye.

23446            Ms. Matsui.

23447            Ms. Matsui.    Aye.

23448            The Clerk.   Ms. Matsui votes aye.

23449            Ms. Castor.

23450            Ms. Castor.    Aye.

23451            The Clerk.   Ms. Castor votes aye.

23452            Mr. Sarbanes.

23453            Mr. Sarbanes.   Aye.

23454            The Clerk.   Mr. Sarbanes votes aye.

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23455 Mr. McNerney.

23456 [No response.]

23457 The Clerk. Mr. Welch.

23458 Mr. Welch. Aye.

23459 The Clerk. Mr. Welch votes aye.

23460 Mr. Lujan.

23461 Mr. Lujan. Aye.

23462 The Clerk. Mr. Lujan votes aye.

23463 Mr. Tonko.

23464 Mr. Tonko. Aye.

23465 The Clerk. Mr. Tonko votes aye.

23466 Ms. Clarke.

23467 Ms. Clarke. Aye.

23468 The Clerk. Ms. Clarke votes aye.

23469 Mr. Loeb sack.

23470 Mr. Loeb sack. Aye.

23471 The Clerk. Mr. Loeb sack votes aye.

23472 Mr. Schrader.

23473 Mr. Schrader. Aye.

23474 The Clerk. Mr. Schrader votes aye.

23475 Mr. Kennedy.

23476 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

23477 Mr. Cardenas.

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23478            Mr. Cardenas.    Aye.

23479            The Clerk.    Mr. Cardenas votes aye.

23480            Mr. Ruiz.    Mr. Ruiz?

23481            Mr. Ruiz.    Aye.

23482            The Clerk.    Mr. Ruiz votes aye.

23483            Mr. Peters.

23484            Mr. Peters.    Aye.

23485            The Clerk.    Mr. Peters votes aye.

23486            Mrs. Dingell.

23487            Mrs. Dingell.    Aye.

23488            The Clerk.    Mrs. Dingell votes aye.

23489            Chairman Walden.

23490            The Chairman.    No.

23491            The Clerk.    Chairman Walden votes no.

23492            Mr. Upton.    Members wishing to cast a vote?    Mr. Shimkus.

23493            Mr. Shimkus.    No.

23494            The Clerk.    Mr. Shimkus votes no.

23495            Mr. Upton.    Mr. Hudson?

23496            Mr. Hudson.    No.

23497            The Clerk.    Mr. Hudson votes no.

23498            Mr. Upton.    Mr. Engel?

23499            Mr. Engel.    Votes aye.

23500            The Clerk.    Mr. Engel votes aye.

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23501 Mr. Upton. Mr. McNerney.

23502 Mr. McNerney. Aye.

23503 The Clerk. Mr. McNerney votes aye.

23504 Mr. Upton. Other members wishing to cast a vote? Seeing  
23505 none, the clerk will report the tally.

23506 The Clerk. Mr. Chairman, on that vote there were 23 ayes  
23507 and 31 noes.

23508 Mr. Upton. Twenty-three ayes, thirty-one noes. The  
23509 amendment is not agreed to.

23510 Are there further amendments to the bill? The chair will  
23511 recognize the gentleman from Vermont, Mr. Welch, to offer an  
23512 amendment. Does the gentleman have the --

23513 Mr. Welch. Thank you, Mr. Chairman, I do have an amendment  
23514 at the desk, Amendment number 166.

23515 [The Amendment offered by Mr. Welch follows:]

23516

23517 \*\*\*\*\*COMMITTEE INSERT 38\*\*\*\*\*

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23518 Mr. Upton. And can you help us?

23519 Mr. Welch. This amendment is about making certain that  
23520 nothing in this law will aggravate the problem of higher  
23521 prescription drug prices.

23522 Mr. Upton. Found it. The amendment will be considered as  
23523 read. The staff will distribute the amendment and the gentleman  
23524 is -- do you have the amendment.

23525 The Clerk. There is two 166. Is it the one that is written  
23526 on or is it the clean version?

23527 Mr. Welch. I believe it is the clean version. Sorry.

23528 The Clerk. So in that case, Amendment to the Amendment in  
23529 the Nature of a Substitute Offered by Mr. Welch.

23530 Mr. Upton. The clerk has reported the title. The amendment  
23531 will be considered as read and the gentleman from Vermont is  
23532 recognized for 5 minutes in support of his amendment.

23533 Mr. Welch. Mr. Chairman, when Mr. Walden was here, he was  
23534 indicating an appreciation of the urgency of attempting to address  
23535 the cost of health care, something that he said we would do down  
23536 the line. And there is a number of colleagues on your side who  
23537 are working hard on that. Mr. Griffith is working with me. Dr.  
23538 Bucshon I think has been a leader on this and there is an immense  
23539 amount of interest on our side but here is the deal.

23540 We do nothing in this bill to address cost and, in fact, that

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23541 is where the money is. If we start bringing down the cost, it  
23542 is going to make things much more possible for us to get health  
23543 care delivered to people who need it.

23544 One of the areas where cost is totally exploding is  
23545 pharmaceutical drugs. Just think about it. SOVALDI, a drug to  
23546 treat hepatitis C, \$84,000 for a 12-week treatment course.  
23547 Turing Pharmaceuticals, because they bought a company that had  
23548 a drug that was selling for \$15, it ended up being sold, right  
23549 after the company bought it, for \$1,500.

23550 EpiPen, where parents in Vermont contacted me. This is  
23551 about providing what a child needs when they go into shock. That  
23552 is sold for \$600, 400 percent more than it was just a few years  
23553 ago. And by the way, that company that is headquartered in the  
23554 Netherlands, a U.S. company, Mylan, sells that same item in the  
23555 Netherlands for \$100. We are getting ripped off.

23556 Now, the cost, what we are spending on pharmaceutical drugs,  
23557 a total of almost three-quarters of the average Social --

23558 Mr. Chairman, the committee is not in order. The committee  
23559 is not in order, Mr. Chairman.

23560 Mr. Upton. The gentleman is correct. The committee is not  
23561 in order.

23562 The gentleman will proceed.

23563 Mr. Welch. All right. Mr. Chairman, according to the AARP

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23564 report, the average annual retail price of drugs was over \$11,000  
23565 in 2013 for a patient who had prescriptions for a chronic illness.  
23566 That is almost three-quarters of the average Social Security  
23567 retirement benefit of \$15,526 and nearly half the median income  
23568 of somebody on \$23,500.

23569 The amendment is about making certain that nothing in this  
23570 legislation is going to aggravate the already excessive burden  
23571 with the cost of prescription medication.

23572 I would like to remind the committee that President Trump  
23573 spoke about prescription drugs and what a bad deal the American  
23574 consumer was getting with the high cost of prescription drugs and  
23575 that we were getting ripped off.

23576 Yesterday, President Trump met with Congressman Elijah  
23577 Cummings and me and reiterated, restated his support to act  
23578 promptly to address this prescription drug price crisis. This  
23579 an opportunity for us to at least begin focusing on health care  
23580 costs and prescription drugs is the area where the cost are rising  
23581 the fastest.

23582 Mr. Chairman, I urge this committee to adopt this amendment  
23583 and begin the process of reining in the out-of-control cost of  
23584 prescription medication. I yield back the balance of my time.

23585 Mr. Upton. The gentleman yields back. The chair  
23586 recognizes the chairman of the Health Subcommittee, Dr. Burgess,

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23587 for 5 minutes.

23588 Mr. Burgess. I thank the chairman for the recognition.

23589 Mr. Chairman, the cost of drugs is a problem for too many  
23590 patients and we need to find solutions. Spending on prescription  
23591 drugs represents ten percent of overall healthcare spending.  
23592 However, instead of exercising greater government control,  
23593 Congress could opt and should opt for less, focusing instead on  
23594 efficiency, innovation, and competition.

23595 We have spoken about the three phases that Republicans will  
23596 pursue on rescuing people from the harms of the Affordable Care  
23597 Act. And there are things. After we finish the reconciliation,  
23598 there are things that can be done, obviously administratively,  
23599 but we also have the user fee agreements within the FDA to  
23600 reauthorize and the subcommittee is actively engaged in that and  
23601 had our first hearing, in fact, last week.

23602 The FDA does take too long to approve generic applications.  
23603 There are literally \$1,500 applications that have been pending  
23604 at the agency for years. That needs to improve and that needs  
23605 more competition.

23606 We also have a problem with the time it takes to develop and  
23607 review innovative drugs. It costs nearly \$2 billion and takes  
23608 14 years to bring a new drug to market. Of course the chairman  
23609 worked on this very diligently with the 21st Century Cures bill.

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23610 The committee got that work done. It I think ran through two or  
23611 three Congresses and it was a milestone effort when it was achieved  
23612 but our work here is not done. And of course, the oversight of  
23613 the implementation of the 21st Century Cures Act will be part of  
23614 the ongoing regular order process in the subcommittee.

23615 Working on legislation over the next few months to  
23616 reauthorize the FDA user fee process will -- could improve the  
23617 FDA processes so people can see real competition in the  
23618 prescription drug market.

23619 My opinion, and it has been the opinion of others, that the  
23620 Federal Government should not ration drugs and decide which drugs  
23621 are available to seniors under Medicare. Ultimately, that leads  
23622 to price controls and reduction of the types of products that are  
23623 available. Congress should retool entitlement programs to  
23624 encourage greater competition among providers and insurers  
23625 because private negotiation, as we have seen in the Part D program,  
23626 private negotiation does work. And the Part D program continues  
23627 to come in below cost projections, keeping costs steady for  
23628 beneficiaries from year to year. Premiums have remained stable  
23629 over the course of the program and are now half of what was  
23630 originally projected by the Congressional Budget Office when this  
23631 committee marked up the Medicare Modernization Act in 2004 --  
23632 2005.

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23633           The program that was implemented in 2006 has been a success  
23634 story and has put the powers of choice and competition and  
23635 empowered seniors.

23636           I would note the committee and the staff continues to work  
23637 in a bipartisan manner to advance H.R. 749, the Lower Drug Costs  
23638 Through Competition Act by Representatives Schrader and  
23639 Bilirakis, which aims to enhance generic competition and we look  
23640 forward to continuing our progress in this effort.

23641           In short, Mr. Chairman, there is no shortage of activity that  
23642 is occurring at the subcommittee level through the regular order  
23643 process and that will continue through the balance of this year  
23644 and likely --

23645           Mr. Carter. Will the gentleman yield?

23646           Mr. Burgess. Yes.

23647           Mr. Carter. Mr. Chairman, I thank the gentleman for  
23648 yielding. And I want to assure the gentleman from Vermont that  
23649 he has no greater ally in working on drug prescription prices than  
23650 myself. He and I together co-chair the Pharmacy Caucus and I  
23651 appreciate his interest in this.

23652           There are a number of thing that we can do. In fact, if you  
23653 will look in the Bloomberg today, there is an article about PBMs  
23654 and how they are one of the primary reasons that drug prices are  
23655 increasing. And in fact, Gilead has said that PBMs like Express

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23656 Scripts keep prices high. They do this through keeping the prices  
23657 high so that the PBMs get a higher rebate and this is one of the  
23658 problems that we have.

23659 And you are right, the President has made it clear that anyone  
23660 who is on the other side of R&D needs to beware because we are  
23661 after them and we are after the PBMs because they are a primary  
23662 problem here.

23663 Again, I want to thank you for this but I am not sure that,  
23664 as Dr. Burgess has said, I am not sure that this is the right time  
23665 for us to do it. As the Speaker has explained, this is a  
23666 three-bucket approach that we are trying to get at through health  
23667 care. This is the first bucket. We have still got those two  
23668 buckets to go and, at that time, I hope that we can, indeed, address  
23669 this.

23670 Thank you, Mr. Chairman. I yield back.

23671 Mr. Upton. The gentleman's time has expired.

23672 Mr. Welch. I yield back.

23673 Mr. Upton. The chair recognizes the gentlelady from  
23674 California to strike the last word.

23675 Ms. Eshoo. Thank you, Mr. Chairman. Move to strike the  
23676 last word.

23677 Very interesting to listen to the chairman of the Health  
23678 Subcommittee. I hope everyone was listening. It was long and

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23679 winding. You had to listen hard but there is one message that  
23680 comes out of it. It seems as if our colleagues on this side of  
23681 the aisle are not in synch with the President of the United States.  
23682 That is what is more than obvious to me about bringing down the  
23683 cost of drugs.

23684 I will yield to Mr. Welch.

23685 Mr. Welch. Thank you very much.

23686 Mr. Carter, I am so delighted you are on this committee with  
23687 your very extensive experience in Pharma and we are going to listen  
23688 to you. I am going to listen to you but let me express some  
23689 frustration.

23690 These drug prices have been rising constantly. And the  
23691 pharmaceutical companies, which we all know, do some very good  
23692 things. They create life-extending and pain-relieving  
23693 medications and my first wife was the beneficiary of that. So  
23694 I get it and they need research and development. But you know  
23695 what? If they are going to hide behind the assertion that it is  
23696 research and development that justifies these prices that are  
23697 starting to kill the patients who can't get access to what they  
23698 need, show us the books. You know there has got to be some  
23699 transparency here. I am all for letting folks get the price they  
23700 need in order to keep doing the research for new breakthrough drugs  
23701 but there has never been any transparency.

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23702           The other thing, the cost is unbelievable. I mean we are  
23703 going to be up to \$500 billion soon in the whole pharmaceutical  
23704 expenditure between the government and between others. It is  
23705 like a house is burning with these expenses.

23706           And we can have these rhetorical arguments and line up on  
23707 one side or the other but we have got a situation here that needs  
23708 attention. And the frustration I have is that we go round and  
23709 round and have not made concrete progress.

23710           Price negotiation, for instance, which is a bill that we were  
23711 -- Mr. Cummings and I were talking to the President about, I mean  
23712 I do not get why we don't use free market principles, which says  
23713 that a buyer and seller negotiation and a buyer tries to get a  
23714 high price -- a buyer tries to get a low price, a seller tries  
23715 to get a higher price. That is the way it works and you bargain  
23716 with the power that you have.

23717           Medicare is the biggest purchaser of drugs in the world and  
23718 do you know what we do? It is astonishing. We buy wholesale and  
23719 pay retail. And you know why we do it? Because Congress said  
23720 that is what we had to do, the noninterference clause. This is  
23721 like upside down capitalism.

23722           So we don't do it in the VA. We don't do it in Medicaid and  
23723 we get prices that are about 60 percent less.

23724           So my question is how can any of us claim that we are fiscally

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23725 responsible when we are not willing to bargain to get a better  
23726 price. Now, bargaining is not setting price. It is bargaining.  
23727 And President Trump gets that. If he is going to get a thousand  
23728 mirrors for one of his buildings, is he going to pay the per unit  
23729 cost on a thousand that he would for one? I doubt it. He didn't  
23730 get to where he is by making that kind of bad deal.

23731 So I just implore my colleagues, we have got a lot of  
23732 knowledge here on both sides of the aisle and we have got to do  
23733 something about it. It will help the taxpayer. It will help the  
23734 consumer. It will help our employers who are trying to keep costs  
23735 down so they can continue to provide good healthcare coverage to  
23736 their workers.

23737 I yield back.

23738 Mr. Upton. Would the gentleman yield?

23739 Mr. Welch. I yield back to --

23740 Ms. Eshoo. Reclaiming my time.

23741 Last week, the Health Subcommittee had a hearing with  
23742 excellent witnesses. The subject matter was really how much  
23743 generics have brought down costs, how that market has grown, how  
23744 many people are a part of it. But there was a statistic that one  
23745 of the witnesses stated when I asked the question if the generic  
23746 market has grown so much and we have so many people participating  
23747 in it, why do we have such a problem with the high cost of drugs.

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23748 And he said 11 percent of drugs account for 63 percent of drug  
23749 costs. That is amazing, 11 percent. So it really is a handful  
23750 of products.

23751 I will yield back.

23752 Mr. Upton. The gentlelady yields back. The chair  
23753 recognizes the gentleman from Florida, Mr. Bilirakis.

23754 Mr. Bilirakis. Thank you, Mr. Chairman, I appreciate it  
23755 very much.

23756 Mr. Welch, we have a bill with Representative Schrader, a  
23757 bipartisan bill to address this issue. As a matter of fact, we  
23758 had a hearing on it last week and we intend to mark it up, I  
23759 understand, Mr. Chairman, hopefully by the end of the month. It  
23760 is House bill 749 and it aims to incentivize more generic drug  
23761 competition where it is needed the most.

23762 So, we are addressing this issue. Since introducing this  
23763 bill, we have heard a number of additional ways to encourage  
23764 generic competition and we are working on a bipartisan basis to  
23765 consider these options. The bill will supplement the increased  
23766 generic competition that will come from reauthorizing an improved  
23767 generic drug user fee.

23768 So, again, this is an issue that we are addressing. I  
23769 appreciate Mr. Welch bringing this issue up because we have got  
23770 to lower the drug prices through competition.

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23771 And I don't know whether Mr. Schrader wants time. Anybody  
23772 want time?

23773 Mr. Schrader. I do. I do.

23774 Mr. Bilirakis. All right.

23775 Mr. Schrader. Can you give me time?

23776 Mr. Bilirakis. I yield to Mr. Schrader.

23777 Mr. Schrader. Thank you very much. I appreciate it. I  
23778 think this is timely. I think Representative Welch has been a  
23779 long-time advocate for trying to rein in the explosive costs of  
23780 pharmaceuticals and I appreciate working with the gentleman from  
23781 Florida on a bipartisan basis to get at that. It is not all  
23782 acrimony here. Occasionally, we do get along and try and solve  
23783 a few problems.

23784 It is a first step. It is not huge but you have got to take  
23785 those first steps to get somewhere down the line. And I think  
23786 it serves notice that this committee and this Congress is  
23787 interested in reining in healthcare costs wherever and whenever  
23788 we can. And the bill goes that way. Representative Welch also  
23789 has some interesting work on mitigation studies that we could get  
23790 behind I think would also be great legislation.

23791 So I urge us to continue to work along these lines and,  
23792 hopefully, do what we do best, which is get together and solve  
23793 the problems for the American people. I think that is what they

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23794 are looking for us to do right here right now.

23795 Mr. Bilirakis. I couldn't agree more.

23796 Anyone else like to --

23797 Mr. Upton. I think Mr. Carter wants time.

23798 Mr. Bilirakis. Yes. Oh, yes. Okay, very good. All  
23799 right, I yield to Mr. Carter.

23800 Mr. Carter. I thank the gentleman for yielding. I want to  
23801 reiterate to Representative Welch and to everyone that I am as  
23802 committed as anyone to this. I am not taking up for the  
23803 pharmaceutical manufacturers. They need to pay the price, too.  
23804 They need to be responsible for this but it is much more than just  
23805 that.

23806 And again, this is a phased process. I have just been told  
23807 by leadership not to use bucket anymore, use phase now.  
23808 Evidentially, it is too pedestrian. But nevertheless, this is  
23809 not the right phase for us to be doing it. So Representative  
23810 Welch, I will not be supporting your amendment but I am supporting  
23811 your underlying effort to rein in drug prices and thank you.

23812 And I yield.

23813 Mr. Bilirakis. That is our goal.

23814 Mr. Upton. Does the gentleman from Florida yield back his  
23815 time?

23816 Mr. Bilirakis. Yes, I yield back. Thank you.

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23817 Mr. Upton. The chair recognizes the gentleman from New  
23818 Jersey, Mr. Pallone.

23819 Mr. Pallone. Thank you, Mr. Chairman. I was hoping with  
23820 all these happy faces on the Republican side that we could get  
23821 you to support Mr. Welch's bill. So we will see. Maybe we can  
23822 still get some of you.

23823 But I just wanted to say that prescription drug prices, as  
23824 we know, are rising at an alarming pace and the problem is  
23825 widespread. Annual drug spending in the U.S. is estimated to  
23826 reach more than \$500 billion by 2018 and, in 2014, spending grew  
23827 by 12 percent, faster than any year since 2002. And this increase  
23828 is having a very real impact on American families with one out  
23829 of five Americans aged 19 to 64 unable to afford the cost of their  
23830 prescriptions.

23831 Throughout the country, and even from our President, as has  
23832 been mentioned, there is bipartisan support for action to lower  
23833 the cost of prescription drugs and make treatments more affordable  
23834 for patients and their families. The President has said he  
23835 doesn't like what is going on with drug prices and, in fact, he  
23836 said, and I quote, I am going to bring down drug prices. Yet,  
23837 despite this commitment from the President, the Republican repeal  
23838 plan does nothing to address drug prices and, instead, continues  
23839 to give breaks to pharmaceutical companies that our President

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23840 believes are getting away with murder by repealing the fee on brand  
23841 name prescription drugs, the pharmaceutical companies agreed to  
23842 under the Affordable Care Act. So this is another one of the  
23843 pay-fors for the Affordable Care Act that is repealed in the  
23844 Republican bill and again, is a giveaway, in this case, to  
23845 corporate interests.

23846           The vast majority of Republican and Democratic voters all  
23847 agree that the most important healthcare priority for a new  
23848 President and Congress is making prescription drugs affordable  
23849 for those that need them. Ranking a close second and also with  
23850 bipartisan agreement is the need for government to take action  
23851 to lower drug prices.

23852           So, if we are going to believe the latest tweet, he says,  
23853 quote, a new system where there will be competition in the drug  
23854 industry is coming and, quote, pricing for the American people  
23855 will come way down. However, while we wait for the Republicans'  
23856 next plan to be revealed, I would urge my colleagues to support  
23857 this amendment and delay implementation of the American Health  
23858 Care Act until it can be certified by the Secretary that it will  
23859 lower drug costs for consumers.

23860           So I urge my colleagues on both sides of the aisle to vote  
23861 in favor of this amendment and I thank Mr. Welch.

23862           Would anybody like some of my time? Okay, I yield back, Mr.

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23863 Chair.

23864 Mr. Upton. The gentleman yields back. Other members  
23865 wishing to speak?

23866 The gentlelady from Illinois is recognized for 5 minutes.

23867 Ms. Schakowsky. I move to strike the last word.

23868 I support Congressman Welch's amendment because families  
23869 across the country are struggling to afford their prescription  
23870 drugs. And we talked about how President Trump has said that big  
23871 drug corporations are, quote, getting away with murder, unquote.  
23872 And just yesterday, after meeting with Congressman Welch and  
23873 Congressman Cummings, the tweet was I am working out a new system  
23874 where there will be competition in the drug industry. Pricing  
23875 for the American people will come way down. That is a tweet. And  
23876 I have to say, this may be one of the issues, if he is serious,  
23877 that we are going to be able to work with him.

23878 You know I was here when Medicare Part D passed. A lot of  
23879 talk about this. And I remember big Pharma putting in the one  
23880 sentence that really changed everything and that was that Medicare  
23881 is prohibited from negotiating for lower drug prices with  
23882 Medicare. And that has plagued us really ever since.

23883 The cost of drugs nearly doubled from \$62 billion in 2007  
23884 to \$121 billion in 2014 in Medicare Part D prescription drug  
23885 pricing doubled from \$11 billion to \$22 billion between 2007 and

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23886 2015.

23887 By the way, I am reintroducing a bill that will add  
23888 transparency. We want to know how much do they really spend on  
23889 research.

23890 In Medicaid, spending on the prescription drugs per enrollee  
23891 also grew by over 13 percent between 2013 and 2014. And a 2016  
23892 AARP study of widely-used brand name drugs found that 97 percent  
23893 had price increases that exceeded inflation. Out-of-pocket  
23894 costs for Americans are rising with the average American paying  
23895 over \$1,300 out of pocket in medical expenses, including their  
23896 prescription drugs before their healthcare coverage kicks in and  
23897 that is a sharp increase from an average deduction of \$584 a decade  
23898 ago.

23899 As a result, too often patients and their families have to  
23900 make very real decisions about what they can afford every month  
23901 and we have all talked about the tradeoffs. Do you pay your  
23902 electric bill, your grocery bill, or your prescription drug bill?  
23903 And according to AARP survey, 55 percent of adults over the age  
23904 of 50 decided not to refill a prescription, in part, because of  
23905 the cost. And nearly one-third said cost was, quote, the main  
23906 reason, unquote, for not refilling the prescription.

23907 Skipping doses or prescriptions can have serious  
23908 implications for patients and for our healthcare system. An

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23909 estimated 125,000 deaths and 10 to 20 percent of hospital and  
23910 nursing home admissions each year are the direct result of  
23911 nonadherence to medication.

23912 And the problems created by high prescription drug prices  
23913 are not limited to people who are actually taking prescription  
23914 drugs. These price increases also affect employers, private  
23915 insurers, and taxpayer-funded programs like Medicare or Medicaid  
23916 by increasing premiums and the cost of public insurance programs.

23917 So this is a systemic problem that requires an aggressive  
23918 and comprehensive solution. And the American people totally  
23919 agree with this.

23920 AARP's survey on prescription drugs found that 87 percent  
23921 of Americans ages 50 and older support efforts to control  
23922 prescription drug costs. And similarly, a recent poll done by  
23923 the Kaiser Family Foundation found that 77 percent of Americans  
23924 believe the price of drugs is unreasonable. People are demanding  
23925 action and it really is time for Congress to Act. One way to help  
23926 address this issue is to limit what patients pay out of pocket  
23927 for their prescription drugs in a month.

23928 So for all the talk from Republicans on reducing healthcare  
23929 costs, their repeal bill does nothing to address skyrocketing  
23930 prescription drug prices. And those who want to work on that with  
23931 us, I would suggest this is a great place to start. Why don't

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23932 you vote for the Welch amendment right now? We can roll up our  
23933 sleeves. We can get to work. And guess what? Maybe we can work  
23934 with the President on this as well.

23935 And I yield back.

23936 Mr. Burgess. [Presiding.] The chair thanks the gentlelady.

23937 The gentlelady yields back.

23938 Does anyone on the Republican side seek recognition? Seeing  
23939 none, is there further discussion on the Democratic side?

23940 For what purpose does the gentleman from New York seek  
23941 recognition?

23942 Mr. Tonko. Mr. Chair, I move to strike the last word.

23943 Mr. Burgess. The gentleman is recognized for 5 minutes.

23944 Mr. Tonko. Thank you, Mr. Chair. I rise in support of this  
23945 amendment reining in out-of-control prescription drug costs  
23946 should be the number one priority for this committee in addressing  
23947 health care. Lowering drug prices is the key to unlocking lower  
23948 overall healthcare costs.

23949 A recent poll found that both Republican and Democratic  
23950 voters agree in making this the number one priority for Congress.  
23951 Let's make it happen for the American people.

23952 Addressing drug costs would help individuals in my district,  
23953 people like Tracy from Troy, New York, who needs multiple drug  
23954 prescriptions to treat preexisting conditions, including

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23955 diabetes. The Affordable Care Act has made it possible for Tracy  
23956 to get health coverage for herself and her family. Without the  
23957 ACA, Tracy would not be able to pay her doctors or the drug  
23958 companies. Still, we can do more, much more to help Tracy manage  
23959 her costs.

23960 Prescription drug costs are spiraling out of control. Here  
23961 are the facts from a Money Magazine article: double-digit drug  
23962 price increases have taken place in each of the past 3 years;  
23963 prices for 30 common prescription drugs increased at eight times  
23964 the pace of inflation between 2010 and 2014; 16.7 percent of all  
23965 healthcare spending went toward prescription drugs, compared to  
23966 roughly 7 percent in the 1990s; the average annual retail price  
23967 of drugs was over \$11,000 in 2013; the price of DARAPRIM, made  
23968 infamous by Pharma bro Martin Shkreli, was jacked up 5,000 percent  
23969 overnight.

23970 This situation must be fixed. We can take a good first step  
23971 with this amendment and I strongly urge my colleagues to support  
23972 this amendment.

23973 With that, Mr. Chair, I yield back.

23974 Mr. Burgess. The gentleman yields back. The chair thanks  
23975 the gentleman.

23976 Does any other member seek to be heard on the Welch amendment?

23977 Seeing none, the question then occurs on the Welch Amendment.

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23978 The gentleman from New Jersey had previously asked for a roll call  
23979 vote. So, the clerk will call the roll.

23980 The Clerk. Mr. Barton.

23981 Mr. Upton.

23982 Mr. Shimkus.

23983 Mr. Shimkus. No.

23984 The Clerk. Mr. Shimkus votes no.

23985 Mr. Murphy.

23986 Mr. Burgess.

23987 Mr. Burgess. No.

23988 The Clerk. Mr. Burgess votes no.

23989 Mrs. Blackburn.

23990 Mrs. Blackburn. No.

23991 The Clerk. Mrs. Blackburn votes no.

23992 Mr. Scalise.

23993 Mr. Scalise. No.

23994 The Clerk. Mr. Scalise votes no.

23995 Mr. Latta.

23996 Mr. Latta. No.

23997 The Clerk. Mr. Latta votes no.

23998 Mrs. McMorris Rodgers.

23999 Mrs. McMorris Rodgers. No.

24000 The Clerk. Mrs. McMorris Rodgers votes no.

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24001 Mr. Harper.

24002 Mr. Harper. No.

24003 The Clerk. Mr. Harper votes no.

24004 Mr. Lance.

24005 Mr. Lance. No.

24006 The Clerk. Mr. Lance votes no.

24007 Mr. Guthrie.

24008 Mr. Guthrie. No.

24009 The Clerk. Mr. Guthrie votes no.

24010 Mr. Olson.

24011 Mr. Olson. No.

24012 The Clerk. Mr. Olson votes no.

24013 Mr. McKinley.

24014 Mr. McKinley. No.

24015 The Clerk. Mr. McKinley votes no.

24016 Mr. Kinzinger.

24017 Mr. Kinzinger. No.

24018 The Clerk. Mr. Kinzinger votes no.

24019 Mr. Griffith.

24020 Mr. Griffith. No.

24021 The Clerk. Mr. Griffith votes no.

24022 Mr. Bilirakis.

24023 Mr. Bilirakis. No.

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24024 The Clerk. Mr. Bilirakis votes no.  
24025 Mr. Johnson.  
24026 Mr. Johnson. No.  
24027 The Clerk. Mr. Johnson votes no.  
24028 Mr. Long.  
24029 Mr. Long. No.  
24030 The Clerk. Mr. Long votes no.  
24031 Mr. Bucshon.  
24032 Mr. Bucshon. No.  
24033 The Clerk. Mr. Bucshon votes no.  
24034 Mr. Flores.  
24035 Mr. Flores. No.  
24036 The Clerk. Mr. Flores votes no.  
24037 Mrs. Brooks.  
24038 Mrs. Brooks. No.  
24039 The Clerk. Mrs. Brooks votes no.  
24040 Mr. Mullin.  
24041 Mr. Mullin. No.  
24042 The Clerk. Mr. Mullin votes no.  
24043 Mr. Hudson.  
24044 [No response.]  
24045 The Clerk. Mr. Collins.  
24046 Mr. Collins. No.

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24047 The Clerk. Mr. Collins votes no.  
24048 Mr. Cramer.  
24049 [No response.]  
24050 The Clerk. Mr. Walberg.  
24051 Mr. Walberg. No.  
24052 The Clerk. Mr. Walberg votes no.  
24053 Mrs. Walters.  
24054 Mrs. Walters. No.  
24055 The Clerk. Mrs. Walters votes no.  
24056 Mr. Costello.  
24057 Mr. Costello. No.  
24058 The Clerk. Mr. Costello votes no.  
24059 Mr. Carter.  
24060 Mr. Carter. No.  
24061 The Clerk. Mr. Carter votes no.  
24062 Mr. Pallone.  
24063 Mr. Pallone. Votes aye.  
24064 The Clerk. Mr. Pallone votes aye.  
24065 Mr. Rush.  
24066 [No response.]  
24067 The Clerk. Ms. Eshoo.  
24068 Ms. Eshoo. Aye.  
24069 The Clerk. Ms. Eshoo votes aye.

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24070 Mr. Engel.

24071 [No response.]

24072 The Clerk. Mr. Green.

24073 Mr. Green. Aye.

24074 The Clerk. Mr. Green votes aye.

24075 Ms. DeGette.

24076 Ms. DeGette. Aye.

24077 The Clerk. Ms. DeGette votes aye.

24078 Mr. Doyle.

24079 Mr. Doyle. Yes.

24080 The Clerk. Mr. Doyle votes aye.

24081 Ms. Schakowsky.

24082 Ms. Schakowsky. Aye.

24083 The Clerk. Ms. Schakowsky votes aye.

24084 Mr. Butterfield.

24085 Mr. Butterfield. Aye.

24086 The Clerk. Mr. Butterfield votes aye.

24087 Ms. Matsui.

24088 Ms. Matsui. Aye.

24089 The Clerk. Ms. Matsui votes aye.

24090 Ms. Castor.

24091 Ms. Castor. Aye.

24092 The Clerk. Ms. Castor votes aye.

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24093 Mr. Sarbanes.  
24094 Mr. Sarbanes. Aye.  
24095 The Clerk. Mr. Sarbanes votes aye.  
24096 Mr. McNerney.  
24097 Mr. McNerney. Aye.  
24098 The Clerk. Mr. McNerney votes aye.  
24099 Mr. Welch.  
24100 Mr. Welch. Aye.  
24101 The Clerk. Mr. Welch votes aye.  
24102 Mr. Lujan.  
24103 Mr. Lujan. Aye.  
24104 The Clerk. Mr. Lujan votes aye.  
24105 Mr. Tonko.  
24106 Mr. Tonko. Aye.  
24107 The Clerk. Mr. Tonko votes aye.  
24108 Ms. Clarke.  
24109 Ms. Clarke. Aye.  
24110 The Clerk. Ms. Clarke votes aye.  
24111 Mr. Loeb sack.  
24112 Mr. Loeb sack. Aye.  
24113 The Clerk. Mr. Loeb sack votes aye.  
24114 Mr. Schrader.  
24115 Mr. Schrader. Aye.

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24116 The Clerk. Mr. Schrader votes aye.

24117 Mr. Kennedy.

24118 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.

24119 Mr. Cardenas.

24120 [No response.]

24121 The Clerk. Mr. Ruiz.

24122 Mr. Ruiz. Aye.

24123 The Clerk. Mr. Ruiz votes aye.

24124 Mr. Peters.

24125 [No response.]

24126 The Clerk. Mrs. Dingell.

24127 Mrs. Dingell. Aye.

24128 The Clerk. Mrs. Dingell votes aye.

24129 Chairman Walden.

24130 The Chairman. No.

24131 The Clerk. Chairman Walden votes no.

24132 Mr. Barton.

24133 Mr. Barton. No.

24134 The Clerk. Mr. Barton votes no.

24135 Mr. Upton.

24136 Mr. Upton. Votes no.

24137 The Clerk. Mr. Upton votes no.

24138 Mr. Murphy.

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24139           Mr. Murphy.   No.

24140           The Clerk.   Mr. Murphy votes no.

24141           Mr. Hudson.

24142           [No response.]

24143           The Clerk.   Mr. Cramer.

24144           Mr. Cramer.   No.

24145           The Clerk.   Mr. Cramer votes no.

24146           Mr. Engel.

24147           Mr. Engel.   Vote aye.

24148           The Clerk.   Mr. Engel votes aye.

24149           Mr. Burgess.   The clerk will report.

24150           The Clerk.   Mr. Chairman, on that vote there were 21 ayes

24151           and 30 noes.

24152           Mr. Burgess.   Twenty-one ayes and thirty noes.   The

24153           amendment is not agreed to.

24154           Is there a member seeking recognition?   For what purpose

24155           does the gentlelady from New York seek recognition?

24156           Ms. Clarke.   Mr. Chairman, I have an amendment at the desk.

24157           [The Amendment offered by Ms. Clarke follows:]

24158

24159           \*\*\*\*\*INSERT 39\*\*\*\*\*

24160 Mr. Burgess. The clerk will report.

24161 Ms. Clarke. Number 86.

24162 The Clerk. Amendment to the Amendment in the Nature of a  
24163 Substitute Offered by Ms. Clarke.

24164 Mr. Burgess. Without objection, the reading of the  
24165 amendment is dispensed with and the gentlelady is recognized for  
24166 5 minutes on her amendment.

24167 Ms. Clarke. Thank you, Mr. Chairman.

24168 My sense of congress amendment will prevent the elimination  
24169 of the Prevention and Public Health Fund. The Prevention and  
24170 Public Health Fund is critical to addressing health disparities  
24171 and preventing infectious diseases in underserved population.  
24172 African American women are particularly vulnerable and benefit  
24173 greatly from the program supported by this fund.

24174 As I have always maintained, access to quality affordable  
24175 health care is and should be a basic human right. Having access  
24176 to health care not only improves and sustains ones quality of life  
24177 but also helps bend the healthcare cost curve. However, I know  
24178 firsthand that there are significant barriers to accessing  
24179 quality and affordable health care which, in turn, exacerbates  
24180 racial and gender health disparities.

24181 According to the Center for Disease Control and Prevention,  
24182 African American women are twice as likely to suffer from heart

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24183 disease as a result of high rates of chronic health conditions,  
24184 such as obesity, elevated cholesterol, high blood pressure, and  
24185 diabetes. And when it comes to breast cancer, the rates and  
24186 severity of the disease are even more alarming. African American  
24187 women are twice as likely to be diagnosed with aggressive subtypes  
24188 of breast cancer, including --

24189 Mr. Burgess. If the gentlelady will suspend. The  
24190 committee will come to order.

24191 The gentlelady may proceed.

24192 Ms. Clarke. Thank you, Mr. Chairman.

24193 African American women are twice as likely to be diagnosed  
24194 with aggressive subtypes of breast cancer, including triple  
24195 negative breast cancer that disproportionately affects young  
24196 African American women. African American women also are 43  
24197 percent more likely to die from breast cancer than their white  
24198 counterparts. The 5-year survival rate for white breast cancer  
24199 survivors is 89 percent; whereas, the 5-year survival rate for  
24200 African American women is just 79 percent.

24201 You may be asking yourself why breast cancer is so important  
24202 and personal for me. The answer is simple. My staffer, Dale  
24203 Degale. Dale was diagnosed with LCIS, an acknowledged precursor  
24204 to breast cancer. Unfortunately, Dale was unable to receive  
24205 prompt and appropriate high-quality medical follow-up and, as a

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24206 result, Dale's condition worsened. Like many other African  
24207 American women, when Dale eventually did receive health care, her  
24208 disease was in an advanced stage.

24209 Thankfully, Dale survived. Because of Dale and countless  
24210 other women like her, I will continue to work towards decreasing  
24211 health disparities and in doing so, improve the quality of life  
24212 and longevity for all women of color.

24213 So I urge my colleagues this morning to support my amendment  
24214 to prevent the elimination of the Prevention and Public Health  
24215 Fund.

24216 And Mr. Chairman, I yield back the balance of my time.

24217 Mr. Burgess. The gentlelady yields back.

24218 The chair recognizes the gentleman from Pennsylvania. For  
24219 what purpose does the gentleman from Pennsylvania --

24220 Mr. Murphy. Strike the last word.

24221 Mr. Burgess. The gentleman is recognized for 5 minutes.

24222 Mr. Murphy. Thank you, Mr. Chairman.

24223 I just want to point out some things about the Prevention  
24224 and Public Health Fund and that is, how it is used. Again, it  
24225 sounds good and with some good intents here but there has been  
24226 a number of things that have happened without proper oversight  
24227 over this in terms of how the money is spent.

24228 So before fiscal year 2014 when Congress began directing the

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24229 allocation of the fund through appropriations, grants went to some  
24230 of the following grantees: City of Nashville received \$7.5  
24231 million Community Putting Prevention to Work Grant for free pet  
24232 spaying and neutering; the City of Boston got \$1 million for urban  
24233 gardening; Pitt County, North Carolina got money for signage to  
24234 promote recreational destination for public parks' bike lanes;  
24235 the Cascade Bicycle Education Club got some money for improved  
24236 walking and biking environment. There was also money that went  
24237 into a kickboxing, Zumba, kayaking and paddle boarding classes  
24238 in Waco Texas. King County, Washington got \$12 million for  
24239 changes in zoning policies to locate fast food retailers farther  
24240 from schools. And the list goes on.

24241 I know some people are saying that some of this is cuts coming  
24242 from CDC. We have always funded CDC. We recognize their value  
24243 and that would go through the regular order process in terms of  
24244 the Appropriations Committee. But part of this is we really  
24245 wanted to make sure that, as we have also said when Congress began  
24246 to take a closer look at this and control more of the spending  
24247 since 2014 is that the Prevention and Public Health Fund was  
24248 oftentimes not used for that.

24249 We have faced similar problems in the past with SAMHSA when  
24250 we found out that Substance Abuse Mental Health Service  
24251 Administration, a good name and does many good things, was also

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24252 using the money for websites for children's sing-along songs that  
24253 cost a few hundred thousand dollars, a website for people in Boston  
24254 to help them with snow anxiety, including --

24255 Ms. Clarke. Would the gentleman yield for a question?

24256 Mr. Murphy. -- crisis hotline calls, et cetera. So, it  
24257 is always appropriate --

24258 Ms. Clarke. Would the gentleman yield for a question?

24259 Mr. Murphy. Not yet, please. Let me finish. I will just  
24260 give me a moment.

24261 But anyways, for a number of things here. We want make sure  
24262 that funds are used right. And certainly the nice thing about  
24263 our bill is we have \$100 billion over 10 years to go towards things  
24264 that States can use for true innovation for things to really  
24265 control better ideas with health care and we will have a lot of  
24266 oversight of that, too, to make sure that things are not misused  
24267 in that.

24268 But we are going to do a lot of innovative things.

24269 And certainly, I yield to my friend if you want to have a  
24270 question.

24271 Ms. Clarke. I just had a question because I am just trying  
24272 to figure out what about the items that you just mentioned does  
24273 not fit into the intention of the fund. It is about prevention  
24274 and public health. You went down a list of things, from what you

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24275 described, they are promoting fitness. They are promoting  
24276 wellness in eating properly. You went down a list and I am trying  
24277 to figure out what it was that you found to be objectionable.

24278 Mr. Murphy. I thank the gentlelady for her question. Let  
24279 me try and address it this way.

24280 Certainly fitness is important. Weight control and lack of  
24281 smoking, staying away from smoking is important.

24282 The question is how federal funds are used in a situation  
24283 and how best to coordinate it. When we are talking about so many  
24284 areas in areas of health care and costs, looking at these as areas  
24285 such as -- I guess I don't quite understand how urban gardening  
24286 is part of that or signs.

24287 Ms. Clarke. Because urban -- just to answer your question,  
24288 sir, many urban areas are food deserts.

24289 Mr. Murphy. I understand.

24290 Ms. Clarke. And when you establish a garden in those  
24291 communities, now they have access to fresh vegetables.

24292 Mr. Murphy. I hear you. I hear you.

24293 Ms. Clarke. So I am just trying to figure out. Perhaps of  
24294 we have a conversation, I can interpret some of that for you in  
24295 a way which you had not seen it before but these are very important  
24296 initiatives in many communities across this nation.

24297 Mr. Murphy. Let me reclaim my time on this so I can conclude

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24298 on that.

24299 The initiatives that I really want to make sure are taken  
24300 care of are so many things that we don't -- we don't have enough  
24301 providers. We don't have enough services. We don't have enough  
24302 hospital beds for people with mental illness. States are still  
24303 not using or not coordinating care for people under Medicaid to  
24304 properly integrate and coordinate care.

24305 And so it is tough when we see that we are working on pet  
24306 spaying and neutering, and gardening, and signs for where their  
24307 local parks, if local communities, and states, and counties want  
24308 to put money to that, great, but while we are trying to use precious  
24309 dollars to really promote so many other things with healthcare,  
24310 I want make sure we are doing that.

24311 Now, I have a great deal of respect for my friend. I  
24312 recognize she represents an urban area. And I would be glad to  
24313 talk with you offline about some of these things and how we can  
24314 certainly look at other ways to promote fitness and healthy  
24315 living, et cetera.

24316 But in terms of this, I think we have a number of high  
24317 priorities on how we are going to address that.

24318 And I yield back.

24319 Mr. Burgess. The chair thanks the gentleman. The  
24320 gentleman yields back.

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24321 For what purpose does the gentleman from New Jersey seek  
24322 recognition?

24323 Mr. Pallone. Strike the last word, Mr. Chairman.

24324 Mr. Burgess. The gentleman is recognized for 5 minutes.

24325 Mr. Pallone. Thank you, Mr. Chairman.

24326 This amendment, obviously, would prevent the elimination of  
24327 the Prevention and Public Health Fund that is in the Republican  
24328 repeal bill. We haven't spent much time in the last 25 hours or  
24329 so discussing how the ACA encourages innovation, improves the  
24330 quality of health care, and aids in prevention but it was a very  
24331 important part of the bill that many hours were spent on.

24332 Fortunately, most of those or a lot of those things have not  
24333 been repealed as part of the Republican effort here but one of  
24334 the most important things is the Prevention Fund. And I am going  
24335 to be critical of Mr. Murphy because the fact of the matter is  
24336 he is picking out a few things which don't add up to a lot in terms  
24337 of the overall prevention fund and one could argue that even the  
24338 things he has picked out like the gardening, the bicycle, trying  
24339 to protect kids from eating fast foods, even those I would argue  
24340 makes sense. But what he doesn't mention is that a huge amount  
24341 of the prevention fund goes toward major things like tobacco  
24342 cessation, the Zika outbreaks, bioterrorism, preventing  
24343 bioterrorism, obesity, diabetes, things that most people I think

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24344 would agree are very important in terms of prevention.

24345           The bottom line is it is very hard to score prevention because  
24346 usually the CBO won't score it and it is hard to calculate over  
24347 a period of time what it actually means in terms of saving health  
24348 dollars, preventing people from getting sicker. But it is  
24349 crucial because today in America, chronic preventable disease,  
24350 such as heart disease, diabetes, and cancer are among the nation's  
24351 most common costly and preventable health problems. And  
24352 unsurprisingly, spending on chronic disease alone accounts for  
24353 roughly 86 percent of all healthcare expenditures in the United  
24354 States.

24355           And despite the harms caused by chronic disease, only a small  
24356 percentage of government health expenditures are directed at  
24357 preventing these diseases before they happen.

24358           So when we passed the ACA, we knew that protecting the health  
24359 of the nation depends upon access to affordable high-quality  
24360 health insurance but we also recognize that it made little sense  
24361 to provide broader access to treatment services while continuing  
24362 to neglect access to prevention services that help Americans avoid  
24363 developing costly chronic conditions.

24364           And I also wanted to mention that I have many times mentioned  
24365 my meeting last week or so with the National Governors  
24366 Association, both governors from the Republican and Democratic,

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24367 more actually from the Republican party. And this was a major  
24368 issue there. There were Governors who said please, whatever you  
24369 do in changing the Affordable Care Act or replacing parts of the  
24370 Affordable Care Act, do not neglect prevention. Do not neglect  
24371 innovation. Do not neglect improving the quality of health care  
24372 because that is very important to us.

24373 So I guess I am a little shocked that we are here today  
24374 considering eliminating the Prevention Fund in the name of saving  
24375 money on other things because, frankly, if Mr. Murphy or others  
24376 feel that there are problems with it, I don't see them.

24377 Mr. Murphy. Will the gentleman yield for a moment?

24378 Mr. Pallone. No, I don't have a lot of time.

24379 Mr. Murphy. Well, you referenced me and I would like to  
24380 respond.

24381 Mr. Pallone. Well I am not being critical, I am just saying  
24382 that --

24383 Mr. Murphy. I think you questioned my motives and I would  
24384 like to respond.

24385 Mr. Pallone. No, no, no, I do not question your motives.  
24386 I am saying this. I am saying simply if there are problems with  
24387 it, we can exercise the oversight. We can have some better  
24388 oversight, something of that nature.

24389 But the problem is this is eliminating the fund altogether

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24390 and what I am suggesting to my colleague is that just because there  
24391 is some problems, I don't think there are but even if you think  
24392 there are, that doesn't mean that we should eliminate the whole  
24393 thing because this is one of the few ways that we have to actually  
24394 do some good things on prevention, which is often neglected.

24395 And I think you know you know that you have been the chairman  
24396 of the Oversight Subcommittee for some time. We have had a lot  
24397 of hearings on things that can be preventable. And I am simply  
24398 asking -- you know I don't know what the expression is but you  
24399 know just don't throw everything out.

24400 Ms. Eshoo. The baby with the bathwater.

24401 Mr. Pallone. The baby with the bathwater. Thank you, Ms.  
24402 Eshoo.

24403 Don't throw everything out just because you see some  
24404 problems. You know you can exercise the oversight if you want  
24405 to have some additional hearings on this and then we can figure  
24406 out a way to continue with the fund without actually saying that  
24407 it shouldn't exist at all. Because I don't really think that  
24408 eliminating the fund makes sense, given what has already been  
24409 stated today.

24410 So, I yield back the balance of my team, Mr. Speaker -- Mr.  
24411 Chairman.

24412 Mr. Burgess. Mr. Speaker sounds better.

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24413 Mr. Pallone. I promoted you but not to President.

24414 Mr. Burgess. The gentleman yields back his time. The chair  
24415 thanks the gentleman.

24416 The gentleman recognizes himself for 5 minutes and I would  
24417 like to yield to the gentleman from Pennsylvania, Mr. Murphy for  
24418 his response.

24419 Mr. Murphy. I thank the chairman.

24420 Just on this, I certainly know that my friend from New Jersey  
24421 also holds in high esteem the importance of preventative health.  
24422 My point is this, with regard to this, if States are going to ask  
24423 for money for road signs, and for neutering, and other things,  
24424 they ought be able to produce some data for us to show what impact  
24425 that has had upon it.

24426 I know when we asked the GAO to give us a report a SAMHSA.  
24427 And again, some things for SAMHSA are funded through this. With  
24428 regard to accountability for mental health dollars, they said only  
24429 about 20 percent of grants have anybody reporting back to where  
24430 it went.

24431 And I think you are right, that if we did have more oversight  
24432 and accountability for these prevention programs, we would be able  
24433 to see what works and what doesn't work and what is a way that  
24434 the States can say we can have someone pay for something and not.

24435 Now, this being said, this fund came out to be about \$1

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24436 billion a year and then \$2 billion a year after that. As the  
24437 alternative in this piece of legislation before us today, we put  
24438 \$100 billion in there for States to do innovative things to work  
24439 on prevention, and intervention, and lowering healthcare costs,  
24440 and a wide range of things. So actually, there was a lot more  
24441 money available to us and we can work together to make sure  
24442 accountability is there for those programs.

24443 And I know that under our Oversight Committee, we will  
24444 continue to have hearings on ways we can do this better. I want  
24445 to look at alternative payment models for Medicaid, et cetera.

24446 Ms. Clarke. Would the gentleman --

24447 Mr. Murphy. So, I was just making reference to that. Yes.

24448 Ms. Clarke. I would --

24449 Mr. Murphy. Actually, it is the chairman's time. I yield  
24450 back to the chairman.

24451 Ms. Clarke. I am sorry.

24452 Mr. Burgess. I thank the gentleman.

24453 The chairman controls the time. And I actually do want to  
24454 speak on this. So, if there is time left over, I will come back  
24455 to you.

24456 You know it was always the advance appropriation nature of  
24457 this. And let me just say, and the gentleman from New Jersey  
24458 remembers this, there were a number of acronyms that were included

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24459 in the Affordable Care Act. There are a number of them that I  
24460 would love to visit about but that will be done under the regular  
24461 order part of our committee's activity, the Center for Medicare  
24462 and Medicaid Innovation, the PCORI, the Comparative Effectiveness  
24463 Branch. But this is one that because of the advance appropriation  
24464 nature of this, and it was entirely up to the discretion of --  
24465 or it is entirely up to the discretion of the Secretary how those  
24466 dollars are spent --

24467 Ms. Clarke. Excuse me, Mr. Chairman.

24468 Mr. Burgess. -- it is the obligation of this committee to  
24469 have oversight over how those dollars are spent. So, I think --

24470 Ms. Clarke. Mr. Chairman --

24471 Mr. Burgess. No, I will not. I am using this time to concur  
24472 with Dr. Murphy that it is the requirement of the Oversight  
24473 Committee that they do have oversight of the activities of the  
24474 Secretary.

24475 Look, I don't think -- it is no great surprise to anyone that  
24476 never in his wildest dreams did President Obama think that Thomas  
24477 Price would be Secretary of Health and Human Services. So I am  
24478 happy about that but even with that development, our committee,  
24479 our investigative subcommittee, our Oversight Subcommittee does  
24480 have the obligation, the constitutional obligation to have  
24481 oversight over those funds.

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24482 I have been concerned a number of times. We have had public  
24483 health emergencies, things that are just up in the windshield all  
24484 of a sudden and it is when I have asked could the Prevention and  
24485 Public Health Funds be used for immediate response to these  
24486 occurrences, I was always told by the previous administration,  
24487 no, we need that for other things. We have got these other things  
24488 we are funding, when these other public health emergencies seemed  
24489 so much more critical. And the true nature of a Prevention and  
24490 Public Health Fund is, in my opinion, when something happens that  
24491 you weren't expecting, that you will be able to respond to that  
24492 with some agility. But because of the subscription of those funds  
24493 for some of the activities that Dr. Murphy has already outlined,  
24494 it became very, very difficult to do that.

24495 I think this is a reasonable approach that Congress should  
24496 have the oversight over this activity. Even with Dr. Price over  
24497 as the Secretary of Health and Human Services, I still want our  
24498 Oversight Subcommittee to exercise its oversight authority. And  
24499 I think, again, I think that is our obligation of the committee.  
24500 That is our constitutional obligation.

24501 The fact of the matter is the advance appropriation occurs  
24502 so that these funds, yes, it started out with \$1 billion a year  
24503 but sometime in 2020 or 2025, it increases to \$2 billion a year,  
24504 then in perpetuity. And honestly, the committee just simply

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24505 cannot not exercise the oversight.

24506 I will yield the remaining seconds to the gentlelady to New  
24507 York, if she would like.

24508 So I will yield back my time.

24509 For what purposes does the gentlelady from California seek  
24510 recognition?

24511 Ms. Eshoo. Strike the last word, Mr. Chairman.

24512 Mr. Burgess. The gentlelady is recognized for 5 minutes.

24513 Ms. Eshoo. Thank you, Mr. Chairman. I move to strike the  
24514 last word.

24515 So I am listening very hard to what you are saying. This  
24516 is what about \$15 billion over 10 years but the use for these  
24517 dollars is not identified but has to be in the bill. So I guess  
24518 this is what my kids would call a slush fund. And that is what  
24519 you are referring to in terms of oversight.

24520 Am I correct, number one, that is about \$15 billion over the  
24521 next 10 years?

24522 Mr. Burgess. Are you talking about the Patient Stability  
24523 and Safety Fund?

24524 Ms. Eshoo. No, about the Prevention Fund.

24525 Mr. Burgess. The Innovation Fund.

24526 Ms. Eshoo. Right, the other one, the Prevention Fund.

24527 Mr. Burgess. The Prevention Fund.

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24528 Ms. Eshoo. That is what the amendment is about, the  
24529 Prevention Fund.

24530 Well, let me ask --

24531 Ms. Clarke. Would the gentlelady yield?

24532 Ms. Eshoo. Let me ask Counsel and then I will yield to the  
24533 author of the amendment.

24534 How much is in this fund and over what period of time? And  
24535 is there any identification of use for the funds?

24536 Counsel. The funds have been authorized at \$1 billion for  
24537 each of fiscal year 2012 through fiscal year 2017; \$900 million  
24538 for each fiscal year 2018 and fiscal year 2019; \$1 billion for  
24539 each of fiscal year 2020 and 2021 --

24540 Ms. Eshoo. What is the total, over how many years?

24541 Counsel. You are talking about the Prevention and Public  
24542 Health Fund, correct?

24543 Ms. Eshoo. Yes.

24544 Counsel. Once you get to 2025, it is roughly \$2 billion  
24545 indefinitely and it ramps up prior to that.

24546 Ms. Eshoo. That is annually. So what does it total, over  
24547 how many years?

24548 Counsel. It is mandatory spending.

24549 Ms. Eshoo. How much is it total?

24550 Counsel. Indefinite.

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24551 Ms. Eshoo. For the next 10 years?

24552 Counsel. Indefinitely.

24553 Ms. Eshoo. It just never ends. Wow.

24554 Counsel. \$2 billion for fiscal year 2025 and --

24555 Ms. Eshoo. For people that weren't -- I am reclaiming my  
24556 time.

24557 The whole purpose of our what 26 hours and 7 minutes has been  
24558 to just absolutely squeeze the hell out of Medicaid and now we  
24559 have come to this. This is a ton of money that is set aside. Does  
24560 it have any identification? Is there any specificity for the  
24561 application of the funds?

24562 Counsel. It is for prevention purposes and public health  
24563 purposes under the Public Health Service Act.

24564 Ms. Eshoo. And Mr. Chairman, did you say that this was the  
24565 Secretary that would direct it? That is the other fund. But it  
24566 is not so.

24567 All right. Thank you. I will yield the rest of the time  
24568 to the gentlewoman from New York.

24569 Ms. Clarke. Thank you very much, Ms. Eshoo.

24570 I wanted to just ask Counsel, Counsel could you inform us  
24571 how are these funds actually appropriated since fiscal year 2015.

24572 Counsel. That would be through Labor, HHS Appropriation  
24573 Subcommittee.

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24574 Ms. Clarke. That is through the Congress, not the  
24575 Secretary.

24576 Counsel. It is transfer authority. So the Committee on  
24577 Appropriations may provide for the transfer of funds to eligible  
24578 activities, subject to the --

24579 Ms. Clarke. Could you really say that, state that clearly?  
24580 Because I think my colleagues were under the wrong impression.  
24581 They were under the impression that it was coming directly from  
24582 HHS under the authority of the Secretary.

24583 Would you state explicitly how these funds are appropriated?  
24584 Because we are attributing certain behaviors and oversight to the  
24585 Secretary when, indeed, it is already in our purview to provide  
24586 that, if I understand that correctly.

24587 Counsel. So the Appropriations Committee may transfer  
24588 funds if the Secretary does not direct the funds.

24589 In the instance that the funds are not transferred by the  
24590 Appropriations --

24591 Ms. Clarke. So what has happened since fiscal year 2014?  
24592 What has actually happened since 2014?

24593 Counsel. What happened or what happens?

24594 Ms. Clarke. Isn't it true that Congress has appropriated  
24595 every dollar since fiscal year 2014?

24596 Counsel. That is correct. Since fiscal year 2014, that is

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24597 correct.

24598 Ms. Clarke. Okay, that is what I thought.

24599 Counsel. That is right.

24600 Ms. Clarke. So it is not true about the Secretary, which  
24601 has been the premise by which this argument has been taking place  
24602 for this whole time.

24603 Counsel. The Secretary previously allocated funds before  
24604 fiscal year 2014. Ms. Clarke. Previously.

24605 Counsel. That is correct.

24606 Ms. Clarke. We are in 2017, right?

24607 Counsel. Before fiscal year 2014. That is right.

24608 Ms. Clarke. Right.

24609 Counsel. Correct.

24610 Ms. Clarke. So I just wanted to be clear because my  
24611 colleagues were making statements that made it sound as though  
24612 we had no role to play in this. And we can shape this. If our  
24613 goal is, indeed, to bring down healthcare disparities, to make  
24614 sure that we are modifying behaviors for preventative health, this  
24615 is an avenue in which we can do that.

24616 And I yield back to the chairman, the rest of -- actually  
24617 --

24618 The Chairman. [Presiding.] The gentlelady, your time has  
24619 expired.

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24620 Ms. Clarke. Okay, I yield back the balance of my time. I  
24621 just want us to be --

24622 The Chairman. Time has expired.

24623 Ms. Clarke. I just want to us to be clear.

24624 The Chairman. Time has expired.

24625 Are there other members seeking recognition on this  
24626 amendment?

24627 So we will go to Ms. Matsui for 5 minutes to strike the last  
24628 word.

24629 Ms. Matsui. Thank you, Mr. Chairman. I move to strike the  
24630 last word.

24631 The mental health crisis in this country is very personal  
24632 to me and I have been fighting for patients and their loved ones  
24633 for many years. There is a lot we can do better to stop or slow  
24634 down the hurt and pain that patients and families feel when mental  
24635 health is left unaddressed.

24636 The ACA took giant strides forward for the mental health  
24637 community by expanding Medicaid which covers mental health and  
24638 substance use abuse services, covering people with preexisting  
24639 conditions, expanding access to veterans services like the  
24640 depression screening, and further requiring parity between mental  
24641 and physical health services.

24642 Mr. Chairman, we spent years in this committee working on

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24643 legislation to further improve our nation's broken mental health  
24644 system. One of the things we worked on together was reauthorizing  
24645 the Garrett Lee Smith Memorial Act to fund youth suicide  
24646 prevention. Nothing could be more heartbreaking than when a  
24647 young person takes their own life before they have had a chance  
24648 to live it to the fullest.

24649 One of my constituents, Mike, comes from Sacramento to my  
24650 office in D.C. every year to advocate on behalf of those who can  
24651 no longer speak for themselves. Mike lost his 19-year-old  
24652 daughter, Susie, to suicide in 2003. He now advocates to increase  
24653 awareness and funding for suicide prevention programs, especially  
24654 for our young people. Mike understands the importance of making  
24655 sure that the pain he and his family have suffered is prevented  
24656 from happening to other families across the country.

24657 The Republican ACA repeal bill before us today will be  
24658 devastating to our efforts to reduce teen suicide in our  
24659 communities. It cuts the Public Health and Prevention Fund,  
24660 which has provided \$12 million to the Garrett Lee Smith Youth  
24661 Suicide Prevention Program thus far. That accounts for nearly  
24662 one-third of the total funding that the program has received. By  
24663 passing this ACA repeal bill, Republicans are taking away funding  
24664 for important programs like these that save people's lives.  
24665 These programs work. Prevention training programs have led to

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24666 significantly lower suicide rates among young people, preventing  
24667 thousands of suicide attempts.

24668 Repealing the Prevention Fund would be turning our backs on  
24669 millions of young people at risk of suicide every year. Our  
24670 mental health system remains under constant financial strain.  
24671 The system and the patients and their families who need it cannot  
24672 afford any cuts. That is why I am offering this amendment -- Ms.  
24673 Clarke's amendment to protect the Garrett Lee Smith Youth Suicide  
24674 Prevention Program from any cuts.

24675 Mike speaks for Susie and he speaks for all of those who are  
24676 still alive today because of investments and mental health  
24677 services and suicide prevention programs. We need to listen.

24678 I urge my colleagues to vote in favor of this amendment.  
24679 Thank you and I yield to Mrs. Dingell.

24680 Mrs. Dingell. Thank you, Ms. Matsui.

24681 I just want to add to her story and say that there is another  
24682 very important project that is funded through this Prevention and  
24683 Public Health Fund that we cannot lose. It does fund a number  
24684 of diseases like Alzheimer's, and diabetes, and mental illness  
24685 which we all care about, and the Zika virus but the CDC's Childhood  
24686 Lead Poisoning Prevention Program is funded exclusively through  
24687 the Prevention and Public Health Fund. And the Prevention Fund  
24688 has been the backbone of America's fight against lead poisoning

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24689 and we have to keep that funding in place until the CDC can certify  
24690 that children in this country are free of lead poisoning.

24691 As well know too well, our children remain at risk for lead  
24692 poisoning, as has been sadly documented in Flint. A study in the  
24693 American Journal of Public Health found that nearly five percent  
24694 of the children in Flint under the age of 5 had elevated blood  
24695 levels and now we have had another study, a recent Reuters  
24696 analysis, that says that there are almost 3,000 neighborhoods who  
24697 have recorded childhood lead poisoning rates at double those in  
24698 Flint during the peak of the city's contamination.

24699 These cuts are putting our nation's public health at risk.  
24700 We cannot sacrifice long-term savings in exchange for a quick  
24701 market and I also support my colleague's very important amendment.

24702 I yield back.

24703 The Chairman. The gentlelady yields back and all time has  
24704 expired.

24705 Are there others seeking recognition to speak on this  
24706 amendment? The gentleman from Maryland, Mr. Sarbanes is  
24707 recognized for 5 minutes to strike the last word.

24708 Mr. Sarbanes. Thank you, Mr. Chairman. I appreciate it.

24709 I want to support my colleague's amendment. I think the  
24710 Public Health and Prevention Fund is a critical resource. If we  
24711 are going to begin to turn our healthcare system towards

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24712 prevention with all of the savings that that can produce for our  
24713 healthcare system, then we have to maintain these investments.

24714 I am nervous about sort of conflating this with the State  
24715 Stability Fund or whatever the name of it is, the \$100 billion  
24716 because we heard in connection with earlier amendments, that that  
24717 fund is going to certain purposes at the State level. And so I  
24718 don't think one services to replace the other. It is an apples  
24719 and oranges thing. I think we have to preserve the integrity of  
24720 this particular fund and the supports that it can provide.

24721 I am proud of having authored something called the No Child  
24722 Left Inside Act, which we introduced for five straight Congresses  
24723 and finally got it passed, which encourages schools around the  
24724 country to build outdoor education into their curriculum. They  
24725 get young people outdoors, which encourages their interest in  
24726 science and other pursuits in the environment, environmental  
24727 literacy, but it also helps to promote fitness. That has a  
24728 wonderful impact in terms of prevention.

24729 There is a program here in the District of Columbia called  
24730 ParkRx, where physicians will actually prescribe fitness  
24731 activities for young people and families that they see.  
24732 Pediatricians will say I am writing you a prescription to go walk  
24733 in the park once a day, walk a mile. And they are seeing impact  
24734 in terms of reducing childhood obesity.

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24735 I note a program called Health Leads, which operates in  
24736 Baltimore and Boston, and around the country. They do an  
24737 assessment when people come into a health clinic to determine what  
24738 social determinants are at work. For example, if somebody has  
24739 asthma, if you don't account for where they live and what mold  
24740 and other irritants might be in the home, then you are really not  
24741 going to solve their problem from a prevention standpoint. These  
24742 are the kinds of initiatives that can be supported by this fund.  
24743 And I want to echo what was said about the childhood lead poisoning  
24744 issue and the need to address that.

24745 And I will just close and then I will yield some time to  
24746 Congresswoman Castor.

24747 In Australia, there is actually a portion of the healthcare  
24748 dollar that goes to support their National Parks System because  
24749 they understand that getting people out into public spaces, into  
24750 parks, into nature, is all part of fitness. It is all part of  
24751 prevention. It reduces cost for the healthcare system over time.  
24752 It is a smart investment, just the way this Public Health and  
24753 Prevention Fund is a smart investment.

24754 So, I definitely support Congresswoman Clarke's amendment  
24755 and I will yield the balance of my time to Congresswoman Castor.

24756 Ms. Castor. Well, I thank my colleague and I thank Ms.  
24757 Clarke for introducing this amendment.

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24758           Is it less expensive to prevent diabetes or to treat  
24759 diabetes? Is it less expensive to prevent heart disease or to  
24760 treat it in later stages? Of course it is less expensive to  
24761 prevent disease. And in America, where we spend so much money,  
24762 especially in later years in Medicaid and Medicare, the intent  
24763 behind the Prevention Fund was to try to shift some of the dynamics  
24764 there. This is smart public policy.

24765           Unfortunately, if this is repealed, my home State of Florida  
24766 is going to lose maybe \$100 million. This is money that we use  
24767 very wisely for things like chronic disease prevention including  
24768 diabetes, heart disease, and stroke, and tobacco cessation. We  
24769 use it for infectious disease prevention.

24770           Think about what happened with Zika over the past 2 years.  
24771 It sure would be more efficient and a better use of tax dollars  
24772 to prevent the spread of the Zika virus than having to come to  
24773 Congress and ask for hundreds of millions of dollars on the back  
24774 side.

24775           So, I support this amendment and I urge my colleagues to do  
24776 so as well. And I yield back to Mr. Sarbanes.

24777           Mr. Sarbanes. And I yield back.

24778           The Chairman. The gentleman yields back.

24779           The chair recognizes the gentleman from Kentucky, Mr.  
24780 Guthrie, to speak on this matter for 5 minutes.

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24781 Mr. Guthrie. Thanks. I just want to say we find these  
24782 things important as well. And as we talked earlier, the \$100  
24783 billion fund which rose up to prevention funds, it is on page 47  
24784 of the draft I have in front of me, paragraph 8. It is promoting  
24785 access to preventive services, providing services -- there are  
24786 several things listed in here. I am not sure that fitting in --  
24787 and I understand the food desert issue. I am not sure if that  
24788 would fit in what these were moving forward but certainly that  
24789 diabetes education, smoking cessation, dealing with addiction  
24790 disorders, individuals with mental or substance use disorders,  
24791 or any combination of such services. So, I am not going to say  
24792 that the urban garden in New York, which I understand the food  
24793 desert issue would apply here, but certainly a lot of the things  
24794 that were just listed would.

24795 Ms. Clarke. Would the gentleman yield?

24796 Mr. Guthrie. Yes, I sure would.

24797 Ms. Clarke. It is about sound nutrition, right?

24798 Mr. Guthrie. Oh, I understand that.

24799 Ms. Clarke. Oh, okay.

24800 Mr. Guthrie. And I am not sure that would apply or not. I  
24801 am not going to say that it would but I do think it is clear that  
24802 some of the stuff that my friend from Florida just listed would  
24803 be. I am not saying that is unimportant. And I am not saying

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24804 this --

24805 Ms. Clarke. No, I was just saying it is not a big leap, when  
24806 you recognize that with sound nutrition, you are able to maintain  
24807 better health.

24808 Mr. Guthrie. Right.

24809 Ms. Clarke. Then, you understand why urban gardens have  
24810 become so very important.

24811 Mr. Guthrie. Absolutely. I am not disagreeing with you at  
24812 all.

24813 Ms. Clarke. Okay.

24814 Mr. Guthrie. But the Prevention Fund is big -- not the  
24815 Prevention Fund -- the Stability Fund, \$100 billion over 10 and  
24816 it does allow with high-risk pools, helping people buy down  
24817 premiums. It even, if you read it, it is set up in markets as  
24818 defined by the States. So, States could have their own exchanges  
24819 and move forward.

24820 So as we talk about the freeze and the freeze ending, and  
24821 just having the tax credits that is going through Ways and Means,  
24822 this is also an opportunity for States to do that and move forward.

24823 I just want to point that out that you still can use  
24824 prevention funds. I am not sure it is as broad as that.

24825 Ms. Clarke. Would the gentleman yield?

24826 The Chairman. Would the gentleman --

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24827 Mr. Guthrie. I need to give him time but, yes, ma'am.

24828 Ms. Clarke. Yes, I just wanted to ask whether what you are  
24829 referring to mandates prevention, that the funds be used for  
24830 prevention. It is my understanding in that particular section  
24831 of this bill, there is no mandate for prevention.

24832 Mr. Guthrie. It is allowable.

24833 Ms. Clarke. So, if others set another priority, then  
24834 prevention will never become a priority in the lives of the people  
24835 that we are trying to help with their health care.

24836 Mr. Guthrie. It is State allocated and it is --

24837 Ms. Clarke. But it is not mandated. It is optional.

24838 Mr. Guthrie. -- permissible. It is a permissible use.

24839 Ms. Clarke. Right, it is optional. Okay.

24840 The Chairman. Would the --

24841 Mr. Guthrie. As I read that, I agree with you. I need to  
24842 yield to the chairman.

24843 The Chairman. I thank the gentleman for yielding. I  
24844 appreciate the discussion. I think we all care about these  
24845 issues.

24846 And to Ms. Clarke on nutrition, I was at Oregon Health  
24847 Sciences University on I think it was last Friday, it is hard to  
24848 keep track at this hour, and they are doing some amazing research  
24849 on nutrition as it relates to diabetes, heart disease in the mother

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24850 and grandmother and what carries on through.

24851           So these are issues I would like our committee to get into  
24852 in depth to look at what it means 100 years from now based on what  
24853 you eat now. So it is really interesting research that they  
24854 pioneered and we will work on that.

24855           Yes, I think so. And I just want to make the point, too,  
24856 just so we are all on the same page that the fund is not phased  
24857 out until the end of fiscal year 2018 in our legislation. And  
24858 that gives the appropriators time. Remember we have a whole  
24859 Appropriations Committee. They can come in and fund these  
24860 programs, if they so choose.

24861           So, it gets the Congress back into the say on this, in terms  
24862 of the appropriations process, and that check and balance on how  
24863 the money is spent. We will actually have a say in it going  
24864 forward on programs that are Federal. The States would have, and  
24865 their elected officials, some say in terms of how the State  
24866 Stability and Patient Fund would be used.

24867           And in the meantime, these programs are funded through the  
24868 end of fiscal year 2018.

24869           So we have really thought this through, I think, in a very  
24870 responsible way because a lot of these programs are very important  
24871 to our health, to our nutrition, to public safety, all the things  
24872 that matter, prevention.

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24873 So, I yield back.

24874 Mr. Guthrie. I just have about a half a minute but my other  
24875 friend from Oregon, I think, raised your hand for some time. Did  
24876 you?

24877 Mr. Schrader. If I may. Thank you very much.

24878 Mr. Guthrie. I am happy to yield.

24879 Mr. Schrader. Just a question about this Stability Fund.  
24880 I am a little worried that is being used for everything. You know  
24881 if I am the health insurer and I am looking at a fund that I want  
24882 as a risk pool, primarily, and that is what most of this refers  
24883 to, I am getting worried that it is getting killed off into a  
24884 prevention fund.

24885 The Prevention Fund before was actually about developing  
24886 innovative strategies that a risk pool could then apply. It is  
24887 a different entity altogether, as Mr. Sarbanes said.

24888 So, I thank you for the time.

24889 Mr. Guthrie. I yield back.

24890 The Chairman. The gentleman yields back.

24891 Are there other members? Mr. Tonko is recognized for 5  
24892 minutes to debate this matter.

24893 Mr. Tonko. Thank you, Mr. Chair. I move to strike the last  
24894 word.

24895 The reconciliation instructions under consideration today

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24896 could move us to the verge of public health disaster. Why break  
24897 something -- why try to fix something that isn't broken? Since  
24898 fiscal year 2014, Congress has allocated all of the funding from  
24899 the Prevention and Public Health Fund through the regular  
24900 appropriations process. And the Centers for Disease Control and  
24901 Prevention, have received much of that funding to support  
24902 prevention and health promotion programs in every state. I know  
24903 New York has benefited from this program.

24904 For example, more than \$890 million of CDC's budget comes  
24905 for the Prevention Fund. That means that the Republican's  
24906 proposal to eliminate the Prevention Fund would result in the  
24907 immediate cut of 12 percent from CDC's annual budget. That cut  
24908 eliminates funding for the Preventative Health and Health  
24909 Services Block Grant that provides \$160 million in funding to all  
24910 50 States, the District of Columbia, two American Indian Tribes  
24911 and eight U.S. Territories. The block grant is used to address  
24912 their public health needs, respond rapidly to emerging public  
24913 health issues, and fill funding gaps in programs that deal with  
24914 leading causes of death and disability. The need for these  
24915 services could not be clearer.

24916 For example, recently, the National Center for Health  
24917 Statistics reported the first decline in the United States' life  
24918 expectancy since 1993 and an increase in death rates for eight

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24919 of the top ten leading causes of death in the United States. Such  
24920 data make clear that increasing investments in population-wide  
24921 public health interventions are critical to promoting and  
24922 protecting the health of Americans.

24923 Repealing the Prevention Fund cuts all of the funding for  
24924 CDC's Childhood Lead Poisoning Prevention Program. That program  
24925 helps States and cities identify high-risk areas for lead  
24926 poisoning and deploy evidence-based preventative measures.

24927 The ongoing water crisis in Flint, Michigan, as well as the  
24928 almost 3,000 neighborhoods recording lead poisoning rates at  
24929 least doubled those in Flint proved that this program is critical  
24930 to protecting the health of our nation's children.

24931 The proposal cuts \$40 million from the Epidemiology and  
24932 Laboratory Capacity Program that enhances State, local, and  
24933 territorial capacity for detecting and responding to infectious  
24934 disease and other public health threats.

24935 And finally, the recent Ebola and Zika crises show that  
24936 investments in strengthening our public health surveillance  
24937 system is as important as ever.

24938 These examples make it so clear that we would not be cutting  
24939 what Republicans want you to believe is a slush fund. Instead,  
24940 we would be crippling CDC and its State and local partners' ability  
24941 to promote and protect the health of all Americans.

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24942 So with that, I yield back but strongly --

24943 The Chairman. The gentleman yields --

24944 Mr. Tonko. -- support the amendment by my colleague from

24945 New York.

24946 The Chairman. The gentleman yields back the balance of his

24947 time.

24948 Are there other members seeking recognition or can we go on

24949 to the vote? I know we have a lot of amendments to get through.

24950 We will have a roll call vote. All those in favor will vote

24951 aye. Those opposed, no. And the clerk will call the roll.

24952 The Clerk. Mr. Barton.

24953 [No response.]

24954 The Clerk. Mr. Upton.

24955 Mr. Upton. No.

24956 The Clerk. Mr. Upton votes no.

24957 Mr. Shimkus.

24958 [No response.]

24959 The Clerk. Mr. Murphy.

24960 Mr. Murphy. No.

24961 The Clerk. Mr. Murphy votes no.

24962 Mr. Burgess.

24963 Mr. Burgess. No.

24964 The Clerk. Mr. Burgess votes no.

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24965 Mrs. Blackburn.  
24966 Mrs. Blackburn. No.  
24967 The Clerk. Mrs. Blackburn votes no.  
24968 Mr. Scalise.  
24969 Mr. Scalise. No.  
24970 The Clerk. Mr. Scalise votes no.  
24971 Mr. Latta.  
24972 Mr. Latta. No.  
24973 The Clerk. Mr. Latta votes no.  
24974 Mrs. McMorris Rodgers.  
24975 Mrs. McMorris Rodgers. No.  
24976 The Clerk. Mrs. McMorris Rodgers votes no.  
24977 Mr. Harper.  
24978 Mr. Harper. No.  
24979 The Clerk. Mr. Harper votes no.  
24980 Mr. Lance.  
24981 Mr. Lance. No.  
24982 The Clerk. Mr. Lance votes no.  
24983 Mr. Guthrie.  
24984 Mr. Guthrie. No.  
24985 The Clerk. Mr. Guthrie votes no.  
24986 Mr. Olson.  
24987 Mr. Olson. No.

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24988 The Clerk. Mr. Olson votes no.  
24989 Mr. McKinley.  
24990 Mr. McKinley. No.  
24991 The Clerk. Mr. McKinley votes no.  
24992 Mr. Kinzinger.  
24993 [No response.]  
24994 The Clerk. Mr. Griffith.  
24995 [No response.]  
24996 The Clerk. Mr. Bilirakis.  
24997 Mr. Bilirakis. No.  
24998 The Clerk. Mr. Bilirakis votes no.  
24999 Mr. Johnson.  
25000 Mr. Johnson. No.  
25001 The Clerk. Mr. Johnson votes no.  
25002 Mr. Long.  
25003 Mr. Long. No.  
25004 The Clerk. Mr. Long votes no.  
25005 Mr. Bucshon.  
25006 Mr. Bucshon. No.  
25007 The Clerk. Mr. Bucshon votes no.  
25008 Mr. Flores.  
25009 Mr. Flores. No.  
25010 The Clerk. Mr. Flores votes no.

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25011 Mrs. Brooks.  
25012 Mrs. Brooks. No.  
25013 The Clerk. Mrs. Brooks votes no.  
25014 Mr. Mullin.  
25015 Mr. Mullin. No.  
25016 The Clerk. Mr. Mullin votes no.  
25017 Mr. Hudson.  
25018 Mr. Hudson. No.  
25019 The Clerk. Mr. Hudson votes no.  
25020 Mr. Collins.  
25021 [No response.]  
25022 The Clerk. Mr. Cramer.  
25023 Mr. Cramer. No.  
25024 The Clerk. Mr. Cramer votes no.  
25025 Mr. Walberg.  
25026 Mr. Walberg. No.  
25027 The Clerk. Mr. Walberg votes no.  
25028 Mrs. Walters.  
25029 Mrs. Walters. No.  
25030 The Clerk. Mrs. Walters votes no.  
25031 Mr. Costello.  
25032 Mr. Costello. No.  
25033 The Clerk. Mr. Costello votes no.

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25034 Mr. Carter.

25035 Mr. Carter. No.

25036 The Clerk. Mr. Carter votes no.

25037 Mr. Pallone.

25038 Mr. Pallone. Aye.

25039 The Clerk. Mr. Pallone votes aye.

25040 Mr. Rush.

25041 [No response.]

25042 The Clerk. Ms. Eshoo.

25043 Ms. Eshoo. Aye.

25044 The Clerk. Ms. Eshoo votes aye.

25045 Mr. Engel.

25046 Mr. Engel. Aye.

25047 The Clerk. Mr. Engel votes aye.

25048 Mr. Green.

25049 Mr. Green. Aye.

25050 The Clerk. Mr. Green votes aye.

25051 Ms. DeGette.

25052 Ms. DeGette. Aye.

25053 The Clerk. Ms. DeGette votes aye.

25054 Mr. Doyle.

25055 Mr. Doyle. Yes.

25056 The Clerk. Mr. Doyle votes aye.

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25057 Ms. Schakowsky.  
25058 Ms. Schakowsky. Aye.  
25059 The Clerk. Ms. Schakowsky votes aye.  
25060 Mr. Butterfield.  
25061 Mr. Butterfield. Aye.  
25062 The Clerk. Mr. Butterfield votes aye.  
25063 Ms. Matsui.  
25064 Ms. Matsui. Aye.  
25065 The Clerk. Ms. Matsui votes aye.  
25066 Ms. Castor.  
25067 Ms. Castor. Aye.  
25068 The Clerk. Ms. Castor votes aye.  
25069 Mr. Sarbanes.  
25070 Mr. Sarbanes. Aye.  
25071 The Clerk. Mr. Sarbanes votes aye.  
25072 Mr. McNerney.  
25073 Mr. McNerney. Aye.  
25074 The Clerk. Mr. McNerney votes aye.  
25075 Mr. Welch.  
25076 Mr. Welch. Aye.  
25077 The Clerk. Mr. Welch votes aye.  
25078 Mr. Lujan.  
25079 Mr. Lujan. Aye.

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25080 The Clerk. Mr. Lujan votes aye.  
25081 Mr. Tonko.  
25082 Mr. Tonko. Aye.  
25083 The Clerk. Mr. Tonko votes aye.  
25084 Ms. Clarke.  
25085 Ms. Clarke. Aye.  
25086 The Clerk. Ms. Clarke votes aye.  
25087 Mr. Loeb sack.  
25088 Mr. Loeb sack. Aye.  
25089 The Clerk. Mr. Loeb sack votes aye.  
25090 Mr. Schrader.  
25091 Mr. Schrader. Aye.  
25092 The Clerk. Mr. Schrader votes aye.  
25093 Mr. Kennedy.  
25094 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.  
25095 Mr. Cardenas.  
25096 Mr. Cardenas. Aye.  
25097 The Clerk. Mr. Cardenas votes aye.  
25098 Mr. Ruiz.  
25099 Mr. Ruiz. Aye.  
25100 The Clerk. Mr. Ruiz votes aye.  
25101 Mr. Peters.  
25102 Mr. Peters. Aye.

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25103 The Clerk. Mr. Peters votes aye.

25104 Mrs. Dingell.

25105 Mrs. Dingell. Aye.

25106 The Clerk. Mrs. Dingell votes aye.

25107 Chairman Walden.

25108 The Chairman. Walden votes no.

25109 The Clerk. Chairman Walden votes no.

25110 The Chairman. Are there members wishing to be recorded?

25111 The gentleman from Illinois, Mr. Shimkus, how would you --

25112 Mr. Shimkus. No.

25113 The Chairman. -- votes no.

25114 The Clerk. Mr. Shimkus votes no.

25115 The Chairman. The gentleman from New York, Mr. Collins.

25116 Mr. Collins. Votes no.

25117 The Clerk. Mr. Collins votes no.

25118 The Chairman. The gentleman from Illinois, Mr. Kinzinger.

25119 Mr. Kinzinger. No.

25120 The Clerk. Mr. Kinzinger votes no.

25121 The Chairman. The gentleman from Virginia, Mr. Griffith.

25122 Mr. Griffith. Votes no.

25123 The Clerk. Mr. Griffith votes no.

25124 The Chairman. Other members on this side that are not

25125 recorded?

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25126 Do we know of any other members making their way here on  
25127 either side? Okay, I think the Clerk can report the result.

25128 The Clerk. Mr. Chairman, on that vote, there were 23 ayes  
25129 and 30 noes.

25130 The Chairman. Twenty-three ayes, thirty noes, and the  
25131 amendment is defeated.

25132 For what purpose does the gentlelady from Colorado seek  
25133 recognition?

25134 Ms. DeGette. Mr. Chairman, I have an amendment at the desk,  
25135 Amendment 60 on actuarial value requirements.

25136 [The Amendment offered by Ms. DeGette follows:]

25137

25138 \*\*\*\*\*INSERT 40\*\*\*\*\*

25139 The Chairman. Thank you. Actuarial value requirements,  
25140 Amendment number six-zero.

25141 The clerk will report the amendment.

25142 The Clerk. Amendment to the Amendment in the Nature of a  
25143 Substitute to the Committee Print Offered by Ms. DeGette.

25144 The Chairman. Further reading of the amendment is dispensed  
25145 and the gentlelady from Colorado is recognized for 5 minutes to  
25146 speak on her amendment.

25147 Ms. DeGette. Thank you very much.

25148 The Chairman. Let me get order, though, because it seems  
25149 a little noisy in here.

25150 Ms. DeGette. Thank you.

25151 The Chairman. To our members and staff, if we can hold it  
25152 down just a bit so we can all hear the gentlelady from Colorado.

25153 Please proceed.

25154 Ms. DeGette. Thank you, Mr. Chairman.

25155 One of the biggest complaints that I hear about the  
25156 Affordable Care Act, mainly from the other side of the aisle is  
25157 high deductibles. And I just want to mention, for example, a few  
25158 of the many times President Trump has complained about the  
25159 deductibles being too high.

25160 In February he said, quote, your deductibles have gone so  
25161 high, you can never use it. Obamacare doesn't work. It has

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25162 become totally unaffordable. And then he said, quote, the health  
25163 care can't even be used because the deductibles are so high.

25164 And it is not -- Mr. Chairman, I am so sorry. It is so loud,  
25165 I can't even hear myself.

25166 The Chairman. I agree. Please take your conversations  
25167 outside of the committee room so that we can conduct our business.

25168 Ms. DeGette. Thank you.

25169 The Chairman. The gentlelady may proceed.

25170 Ms. DeGette. Thank you, Mr. Chairman.

25171 Even members of this committee have talked a lot about the  
25172 high deductibles that people are paying. I won't shame people  
25173 by name but let me just give a couple quotes from our colleagues  
25174 on the other side of the aisle.

25175 One of our colleagues said in November 2016, quote, people  
25176 have crappy insurance now. They have high costs. They have high  
25177 deductibles. It is like they don't have insurance. Someone else  
25178 has no less than three press releases from the past year on her  
25179 website with complaints about deductibles. And they say things  
25180 like, quote, Obamacare is taking us back to the day of old major  
25181 medical policies with high deductibles. I think you get the gist.

25182 Clearly, those on the other side of the aisle have identified  
25183 high deductibles as a major problem. And high deductibles were  
25184 a problem before we passed the Affordable Care Act, which was one

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25185 reason why we did the Affordable Care Act, and I completely agree  
25186 that as we look at trying to improve the Affordable Care Act, high  
25187 deductibles are something that we should look at. Unfortunately,  
25188 though, this bill eliminates vital Affordable Care Act  
25189 protections known as actuarial value requirements that actually  
25190 prevent insurance companies from shifting more costs onto  
25191 consumers in the form of out-of-pocket payments like deductibles  
25192 and copays. And so ironically, by eliminating these ACA  
25193 protections, the Manager's Amendment will actually make  
25194 deductibles skyrocket.

25195 So, it turns control back over to the insurance companies  
25196 to push as many costs as they can back onto the consumers. But  
25197 the problem doesn't stop there. The repeal bill also eliminates  
25198 an important part of the Affordable Care Act called cost sharing  
25199 reduction or CSR payments that help families who make less than  
25200 \$60,000 a year afford their deductible.

25201 So not only does the bill raise the deductible, it also then  
25202 rips away the support under current law that makes deductibles  
25203 affordable for more people.

25204 In 2016, seven million people received help with cost sharing  
25205 under this ACA program, including 29,000 people in Colorado and  
25206 this made a big difference for people. Deductibles in plans with  
25207 CSR payments were around \$246, on average, compared to over \$3,000

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25208 in plans where the assistance was not available. If we really  
25209 want to help more people with their deductibles, we should expand  
25210 this program and not end it.

25211 And so frankly, my colleagues, if you think your deductible  
25212 is bad under the ACA, you just wait to see how high it is going  
25213 to go under this new bill. The American people were promised  
25214 lower cost and they were specifically promised lower deductibles  
25215 repeatedly.

25216 This amendment gives our Republican colleagues a chance to  
25217 make good on their promises. It strikes the provisions in this  
25218 bill that will allow insurers to push even more costs onto the  
25219 American people in the form of out-of-pocket payments. I urge  
25220 everybody to get together on this because truly, if we are going  
25221 to make insurance affordable and better for everybody, we are  
25222 going to have to work to reduce deductibles, not let them go out  
25223 of control.

25224 I yield back.

25225 The Chairman. The gentlelady yields back. Are there other  
25226 members seeking recognition on this amendment?

25227 The chair recognizes the gentleman from Indiana, Dr.  
25228 Bucshon, for 5 minutes.

25229 Mr. Bucshon. Thank you, Mr. Chairman.

25230 Currently, the Affordable Care Act requires the insurer's

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25231 label their plans by metal tiers, bronze, silver, gold, and  
25232 platinum. These metal tiers are determined by their respective  
25233 actuarial value. Although they sound pretty, these plans limit  
25234 choices. They are rigid and do not allow insurers to develop  
25235 flexible plans to meet the needs of individuals in specific  
25236 regions of the country. We have seen this in particular with  
25237 insurers who have been weighed down by the demands of the higher  
25238 tiers, thus, leading to plans that are too expensive for most  
25239 Americans.

25240 Lack of flexible plans to accommodate the needs of America  
25241 is the very reason why we are seeing the individual market in a  
25242 death spiral. And those are not my words; they are from a CEO.

25243 Insurance is too expensive for most Americans and when it  
25244 is affordable, it does not cover the services that individuals  
25245 need. The Affordable Care Act has crippled our insurance markets  
25246 and repealing the actuarial values imposed by this law on insurers  
25247 is the first step that we can take to stabilize markets and return  
25248 security to Americans.

25249 Of course there is still more that we will have to do, beyond  
25250 repealing the actuarial values to stabilize the markets. This  
25251 has to be met coupled with relaxing the age band to five-to-one  
25252 and providing States with grants to the Patient and State  
25253 Stability Fund so that the States can make meaningful reforms to

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25254 their individual markets.

25255 I will yield to any Republican member that wants to speak.

25256 I yield to Mr. Scalise.

25257 Mr. Scalise. Thank you, Dr. Bucshon.

25258 This amendment gets to I guess the heart of that question  
25259 that we have been talking about for a while and that is freedom  
25260 because if you look at the driver of cost under Obamacare, over  
25261 the last 6 years as you see double-digit increases, let's look  
25262 at some fact, 25 percent is the average increase in premiums this  
25263 year on the Obamacare healthcare.gov exchange -- 25 percent  
25264 increases. And it is because there is all these mandates telling  
25265 you what you need to buy as opposed to letting individuals choose  
25266 what they want to buy. That is the heart of the question.

25267 And so again, what is freedom? Freedom to me is not under  
25268 this amendment. Government is telling you what you have to buy,  
25269 even if it is things that don't work for your family. It jacks  
25270 up the cost of your health care because you are buying stuff you  
25271 don't need but they are making you buy that stuff under this  
25272 amendment.

25273 Why not let the families choose that? Do you fear American  
25274 families making their own choices, picking their own plans, going  
25275 through and saying that is something that I want for my family,  
25276 that is something I don't want? And if Government is not telling

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25277 me all these things have to be in my plan, I actually get a lower  
25278 cost. I actually get a lower deductible. These deductibles are  
25279 through the roof. And I know we have done this over the last  
25280 few days but I think we need to go back to it because maybe people  
25281 forget what real families are dealing with.

25282 I will go back to Pamela from Mandeville. My premium went  
25283 up from \$986 per month, 57 years old and her husband who is 56,  
25284 to \$1,346 per month with a \$4,500 deductible each. It is required  
25285 to have maternity and pediatric care for a 57- and 56-year-old.  
25286 I am so frustrated. I just can't afford this anymore. This is  
25287 as much as my mortgage payment. But you are going to tell Pamela  
25288 she has still got to keep buying it, even if she doesn't want it  
25289 and it doesn't even work for her. But because you want to figure  
25290 out in Washington what somebody else needs to buy, then you don't  
25291 care that they can't afford their own health care anymore because  
25292 of all this.

25293 Let's let families make these choices. I think we should  
25294 be able to trust them a lot more than somebody up in Washington  
25295 who thinks they know best for everybody because a one size doesn't  
25296 fit all. Every family is different.

25297 And you know what? I trust that a family can make that most  
25298 personal choice a whole lot better than somebody up here in  
25299 Washington who doesn't even know their name. You might not know

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25300 families. You may not know Jeff from Slidell, who is paying a  
25301 deductible of \$12,500 per year for his health care. That is  
25302 something he can't afford. Let him buy what he wants. He is a  
25303 whole lot smarter in knowing what is good for his family than  
25304 somebody up here in Washington.

25305 So, let's give people freedom. Let's trust them to make  
25306 their own decisions and let them afford plans that work for their  
25307 family. Defeat this amendment.

25308 I yield back.

25309 Mr. Bucshon. Mr. Chairman, I urge my colleagues to vote  
25310 against this amendment. I yield back.

25311 Mr. Griffith. [Presiding.] Mr. Green from Texas.

25312 Mr. Green. I move to strike the last word and I would like  
25313 to yield my time to my colleague from Denver.

25314 Ms. DeGette. So in closing, I just want to say Pamela and  
25315 Jeff are going to be really shocked if this bill passes and they  
25316 get their insurance bill and they see the deductible that they  
25317 are going to have because what we are talking about is the  
25318 percentage that they are going to have to pay. Right now, under  
25319 the Affordable Care Act, it is a 70-to-90 percent ratio. Under  
25320 this Manager's Amendment, there is no level. That means,  
25321 theoretically, insurers could set any level of deductible they  
25322 want.

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25323           And the thing that our constituents are mad about is, aside  
25324 from the insurance costs, they are mad because they buy an  
25325 insurance plan, they buy one of these bare bones plans, and then  
25326 they get in a car accident and they are mad because they have this  
25327 big deductible.

25328           Under this bill, it is going to be even worse and I am here  
25329 to tell you guys if this is the problem that you are trying to  
25330 address and we don't fix it and this bill somehow becomes law,  
25331 then they are going to be at your doorstep and they are going to  
25332 be mad.

25333           I yield back and I ask for a yes vote.

25334           I yield back to Gene.

25335           Mr. Green. I just want to know from Congressman Scalise is  
25336 this the Boudreaus or the Thibodeaus?

25337           Mr. Scalise. It is a whole lot more than the Boudreaus and  
25338 Thibodeaus and they make really good crawfish. They just don't  
25339 want government bureaucrats or somebody in Washington telling  
25340 them what they can or can't buy. They can do a lot better on their  
25341 own.

25342           Mr. Green. I will reclaim my time and give it to my colleague  
25343 from Maryland.

25344           Mr. Sarbanes. I thank the gentleman for yielding.

25345           I was noticing last night Republicans were telling a whole

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25346 set of stories and we were telling a whole set of stories. And  
25347 the difference between them was Republican stories were all about  
25348 people's frustration with the premiums and the cost of the plans.  
25349 Our stories were all about the benefit of the ACA when people  
25350 actually had to use the coverage that they had purchased.

25351 And if you are just looking at it in terms of the front end  
25352 of the equation, sort of what it is costing and you don't yet know  
25353 whether the coverage that you have bought is actually going to  
25354 do the job for you, you are missing half the picture. So, we are  
25355 concerned about what happens when people actually have to access  
25356 this coverage and whether it is sufficient, whether all the  
25357 protections are in place, whether it is actuarial sound and so  
25358 forth. But even if we were only concerned with the issue of the  
25359 premium side, the cost side, without even getting to the use of  
25360 the coverage, we would still want to reject this repeal proposal  
25361 because it is actually putting an extra burden on when you look  
25362 at the fact that these supports to reduce the cost of deductibles  
25363 and copayments that that is being pulled away, when you look at  
25364 the fact that the credits being offered are significantly  
25365 downgraded from the credits that are being offered now, when you  
25366 look at the fact that the age rating guardrails are going away.

25367 So even just by the analysis of what is good on the front  
25368 end, in terms of the cost, the out-of-pocket costs for people,

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25369 the repeal that is being proposed doesn't solve that problem for  
25370 them. But just as importantly, the coverage that they can  
25371 actually access when they do get sick and need it is a critical  
25372 focus and that is why we have got to look at the actuarial soundness  
25373 of these plans.

25374 And I yield back.

25375 Mr. Green. Mr. Chairman, I yield back.

25376 Mr. Griffith. I thank the gentleman. The gentleman has  
25377 yielded back.

25378 Do we have anybody on this side who wishes to speak? Mr.  
25379 Cardenas, the gentleman from California has the floor.

25380 Mr. Cardenas. Thank you, Mr. Chairman.

25381 I think it is important that people soak in what Congressman  
25382 Sarbanes just mentioned a minute ago. We have been here for over  
25383 24 hours, far beyond that, but I think it is important to  
25384 understand and listen that Americans or human beings never want  
25385 to pay for something that they are not going to use at that moment.  
25386 Nobody wants to pay car insurance. Nobody wants to pay homeowners  
25387 insurance. Nobody wants to pay healthcare insurance.

25388 My daughter, for example, she got married and her and her  
25389 husband were going to get health care because they both decided  
25390 to leave their jobs and venture into doing other things, opening  
25391 his own business and things of that nature. So they had to go

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25392 out and buy their insurance where before they always got it from  
25393 their employer.

25394 And my daughter was like oh my God, it is so expensive. And  
25395 then when she told me the amount, I was like are you kidding me?  
25396 That is not much at all.

25397 And so they go their insurance like they are supposed to and  
25398 they stopped complaining. But a couple years later, they are  
25399 blessed to have a child. I am proud to say that I am a grandfather.  
25400 But let me tell you, when I looked in her eyes after we got over  
25401 the glow of the few days together and I said mi hija, how do you  
25402 feel about that insurance now? No complaints whatsoever. Not  
25403 one. Not one.

25404 It is just like when somebody gets into a car accident.  
25405 Everybody is complaining about writing that check every month but  
25406 if they ever, heaven forbid, have to use that insurance after they  
25407 get into a car accident, my gosh, there aren't words to describe  
25408 how grateful they are.

25409 And one of the things that Congressman Sarbanes just pointed  
25410 out, and I am glad he did, is because we have been -- it is like  
25411 a Tale of Two Cities here. The Democrats have been talking about  
25412 how people are so grateful and glad, once they realize that after  
25413 their daughter had a catastrophic illness, that that insurance  
25414 actually helped their daughter, got her daughter to be healthy

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25415 but, at the same time, they weren't thrown out on the streets  
25416 having to pay the deductibles that were in existence and legally  
25417 allowed for the insurance companies to charge before the ACA.

25418 I will mention again a gentleman came to my town -- my forum  
25419 in my district a couple of weeks ago and he started off by  
25420 complaining that he is paying 25 percent more today for his  
25421 insurance than he used to but then he also mentioned that he had  
25422 four hospital stays and three surgeries. And I said well, sir,  
25423 can you describe to me if that would have happened maybe 10 years  
25424 ago or what have you, what would the insurance company have done?  
25425 How much would you have had to pay in deductibles? He stopped  
25426 me in my mid-sentence and he said oh, my God, they would have taken  
25427 away my house.

25428 So basically, what we have been to explain here is for the  
25429 first time in the United States of America, we have health care  
25430 geared toward making sure that if you ever need your insurance,  
25431 you are not going to be thrown out on the street or you are going  
25432 to have to pay for the bills for the rest of your life -- for the  
25433 rest of your left.

25434 Don't forget, ladies and gentleman, in the old days before  
25435 the Affordable Care Act, if you had to go to the hospital like  
25436 this gentleman did, you would have \$100,000, \$200,000, \$300,000,  
25437 maybe you blow through the million dollar cap and all of a sudden

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25438 the second million is on you. That is not allowed anymore. And  
25439 if I am wrong, I would love for anybody on this dais to correct  
25440 me. That is not allowed anymore.

25441 Mr. Johnson. Would the gentleman yield?

25442 Mr. Cardenas. Sure.

25443 Mr. Johnson. I will be glad to give you some examples. It  
25444 might not be million dollars but to people that live in Appalachia,  
25445 Ohio, \$20,000 is like a million dollars. And when you get a  
25446 \$20,000 hospital bill when you were expecting to be able to keep  
25447 your insurance and keep your doctor, that is just as bad.

25448 Mr. Cardenas. I will reclaim my time.

25449 Thank you very much for that example. So you just reminded  
25450 me to remind all of us about another thing. If that person in  
25451 Appalachia had to pay \$20,000 and thank God they still have their  
25452 life to speak of but, at the same time, they could still get  
25453 insurance the next day. Back in the good old days before the  
25454 Affordable Care Act, when that person had that catastrophic  
25455 injury, they couldn't find insurance. Twenty thousand dollars  
25456 wouldn't be enough to pay for their insurance just for 1 year.  
25457 Heaven forbid they would ever need it again.

25458 Again, families couldn't even get insurance because one of  
25459 their children actually had asthma. Americans don't believe that  
25460 that is a precondition. It is. It is.

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25461           So yes, there is a lot of reasons why many of us are against  
25462 this bill that is before us today because it is taking us  
25463 backwards, not to the good old days but the catastrophic days.

25464           I yield back.

25465           Mr. Griffith. I thank the gentleman.

25466           Any further members seeking recognition? If no further  
25467 members are seeking recognition, the question occurs on the  
25468 amendment and there has been a request for a recorded vote.

25469           So, the clerk will call the roll.

25470           The Clerk. Mr. Barton.

25471           [No response.]

25472           The Clerk. Mr. Upton.

25473           Mr. Upton. Votes no.

25474           The Clerk. Mr. Upton votes no.

25475           Mr. Shimkus.

25476           Mr. Shimkus. No.

25477           The Clerk. Mr. Shimkus votes no.

25478           Mr. Murphy.

25479           [No response.]

25480           The Clerk. Mr. Burgess.

25481           [No response.]

25482           The Clerk. Mrs. Blackburn.

25483           Mrs. Blackburn. No.

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25484 The Clerk. Mrs. Blackburn votes no.  
25485 Mr. Scalise.  
25486 Mr. Scalise. No.  
25487 The Clerk. Mr. Scalise votes no.  
25488 Mr. Latta.  
25489 Mr. Latta. No.  
25490 The Clerk. Mr. Latta votes no.  
25491 Mrs. McMorris Rodgers.  
25492 Mrs. McMorris Rodgers. No.  
25493 The Clerk. Mrs. McMorris Rodgers votes no.  
25494 Mr. Harper.  
25495 Mr. Harper. No.  
25496 The Clerk. Mr. Harper votes no.  
25497 Mr. Lance.  
25498 Mr. Lance. No.  
25499 The Clerk. Mr. Lance votes no.  
25500 Mr. Guthrie.  
25501 Mr. Guthrie. No.  
25502 The Clerk. Mr. Guthrie votes no.  
25503 Mr. Olson.  
25504 [No response.]  
25505 The Clerk. Mr. McKinley.  
25506 Mr. McKinley. No.

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25507 The Clerk. Mr. McKinley votes no.  
25508 Mr. Kinzinger.  
25509 Mr. Kinzinger. No.  
25510 The Clerk. Mr. Kinzinger votes no.  
25511 Mr. Griffith.  
25512 Mr. Griffith. No.  
25513 The Clerk. Mr. Griffith votes no.  
25514 Mr. Bilirakis.  
25515 Mr. Bilirakis. No.  
25516 The Clerk. Mr. Bilirakis votes no.  
25517 Mr. Johnson.  
25518 Mr. Johnson. No. The Clerk. Mr. Johnson votes no.  
25519 Mr. Long.  
25520 Mr. Long. No.  
25521 The Clerk. Mr. Long votes no.  
25522 Mr. Bucshon.  
25523 Mr. Bucshon. No.  
25524 The Clerk. Mr. Bucshon votes no.  
25525 Mr. Flores.  
25526 Mr. Flores. No.  
25527 The Clerk. Mr. Flores votes no.  
25528 Mrs. Brooks.  
25529 Mrs. Brooks. No.

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25530 The Clerk. Mrs. Brooks votes no.  
25531 Mr. Mullin.  
25532 Mr. Mullin. No.  
25533 The Clerk. Mr. Mullin votes no.  
25534 Mr. Hudson.  
25535 Mr. Hudson. No.  
25536 The Clerk. Mr. Hudson votes no.  
25537 Mr. Collins.  
25538 Mr. Collins. No.  
25539 The Clerk. Mr. Collins votes no.  
25540 Mr. Cramer.  
25541 Mr. Cramer. No.  
25542 The Clerk. Mr. Cramer votes no.  
25543 Mr. Walberg.  
25544 Mr. Walberg. No.  
25545 The Clerk. Mr. Walberg votes no.  
25546 Mrs. Walters.  
25547 Mrs. Walters. No.  
25548 The Clerk. Mrs. Walters votes no.  
25549 Mr. Costello.  
25550 Mr. Costello. No.  
25551 The Clerk. Mr. Costello votes no.  
25552 Mr. Carter.

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25553 Mr. Carter. No.

25554 The Clerk. Mr. Carter votes no.

25555 Mr. Pallone.

25556 Mr. Pallone. Votes aye.

25557 The Clerk. Mr. Pallone votes aye.

25558 Mr. Rush.

25559 [No response.]

25560 The Clerk. Ms. Eshoo.

25561 Ms. Eshoo. Aye.

25562 The Clerk. Ms. Eshoo votes aye.

25563 Mr. Engel.

25564 Mr. Engel. Aye.

25565 The Clerk. Mr. Engel votes aye.

25566 Mr. Green.

25567 Mr. Green. Aye.

25568 The Clerk. Mr. Green votes aye.

25569 Ms. DeGette.

25570 Ms. DeGette. Aye.

25571 The Clerk. Ms. DeGette votes aye.

25572 Mr. Doyle.

25573 Mr. Doyle. Yes.

25574 The Clerk. Mr. Doyle votes aye.

25575 Ms. Schakowsky.

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25576            Ms. Schakowsky.    Aye.

25577            The Clerk.   Ms. Schakowsky votes aye.

25578            Mr. Butterfield.

25579            Mr. Butterfield.    Aye.

25580            The Clerk.   Mr. Butterfield votes aye.

25581            Ms. Matsui.

25582            Ms. Matsui.        Aye.

25583            The Clerk.   Ms. Matsui votes aye.

25584            Ms. Castor.

25585            Ms. Castor.        Aye.

25586            The Clerk.   Ms. Castor votes aye.

25587            Mr. Sarbanes.

25588            Mr. Sarbanes.     Aye.

25589            The Clerk.   Mr. Sarbanes votes aye.

25590            Mr. McNerney.

25591            Mr. McNerney.     Aye.

25592            The Clerk.   Mr. McNerney votes aye.

25593            Mr. Welch.

25594            [No response.]

25595            The Clerk.   Mr. Lujan.

25596            Mr. Lujan.        Aye.

25597            The Clerk.   Mr. Lujan votes aye.

25598            Mr. Tonko.

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25599            Mr. Tonko.    Aye.

25600            The Clerk.    Mr. Tonko votes aye.

25601            Ms. Clarke.

25602            [No response.]

25603            The Clerk.    Mr. Loeb sack.

25604            Mr. Loeb sack.    Aye.

25605            The Clerk.    Mr. Loeb sack votes aye.

25606            Mr. Schrader.

25607            Mr. Schrader.    Aye.

25608            The Clerk.    Mr. Schrader votes aye.

25609            Mr. Kennedy.

25610            Mr. Kennedy.    Aye.    The Clerk.    Mr. Kennedy votes aye.

25611            Mr. Cardenas.

25612            Mr. Cardenas.    Aye.

25613            The Clerk.    Mr. Cardenas votes aye.

25614            Mr. Ruiz.

25615            [No response.]

25616            The Clerk.    Mr. Peters.

25617            Mr. Peters.    Aye.

25618            The Clerk.    Mr. Peters votes aye.

25619            Mrs. Dingell.

25620            Mrs. Dingell.    Aye.

25621            The Clerk.    Mrs. Dingell votes aye.

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25622 Chairman Walden.

25623 The Chairman. Votes no.

25624 The Clerk. Chairman Walden votes no.

25625 The Chairman. [Presiding.] Are there other members wishing

25626 to be recorded?

25627 The chair recognizes the gentleman from Pennsylvania.

25628 Mr. Murphy. No.

25629 The Clerk. Mr. Murphy votes no.

25630 The Chairman. The gentleman from Texas, Mr. Burgess.

25631 Mr. Burgess. No.

25632 The Clerk. Mr. Burgess votes no.

25633 The Chairman. The gentleman from Texas, Mr. Olson.

25634 Mr. Olson. Olson votes no.

25635 The Clerk. Mr. Olson votes no.

25636 The Chairman. Okay, are there any other members wishing to

25637 be recorded? Anybody? Do you have any other members? There are

25638 like four.

25639 Mr. Butterfield, you are recorded, right, sir?

25640 Mr. Butterfield. Yes.

25641 The Chairman. Okay, any others?

25642 All right, the clerk will report the tally.

25643 The Clerk. Mr. Chairman, on that vote there were 20 ayes

25644 and 30 noes.

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25645 The Chairman. I am sorry. What was the tally?

25646 The Clerk. Twenty ayes and thirty noes.

25647 The Chairman. Oh, wait a minute. Just in time. Ms.

25648 Clarke, I don't believe you are recorded and I think you are a  
25649 yes.

25650 Ms. Clarke. I vote aye.

25651 The Clerk. Ms. Clarke votes aye.

25652 The Chairman. Now what is the total?

25653 The Clerk. Mr. Chairman, on that vote there were 21 ayes  
25654 and 30 nays.

25655 The Chairman. Twenty-one to thirty, the amendment is not  
25656 adopted.

25657 Are there other members seeking to offer an amendment?

25658 The chair recognizes his friend from New York, Mr. Engle.  
25659 For what purpose?

25660 Mr. Engel. Thank you, Mr. Chairman. I have an amendment  
25661 at the desk. It is Amendment number 159.

25662 [The Amendment offered by Mr. Engel follows:]

25663

25664 \*\*\*\*\*INSERT 41\*\*\*\*\*

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25665 The Chairman. One-five-nine. Now serving Amendment  
25666 number 159.

25667 Okay, the clerk will report the amendment. We will make sure  
25668 it is the right one because -- do we have the right amendment?

25669 What is it on, Mr. Elliott?

25670 Mr. Engel. It is hospitals.

25671 The Chairman. Hospitals. Okay, the clerk will report the  
25672 amendment.

25673 The Clerk. Amendment to the Amendment in the Nature of a  
25674 Substitute to the Committee Print Offered by Mr. Engel.

25675 The Chairman. We will dispense with further reading of the  
25676 amendment and I recognize the gentleman from New York, Mr. Engel,  
25677 for 5 minutes to speak on his amendment.

25678 Mr. Engel. Thank you, Mr. Chairman.

25679 My amendment would require CMS to perform an independent  
25680 assessment of how this bill's Medicaid policy changes would affect  
25681 local hospitals prior to implementation. CMS would need to  
25682 demonstrate that Republican's Medicaid changes will not force  
25683 hospitals into the red or to close their doors.

25684 There is nothing unreasonable about such an assessment.  
25685 Every single member on this committee should want to know, beyond  
25686 a shadow of a doubt, that this bill won't threaten the hospitals  
25687 that their constituents depend on.

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25688           There is only one possible outcome when you take away  
25689 people's insurance coverage -- newly uninsured Americans will  
25690 turn to hospital emergency rooms. And when hospitals treat these  
25691 newly uninsured Americans, they take a financial hit. Where will  
25692 Americans go if their local hospital has to fold, to one that is  
25693 less convenient? I am from New York City and I think that is  
25694 outrageous. Just imagine how Americans in rural areas will feel  
25695 if they are forced to travel even further during an emergency.

25696           And hurting our hospitals doesn't just hurt the patients who  
25697 rely on them. It hurts the economy.

25698           In New York, our hospital and health systems generate more  
25699 than \$24 billion annually. They are also responsible for  
25700 hundreds of thousands of jobs. If we push hospitals into the red  
25701 or force them to close altogether, we are shutting down major  
25702 economic engines on top of harming patients.

25703           With respect to the Republican repeal bill, which won't  
25704 maintain current levels of insurance coverage, the American  
25705 Hospital Association said this, and I quote them: resources need  
25706 to be returned to hospitals and health systems in order to provide  
25707 services to what will likely be an increased number of uninsured  
25708 Americans.

25709           Let me read an excerpt from America's Essential Hospitals'  
25710 Statement on this bill.

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25711            Could we have some order, Mr. Chairman?

25712            So let me read an excerpt from America's Essential Hospitals'  
25713 Statement on this bill and I quote them. This legislation could  
25714 place a heavy burden on the safety net by reducing federal support  
25715 for Medicaid expansion over time and imposing per capita caps on  
25716 the program. And I am still quoting: these changes alone could  
25717 result in deep funding cuts for essential hospitals which now  
25718 operate with little or no margin. Continuing to quote, our  
25719 hospitals could not sustain such reductions without scaling back  
25720 services or eliminating jobs.

25721            This bill delivers a serious blow to safety net hospitals'  
25722 finances and that, in turn, is a blow to the communities who rely  
25723 on them. There is no reason that any member should oppose this  
25724 amendment to make sure that doesn't happen.

25725            So I urge my colleagues to support this amendment. And I  
25726 will yield back, if nobody wants my time.

25727            Mr. Pallone. Mr. Chair? Mr. Engel?

25728            Mr. Engel. Mr. Pallone.

25729            Mr. Pallone. I just wanted to urge support for your  
25730 amendment.

25731            I think most of us know that the hospitals have been very  
25732 big supporters of the Affordable Care Act because of the fact that  
25733 with so many people now being insured, whether it is through the

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25734 marketplace and the subsidies or through Medicaid expansion, they  
25735 have a major infusion of funds through these payments that they  
25736 would not normally get and they have been able to reduce the number  
25737 of people in the emergency room and use the money that they have  
25738 gained for a lot of things that have made health care better  
25739 quality and new technologies. I mean I can just see that in my  
25740 own district in the hospitals that I represent.

25741           And so I think it makes sense that they are very concerned  
25742 about the Republican bill that is before us today because, as we  
25743 have said many times, the problems is a lot of people will now  
25744 become uninsured again because they lose their subsidy if they  
25745 are on individual market or they eventually lose Medicaid as  
25746 Medicaid expansion starts to disappear.

25747           They do not want to see an increase in the uncompensated care  
25748 and a return to the emergency room. It is not good for the  
25749 patients and it is certainly not good for their bottom line.

25750           So I think it is very important that we support this amendment  
25751 because we know the negative impact that the bill before us, the  
25752 Republican repeal bill will have on the healthcare system in  
25753 general and on all the things that we are concerned about in terms  
25754 of people losing their insurance, higher premiums and loss of  
25755 funding that is so crucial to the hospitals.

25756           I yield back.

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25757 Mr. Burgess. [Presiding.] The chair would ask of the  
25758 gentlemen from New York if he --

25759 Mr. Engel. Yes, I yield back.

25760 Mr. Burgess. Well did you have a unanimous consent request  
25761 that we missed during the changing of the guard? Had you made  
25762 a unanimous -- I thought I heard a unanimous consent request.

25763 Mr. Engel. No.

25764 Mr. Burgess. Okay, very well. The gentleman yields back.  
25765 The chair thanks the gentleman.

25766 The chair recognizes the gentleman from West Virginia, Mr.  
25767 McKinley. Or for what purpose does the gentleman from West  
25768 Virginia seek recognition?

25769 Mr. McKinley. To speak in opposition.

25770 Mr. Burgess. The gentleman is recognized. Does the  
25771 gentleman move to strike the requisite number of words?

25772 Mr. McKinley. Yes.

25773 Mr. Burgess. The gentleman is recognized for 5 minutes.

25774 Mr. McKinley. Mr. Chairman, I think the premise here is  
25775 trusting the CMS on what they have done or how they would make  
25776 the projections but we also have to put things in context back  
25777 with the ACA.

25778 I have pulled up an article that was put out by National Rural  
25779 Health Association representing the rural hospitals across

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25780 America. And they made several statements here that I thought  
25781 were worth consideration, given the situation we are dealing with.  
25782 And it says some of the regulations that were implemented are  
25783 actually harming rural America and not fulfilling the ultimate  
25784 goals of the ACA.

25785 Then it goes on to say that despite the well intentions of  
25786 the ACA, have really fallen short and may actually be exacerbating  
25787 the hospital closure crisis.

25788 So having said that with their articles, I think we all  
25789 understand the role the hospitals play in a community. For those  
25790 of us in rural America, I get a kick out of when I hear the speaker  
25791 talk about Janesville like it is just a little tiny town.  
25792 Janesville is twice the size of any community I have in my  
25793 district. It is 60,000 some people. So, we understand the role  
25794 of hospitals but we also have to understand how CMS has made the  
25795 predictions how this was going to help out years ago, when the  
25796 ACA was put in place.

25797 So I am having some suspicion, some doubts about that. I  
25798 think something could be worked out but we have to understand first  
25799 with the ACA, as an example, I know of a 250-bed hospital in my  
25800 district, a 250-bed hospital that the ACA has failed so miserably  
25801 that they now, still, have an \$8 million uncompensated care. And  
25802 because of the changes in the DSH payments back under Obamacare,

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25803 they have to write off \$8 million in uncompensated care and all  
25804 they get in exchange is \$350,000 in DSH payments. That doesn't  
25805 seem like a very -- that just shows why our rural hospitals are  
25806 in trouble.

25807 And I could go on statistically with it that we know that  
25808 rural hospitals all across, primarily because of the ACA, are  
25809 closing in the last 7 years. They have been closing at the rate  
25810 of one a month. And at the rate they are going, we are going to  
25811 have ten percent of our hospitals close or 25 percent of our rural  
25812 hospitals are going to close within 10 years. So we have an  
25813 option. We have this option of this new way because whatever has  
25814 been done under the ACA, it did not work. And it exacerbated the  
25815 problem. More and more hospitals are closing. So we have got  
25816 to have an option.

25817 And so what we have is this. The bill that we have is one  
25818 that is primarily based around free market principles. We think  
25819 that people, if they can use -- if we can double their HSA ability,  
25820 that you are going to have more funds available for that. The  
25821 refundable tax credits are going to be available for people. The  
25822 high-risk pools, all of this is going to come into place where  
25823 I think what I have talked to are the rural hospitals, they are  
25824 excited about an option because they see the ACA has failed.

25825 So, Mr. Speaker, or Mr. Chairman, I would hope that we will

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25826 defeat this amendment and move on.

25827 I yield back.

25828 Mr. Burgess. The gentleman yields back.

25829 For what purpose does the gentleman from New Jersey seek  
25830 recognition?

25831 Mr. Pallone. Strike the last word on the amendment, Mr.  
25832 Chairman.

25833 Mr. Burgess. The gentleman is recognized for 5 minutes.

25834 Mr. Pallone. And I would yield time to Mr. Engel.

25835 Mr. Engel. Thank you.

25836 Let me say to the gentleman, Mr. McKinley, if you think that  
25837 rural hospitals are closing quickly, just pass this bill and have  
25838 it become law without my amendment and I guarantee, they will close  
25839 even more quickly.

25840 Uncompensated care refers to the amount of care hospitals  
25841 provide for which they receive no payment, either from a patient  
25842 or an insurer. A study by the Georgetown University Health Policy  
25843 Institute found that, and I quote it, compared to non-expansion  
25844 States, States that have expanded Medicaid have seen major  
25845 reductions in uncompensated care delivered by safety net  
25846 institutions, significant drops in the number of uninsured  
25847 residents, and budget savings for hospitals and community health  
25848 clinics. We also know that the Republican repeal bill slowly but

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25849 surely kills the Medicaid expansion that helps States reduce their  
25850 uninsured  
25851 rates.

25852 In New York, for example, that rate was cut in half. We know  
25853 that the 2.2 million New Yorkers who enrolled in Medicaid under  
25854 the ACA's expansion now stand to lose coverage. And we know where  
25855 these newly uninsured Americans will turn, to our hospitals, who  
25856 will afford each and every person the best care possible but will  
25857 do so at a tremendous loss.

25858 So I think it is quite evident that without this amendment,  
25859 hospitals are going to close. People are going to go to them,  
25860 to their emergency rooms and go to them for help. And there will  
25861 be less and less help. People will have to travel further and  
25862 further, all because we don't do anything to help these hospitals  
25863 under this bill.

25864 Would anybody like some time?

25865 Mr. Pallone. Mr. Butterfield? Oh.

25866 Mr. Butterfield. Mr. Engel?

25867 Mr. Pallone. Which one? Do you want Mr. Butterfield?

25868 Mr. Engel. Mr. Butterfield.

25869 Mr. Butterfield. Thank you very much, Mr. Engel, for  
25870 yielding time and thank you for this amendment.

25871 I am pleased to speak in support of your amendment that would

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25872 require that the Medicaid provisions in this bill do not  
25873 negatively impact hospitals like the one in my congressional  
25874 district in Belhaven, North Carolina, that was forced -- forced  
25875 to close because my State's then-Republican Governor and  
25876 Legislature did not expand Medicaid.

25877 This bill blocks new States from expanding their Medicaid  
25878 programs beyond the year 2020, converts Medicaid into a per capita  
25879 cap funding structure that will, inevitably, result in the  
25880 rationing of care. The bill also eliminates Medicaid expansion  
25881 that has helped millions of Americans to gain affordable coverage.

25882 The bill removes the mandate that Medicaid cover all  
25883 essential health benefits and imposes a 30 percent reinsurance  
25884 penalty that goes straight into the pockets of the insurers --  
25885 may I have some water, please?

25886 All right, let me try that one again. Imposes a 30 percent  
25887 reinsurance penalty that goes straight into the pockets of the  
25888 insurers for individuals who, for any reason, are unable to  
25889 maintain coverage.

25890 Colleagues, since the year 2010, 80 rural hospitals have  
25891 closed throughout the country. And in my district, it closed  
25892 because of the refusal of the State to expand Medicaid.  
25893 Seventy-five percent of those hospitals are located in States  
25894 where Medicaid was not expanded through the ACA. One of those

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25895 hospitals, as I mentioned, was located in my district. The  
25896 closure of the hospital has left a large void in Eastern North  
25897 Carolina. There is a 130-mile gap between hospitals in  
25898 Northeastern Beaufort County and Hyde Counties. More than 15,000  
25899 people in the region no longer have access to emergency room care  
25900 in times of need.

25901           On July 7, 2014, Portia Gibbs from Hyde County lost her life.  
25902 Just 5 days earlier, the hospital in Belhaven had just closed.  
25903 Had it remained open, she could have reached care quickly and  
25904 possibly could have been saved. Because of the closer, first  
25905 responders tried to transport her by way of helicopter to a  
25906 hospital in Greenville, 75 miles away. She did not make it.

25907           People in Eastern North Carolina deserve to have health care  
25908 when they are in need.

25909           Since the closure, the Belhaven community has advocated for  
25910 a new hospital to provide emergency room services. In fact, the  
25911 Mayor of Belhaven has twice walked here to Washington, D.C. 300  
25912 miles to -- and he is a Republican, to advocate for Medicaid  
25913 expansion.

25914           Too many lives are lost unnecessarily because of the lack  
25915 of health options. The expansion of Medicaid under the ACA has  
25916 helped stem the tide of the closure of rural hospitals. Let's  
25917 keep these rural hospitals open. Let's expand Medicaid to give

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25918 them that opportunity.

25919 Thank you and I yield back.

25920 Mr. Burgess. The chair thanks the gentlemen. The  
25921 gentleman yields back.

25922 Does anyone on the Republican side -- for what purpose does  
25923 the gentleman from Oklahoma seek recognition?

25924 Mr. Mullin. I move to strike the last word.

25925 Mr. Burgess. The gentleman is recognized for 5 minutes.

25926 Mr. Mullin. It is not too often that my colleague from North  
25927 Carolina and I agree on something but we do agree on keeping our  
25928 rural hospitals open.

25929 I have 36 rural hospitals in my district and 41 percent of  
25930 rural hospitals right now are operating at a loss. Now where we  
25931 and my colleague from North Carolina disagree on is he takes the  
25932 position that it is because they didn't open an exchange in their  
25933 State. Well, the fact is --

25934 Mr. Butterfield. No, they didn't expand Medicaid.

25935 Mr. Mullin. They didn't expand Medicaid. The fact is, it  
25936 was forced upon them by Obamacare. What is forcing them to take  
25937 a loss is the lack of the DSH fund reimbursements. What drove  
25938 up the rates and a disproportionate amount of individuals in rural  
25939 parts of the country to go to them is because they have been forced  
25940 on Medicaid because their insurance plan is no longer available

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25941 for them to have.

25942 So now these hospitals are in a situation to where they are  
25943 taking a loss because 80 to 90 percent of the people walking inside  
25944 there are on Medicaid. Forty-one percent. Forty-one percent of  
25945 rural hospitals right now are operating at a loss. Eighty, as  
25946 my colleague from North Carolina stated, have already closed.

25947 What we are trying to do is fix that and that is what we do  
25948 through this plan. We increase the DSH funds. We allow those  
25949 hospitals in rural parts of the country to stabilize. We are here  
25950 to make it better and that is what we are trying to do.

25951 And I would look forward to working with my colleague from  
25952 North Carolina, if that is what his intentions are because it  
25953 sounds like we both represent rural districts.

25954 But this is moving in the right direction.

25955 Mr. Butterfield. Would you yield? We have that in common  
25956 and I would like to work with you on that because when this  
25957 hospital, Vidant Hospital acquired this hospital, they were  
25958 assuming that Medicaid was going to expand. But then we got the  
25959 Supreme Court decision that made it optional for the States and  
25960 the State did not expand and the business model fell apart.

25961 Mr. Mullin. Well, my colleague, I think we just found  
25962 something that maybe you and I can talk about because it is about  
25963 getting it right for the American people.

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25964 Mr. Butterfield. Thank you, sir.

25965 Mr. Loeb sack. Would you yield? Would you yield to me,  
25966 please?

25967 Mr. Mullin. Just because I like you, Dave.

25968 Mr. Loeb sack. Thank you so much, Markwayne. I appreciate  
25969 that. That is why I asked. Thanks.

25970 Thank you so much. We do have a fundamental disagreement  
25971 about what would happen if this bill were to be passed to these  
25972 rural hospitals.

25973 I didn't plan to speak on this so I don't have prepared  
25974 remarks. All I can say is in Iowa we have over 80 rural hospitals  
25975 and Medicaid has been very, very important for them. The charity  
25976 care was already mentioned, the importance of reducing charity  
25977 care or non-compensated care.

25978 I mentioned yesterday that this is three of my rural  
25979 hospitals. I have 24 counties and almost every one of them has  
25980 not quite as many as yours but almost every one of them has a rural  
25981 hospital, a critical access hospital. And in every single case,  
25982 these folks, the administrators there have told me that if the  
25983 Affordable Care Act is repealed, that that is going to put a  
25984 tremendous amount of budgetary pressure on them and they are not  
25985 sure that they can keep their doors open and we know what that  
25986 is going to do for patient access, obviously.

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25987 Mr. Mullin. Reclaiming my time, I am talking to the same  
25988 hospital directors and they are saying just the opposite. If we  
25989 don't do something about these DSH funds, that they are going to  
25990 be forced to close.

25991 Remember right now 41 percent of rural hospitals are  
25992 operating at a loss.

25993 Mr. Loeb sack. Right.

25994 Mr. Mullin. They are closing at an alarming rate and that  
25995 has been increasing since Obamacare was enacted.

25996 I will yield back.

25997 Mr. Burgess. The chairman thanks the gentleman. The  
25998 gentleman yields back.

25999 For what purposes does the gentle lady from California seek  
26000 recognition?

26001 Ms. Eshoo. To strike the last word.

26002 Mr. Burgess. The gentle lady is recognized for 5 minutes.

26003 Ms. Eshoo. Thank you, Mr. Chairman.

26004 I just want to make an observation and it is the following.  
26005 The California Hospital Association, CHA, has come to D.C. to meet  
26006 with all members of the California congressional delegation. And  
26007 while most members may not realize it, we have many, many rural  
26008 areas in California.

26009 But the CHA, California Hospital Association, has been

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26010 urging members of the delegation, Republicans and Democrats, to  
26011 continue to support the Affordable Care Act because of the  
26012 salutatory affect it has had on hospitals throughout California.

26013 So you know there is a mix on the take. Now, we didn't ask  
26014 them to come. They came on their own and have instructed us --  
26015 in fact, they have given us all the figures for hospitals both  
26016 before and after the Affordable Care Act.

26017 So I think that since this amendment is about hospitals, we  
26018 are a nation state, the largest State, the most populous State  
26019 in the Union and that California Hospital Association's  
26020 recommendation I think is really a weighty one.

26021 So, I want to thank the gentleman for the amendment that he  
26022 is offering.

26023 I also placed in the record earlier in our markup, an article  
26024 that was written by the CEO of the Stanford Medical Center, that  
26025 is, Stanford University Medical Center. I placed it in the record  
26026 because I think it was -- it is worth the read as to why there  
26027 is far more stability in terms of what was uncompensated care and  
26028 how that has changed and changed dramatically for hospitals,  
26029 readmission rates, and really all of the issues that we are all  
26030 familiar with, especially from the Health Subcommittee, or as  
26031 members. You don't have to be on the Health Subcommittee to know  
26032 it from our hospital.

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26033           So, I just wanted to offer that in terms of testimony and  
26034 how important it is, I believe, to support the amendment. And  
26035 I yield the remainder of my time to Mr. Engel.

26036           Mr. Engel. Thank you.

26037           I just wanted to add one fact because, as we were having this  
26038 debate, I want to say that according to Becker's Hospital Review,  
26039 21 hospitals closed in 2016; 18 of them were in non-expansion  
26040 States, where they wouldn't expand Medicaid -- 16. I am sorry,  
26041 16 of them were in non-expansion States out of the 21.

26042           So, I think it has a little bit to do with the expansion or  
26043 lack of expansion.

26044           I yield to Ms. Castor.

26045           Ms. Castor. Colleagues, if you want to protect hospitals  
26046 across America, the last thing that you want to do is vote for  
26047 the Republican bill.

26048           And I find the arguments that the Affordable Care Act has  
26049 weakened hospitals to be very untrue, in my experience back in  
26050 Florida. All of the hospitals were enthusiastic partners in  
26051 trying to get our neighbors covered with health insurance because  
26052 the last thing a hospital wants is a patient to come in the door  
26053 that is uninsured.

26054           Of course, the care providers there are going to provide the  
26055 top quality care but when it goes to the accountants, if they are

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26056 not covered with insurance, if they don't have insurance, we are  
26057 going to end up with bad debt on the hospital's bottom line, which  
26058 will be passed along to everyone who has insurance

26059 It is interesting because, like you all, I have heard from  
26060 hospitals back home. They are not shy. Here is a few of the  
26061 points they said, as we go into the Republican repeal effort.  
26062 They said what you have to do, we recommend strongly, maintain  
26063 coverage. So the bill rips coverage away from so many of our  
26064 neighbors because you undermine. You take away the tax credits.  
26065 You don't provide the support that our families need.

26066 They say provide support for premiums. Provide adequate  
26067 financial assistance to help those in need. That is critical.  
26068 And yet this bill, we had a debate hours ago about how our older  
26069 neighbors are going to really suffer, the folks that are age 50  
26070 to 64, it was discovered during debate, the age rating in the bill  
26071 actually isn't the five-to-one that is printed there. It is  
26072 unlimited when it goes back to States. So, it looks like our older  
26073 neighbors are really going to get hammered.

26074 They also said please do not reduce an already underfunded  
26075 Medicaid system. Well this is the most radical rewrite to  
26076 Medicaid that we have seen in decades. Changing to a per capita  
26077 cap that doesn't grow over time in an adequate way to provide the  
26078 support that our families, our children, folks with disabilities

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26079 -- I think about my children's hospitals back home that are taking  
26080 care of children with the most complex medical needs.

26081 If you want to support our hospitals, I strongly recommend  
26082 you support Mr. Engel's amendment and you vote no on the Republican  
26083 bill.

26084 The Chairman. [Presiding.] Seeing no one else seeking  
26085 recognition, I am told we are going to go to a vote, in accordance  
26086 with an agreement with the --

26087 Mr. Welch. I just want to say this. Sorry.

26088 The Chairman. Okay, I recognize the gentlemen from Vermont.

26089 Mr. Welch. I will be very brief but Markwayne Mullin talked  
26090 about rural hospitals in his State and we have the same thing in  
26091 Vermont. Mr. Engel has the same thing, even in an urban district.

26092 The hospital CEOs that I spoke to said that if we basically  
26093 change the healthcare bill, as it is being proposed now, there  
26094 would be a big spike in uncompensated care. One of the big  
26095 benefits to our rural hospitals has been that the free care that  
26096 they were giving, they now get Medicaid reimbursement. It is low  
26097 reimbursement but it is better than zero and it literally has made  
26098 the difference between black ink and red ink for our hospitals.

26099 Now, with Mr. Mullin's situation, what it suggests is it is  
26100 not working for them. And this is the stranglehold we put  
26101 ourselves in by not taking time to try to figure out how to have

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26102 a bill that is going to work for the small hospitals in his  
26103 community, in Mr. Engel's community, and mine.

26104 I yield back.

26105 The Chairman. I thank the gentleman. The gentleman yields  
26106 back.

26107 The question now arises on approval of the amendment. Those  
26108 in favor will vote aye; those opposed, nay. And the clerk will  
26109 call the roll.

26110 The Clerk. Mr. Barton.

26111 Mr. Barton. No.

26112 The Clerk. Mr. Barton votes no.

26113 Mr. Upton.

26114 [No response.]

26115 The Clerk. Mr. Shimkus.

26116 Mr. Shimkus. No.

26117 The Clerk. Mr. Shimkus votes no.

26118 Mr. Murphy.

26119 Mr. Murphy. No.

26120 The Clerk. Mr. Murphy votes no.

26121 Mr. Burgess.

26122 Mr. Burgess. No.

26123 The Clerk. Mr. Burgess votes no.

26124 Mrs. Blackburn.

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26125            Mrs. Blackburn.    No.

26126            The Clerk.    Mrs. Blackburn votes no.

26127            Mr. Scalise.

26128            Mr. Scalise.    No.

26129            The Clerk.    Mr. Scalise votes no.

26130            Mr. Latta.

26131            Mr. Latta.    No.

26132            The Clerk.    Mr. Latta votes no.

26133            Mrs. McMorris Rodgers.

26134            [No response.]

26135            The Clerk.    Mr. Harper.

26136            Mrs. McMorris Rodgers.    No.

26137            The Clerk.    Mrs. McMorris Rodgers votes no.

26138            Mr. Harper.

26139            Mr. Harper.    No.

26140            The Clerk.    Mr. Harper votes no.

26141            Mr. Lance.

26142            [No response.]

26143            The Clerk.    Mr. Guthrie.

26144            Mr. Guthrie.    No.

26145            The Clerk.    Mr. Guthrie votes no.

26146            Mr. Olson.

26147            Mr. Olson.    No.

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26148 The Clerk. Mr. Olson votes no.  
26149 Mr. McKinley.  
26150 Mr. McKinley. No.  
26151 The Clerk. Mr. McKinley votes no.  
26152 Mr. Kinzinger.  
26153 Mr. Kinzinger. No.  
26154 The Clerk. Mr. Kinzinger votes no.  
26155 Mr. Griffith.  
26156 Mr. Griffith. No.  
26157 The Clerk. Mr. Griffith votes no.  
26158 Mr. Bilirakis.  
26159 Mr. Bilirakis. No.  
26160 The Clerk. Mr. Bilirakis votes no.  
26161 Mr. Johnson.  
26162 Mr. Johnson. No.  
26163 The Clerk. Mr. Johnson votes no.  
26164 Mr. Long.  
26165 Mr. Long. No.  
26166 The Clerk. Mr. Long votes no.  
26167 Mr. Bucshon.  
26168 Mr. Bucshon. No.  
26169 The Clerk. Mr. Bucshon votes no.  
26170 Mr. Flores.

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26171            Mr. Flores.    No.  
26172            The Clerk.    Mr. Flores votes no.  
26173            Mrs. Brooks.  
26174            Mrs. Brooks.    No.  
26175            The Clerk.    Mrs. Brooks votes no.  
26176            Mr. Mullin.  
26177            Mr. Mullin.    No.  
26178            The Clerk.    Mr. Mullin votes no.  
26179            Mr. Hudson.  
26180            Mr. Hudson.    No.  
26181            The Clerk.    Mr. Hudson votes no.  
26182            Mr. Collins.  
26183            Mr. Collins.    No.  
26184            The Clerk.    Mr. Collins votes no.  
26185            Mr. Cramer.  
26186            Mr. Cramer.    No.  
26187            The Clerk.    Mr. Cramer votes no.  
26188            Mr. Walberg.  
26189            Mr. Walberg.    No.  
26190            The Clerk.    Mr. Walberg votes no.  
26191            Mrs. Walters.  
26192            Mrs. Walters.    No.  
26193            The Clerk.    Mrs. Walters votes no.

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26194 Mr. Costello.

26195 Mr. Costello. No.

26196 The Clerk. Mr. Costello votes no.

26197 Mr. Carter.

26198 Mr. Carter. No.

26199 The Clerk. Mr. Carter votes no.

26200 Mr. Pallone.

26201 Mr. Pallone. Aye.

26202 The Clerk. Mr. Pallone votes aye.

26203 Mr. Rush.

26204 [No response.]

26205 The Clerk. Ms. Eshoo.

26206 Ms. Eshoo. Aye.

26207 The Clerk. Ms. Eshoo votes aye.

26208 Mr. Engel.

26209 Mr. Engel. Aye.

26210 The Clerk. Mr. Engel votes aye.

26211 Mr. Green.

26212 Mr. Green. Aye.

26213 The Clerk. Mr. Green votes aye.

26214 Ms. DeGette.

26215 Ms. DeGette. Aye.

26216 The Clerk. Ms. DeGette votes aye.

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26217 Mr. Doyle.

26218 Mr. Doyle. Yes.

26219 The Clerk. Mr. Doyle votes aye.

26220 Ms. Schakowsky.

26221 Ms. Schakowsky. Aye.

26222 The Clerk. Ms. Schakowsky votes aye.

26223 Mr. Butterfield.

26224 Mr. Butterfield. Aye.

26225 The Clerk. Mr. Butterfield votes aye.

26226 Ms. Matsui.

26227 Ms. Matsui. Aye.

26228 The Clerk. Ms. Matsui votes aye.

26229 Ms. Castor.

26230 Ms. Castor. Aye.

26231 The Clerk. Ms. Castor votes aye.

26232 Mr. Sarbanes.

26233 Mr. Sarbanes. Aye.

26234 The Clerk. Mr. Sarbanes votes aye.

26235 Mr. McNerney.

26236 Mr. McNerney. Aye.

26237 The Clerk. Mr. McNerney votes aye.

26238 Mr. Welch.

26239 Mr. Welch. Aye.

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26240 The Clerk. Mr. Welch votes aye.  
26241 Mr. Lujan.  
26242 Mr. Lujan. Aye.  
26243 The Clerk. Mr. Lujan votes aye.  
26244 Mr. Tonko.  
26245 Mr. Tonko. Aye.  
26246 The Clerk. Mr. Tonko votes aye.  
26247 Ms. Clarke.  
26248 Ms. Clarke. Aye.  
26249 The Clerk. Ms. Clarke votes aye.  
26250 Mr. Loeb sack.  
26251 Mr. Loeb sack. Aye.  
26252 The Clerk. Mr. Loeb sack votes aye.  
26253 Mr. Schrader.  
26254 Mr. Schrader. Aye.  
26255 The Clerk. Mr. Schrader votes aye.  
26256 Mr. Kennedy.  
26257 Mr. Kennedy. Aye. The Clerk. Mr. Kennedy votes aye.  
26258 Mr. Cardenas.  
26259 Mr. Cardenas. Aye.  
26260 The Clerk. Mr. Cardenas votes aye.  
26261 Mr. Ruiz.  
26262 Mr. Ruiz. Aye.

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26263 The Clerk. Mr. Ruiz votes aye.

26264 Mr. Peters.

26265 Mr. Peters. Aye.

26266 The Clerk. Mr. Peters votes aye.

26267 Mrs. Dingell.

26268 Mrs. Dingell. Aye.

26269 The Clerk. Mrs. Dingell votes aye.

26270 Chairman Walden.

26271 The Chairman. Walden votes no.

26272 The Clerk. Chairman Walden votes no.

26273 The Chairman. Are there members not recorded? The

26274 gentleman from Michigan, Mr. Upton.

26275 Mr. Upton. Votes no.

26276 The Clerk. Mr. Upton votes no.

26277 The Chairman. The gentleman from New Jersey, Mr. Lance.

26278 Mr. Lance. No.

26279 The Clerk. Mr. Lance votes no.

26280 The Chairman. Are there other members wishing to be

26281 recorded on this amendment?

26282 Okay, the clerk will report the tally.

26283 The Clerk. Mr. Chairman, on that vote there were 23 ayes

26284 and 31 noes.

26285 The Chairman. Twenty-three ayes and thirty-one noes. The

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26286 amendment fails.

26287 The chair now recognizes the gentleman from Texas, the vice  
26288 chair of the full committee for unanimous consent request.

26289 Mr. Barton. Yes, sir. Yes, sir.

26290 Before I do that, Mr. Chairman, I want to commend you for  
26291 your handling of your first major markup.

26292 The Chairman. Thank you.

26293 Mr. Barton. This has, literally, been a baptism of fire and  
26294 you have handled it with grace, and humor, and style, and it bodes  
26295 well for your tenure as chairman of what I think is the best  
26296 committee in the House of Representatives.

26297 The Chairman. I think it also set a record, 27 hours  
26298 nonstop. So, congratulations to all of you and to our staff.

26299 Mr. Barton. Don't give him something to shoot for, Mr.  
26300 Chairman!

26301 The Chairman. Now I would recognize the gentleman for a U.C.  
26302 request.

26303 Mr. Barton. I have two amendments at the desk, Mr. Chairman.  
26304 I think they are Barton 1 and Barton 2. I would ask unanimous  
26305 consent that we consider them both at one time, which I think the  
26306 technical term is en bloc.

26307 [The Amendment offered, en bloc, by Mr. Barton follows:]

26308

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26310 The Chairman. Without objection, so ordered.

26311 The clerk will report the amendments -- en bloc amendment.

26312 The Clerk. An En Bloc Amendment to the Amendment in the  
26313 Nature of a Substitute to the Committee Print Offered by Mr.  
26314 Barton.

26315 Mr. Barton. I ask unanimous consent they be considered as  
26316 read, Mr. Chairman.

26317 The Chairman. We will dispense with the reading of the  
26318 amendments.

26319 I now turn to my friend from Texas, Mr. Barton, to speak on  
26320 his amendments.

26321 Mr. Barton. I appreciate that, Mr. Chairman.

26322 These are the Barton/Blackburn/Hudson amendments. We have  
26323 three sponsors and they are very straightforward.

26324 The bill, as it is currently configured, allows the States  
26325 that expanded their Medicaid population to healthy adults to  
26326 continue that expansion until December 31st, 2019. For all  
26327 practical purposes, that is 3 years.

26328 These amendments ends that ability to expand at the end of  
26329 this year, December -- January the first 2018. So instead of  
26330 3-year expansion continuation, my amendment would cut that by 2  
26331 years to just 1 year.

26332 The bill is currently drafted, has no date certain that the

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26333 super Medicaid match goes back to the normal Medicaid match. The  
26334 super Medicaid match right now is 95 percent. It does go down  
26335 to 2020 by 90 percent and then it continues in perpetuity at 90  
26336 percent.

26337 The second part, or the second amendment which is being  
26338 considered en bloc says by January the first, 2023, that super  
26339 match goes to the normal State match, whatever that State's match  
26340 is.

26341 So that is the two amendments.

26342 Now, my friends on the minority side have been asking for  
26343 CBO scores all last night and this morning. I don't have a CBO  
26344 score, Mr. Chairman, but I do have a BBO score, the Barton Budget  
26345 Office score. This is a back of an envelope score but if you  
26346 assume that there is 14 million eligibles or current enrollees  
26347 in the expanded Medicaid population and, instead of letting that  
26348 continue and perhaps expand for 3 years, you stop it after 1 year.  
26349 Those 2 years that you have stopped that expansion, according to  
26350 my calculations, is somewhere between \$82 billion and over \$100  
26351 billion in real savings.

26352 Now, Mr. Chairman, that is real money and it would start  
26353 saving in calendar year 2018, not in calendar year 2020.

26354 So, that is the amendments. We basically take the model in  
26355 the pending bill, we end the continuation of the expansion 2 years

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26356 earlier and we put a date certain on when you go back to the  
26357 Medicaid normal match of 2023, which is what the committee staff  
26358 estimates the attrition would result in going back to the Medicaid  
26359 match.

26360 With that, I want to yield to Mr. Hudson for his comments  
26361 on our joint amendment.

26362 Mr. Hudson. I thank Mr. Barton. Thank you, Mr. Chairman,  
26363 for your work on this markup.

26364 Mr. Barton, thank you for your leadership on this amendment.  
26365 Our debt and deficit are out of control. Our debt currently  
26366 stands at \$15 trillion. That is 77 percent of GDP. Our deficit  
26367 is at half a trillion dollars today. This amendment begins the  
26368 important process of reining in our federal spending 2 years  
26369 earlier than the bill in its current form.

26370 We all agree we should take care of our most vulnerable  
26371 citizens but Medicaid is on an unsustainable path. Solutions  
26372 like the amendment we are putting forward today will ensure we  
26373 can provide sustainable, fiscally responsible, and affordable  
26374 coverage to our most vulnerable.

26375 I look forward to working with my colleagues to advance this  
26376 legislation and I yield back to Mr. Barton.

26377 Mr. Barton. Let me say, Mr. Chairman, I believe Mrs.  
26378 Blackburn is going to seek her own time or do you want --

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26379 Mrs. Blackburn. I will go ahead with this.

26380 Mr. Barton. Okay, then I yield to the gentlelady from  
26381 Tennessee.

26382 Mrs. Blackburn. Thank you, Mr. Chairman. Mr. Barton has  
26383 explained the amendment. I want to thank the chairman and I want  
26384 to thank the whip for working with us on this.

26385 We do think it is important to find a date certain to end  
26386 the expansion and to do that this year. And then we also think  
26387 it is important to have a date certain to return to that normal  
26388 Medicaid match. It is the right step for our country. It is the  
26389 right step as we look at the Affordable Care Act repeal and  
26390 replacement.

26391 And with that, Mr. Barton, I am going to yield back the  
26392 balance of my time to you to close.

26393 Mr. Barton. And we have got 18 seconds. So let me say, Mr.  
26394 Chairman, that the two amendments that I have just discussed have  
26395 been endorsed by the Republican Study Committee. They have been  
26396 endorsed by the Freedom Caucus. In the days ahead, they are going  
26397 to be endorsed, I am sure, by a large number of conservative  
26398 groups.

26399 The White House is considering it. They are open to it.  
26400 They are looking at it. They have not yet come out in support  
26401 of it but, in private discussions, I have received quite a bit

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26402 of positive feedback.

26403 With that, Mr. Chairman, to honor the agreement you have made  
26404 with the minority, I am going to withdraw the amendment --

26405 The Chairman. If the gentleman -- yes.

26406 Mr. Barton. I am not going to withdraw the amendment?

26407 The Chairman. No, no, no, no.

26408 Mr. Barton. Right.

26409 The Chairman. No, I know Mr. Pallone wanted to be able to  
26410 speak on it.

26411 Mr. Barton. Okay, sure.

26412 The Chairman. So, if you could yield back.

26413 Mr. Barton. I will yield back.

26414 The Chairman. Then, I will recognize Mr. Pallone. Then,  
26415 you can withdraw it. I think that works better in terms of  
26416 process.

26417 Mr. Barton. My hopes were soaring, Mr. Chairman.

26418 The Chairman. I know they were. A few others were soaring.

26419 Mr. Barton. In another way.

26420 The Chairman. Yes. So with that, the gentleman's time has  
26421 expired.

26422 Mr. Barton. I yield back the negative balance of my time.

26423 The Chairman. There we go. I will recognize the gentleman  
26424 from New Jersey to speak on the amendment.

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26425 Mr. Pallone. Thank you, Mr. Chairman. I understand that  
26426 Mr. Barton is going to withdraw the amendment. I do want to speak  
26427 in opposition.

26428 The underlying bill freezes the Medicaid expansion  
26429 population for which States can receive enhanced federal funding.  
26430 This would effectively end the Medicaid expansion in 2020. The  
26431 amendment also changes the date of this freeze from 2020 to 2018  
26432 and ends the availability for any enhanced match for the  
26433 previously eligible Medicaid expansion population in 2023.

26434 The amendment would end the expansion in 2018 and eliminate  
26435 States' enhanced funding for previously enrolled beneficiaries  
26436 in 2023.

26437 Of course I urge my colleagues to oppose this amendment to  
26438 protect the 11 million who are covered by the Medicaid expansion.

26439 And I yield back.

26440 The Chairman. The gentleman yields back.

26441 The chair now recognizes the gentleman from Texas for what  
26442 purpose?

26443 Mr. Barton. Mr. Chairman I seek recognition to withdraw my  
26444 amendments.

26445 The Chairman. The gentleman seeks to withdraw his  
26446 amendment. His amendment is withdrawn.

26447 And we now move to -- for what purpose does the gentleman

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26448 from New Jersey seek recognition -- or do you want me to do --  
26449 Mr. Pallone. Mr. Chairman, I just want to make some final  
26450 remarks and thank the staff before we move to the final vote on  
26451 the substitute.

26452 I think it is clear, based on the robust debate that has taken  
26453 place over the last I guess it is 27 hours now, that committee  
26454 Democrats have serious problems with the Republican repeal bill.  
26455 This bill would rip health care away from millions of Americans,  
26456 raise costs for working families and seniors, and lead to the  
26457 rationing of care for 76 million Americans who receive Medicaid.

26458 While I appreciate the debate we had here in committee, this  
26459 has not been a transparent process. We did not go through regular  
26460 order. The bill was posted less than 2 days before markup. No  
26461 hearings were held and we don't have a CBO score. This is not  
26462 the way this process should work and this repeal bill should be  
26463 defeated.

26464 But I want to thank the staff on the committee for all their  
26465 hard work, the staff and personal offices for all their hard work,  
26466 members of this engagement, and especially the clerks on both  
26467 sides of the aisle.

26468 I yield back.

26469 The Chairman. And I would thank my colleague from New  
26470 Jersey.

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26471 I recognize myself for 5 minutes.

26472 I, too, want to thank our staffs on both sides of the aisle.  
26473 They conduct themselves with incredible professionalism,  
26474 integrity, thoughtfulness, even in the heat of battle. They can  
26475 exchange messages in a most cordial way.

26476 And so I especially want to thank our Health Team, Paul, Josh,  
26477 J.P., Buck, Kristin, Caleb. And our clerks, the people who have  
26478 kept us fed and watered, and distributed the amendments, and  
26479 really the people that make all this work.

26480 You know we go back and forth. We agree, we disagree, we  
26481 do it in the best spirit that our tempers and time of day will  
26482 allow. And we get to an end product but none of it works without  
26483 all the people involved.

26484 And especially, I want to thank -- and C-SPAN, too. We want  
26485 to thank C-SPAN that makes this all public. I think they have  
26486 endured even more because they get to listen and not participate  
26487 much.

26488 And I want to thank my leads, too, with our COMMS team and  
26489 certainly Karen, and Mike, Ray Baum, and our whole team and our  
26490 personal staffs as well, and to our colleagues. Thank you very  
26491 much. You have done a marvelous job.

26492 And a really historic moment, whether you are for it or  
26493 against it, you have to admit this was a pretty big deal we just

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26494 did.

26495 And I also want to thank our House legislative counsel. I  
26496 think they drafted a few amendments that I am sorry you didn't  
26497 get to. They certainly worked with us. They have been terrific.  
26498 Frankly, as much as we go back and forth about CBO and others --  
26499 oh, no, we have been invaded by the former Ways and Means Committee  
26500 chairman, the Speaker of the House, we want to recognize here in  
26501 our midst as well.

26502 So, Mr. Speaker, I guess you finally get to see the real A  
26503 Committee you couldn't get on, so you want to Ways and Means.

26504 Speaker Ryan. We got done early.

26505 The Chairman. Yes, yes, that is because we have more work  
26506 to do. We got it done. We got it done.

26507 So, I just want to thanks to everybody.

26508 With that, I think I have to do something official here to  
26509 -- if there is no further discussion, the vote occurs on the  
26510 Amendment in the Nature of a Substitute, as Amended.

26511 All those in favor -- and I will call the roll or have the  
26512 clerk call the roll -- shall signify by saying aye. All those  
26513 opposed, no.

26514 The clerk will call the roll.

26515 The Clerk. Mr. Barton.

26516 Mr. Barton. Aye.

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26517 The Clerk. Mr. Barton votes aye.  
26518 Mr. Upton.  
26519 Mr. Upton. Aye.  
26520 The Clerk. Mr. Upton votes aye.  
26521 Mr. Shimkus.  
26522 Mr. Shimkus. Aye.  
26523 The Clerk. Mr. Shimkus votes aye.  
26524 Mr. Murphy.  
26525 Mr. Murphy. Aye.  
26526 The Clerk. Mr. Murphy votes aye.  
26527 Mr. Burgess.  
26528 Mr. Burgess. Aye.  
26529 The Clerk. Mr. Burgess votes aye.  
26530 Mrs. Blackburn.  
26531 Mrs. Blackburn. Aye.  
26532 The Clerk. Mrs. Blackburn votes aye.  
26533 Mr. Scalise.  
26534 Mr. Scalise. Aye.  
26535 The Clerk. Mr. Scalise votes aye.  
26536 Mr. Latta.  
26537 Mr. Latta. Aye.  
26538 The Clerk. Mr. Latta votes aye.  
26539 Mrs. McMorris Rodgers.

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26540            Mrs. McMorris Rodgers.    Aye.

26541            The Clerk.   Mrs. McMorris Rodgers votes aye.

26542            Mr. Harper.

26543            Mr. Harper.    Aye.

26544            The Clerk.   Mr. Harper votes aye.

26545            Mr. Lance.

26546            Mr. Lance.    Aye.

26547            The Clerk.   Mr. Lance votes aye.

26548            Mr. Guthrie.

26549            Mr. Guthrie.   Aye.

26550            The Clerk.   Mr. Guthrie votes aye.

26551            Mr. Olson.

26552            Mr. Olson.    Aye.

26553            The Clerk.   Mr. Olson votes aye.

26554            Mr. McKinley.

26555            Mr. McKinley. Aye.

26556            The Clerk.   Mr. McKinley votes aye.

26557            Mr. Kinzinger.

26558            Mr. Kinzinger. Aye.

26559            The Clerk.   Mr. Kinzinger votes aye.

26560            Mr. Griffith.

26561            Mr. Griffith.   Aye.

26562            The Clerk.   Mr. Griffith votes aye.

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26563 Mr. Bilirakis.  
26564 Mr. Bilirakis. Aye.  
26565 The Clerk. Mr. Bilirakis votes aye.  
26566 Mr. Johnson.  
26567 Mr. Johnson. Aye.  
26568 The Clerk. Mr. Johnson votes aye.  
26569 Mr. Long.  
26570 Mr. Long. Aye.  
26571 The Clerk. Mr. Long votes aye.  
26572 Mr. Bucshon.  
26573 Mr. Bucshon. Aye.  
26574 The Clerk. Mr. Bucshon votes aye.  
26575 Mr. Flores.  
26576 Mr. Flores. Aye.  
26577 The Clerk. Mr. Flores votes aye.  
26578 Mrs. Brooks.  
26579 Mrs. Brooks. Aye.  
26580 The Clerk. Mrs. Brooks votes aye.  
26581 Mr. Mullin.  
26582 Mr. Mullin. Aye.  
26583 The Clerk. Mr. Mullin votes aye.  
26584 Mr. Hudson.  
26585 Mr. Hudson. Aye.

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26586 The Clerk. Mr. Hudson votes aye.  
26587 Mr. Collins.  
26588 Mr. Collins. Aye.  
26589 The Clerk. Mr. Collins votes aye.  
26590 Mr. Cramer.  
26591 Mr. Cramer. Aye.  
26592 The Clerk. Mr. Cramer votes aye.  
26593 Mr. Walberg.  
26594 Mr. Walberg. Aye.  
26595 The Clerk. Mr. Walberg votes aye.  
26596 Mrs. Walters.  
26597 Mrs. Walters. Aye.  
26598 The Clerk. Mrs. Walters votes aye.  
26599 Mr. Costello.  
26600 Mr. Costello. Aye.  
26601 The Clerk. Mr. Costello votes aye.  
26602 Mr. Carter.  
26603 Mr. Carter. Aye.  
26604 The Clerk. Mr. Carter votes aye.  
26605 Mr. Pallone.  
26606 Mr. Pallone. Votes no.  
26607 The Clerk. Mr. Pallone votes no.  
26608 Mr. Rush.

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26609 [No response.]

26610 The Clerk. Ms. Eshoo.

26611 Ms. Eshoo. No.

26612 The Clerk. Ms. Eshoo votes no.

26613 Mr. Engel.

26614 Mr. Engel. No.

26615 The Clerk. Mr. Engel votes no.

26616 Mr. Green.

26617 Mr. Green. No.

26618 The Clerk. Mr. Green votes no.

26619 Ms. DeGette.

26620 Ms. DeGette. No.

26621 The Clerk. Ms. DeGette votes no.

26622 Mr. Doyle.

26623 Mr. Doyle. No.

26624 The Clerk. Mr. Doyle votes no.

26625 Ms. Schakowsky.

26626 Ms. Schakowsky. No.

26627 The Clerk. Ms. Schakowsky votes no.

26628 Mr. Butterfield.

26629 Mr. Butterfield. No.

26630 The Clerk. Mr. Butterfield votes no.

26631 Ms. Matsui.

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26632            Ms. Matsui.    No.  
26633            The Clerk.    Ms. Matsui votes no.  
26634            Ms. Castor.  
26635            Ms. Castor.    No.  
26636            The Clerk.    Ms. Castor votes no.  
26637            Mr. Sarbanes.  
26638            Mr. Sarbanes.    No.  
26639            The Clerk.    Mr. Sarbanes votes no.  
26640            Mr. McNerney.  
26641            Mr. McNerney.    No.  
26642            The Clerk.    Mr. McNerney votes no.  
26643            Mr. Welch.  
26644            Mr. Welch.    No.  
26645            The Clerk.    Mr. Welch votes no.  
26646            Mr. Lujan.  
26647            Mr. Lujan.    No.  
26648            The Clerk.    Mr. Lujan votes no.  
26649            Mr. Tonko.  
26650            Mr. Tonko.    No.  
26651            The Clerk.    Mr. Tonko votes no.  
26652            Ms. Clarke.  
26653            Ms. Clarke.    No.  
26654            The Clerk.    Ms. Clarke votes no.

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26655 Mr. Loeb sack.

26656 Mr. Loeb sack. No.

26657 The Clerk. Mr. Loeb sack votes no.

26658 Mr. Schrader.

26659 Mr. Schrader. No.

26660 The Clerk. Mr. Schrader votes no.

26661 Mr. Kennedy.

26662 Mr. Kennedy. No. The Clerk. Mr. Kennedy votes no.

26663 Mr. Cardenas.

26664 Mr. Cardenas. No.

26665 The Clerk. Mr. Cardenas votes no.

26666 Mr. Ruiz.

26667 Mr. Ruiz. No.

26668 The Clerk. Mr. Ruiz votes no.

26669 Mr. Peters.

26670 Mr. Peters. No.

26671 The Clerk. Mr. Peters votes no.

26672 Mrs. Dingell.

26673 Mrs. Dingell. No.

26674 The Clerk. Mrs. Dingell votes no.

26675 Chairman Walden.

26676 The Chairman. Walden votes aye.

26677 The Clerk. Chairman Walden votes aye.

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26678 The Chairman. The clerk will report the tally when ready.

26679 The Clerk. Mr. Chairman on that vote, there were 31 ayes  
26680 and 23 noes.

26681 The Chairman. Thirty-one ayes, twenty-three noes. The  
26682 Amendment in the Nature of a Substitute, as Amended, is approved.

26683 I move that the committee do now approve and transmit the  
26684 recommendations of this committee and all appropriate  
26685 accompanying material, including additional supplemental or  
26686 dissenting views to the House Committee on the Budget. And I will  
26687 have a roll call vote.

26688 All those in favor will vote aye; those opposed, no. And  
26689 the clerk will call the roll.

26690 The Clerk. Mr. Barton.

26691 Mr. Barton. Aye.

26692 The Clerk. Mr. Barton votes aye.

26693 Mr. Upton.

26694 Mr. Upton. Aye.

26695 The Clerk. Mr. Upton votes aye.

26696 Mr. Shimkus.

26697 Mr. Shimkus. Aye.

26698 The Clerk. Mr. Shimkus votes aye.

26699 Mr. Murphy.

26700 Mr. Murphy. Aye.

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26701 The Clerk. Mr. Murphy votes aye.  
26702 Mr. Burgess.  
26703 Mr. Burgess. Aye.  
26704 The Clerk. Mr. Burgess votes aye.  
26705 Mrs. Blackburn.  
26706 Mrs. Blackburn. Aye.  
26707 The Clerk. Mrs. Blackburn votes aye.  
26708 Mr. Scalise.  
26709 Mr. Scalise. Aye.  
26710 The Clerk. Mr. Scalise votes aye.  
26711 Mr. Latta.  
26712 Mr. Latta. Aye.  
26713 The Clerk. Mr. Latta votes aye.  
26714 Mrs. McMorris Rodgers.  
26715 Mrs. McMorris Rodgers. Aye.  
26716 The Clerk. Mrs. McMorris Rodgers votes aye.  
26717 Mr. Harper.  
26718 Mr. Harper. Aye.  
26719 The Clerk. Mr. Harper votes aye.  
26720 Mr. Lance.  
26721 Mr. Lance. Aye.  
26722 The Clerk. Mr. Lance votes aye.  
26723 Mr. Guthrie.

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26724            Mr. Guthrie.    Aye.

26725            The Clerk.    Mr. Guthrie votes aye.

26726            Mr. Olson.

26727            Mr. Olson.    Aye.

26728            The Clerk.    Mr. Olson votes aye.

26729            Mr. McKinley.

26730            Mr. McKinley.    Aye.

26731            The Clerk.    Mr. McKinley votes aye.

26732            Mr. Kinzinger.

26733            Mr. Kinzinger.    Aye.

26734            The Clerk.    Mr. Kinzinger votes aye.

26735            Mr. Griffith.

26736            Mr. Griffith.    Aye.

26737            The Clerk.    Mr. Griffith votes aye.

26738            Mr. Bilirakis.

26739            Mr. Bilirakis.    Aye.

26740            The Clerk.    Mr. Bilirakis votes aye.

26741            Mr. Johnson.

26742            Mr. Johnson.    Aye.

26743            The Clerk.    Mr. Johnson votes aye.

26744            Mr. Long.

26745            Mr. Long.    Aye.

26746            The Clerk.    Mr. Long votes aye.

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26747 Mr. Bucshon.  
26748 Mr. Bucshon. Aye.  
26749 The Clerk. Mr. Bucshon votes aye.  
26750 Mr. Flores.  
26751 Mr. Flores. Aye.  
26752 The Clerk. Mr. Flores votes aye.  
26753 Mrs. Brooks.  
26754 Mrs. Brooks. Aye.  
26755 The Clerk. Mrs. Brooks votes aye.  
26756 Mr. Mullin.  
26757 Mr. Mullin. Aye.  
26758 The Clerk. Mr. Mullin votes aye.  
26759 Mr. Hudson.  
26760 Mr. Hudson. Aye.  
26761 The Clerk. Mr. Hudson votes aye.  
26762 Mr. Collins.  
26763 Mr. Collins. Aye.  
26764 The Clerk. Mr. Collins votes aye.  
26765 Mr. Cramer.  
26766 Mr. Cramer. Aye.  
26767 The Clerk. Mr. Cramer votes aye.  
26768 Mr. Walberg.  
26769 Mr. Walberg. Aye.

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26770 The Clerk. Mr. Walberg votes aye.  
26771 Mrs. Walters.  
26772 Mrs. Walters. Aye.  
26773 The Clerk. Mrs. Walters votes aye.  
26774 Mr. Costello.  
26775 Mr. Costello. Aye.  
26776 The Clerk. Mr. Costello votes aye.  
26777 Mr. Carter.  
26778 Mr. Carter. Aye.  
26779 The Clerk. Mr. Carter votes aye.  
26780 Mr. Pallone.  
26781 Mr. Pallone. Votes no.  
26782 The Clerk. Mr. Pallone votes no.  
26783 Mr. Rush.  
26784 [No response.]  
26785 The Clerk. Ms. Eshoo.  
26786 Ms. Eshoo. No.  
26787 The Clerk. Ms. Eshoo votes no.  
26788 Mr. Engel.  
26789 Mr. Engel. No.  
26790 The Clerk. Mr. Engel votes no.  
26791 Mr. Green.  
26792 Mr. Green. No.

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26793 The Clerk. Mr. Green votes no.  
26794 Ms. DeGette.  
26795 Ms. DeGette. No.  
26796 The Clerk. Ms. DeGette votes no.  
26797 Mr. Doyle.  
26798 Mr. Doyle. No.  
26799 The Clerk. Mr. Doyle votes no.  
26800 Ms. Schakowsky.  
26801 Ms. Schakowsky. No.  
26802 The Clerk. Ms. Schakowsky votes no.  
26803 Mr. Butterfield.  
26804 Mr. Butterfield. No.  
26805 The Clerk. Mr. Butterfield votes no.  
26806 Ms. Matsui.  
26807 Ms. Matsui. No.  
26808 The Clerk. Ms. Matsui votes no.  
26809 Ms. Castor.  
26810 Ms. Castor. No.  
26811 The Clerk. Ms. Castor votes no.  
26812 Mr. Sarbanes.  
26813 Mr. Sarbanes. No.  
26814 The Clerk. Mr. Sarbanes votes no.  
26815 Mr. McNerney.

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26816            Mr. McNerney. No.

26817            The Clerk. Mr. McNerney votes no.

26818            Mr. Welch.

26819            Mr. Welch. No.

26820            The Clerk. Mr. Welch votes no.

26821            Mr. Lujan.

26822            Mr. Lujan. No.

26823            The Clerk. Mr. Lujan votes no.

26824            Mr. Tonko.

26825            Mr. Tonko. No.

26826            The Clerk. Mr. Tonko votes no.

26827            Ms. Clarke.

26828            Ms. Clarke. No.

26829            The Clerk. Ms. Clarke votes no.

26830            Mr. Loeb sack.

26831            Mr. Loeb sack. No.

26832            The Clerk. Mr. Loeb sack votes no.

26833            Mr. Schrader.

26834            Mr. Schrader. No.

26835            The Clerk. Mr. Schrader votes no.

26836            Mr. Kennedy.

26837            Mr. Kennedy. No.    The Clerk. Mr. Kennedy votes no.

26838            Mr. Cardenas.

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26839           Mr. Cardenas. No.

26840           The Clerk. Mr. Cardenas votes no.

26841           Mr. Ruiz.

26842           Mr. Ruiz. No.

26843           The Clerk. Mr. Ruiz votes no.

26844           Mr. Peters.

26845           Mr. Peters. No.

26846           The Clerk. Mr. Peters votes no.

26847           Mrs. Dingell.

26848           Mrs. Dingell. No.

26849           The Clerk. Mrs. Dingell votes no.

26850           Chairman Walden.

26851           The Chairman. Walden votes aye.

26852           The Clerk. Chairman Walden votes aye.

26853           The Chairman. The clerk will report the tally.

26854           The Clerk. Mr. Chairman, on that vote, there were 31 ayes

26855           and 23 nays.

26856           The Chairman. Thirty-one ayes, twenty-three nays. The

26857           ayes appear to have it. The ayes have it and the motion to

26858           transmit is agreed to.

26859           Now, we have one more piece of business to deal with, as per

26860           our notice. So at this point, the chair calls up. H. Res. 154

26861           and asks the clerk to report.

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26862

[H. Res. 154 follows:]

26863

26864

\*\*\*\*\*COMMITTEE INSERT 43\*\*\*\*\*

26865           The Clerk. H. Res. 154 of inquiring requesting the  
26866 President of the United States and directing the Secretary of  
26867 Health and Human Services to transmit certain information to the  
26868 House of Representatives relating to plans to repeal or replace  
26869 the Patient Protection and Affordable Care Act and the  
26870 health-related measures of the Health Care and Education  
26871 Reconciliation Act of 2010.

26872           The Chairman. Without objection, the reading of the  
26873 resolution is dispensed with and the chair recognizes Mr. Kennedy  
26874 for 5 minutes.

26875           Mr. Kennedy. Thank you, Mr. Chairman. I am conscious of  
26876 the fact that bringing up this resolution after 27 hours of being  
26877 in this room is probably not the most popular thing at the moment.  
26878 However, I would not do it if I did not believe it was very  
26879 important and I appreciate the recognition.

26880           This committee just finished marking up half of this bill.  
26881 Obviously, Ways and Means finished it before. However, that is  
26882 only the first step in a very long process and I have strong  
26883 concerns that this committee and particularly our Democratic  
26884 Caucus has not been afforded all the information that is necessary  
26885 for us to understand the details of the bill and where this is  
26886 going forward in the days and weeks ahead.

26887           Just today, the President of the United States tweeted out

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26888 that, quote, despite what you hear in the press, health care is  
26889 coming along great. We are talking to many groups and it will  
26890 end in a beautiful picture.

26891 Yesterday, he expressed openness to expanding the rollback  
26892 of the current Medicaid expansion to 2018, contrary to the bill  
26893 that we just marked up, delaying the changes in the insurance  
26894 markets until 2018 and 2020.

26895 On Tuesday, the President took to Twitter again, when he  
26896 wrote up don't worry, getting rid of State lines, which will  
26897 promote competition and will be in phase 2 and phase 3 of the  
26898 healthcare rollout. That was obviously news to many of us that  
26899 there was, in fact, a phase 2 and a phase 3.

26900 He continued on Twitter that I am working on a new system  
26901 where there will be competition in the drug industry. Pricing  
26902 for the American people will come way down.

26903 Mr. Chairman, after notice of nondisclosure agreements  
26904 between committee staff and judiciary, and White House personnel,  
26905 we had requested information as to whether documents, or notes,  
26906 emails, correspondence between the White House transition  
26907 officials and this committee, if they exist, about the rollback  
26908 of -- potential rollback of the Affordable Care Act so that we  
26909 could have an idea as to what this process would entail. We  
26910 obviously have not gotten that yet and we talked about it, I think

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26911 you recall, several weeks ago, in the committee process.

26912 We then filed this resolution of inquiry with the hope of  
26913 obtaining that series of correspondence, if any exists, so that  
26914 this committee, the American people, and the Democratic Caucus,  
26915 the Democratic members of this committee can be certain that we  
26916 understand what is taking place and what plans are, as we debate  
26917 the biggest policy portfolio for this administration, at least  
26918 for this Congress.

26919 And I would respectfully request -- this is not -- look, this  
26920 markup was just successful. You guys got the votes. It passed.  
26921 But as we all know, this is the first step to a process and,  
26922 apparently, a phase 2 and phase 3 which I didn't even know about  
26923 until finding out about it on Twitter.

26924 So, I would respectfully request that the committee be able  
26925 to divulge whatever correspondence exists between the White House  
26926 and this committee so that we, as members of this committee can  
26927 have an accurate reflection, an accurate representation as to what  
26928 is coming next and what is the true ambition of the healthcare  
26929 policy rollout for this caucus.

26930 With that, I will yield back or yield to any other member  
26931 of the Democratic Caucus here, or the Democratic committee that  
26932 wants it.

26933 I repeat this bill, I know you have got very strong feelings

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26934 on the Republican side of the aisle. We have got very strong  
26935 feelings here as well. I am not so warm and fuzzy as some of you  
26936 guys are at this point.

26937 I will yield back.

26938 The Chairman. The gentleman yields back the balance of his  
26939 time. The chair recognizes himself for 5 minutes.

26940 From Chairman Dingell's work to the Solyndra and the ACA  
26941 investigations, to name a few, under Chairman Upton, the Committee  
26942 on Energy and Commerce has a long history of conducting robust  
26943 oversight of the Executive Branch.

26944 We will continue to carry out this important constitutional  
26945 obligation under my leadership but there is a process by which  
26946 we do this work. We typically begin by asking the Executive  
26947 Branch to comply voluntarily with our request. We send document  
26948 requests and ask questions.

26949 We utilize subpoenas, when necessary, which create a legal  
26950 obligation to comply. Last Congress, Chairman Upton issued five  
26951 subpoenas after Obama administration officials refused to comply  
26952 with our requests.

26953 What we don't do is begin with a resolution of inquiry like  
26954 is before us today.

26955 But even in the face of the situation with the Obama  
26956 administration, Chairman Upton never went to this statement of

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26957 inquiry. Quite frankly, I think this is premature and I would  
26958 urge my colleagues to reject this.

26959 Mr. Kennedy. Mr. Chairman if I could just to respond to that  
26960 for 30 seconds, if I may.

26961 The Chairman. Sure, I would yield to the gentleman.

26962 Mr. Kennedy. Thank you. And I understand that perspective  
26963 and I do, sir. I would bring up that this resolution of inquiry  
26964 has been performed by actually this committee, by Republicans when  
26965 we were actually negotiating the passage of the Affordable Care  
26966 Act.

26967 And just to be clear, I did ask about correspondence  
26968 informally between committee and committee staff and the White  
26969 House before filing this resolution, hoping that we wouldn't have  
26970 to get there.

26971 So I understand your position. I would respectfully say  
26972 that this wasn't the first step. This was second or third down  
26973 the line.

26974 And I yield back.

26975 The Chairman. I appreciate that. Reclaiming my time.

26976 Again, when I believe a member of our committee did pursue  
26977 documents first, they did go through the steps I just outlined.  
26978 Then, they went to the resolution of inquiry. So that was kind  
26979 of the process I was laying out. It is kind of traditionally how

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26980 the committee has operated under Democrats and Republicans. You  
26981 go through a request process. You try and get an administration  
26982 to comply. Quite frankly, most administrations sort of stall on  
26983 things. They just do.

26984 And so then you turn the heat up, and then you do oversight  
26985 hearings. You may do a number of steps. This is kind of the  
26986 nuclear option, if you will, at the end when they completely don't  
26987 comply.

26988 Mr. Kennedy. If it is nuclear, it didn't work so well I don't  
26989 think.

26990 The Chairman. Well, I am just saying. So, with that, I  
26991 would yield to the gentleman -- oh, okay. I would yield to the  
26992 gentlelady, for what purpose, my time?

26993 Ms. Eshoo. To strike the last word. On a resolution you  
26994 can't do that?

26995 The Chairman. Oh, I thought we were just doing the two of  
26996 us.

26997 Ms. Eshoo. Can I ask a question?

26998 The Chairman. Can I just yield on my time?

26999 Ms. Eshoo. That is fine.

27000 The Chairman. Because I think that was our agreement.

27001 Ms. Eshoo. Sure.

27002 The Chairman. Yes, so the gentlelady, I would yield to her.

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27003 Ms. Eshoo. Thank you. I want to thank Mr. Kennedy for the  
27004 resolution.

27005 And I would like to ask you, Mr. Chairman, what are the steps  
27006 and what is the timetable for them so that the end result is the  
27007 procurement of the materials that are in the privileged  
27008 resolution.

27009 The Chairman. Yes, so I think I outlined them but basically  
27010 you would have an inquiry of the agency. You would have a written  
27011 inquiry. You would ask for certain documents. We would work  
27012 through that. Because you know in our O and I role we do that  
27013 oftentimes in a bipartisan way. I have already signed a lot of  
27014 letters to this administration asking for documents. We have  
27015 pursued that already in various areas.

27016 Some of those are follow-up from document requests that  
27017 overlap administrations that, frankly, administration to  
27018 administration.

27019 Ms. Eshoo. Let me ask this. Have any requests been made  
27020 of the administration for these materials yet?

27021 The Chairman. I don't know about these specific materials,  
27022 no.

27023 Mr. Kennedy. Mr. Chairman, if I may, briefly.

27024 The Chairman. I would yield.

27025 Mr. Kennedy. Again, just so that the committee is clear,

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27026 this was done in a committee hearing. It was then followed up  
27027 in writing. There was no response given. So this was, as you  
27028 outline, I would love to work with you and your committee staff  
27029 to try to advance this process, if we could get a commitment from  
27030 you or a clear idea as to what steps are necessary so that we can  
27031 get this.

27032 But we tried once verbally. We tried again on paper. No  
27033 response. No response. My nuclear option isn't so nuclear but  
27034 I understand your position on that.

27035 This is something, obviously, I think is important to members  
27036 and I would like to figure out what we can do.

27037 The Chairman. Okay. Reclaiming my time, and I thank the  
27038 gentleman. I am happy to have some discussions along the way on  
27039 these and other issues but my time has expired.

27040 The question now occurs on reporting H. Res. 154 to the House  
27041 unfavorably.

27042 Mr. Pallone. Roll call.

27043 The Chairman. Yes. All those in favor shall signify by  
27044 saying aye; those opposed nay. And the clerk will call the roll.

27045 The Clerk. Mr. Barton.

27046 Mr. Barton. I want to report it unfavorably.

27047 The Chairman. You know that is a good -- maybe I should  
27048 clarify that because it is kind of a double-negative. So I know

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27049 everybody wants to make the correct vote.

27050 So, I think the recommendation for all would be to vote aye  
27051 on the motion to report unfavorably, although my friends on this  
27052 side might want to disagree with me on that.

27053 Did that make it clear?

27054 So I think Mr. Barton wants to vote aye.

27055 Mr. Barton. Aye.

27056 The Chairman. That is what I thought.

27057 The Clerk. Mr. Barton votes aye.

27058 Mr. Upton.

27059 Mr. Upton. Votes aye.

27060 The Clerk. Mr. Upton votes aye.

27061 Mr. Shimkus.

27062 Mr. Shimkus. Aye.

27063 The Clerk. Mr. Shimkus votes aye.

27064 Mr. Murphy.

27065 Mr. Murphy. Aye.

27066 The Clerk. Mr. Murphy votes aye.

27067 Mr. Burgess.

27068 Mr. Burgess. Aye.

27069 The Clerk. Mr. Burgess votes aye.

27070 Mrs. Blackburn.

27071 Mrs. Blackburn. Aye.

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27072 The Clerk. Mrs. Blackburn votes aye.  
27073 Mr. Scalise.  
27074 Mr. Scalise. Aye.  
27075 The Clerk. Mr. Scalise votes aye.  
27076 Mr. Latta.  
27077 Mr. Latta. Aye.  
27078 The Clerk. Mr. Latta votes aye.  
27079 Mrs. McMorris Rodgers.  
27080 Mrs. McMorris Rodgers. Aye.  
27081 The Clerk. Mrs. McMorris Rodgers votes aye.  
27082 Mr. Harper.  
27083 Mr. Harper. Aye.  
27084 The Clerk. Mr. Harper votes aye.  
27085 Mr. Lance.  
27086 Mr. Lance. Aye.  
27087 The Clerk. Mr. Lance votes aye.  
27088 Mr. Guthrie.  
27089 Mr. Guthrie. Aye.  
27090 The Clerk. Mr. Guthrie votes aye.  
27091 Mr. Olson.  
27092 Mr. Olson. Aye.  
27093 The Clerk. Mr. Olson votes aye.  
27094 Mr. McKinley.

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27095           Mr. McKinley.   Aye.

27096           The Clerk.   Mr. McKinley votes aye.

27097           Mr. Kinzinger.

27098           Mr. Kinzinger.   Aye.

27099           The Clerk.   Mr. Kinzinger votes aye.

27100           Mr. Griffith.

27101           Mr. Griffith.   Aye.

27102           The Clerk.   Mr. Griffith votes aye.

27103           Mr. Bilirakis.

27104           Mr. Bilirakis.   Aye.

27105           The Clerk.   Mr. Bilirakis votes aye.

27106           Mr. Johnson.

27107           Mr. Johnson.   Aye.

27108           The Chairman.   Ladies and gentleman, if we could -- the clerk

27109           is going to have trouble doing the role and hearing this.   So,

27110           please, if we could.

27111           The Clerk.   Mr. Johnson votes aye.

27112           Mr. Long.

27113           Mr. Long.   Aye.

27114           The Clerk.   Mr. Long votes aye.

27115           Mr. Bucshon.

27116           Mr. Bucshon.   Aye.

27117           The Clerk.   Mr. Bucshon votes aye.

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27118 Mr. Flores.  
27119 Mr. Flores. Aye.  
27120 The Clerk. Mr. Flores votes aye.  
27121 Mrs. Brooks.  
27122 Mrs. Brooks. Aye.  
27123 The Clerk. Mrs. Brooks votes aye.  
27124 Mr. Mullin.  
27125 Mr. Mullin. Aye.  
27126 The Clerk. Mr. Mullin votes aye.  
27127 Mr. Hudson.  
27128 Mr. Hudson. Aye.  
27129 The Clerk. Mr. Hudson votes aye.  
27130 Mr. Collins.  
27131 Mr. Collins. Aye.  
27132 The Clerk. Mr. Collins votes aye.  
27133 Mr. Cramer.  
27134 Mr. Cramer. Aye.  
27135 The Clerk. Mr. Cramer votes aye.  
27136 Mr. Walberg.  
27137 Mr. Walberg. Aye.  
27138 The Clerk. Mr. Walberg votes aye.  
27139 Mrs. Walters.  
27140 Mrs. Walters. Aye.

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27141 The Clerk. Mrs. Walters votes aye.  
27142 Mr. Costello.  
27143 Mr. Costello. Aye.  
27144 The Clerk. Mr. Costello votes aye.  
27145 Mr. Carter.  
27146 Mr. Carter. Aye.  
27147 The Clerk. Mr. Carter votes aye.  
27148 Mr. Pallone.  
27149 Mr. Pallone. Votes no.  
27150 The Clerk. Mr. Pallone votes no.  
27151 Mr. Rush.  
27152 [No response.]  
27153 The Clerk. Ms. Eshoo.  
27154 Ms. Eshoo. No.  
27155 The Clerk. Ms. Eshoo votes no.  
27156 Mr. Engel.  
27157 Mr. Engel. No.  
27158 The Clerk. Mr. Engel votes no.  
27159 Mr. Green.  
27160 [No response.]  
27161 The Clerk. Ms. DeGette.  
27162 Ms. DeGette. No.  
27163 The Clerk. Ms. DeGette votes no.

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27164 Mr. Doyle.

27165 Mr. Doyle. No.

27166 The Clerk. Mr. Doyle votes no.

27167 Ms. Schakowsky.

27168 Ms. Schakowsky. No.

27169 The Clerk. Ms. Schakowsky votes no.

27170 Mr. Butterfield. Mr. Butterfield.

27171 Mr. Butterfield. Aye -- no.

27172 The Clerk. Mr. Butterfield votes no.

27173 Ms. Matsui.

27174 Ms. Matsui. No.

27175 The Clerk. Ms. Matsui votes no.

27176 Ms. Castor.

27177 Ms. Castor. No.

27178 The Clerk. Ms. Castor votes no.

27179 Mr. Sarbanes.

27180 Mr. Sarbanes. No.

27181 The Clerk. Mr. Sarbanes votes no.

27182 Mr. McNerney.

27183 Mr. McNerney. No.

27184 The Clerk. Mr. McNerney votes no.

27185 Mr. Welch.

27186 Mr. Welch. No.

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27187 The Clerk. Mr. Welch votes no.  
27188 Mr. Lujan.  
27189 Mr. Lujan. No.  
27190 The Clerk. Mr. Lujan votes no.  
27191 Mr. Tonko.  
27192 Mr. Tonko. No.  
27193 The Clerk. Mr. Tonko votes no.  
27194 Ms. Clarke.  
27195 Ms. Clarke. No.  
27196 The Clerk. Ms. Clarke votes no.  
27197 Mr. Loeb sack.  
27198 Mr. Loeb sack. No.  
27199 The Clerk. Mr. Loeb sack votes no.  
27200 Mr. Schrader.  
27201 Mr. Schrader. No.  
27202 The Clerk. Mr. Schrader votes no.  
27203 Mr. Kennedy.  
27204 Mr. Kennedy. No. The Clerk. Mr. Kennedy votes no.  
27205 Mr. Cardenas.  
27206 Mr. Cardenas. No.  
27207 The Clerk. Mr. Cardenas votes no.  
27208 Mr. Ruiz.  
27209 Mr. Ruiz. No.

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27210 The Clerk. Mr. Ruiz votes no.

27211 Mr. Peters.

27212 Mr. Peters. No.

27213 The Clerk. Mr. Peters votes no.

27214 Mrs. Dingell.

27215 Mrs. Dingell. No.

27216 The Clerk. Mrs. Dingell votes no.

27217 Chairman Walden.

27218 The Chairman. Votes aye.

27219 The Clerk. Chairman Walden votes aye.

27220 The Chairman. Are there any members not recorded who wish

27221 to be recorded?

27222 If not, the clerk will report the tally.

27223 The Clerk. Mr. Chairman, on that vote, there were 31 ayes

27224 and 22 nays.

27225 The Chairman. Thirty-one ayes, twenty --

27226 The Clerk. Twenty-two nays.

27227 The Chairman. -- twenty-two nays. The ayes have it and the

27228 resolution is reported unfavorably.

27229 Without objection, the staff is authorized to make technical

27230 and conforming changes to the matters considered by the committee

27231 over the last 27 and 1\2 hours. So order.

27232 Without objection, this committee stands adjourned.

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[Whereupon, at 2:01 p.m., the subcommittee was adjourned.]