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Frankel (FL)
Huffman
Mulvaney
Pelosi
Pompeo
Price, Tom (GA)
Rush
Rutherford
Suozzi
Zinke

□ 1053

So the resolution was agreed to.

The result of the vote was announced as above recorded.

A motion to reconsider was laid on the table.

PERSONAL EXPLANATION

Mr. SUOZZI. Mr. Speaker, I was not able to vote during the following rollcall votes. Had I been present, I would have voted in the following manner. On vote roll No. 55, I would have voted "nay." On vote roll No. 56, I would have voted "nay."

CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2017

GENERAL LEAVE

Mrs. BLACK. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days within which to revise and extend their remarks and include extraneous materials on S. Con. Res. 3.

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

There was no objection.

The SPEAKER pro tempore. Pursuant to House Resolution 48 and rule XVIII, the Chair declares the House in the Committee of the Whole House on the state of the Union for the consideration of the concurrent resolution, S. Con. Res. 3.

The Chair appoints the gentleman from Illinois (Mr. HULTGREN) to preside over the Committee of the Whole.

□ 1057

IN THE COMMITTEE OF THE WHOLE

Accordingly, the House resolved itself into the Committee of the Whole House on the state of the Union for the consideration of the concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026, with Mr. HULTGREN in the chair.

The Clerk read the title of the concurrent resolution.

The CHAIR. Pursuant to the rule, the concurrent resolution is considered read the first time.

General debate shall not exceed 2 hours, with 90 minutes confined to the congressional budget, equally divided and controlled by the chair and ranking minority member of the Committee on the Budget, and 30 minutes on the subject of economic goals and policies, equally divided and controlled by the gentleman from Ohio (Mr. TIBERI) and the gentlewoman from New York (Mrs. CAROLYN B. MALONEY), or their designees.

The gentlewoman from Tennessee (Mrs. BLACK) and the gentleman from Kentucky (Mr. YARMUTH) each will control 45 minutes of debate on the congressional budget.

The Chair recognizes the gentlewoman from Tennessee.

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

Mr. Chairman, I would like to inform my colleagues that I intend to reserve 5 minutes of debate time to use after the Joint Economic Committee debate has concluded.

Mr. Chairman, I rise today to speak on behalf of Americans everywhere who are hurting because of ObamaCare. They are calling out for relief from this disastrous law, and Republicans are here today to begin delivering on our promise to provide relief.

We hear plenty of claims from the other side of the aisle during this debate, but let's be clear: ObamaCare has failed and it is only going to get worse.

□ 1100

Patients have seen skyrocketing premiums and deductibles, lost access to the doctors they preferred, had fewer coverage options, while others have had their plans canceled outright. It is no wonder so many people have rejected this law.

In 2015, roughly 8 million Americans paid the ObamaCare penalty, and more than 12 million Americans claimed an exemption from the penalty. That is 20 million Americans. What does that say about this law that 20 million Americans want nothing to do with it, many preferring to pay a penalty rather than to be subjected to its higher costs and fewer choices? If you ask me, it is strong evidence that the American people are tired of paying more and getting less.

Of course, the destruction that ObamaCare has caused extends beyond discouraging individuals to purchase coverage. It has been a direct attack on those who had insurance already.

In my home State of Tennessee, 28,000 people lost coverage on a single day when the CoverTN program lapsed after the Obama administration decreed that it ran afoul of the Federal Government's top-down requirements. Now premiums in our State are rising by an average of 63 percent, and three-quarters of our counties only have one coverage option to choose from on the ObamaCare exchange.

In five other States around the country—Alabama, Alaska, Oklahoma, South Carolina, and Wyoming—patients only have one insurer in the marketplace to choose from. That makes it pretty difficult for someone to find a plan that meets their unique needs or that of their family.

President Obama promised that this law would lower premiums by $2,500 per year for the average family. The exact opposite has happened. Average family premiums have gone up by $4,300, and deductibles have gone up by 60 percent. This is hitting hardworking Americans, many of whom are already struggling to make ends meet.

Folks in Tennessee and all across the country are spending more and more money on their health insurance because of ObamaCare, when they would rather be saving for a new house or for their children's college. The last thing working men and women need right now is the Federal Government making their life harder with more expensive health insurance by continuing to support this failed law.

That is why we are here today. The Senate successfully passed this resolution yesterday, and now it is time for the House to deliver on our promise, by kick-starting the reconciliation process so that we can repeal ObamaCare and provide relief for the folks who are hurting because of this law.

While our friends on the other side of the aisle always claim that Republicans have no ideas or no plans to replace ObamaCare, that simply isn't

true, and they know it. I have with me here today a few examples, including A Better Way, the 37-page proposal that will provide access to care for all Americans and increase choice and competition.

I would like to also reference that PETE SESSIONS has a healthcare bill that he has filed. The RSC, with PHIL ROE, has a replacement bill that has been filed. PAUL RYAN filed a bill right after the passage of ObamaCare. We also have TOM PRICE's replacement bill that is here. All of these documents are here and available for people to look at and to also find online, as well as A Better Way that we have put out from our Conference.

I urge my colleagues to vote ''yes'' on this resolution to begin the process of repealing ObamaCare and paving the way for patient-centered reforms.

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

Mr. YARMUTH. Mr. Chairman, I yield myself such time as I may consume.

I would like to remind my colleague that her vote today to repeal the Affordable Care Act will result in 266,000 people from her State of Tennessee losing their healthcare coverage, 57,000 workers losing their jobs, and an economic loss of $34.2 billion in gross State product for the State of Tennessee over 5 years.

The so-called budget before us was drafted by Republicans for the sole purpose of repealing the Affordable Care Act and defunding Planned Parenthood by a simple majority in the Senate. It squanders the opportunity to start this new Congress working together to address the concerns and priorities of the American people in a constructive and bipartisan manner.

The Affordable Care Act is making an incredible difference across my home State of Kentucky, as in many other places. With our expansion of Medicaid and the success of our State marketplace, Kynect, more than half a million Kentuckians in a State of 4 million have gained quality, affordable coverage. In Louisville alone, the uninsured rate dropped 81 percent.

In a State with tremendous health needs, we are a national model of ACA success. Even our Republican Senator, RAND PAUL, and our Republican Governor, Matt Bevin, who are vehemently opposed to the law, know we can't go back to where we were before the ACA. They now acknowledge that Republicans in Congress should not repeal the Affordable Care Act without immediately replacing it.

Much of the debate about the ACA focuses on the 20 million newly insured individuals, but the law has done much more than that. Millions of seniors on Medicare have saved on prescription drug coverage. For people on their employer's plan, out-of-pocket costs are capped, and lifetime limits are gone. If you are one of the 129 million Americans with a preexisting condition, you currently have the peace of mind of knowing that you can always get coverage if you lose your job, change your job, or start your own business.

Let me tell you about Steve Riggert, my constituent who recently wrote to me. When Steve's daughter Anna was 12, she was diagnosed with chronic pancreatitis, a rare disease for a child. This is Anna. Over the next 3 years, she was hospitalized 15 times. Despite their best efforts and prayers, transplant surgery did not achieve success. She has struggled with diabetes and complications. At age 22, she has been hospitalized 26 times for various reasons.

From the beginning, Steve knew that Anna's preexisting condition would make getting medical coverage difficult. So far, he has been able to cover her medical bills through his employer plan. When the ACA was passed, he was immensely relieved that Anna could always get coverage even though she has had a serious preexisting medical condition.

But the Republican plan to repeal the ACA has now left Steve feeling—and these are his words—helpless, petrified, and, literally, losing sleep. At age 64 and recently diagnosed with pancreatic cancer, he fears for how much he can support her. To quote his letter: ''Repeal of all aspects of the Affordable Care Act would place everything I have worked for and those I care about in jeopardy.''

Mr. Chairman, I am here today to fight for Steve, for Anna, and for all the Americans across the country who are begging you not to take away their health care. Repealing the Affordable Care Act without a replacement will cause chaos. Nearly 30 million people would lose coverage, including more than 4 million kids. Any consumers left in the individual market are likely to face higher premiums and fewer choices as insurers exit the system.

It has been nearly 7 years since the Affordable Care Act was signed into law, and Republicans still do not have a viable plan to replace it, period. Republican Conference Chair CATHY MCMORRIS RODGERS said this week that the Republican replacement plan will guarantee ''no one who has coverage today because of ObamaCare will lose that coverage.''

We are waiting for that plan because none of the bills Republicans will wave from that podium today meet that standard or has the support of the majority of their Conference. Democrats offered a number of amendments to this budget to protect the ACA and make it reflect the priorities of American families. We owe the millions of people who are deeply concerned about this process nothing less. Unfortunately, Republicans refuse to allow a vote on a single one.

Putting American families and our Nation's healthcare system at risk is irresponsible. I, therefore, urge my colleagues to oppose the Republican budget. The American people deserve better. Anna deserves better. Her father and her family deserve better.

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

Mrs. BLACK. Mr. Chairman, I yield 3 minutes to the gentleman from Indiana (Mr. ROKITA), one of my classmates and also the vice chair of the Committee on the Budget.

Mr. ROKITA. Mr. Chair, I thank the chairwoman for yielding the time. It is a pleasure to continue our work together on this very important issue.

It has taken us 6 years to get to today, the first real step in repealing what is one of the most insidious laws that ever came out of these Chambers—insidious because it was built on lies. Remember ''You can keep your doctor if you want to,'' ''You can keep your plan if you want to''? Lies. Remember when premiums were to go down because this, of course, Mr. Chairman, was the Affordable Care Act? Lies.

The gentleman from Kentucky made some assertions just a while ago. I want to take a look at the State of Kentucky itself. Four plans left the ObamaCare exchange at the end of 2016 in the State of Kentucky. Of the remaining plans, each increased their premiums by double digits: 22.9 percent, 29.3 percent, and 33.7 percent, respectively, for 2017. And Kentucky's exchange enrollment decreased by 12 percent.

How, Mr. Chairman, is this helping people?

Look, if we didn't care about people, we could stand by and watch this failed plan, this insidious law continue to implode, continue to hurt people. Instead, we stand here ready to erase the foundation that this law was based on and put forth a better one, one that doesn't leave anyone behind, one that is based on market-driven, consumer-driven, patient-driven needs and expectations and allows them to, for example, keep their job.

What do I mean by that, Mr. Chairman? Consider this. Not only do we have bad healthcare outcomes as a result of this insidious law, people are losing work. They are being robbed of their dignity to work. Since ObamaCare, 21 percent of businesses are reducing the number of employees, their wages and salaries and their benefits, including their retirement benefits.

So this insidious law is not only having detrimental implications on our health care and people's health, but it is taking away the very dignity that they have to work.

It is also spelling the death of health savings accounts, proven over the last several years to be part of the solution to consumer-driven health care. The idea that you can save for your healthcare expenses, with or without the government's help, so that you can make value decisions as to your health care without government interference. It leads to better patient outcomes. It leads to freedom to make healthcare decisions absent the oversight of the government. ObamaCare all but outlawed health savings accounts. I think

health savings accounts are probably in every one of those different plans the chairwoman pointed out.

So we are offering a replacement. We are offering solutions. We are offering a better way.

Mr. YARMUTH. Mr. Chairman, I would like to thank my colleague for the shout-out to Kentucky. He neglected to mention that our Governor, Republican Governor, who was elected in 2015 has done virtually everything he could over the last year to sabotage the Affordable Care Act, including dismantling our incredibly successful Kynect exchange, and that is one of the reasons why some of the enrollments declined, because he has made it harder for people to enroll.

I would remind my friend, also, that his vote today to repeal the Affordable Care Act will result in 339,000 people from his State of Indiana losing their healthcare coverage, 55,000 workers losing their jobs, and an economic loss of $30.4 billion in gross State product over 5 years in Indiana.

I now yield to the gentleman from Texas (Mr. GENE GREEN) for a unanimous consent request.

(Mr. GENE GREEN of Texas asked and was given permission to revise and extend his remarks.)

Mr. GENE GREEN of Texas. Mr. Chairman, I oppose the Republican resolution and support the Democratic resolution. We shouldn't deal with affordable care without a solution. Just don't repeal. Let's see what the replacement is so we don't, as Kentucky would say, buy a pig in a poke.

Mr. Chair, I rise in opposition to S. Con. Res. 3, the FY 2017 Budget Resolution, the next step in the process of repealing essential coverage and patient protections established by the Affordable Care Act.

Moving forward with implementing the GOP's devastating ACA repeal plan will lead to massive losses of coverage and consumer protections for people enrolled in insurance and in the Medicaid program.

It will hamper the movement towards value-based payment reforms, burden seniors with higher out-of-pocket costs on their prescription drugs, and undermine prevention and wellness initiatives.

Repealing the ACA will leave every state with big increases in the uninsured rate and higher uncompensated care costs, and threatens coverage for people with pre-existing conditions.

Charging forward without even agreeing on a replacement plan is a blatant abdication of the responsibilities we have as representatives of the American people.

The effects of doing so are not abstract. People are going to get hurt in very real ways.

The American people deserve to know how Republicans plan to avoid the devastating consequences of ACA repeal, which include millions losing coverage, chaos in the insurance markets, hospitals and states losing billions of dollars and a hit to our economy.

In addition, the FY17 Budget Resolution shamelessly prioritizes politics over patients by proposing to defund Planned Parenthood.

Denying patients the quality care—including breast exams, contraception, and preventive and primary care services—will only exacerbate the pain felt from coverage losses for the 2.5 million patients who depend on Planned Parenthood each year for care.

The Resolution is bad for patients, budgets, and will upend our health care system.

It fails the test of sensible policymaking.

The lack of any details on the ACA replacement Republicans say they will enact fails the test of sensible policymaking: having the key information before voting.

We should be taking steps to amend, not upend, the law.

I urge my colleagues to abandon this collision course and stop working against the American people.

We should not be "Making America Sick Again."

Mr. YARMUTH. Mr. Chairman, I yield 2 minutes to the gentlewoman from Washington (Ms. DELBENE), a distinguished member of the Committee on the Budget.

Ms. DELBENE. Mr. Chairman, I rise in strong opposition to this reckless budget resolution. Congress had an opportunity to start on a bipartisan note, to work on creating jobs, building an economy that works for everyone, and investing in our infrastructure. Instead, House Republicans are ringing in the new year by repealing the Affordable Care Act, stripping more than 20 million people of their health insurance. What is worse, there is still no plan for what comes next, threatening massive disruption to the entire healthcare system.

I offered a number of amendments to this legislation, none of which were allowed a vote today. My amendments would have stopped this dangerous process from moving forward if the Republican budget reduces access to treatment for those suffering from addiction, reduces access to health care in rural areas, forces seniors to pay more for care, or privatizes Medicare. I also cosponsored an amendment by Congresswoman LEE to protect women's access to reproductive health and family planning services.

□ 1115

Apparently, the majority is not concerned with these issues. Before the ACA, the situation was unacceptable. It was a time when people went bankrupt because they got sick, when individuals with preexisting medical conditions found it virtually impossible to obtain affordable coverage.

But now, more than 120 million Americans with preexisting conditions are no longer denied coverage, and young adults can stay on their parents' plans until they are 26.

Over 10 million seniors have received help with their prescription drug payments, and all insurance plans are required to cover preventative services with no copayments.

Rather than focusing on commonsense reforms to strengthen the ACA, Republicans want to eliminate vital lifesaving policy with no plan for what comes next. I strongly urge a ''no'' vote.

Mrs. BLACK. Mr. Chairman, it is my pleasure to yield 2 minutes to the gentleman from Ohio (Mr. JOHNSON), one of my classmates from the 2010 class, and a member of the Budget Committee.

Mr. JOHNSON of Ohio. Mr. Chair, it is amazing to me now that some of our colleagues on the other side of the aisle are calling to see the replacement before the repeal. What irony that is when—at that time the Speaker—the leader of their party, said: let's pass this law so we can see what is in it.

Well, the American people saw what is in it, and they don't like it. It is broken. It needs to be fixed.

The American people deserve a stable transition to a patient-centered healthcare system that gives them access to high-quality, affordable health care.

It has got to be done thoughtfully and carefully as it will impact millions—because I agree with my colleagues that it is going to impact millions. But it is going to positively impact millions if we do it right. And we will.

The only way to accomplish it in this current environment, the only way to accomplish the repeal of ObamaCare, is through the budget reconciliation process. And so this budget resolution that we are going to be considering today is simply a requirement, the triggering mechanism for the reconciliation process.

We are going to get to the fiscal year 2018 budget, a budget that balances, a budget that puts us on a path of fiscal sustainability, but this resolution essentially fires the starting pistol, Mr. Chairman, for repeal of ObamaCare, which has failed the American people.

We will be addressing the spending levels for the future in the fiscal year 2018 budget. This is something the American people have demanded, and now Republicans are going to deliver on it.

Mr. YARMUTH. Mr. Chairman, I remind my colleague that his vote today to repeal the Affordable Care Act will result in 664,000 people from his State of Ohio losing their healthcare coverage; 126,000 workers losing their jobs; and an economic loss of $69.5 billion in gross State product for the State of Ohio. Ohio's Republican Governor is begging us not to repeal the Affordable Care Act.

Mr. Chairman, I now yield 1 minute to the gentleman from Illinois (Mr. KRISHNAMOORTHI), a distinguished member of the Education and the Workforce Committee.

Mr. KRISHNAMOORTHI. Mr. Chairman, I am Congressman RAJA KRISHNAMOORTHI, and I represent the hardworking families of Chicago's west and northwest suburbs.

I rise today in strong opposition to S. Con. Res. 3.

Repealing without replacing the Affordable Care Act at the same time would devastate our economy and harm millions of middle class families.

Within the Eighth District of Illinois alone, we could lose upwards of $550 million from our economy, and over 4,000 jobs.

Before joining Congress, I ran small businesses in the Chicago area in the national security and technology sectors. I know firsthand how important health coverage is to our workers and to our businesses. Without the protections of the ACA, we will see fewer entrepreneurs take the risk of starting a business and fewer workers taking the risk of working for a startup.

Middle class and working families need good-paying jobs and affordable health care. And, unfortunately, the bill before us today would rob them of both.

Mrs. BLACK. Mr. Chairman, I do want to make reference to Ranking Member YARMUTH's information on the Commonwealth fund. I want to note that that report that was reported out does not take into account that Republicans do have a plan. It also does not take into account that the repeal of the taxes would put money back into the economy and boost the economy.

I yield 1 minute to the gentleman from Minnesota (Mr. LEWIS), a freshman and one of the newest members of the Budget Committee.

Mr. LEWIS of Minnesota. Mr. Chairman, today, I join many of my colleagues in taking the first steps to repeal and replace ObamaCare.

My home State of Minnesota has been hit especially hard by this law. Minnesotans have seen their health insurance choices shrink, while their premiums, copays, and deductibles skyrocket. I should know.

For the last, in fact, over 5 years, I have been in the individual market and my own insurance premiums have nearly tripled, and I have gone through three insurers.

Minnesotans have seen a 50 to 67 percent increase in the premium costs this year alone. That is the fourth highest increase in the country.

As Democratic Governor Mark Dayton of Minnesota stated: ''. . . the Affordable Care Act is no longer affordable. . . .''

In fact, politicians in Minnesota are looking for waivers from the Affordable Care Act; not more of it. The other side likes to talk about healthcare access. Mr. Chairman, I would argue that the single biggest obstacle to healthcare access right now is the Affordable Care Act. It is not sustainable.

It is time to repeal this failed legislation and replace it with meaningful reforms that empower consumers, expand choice, and increase affordability.

I urge my colleagues to support this resolution, so all Minnesotans and all Americans can have access to affordable and portable health care.

Mr. YARMUTH. Mr. Chairman, I remind my colleague that his vote today to repeal the Affordable Care Act will result in 250,000 people from his State of Minnesota losing their healthcare coverage; 53,000 workers losing their jobs; and an economic loss of $32.9 billion in gross State product over 5 years.

Mr. Chairman, it now gives me great pleasure to yield 1 minute to the gentleman from California (Mr. THOMPSON), a distinguished member of the Ways and Means Committee.

Mr. THOMPSON of California. Mr. Chair, I rise in opposition to repeal of the Affordable Care Act.

For 7 years, all we have heard from the Republicans regarding health care is repeal and replace.

After 7 years and more than 60 votes, they still have not come up with the replace. This isn't just a talking point. This is literally a matter of life and death for people.

Raymond, from Napa in my district, was diagnosed with stage III renal cancer in 1996. His premiums rose year after year until we passed the ACA.

Before the ACA, Raymond worried about losing his insurance because of his preexisting condition. In fact, his cancer returned in 2014, but, thanks to the ACA, he got the treatment he needed.

What are Republicans going to do for Raymond if they repeal the ACA and his premiums go up, or his insurance drops him because he had cancer over 20 years ago, or he hits his lifetime cap on coverage?

Republicans need to ask themselves if they are willing to return Americans like Raymond to a time when the care they needed was always beyond their grasp.

I am not saying that it is perfect, but we need to keep it. It also kills 3 million jobs.

Mrs. BLACK. Mr. Chairman, it is my distinct honor to yield 2 minutes to the gentleman from Louisiana (Mr. SCALISE), our House whip.

Mr. SCALISE. Mr. Chair, I thank the gentlewoman from Tennessee for bringing this budget resolution to the floor.

Mr. Chairman, ObamaCare has failed the American people. And if you go back to the beginning, it was created with a series of lies to the American people. We all remember: if you like what you have, you can keep it. How has that worked out for millions of Americans who lost the plans that they liked and now cannot keep that plan?

What about the promise, Mr. Chairman, that premiums would go down by $2,500? President Obama made that claim. And today, in States all across the Nation, you are seeing premiums go up, on average, 25 percent, and that is on top of double-digit increases every single year ObamaCare has been in effect.

This law is not working. It is failing families. It is costing jobs across our economy. It is time to repeal this law and actually replace it with reforms that put patients back in charge of their medical decisions with their doctors. What a great concept that would be.

It is about time we focus on lowering the cost of health care and giving people real choices. In so many markets across the country—and it is a growing number—families have only one choice for health care now because ObamaCare has forced so many people out of the marketplace, which means you as a family don't have any choices, because one choice means it is a monopoly. And you wonder why the costs are skyrocketing.

Mr. Chairman, this should not be about preserving somebody's legacy. It should be about fulfilling those promises to the American people that were broken. And we are here to fulfill that promise—how refreshing it is that you have people that ran for years saying we are going to repeal ObamaCare—with a President who is ready to sign the bill to repeal ObamaCare.

Today, just in the second week of this new Congress, we are taking the first step to fulfill that promise to the American people, to put their healthcare decisions back in their hands with costs that they can afford, and real choices that work for all Americans.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 269,000 people from his State of Louisiana losing their healthcare coverage; 37,000 workers losing their jobs; and an economic loss of $21.5 billion in gross State product over 5 years for the State of Louisiana.

Mr. Chairman, I now yield 2 minutes to the gentlewoman from New Mexico (Ms. MICHELLE LUJAN GRISHAM), a distinguished member of the Budget Committee.

Ms. MICHELLE LUJAN GRISHAM of New Mexico. Mr. Chair, I can tell you who is happy that the budget resolution will likely pass the House today, Big Pharma. Pharmaceutical companies are once again escaping any changes to a system which has repeatedly allowed them to prioritize profits over people and drive increases in out-of-pocket healthcare costs.

Companies like Mylan, Turing, and Valeant are jacking up lifesaving drugs like EpiPen for anaphylactic shock; Daraprim for HIV and cancer patients; and Nitropress for heart failure overnight without any accountability.

While the American people increasingly can't afford their medicine, pharmaceutical companies are the wealthiest they have been in years.

In fact, median healthcare and pharmaceutical executive pay is higher than any other industry in the United States.

And even though taxpayers fund billions of dollars of basic medical research used to develop groundbreaking drugs, pharmaceutical companies often charge Americans many times what the rest of the world pays.

Mr. Chair, Americans can't afford to continue giving pharmaceutical and health insurance executives a pay raise, and many on both sides of the aisle agree.

Just this week, President-elect Donald Trump added his voice to that effort saying: pharma was ''getting away

with murder.'' I agree. They are literally getting away with murder. Because if a mother can't afford her child's EpiPen, or a cancer patient can't afford treatment, people die.

So I offered an amendment to this budget resolution seeking to lower prescription drug costs, but Republicans refuse to even allow debate on my amendment.

Instead of fighting to make sure Americans have access to lifesaving medications, Republicans are protecting the ability of pharmaceutical companies to continue to shake down the American people.

I urge my colleagues to oppose this resolution and, instead, address these healthcare costs and access issues that every American knows too well.

Mrs. BLACK. Mr. Chairman, it is my honor to yield 3 minutes to the distinguished gentlewoman from North Carolina (Ms. FOXX), who is the chairman of the Education and the Workforce Committee.

□ 1130

Ms. FOXX. I thank my colleague from Tennessee for yielding time.

Mr. Chairman, today, we take the next step in the process of providing the American people a better way on health care. We have all heard from constituents and families who are struggling to get by as they suffer the consequences of the fatally flawed healthcare law.

In my home State of North Carolina, the average ObamaCare premium has increased by a staggering 40 percent. Terry from Advance, North Carolina, is a 70-year-old retiree, but now he is working part time just to help pay for his wife's healthcare premiums, which jumped from $300 a month to more than $887 a month.

On top of higher premiums, deductibles have skyrocketed, too. Patricia from Kernersville now has a whopping $6,550 deductible, and her premiums increased by 80 percent this year. Like so many Americans, Patricia is paying more for less coverage.

Despite being promised, ''if you like your healthcare plan, you can keep it,'' millions of Americans have been kicked off their plans. Scott from Hickory has had his health insurance canceled three times now; disrupting his continuity of care.

We have also heard from countless small-business owners who can no longer afford coverage for their employees because of limited resources and soaring costs. Facing similar challenges, school leaders and college administrators have spoken out about how ObamaCare is exacerbating tight budgets—hurting teachers, faculty members, and, ultimately, the students they serve.

The current situation is not sustainable; so Republicans are here on a rescue mission by providing the American people relief. It is time to repeal President Obama's government takeover of health care. It is time to advance patient-centered reforms that lower costs, provide more choices, and put working families—not government bureaucrats—in control of their health care.

I urge my colleagues to support this budget resolution because it will move us one step closer to the patient-centered health care the American people desperately want and need.

Mr. YARMUTH. Mr. Chairman, I will remind the gentlewoman that her vote today to repeal the Affordable Care Act will result in 552,000 people from her State of North Carolina losing their healthcare coverage, 76,000 workers losing their jobs, and an economic loss of $39.4 billion in gross State product, over 5 years, for North Carolina.

Mr. Chairman, I yield 1 minute to the gentlewoman from Oregon (Ms. BONAMICI), a distinguished member of the Education and the Workforce Committee.

Ms. BONAMICI. Mr. Chairman, I rise in opposition to this budget resolution. The Affordable Care Act saves lives.

Today I want to talk about Mark Rouska from Tualatin, Oregon. Mark was diagnosed with stage IV renal cancer, and doctors told him the cancer had metastasized to his lungs. He had to resign from a job he loved as a special education teacher. Without chemotherapy, he would probably not be alive. That treatment costs about $20,000 a month, but because he has insurance through the Affordable Care Act, Mark pays about $175 a month. At the end of this month, Mark and his wife, Patrice, will celebrate their 31st anniversary.

Repealing the Affordable Care Act will endanger health coverage for millions of people. One of them is Mark. I will do everything in my power to protect the many Oregonians who rely on the Affordable Care Act. I urge my colleagues to oppose this resolution.

Mrs. BLACK. Mr. Chairman, I yield 1 minute to the gentleman from Wisconsin (Mr. GROTHMAN), who is also a member of our Budget Committee.

Mr. GROTHMAN. I thank the gentlewoman.

Mr. Chairman, it is not a surprise, when you try to take over such a sizable chunk of America's economy, that you have all sorts of unintended bad consequences. I am going to focus on two consequences that are true of so many programs that the government puts out there.

First of all, ObamaCare is one more program that discourages work. If you talk to your accountants again and again, they will tell you stories of people who are very conscious of the fact that, as they get a raise, as they work more overtime, they lose big subsidies. If I were to lose my next election, ObamaCare would continue. As my income would go up from $49,000 to $50,000, I would get hammered with a $4,500 loss. So it wouldn't be surprising that people in my position would be very careful not to get a raise or not to work overtime.

Even worse, this is one more government program that discourages marriage. If you have a single parent who is making $20,000 and if he decided to marry somebody making $30,000 or $40,000, he would be hammered with a $3,500 loss. Combined with the FoodShare program, the low-income housing subsidies, Pell grants, and various TANF programs, this is just one more step that the American Government has taken to discourage work and to discourage marriage.

Mr. YARMUTH. Mr. Chairman, I will remind the gentleman that his vote today to repeal the Affordable Care Act will result in 211,000 people from his State of Wisconsin losing their healthcare coverage, 46,000 workers losing their jobs, and an economic loss of $25.7 billion in gross State product, over 5 years, for the State of Wisconsin.

Mr. Chairman, I yield 1 minute to the gentlewoman from Texas (Ms. JACKSON LEE), a distinguished member of the Judiciary Committee.

Ms. JACKSON LEE. I thank the distinguished gentleman.

Mr. Chairman, I stand in opposition to this reckless, irresponsible, heartless, and bare bones Republican budget resolution because it does nothing to provide jobs for the American workers; it does nothing to invest in the roads, bridges, ports, cyber networks, and other infrastructure that is needed to sustain economic growth; it explodes the deficit and enriches those who are already wealthy at the expense of middle and working class families.

In particular, this foolish rush to repeal the Affordable Care Act makes plain for all to see that congressional Republicans are far more interested in scoring political points with their rightwing base than they are in protecting the health and economic security of American families.

Thirty million people will lose their insurance; the insurance market will be in shambles; and families left behind will have higher premiums. We will close rural hospitals; and hospitals will lose billions of dollars and might reduce services and cut jobs. The economy will lose 2.6 million jobs.

Repeal and replace is just a straw man. It is about real lives, like Pamela Gross', who suffers from chronic lupus and a number of other autoimmune disorders that have required her to spend upwards of $5,000.

The CHAIR. The time of the gentlewoman has expired.

Mr. YARMUTH. I yield the gentlewoman an additional 15 seconds.

Ms. JACKSON LEE. I thank the gentleman.

She writes: ''I asked my doctor recently, 'With all that's going on, would I make it without treatment?' The doctor's answer: 'No.'''

In her instance, if the Affordable Care Act goes—if is it repealed—she could completely lose her eligibility for expanded Medicaid and simply die. A young man in my district would die as well.

This is a bad bill. Vote against it. Save America's good health.

Mr. Chair, I rise today in strong opposition to S. Con. Res. 3, the Congressional Budget Resolution for Fiscal Year 2017, which more appropriately should be known as the ''Make America Sick Again'' Budget.

I stand in opposition to this reckless, irresponsible, heartless, and bare-bones Republican budget resolution because it does nothing to provide jobs for American workers; does nothing to invest in the roads, bridges, ports, cybernetworks, and other infrastructure needed to sustain economic growth; and explodes the deficit and enriches those who are already wealthy at the expense of middle and working-class families.

Let us be very clear about the real objective of our Republican colleagues: their sole purpose in bringing this resolution to the floor is to pave the way for the repeal of the Affordable Care Act and the defunding of Planned Parenthood by a simple majority vote in the Senate.

This foolish rush to repeal the Affordable Care Act makes plain for all to see that congressional Republicans are far more interested in scoring political points with their right-wing base than they are in protecting the health and economic security of American families.

Mr. Chair, the Affordable Care Act has been an undisputed success, making access to quality affordable healthcare available to more than 20 million Americans who previously lived with the dreaded fear that an unexpected injury or illness to them or a family member would go untreated or could bankrupt their families.

While House Republicans may pine for a return to those bad old days, the large majority of Americans do not because they understand that repeal of the Affordable Care Act will have devastating consequences for working families, women, and the economy.

Mr. Chair, health care experts, governors, and hospitals warn that repealing the ACA without a comprehensive plan in its place will cause chaos and catastrophe, including:

1. Nearly 30 million people would lose health care coverage, including more than 4 million kids;

2. With the individual insurance market in shambles, families remaining in what's left of it could face higher premiums and fewer choices as insurers exit;

3. Hospitals would lose billions of dollars and might reduce services or cut jobs; and rural hospitals would close.

4. The economy would lose 2.6 million jobs in 2019, with the majority in non-health sectors.

Additionally, eliminating Medicaid funding to Planned Parenthood would severely restrict women's access to comprehensive care such as contraception, cancer screenings, and STI tests and treatments.

Mr. Chair, Republicans claim they have a replacement plan for the Affordable Care Act but the truth is they do not have a plan now nor have they in the past nor will they in the future.

''Repeal and Replace'' is an empty slogan and is about as serious as the President-Elect's promise of ''something terrific.''

Republicans have had seven years to produce and coalesce around an alternative to the ACA, and they totally failed.

The reason for their failure is they are afflicted with Obama Derangement Syndrome that blinds them to the ACA's substantial and positive improvements in people's lives.

Without the ACA, insurance companies could continue to make their own rules, and deny coverage based on a person's health status or job, offer lousy benefits, and impose annual and lifetime limits.

Without the ACA, seniors would still face the Part D donut hole and have to pay more for drugs, and parents would not be able to keep their kids on their plan until age 26.

Without the ACA, 20 million people would not have gained coverage, and we would not have the lowest uninsured rate on record.

If Republicans really thought they could match this record of success, they would have unveiled and campaigned on their alternative plan in the last election or at least reveal it to the American people right now.

It is immoral to put families, the health care system, or our economy at risk by repealing the ACA, hurting the economy, ballooning the deficit, and giving hundreds of billions of dollars in tax cuts to corporations and the wealthy.

Mr. Chair, the constituents of the 18th Congressional District of Texas, which I am privileged to represent, are not buying the 'Repeal and Replace' bill of goods that Republicans are selling because they know the Affordable Care Act, which they lovingly call ObamaCare, has brought peace of mind and security where before there was only worry and fear.

Here are some of the ways the Affordable Care Act has made a positive difference to the residents of my congressional district:

1. Coverage for the Previously Uninsured.

Up to 193,000 individuals in the district who lack health insurance will have access to quality, affordable coverage without fear of discrimination or higher rates because of a preexisting health condition.

2. Tax Credits to Make Insurance Affordable.

Under the ACA, tax credits are available to assist individuals and families purchase the private health insurance they need.

The amount of these tax credits range from $630 to $4,480 for individuals and from $3,550 to $11,430 for a family of four.

This benefits as many as 446,850 constituents in my congressional district.

3. Extra Benefits for Seniors.

More than 4,100 seniors in my district receive prescription drug discounts worth an average of $828 per person.

4. Extended Coverage for Young Adults.

11,400 young adults in the district now have health insurance through their parents' plan.

5. No Exorbitant Out-of-Pocket Expenses, Deductibles or Co-Pays.

121,000 individuals in my district—including 23,000 children and 50,000 women—now have health insurance that covers preventive services without any co-pays, coinsurance, or deductible.

6. Premium Rebates.

113,000 individuals in my district are saving money due to ACA provisions that prevent insurance companies from spending more than 20% of their premiums on profits and administrative overhead.

7. No Discrimination for Pre-Existing Conditions.

In my district, up to 46,000 children with preexisting health conditions no longer can be denied coverage by health insurers.

8. No Annual or Lifetime Caps on Coverage.

153,000 individuals in my district now have insurance that cannot place lifetime limits on their coverage and no long face annual limits on coverage.

It is said often, Mr. Chair, but is no less true, that the federal budget is more than a financial document; it is an expression of the nation's most cherished values.

As the late and great former senator and Vice-President Hubert Humphrey said:

> The moral test of government is how that government treats those who are in the dawn of life, the children; those who are in the twilight of life, the elderly; and those who are in shadows of life, the sick, the needy, and the handicapped.

It is for this reason that in evaluating the merits of a budget resolution, it is not enough to subject it only to the test of fiscal responsibility.

To keep faith with the nation's past, to be fair to the nation's present, and to safeguard the nation's future, the budget must also pass a ''moral test.''

The Republican budget resolution fails both of these standards.

Because the American people deserve to know exactly what ills Republicans have in store for them, I strongly oppose S. Con. Res. 3 and urge all Members to join me in voting against the reckless, cruel, and heartless measure that will do nothing to improve the lives or well-being of middle and working class families.

Pamela Gross dreads repeal of Medicaid expansion. Still, millions of people like Gross, could face immediate effects. While her disability allows her access to Medicare coverage, she also relies on Medi-Cal, California's Medicaid program, to help pay for costs Medicare doesn't. Gross says she was insured before Obamacare became law. But her Medi-Cal coverage, which she relies on to pay her monthly premiums and co-pays, hung in the balance each year when she received a Supplemental Security Income cost of living increase. The minor jump in pay threatened to push her out of eligibility for the program, which would leave her without the means to pay for a private insurance policy and the doctor visits and medications she says her life literally depends on.

''I asked my doctor recently, with all that's going on would I make it without treatment?'' The doctor's answer: ''No,'' Gross says.

Because Obamacare expanded eligibility for Medicaid and increased the program's income limits, Gross no longer has to be concerned each year that the cost-of-living increase she receives from her SSI income will throw her out of coverage. That would change if Medicaid expansion is eliminated as part of the law's repeal.

''If they repeal I could completely lose eligibility,'' she says. ''I would die.''

Mrs. BLACK. Mr. Chairman, I yield 1½ minutes to the gentleman from Georgia (Mr. FERGUSON), a new member of the Budget Committee.

Mr. FERGUSON. Mr. Chairman, I rise in support of the fiscal year 2017 budget resolution.

The need for this process can best be explained by a story I have been telling my colleagues.

A little over 6 years ago, I lived in a pretty decent house. One day I heard a knock on the door, and before I knew

it, my colleagues on the other side of the aisle had let a goat loose in my house. Now, for 6 years that goat has been messing in and destroying my house. I want to renovate my house, but before I can, I have to get the goat out of the house before it does any more damage. It makes no sense to start fixing up my house until I can get the goat out. Voting for the fiscal year '17 budget resolution gets this goat out of my house.

Mr. Chairman, make no mistake: we must renovate our house; we must undo the Affordable Care Act. We can no longer as a nation hold on to policies that rob us of our freedom of choice, that destroy family finances, that rob people of their jobs, and leave the most vulnerable with substandard care.

Now is the time for a 21st century healthcare system that puts patients and doctors first and sends government regulators and rulemakers to the back row. No more 32 percent increase in Georgia premiums; no more having your doctor pulled away from you; and no more government mandates.

This is not a return to the pre-ObamaCare status quo, but is a new approach to putting consumers in the driver's seat. The first step in this process is to gut ObamaCare with this resolution, and I am honored to support it.

Mr. YARMUTH. Mr. Chairman, I will remind the gentleman that his vote today to repeal the Affordable Care Act will result in 581,000 people from his State of Georgia losing their healthcare coverage, 71,000 workers losing their jobs, and an economic loss of $39.4 billion in gross State product, over 5 years, for the State of Georgia.

Mr. Chairman, I yield 2 minutes to the gentleman from New York (Mr. JEFFRIES), a distinguished member of the Budget Committee.

Mr. JEFFRIES. Mr. Chairman, this is a sad day in the history of this country as Republicans begin the process of destroying health care in America.

''Repeal and replace'' is just a slogan. It is not a solution. For more than 6 years, we have been waiting for a credible Republican healthcare plan, and none has been forthcoming. All you have is smoke and mirrors, and the American people are getting ready to get screwed.

Under the so-called Republican plan, seniors will be forced to pay more for their medicine. Under the so-called Republican plan, children with preexisting conditions, like pediatric cancer, will be at risk of being kicked off of their health plans or of being denied health coverage. Under the so-called Republican plan, young people in America will no longer be able to stay on their parents' health insurance through the age of 26. Under the so-called Republican plan, more than a million people who are receiving drug treatment because of opioid addiction will be at risk of being denied that lifesaving care.

Under the so-called Republican plan, premiums will go up, co-pays will go up, deductibles will go up; and the American people will be screwed. People in Michigan, Pennsylvania, Wisconsin, Ohio—screwed. Seniors in Florida—screwed. People on the west coast and on the east coast—screwed. People in Appalachia and rural America—screwed.

The only folks who will benefit are the fat cats who are part of the healthcare cartel. The system, indeed, is rigged, and the American people should pay attention as to who is jamming them up.

Mrs. BLACK. Mr. Chairman, in response to the gentleman from New York, when he says we do not have a plan, I reference him to all of the plans that are here on the desk. He says we don't have a plan, but then he references all of the things that will happen under the Republican plan. He can't have it both ways.

Mr. Chairman, I yield 2 minutes to the gentleman from Arkansas (Mr. WOMACK), who is a member of both the Budget Committee and the Appropriations Committee.

Mr. WOMACK. I thank the distinguished chair of the Budget Committee for giving me some time to talk today. She is a distinguished person, a colleague, a classmate, and somebody I have the utmost respect for.

Mr. Chairman, I rise in support of the House budget resolution and to recognize the very important first step we are taking in our country today regarding ObamaCare. By adopting this budget resolution, we will set into motion the repeal of the Affordable Care Act.

Last week, on this very floor, the minority leader, Ms. PELOSI, stood here and called ObamaCare a magnificent success. Yet, since being sworn into office in 2011, I have heard just the opposite from my constituents. Every single day, I have heard that ObamaCare is raising the cost of health care, is creating uncertainty in Arkansas, is hurting Americans, and that we need to replace it with real reforms that focus on the patient, not the government.

This law is not just bad for patients and healthcare consumers. ObamaCare's onerous mandates and endless regulations are hitting industry across the board. It stifles business; it squelches private sector job growth; it hurts our economy. Let me give you an example.

Mr. Chairman, Superior Linen Service, in my district, employs over 100 people. Prior to the enactment of ObamaCare, Superior Linen Service recognized the importance of having a healthy workforce and was already providing quality health insurance to its employees, and it was able to manage its payroll insurance benefits in-house for the entire 60 years of its existence. After the passage of the Affordable Care Act, Superior Linen Service could no longer manage the sheer amount of paperwork it took to prove that it was, in fact, complying with the law.

Let me be clear. Thanks to ObamaCare, the company provided no new benefits, but had to outsource its payroll and management at a cost of $100,000 a year. This is just one of many examples. This is an important day. I urge a ''yes'' vote on the resolution.

□ 1145

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result 234,000 people from his State of Arkansas losing their healthcare coverage, 28,000 workers losing their jobs, and an economic loss of $15.8 billion in gross State product over 5 years for the State of Arkansas.

Mr. Chairman, I yield 1 minute to the gentlewoman from Illinois (Ms. SCHAKOWSKY), a member of the Energy and Commerce Committee.

Ms. SCHAKOWSKY. Mr. Chair, I want to say right now I believe—and it will be true, you will see—that Republicans will regret the repeal of ObamaCare.

Hospitals in rural and underserved areas are panicking right now because they are finally getting paid through ObamaCare to serve low-income people. Jobs will be lost. Those hospitals could close. Thirty million people will lose their benefits.

I want to tell you, on the Energy and Commerce Committee, I have been hearing for years ever since ObamaCare passed, all these horror stories that my Republican colleagues embrace as evidence that this thing isn't working. Never once have they been willing to sit down with us.

We don't claim that the bill is perfect, but we know that there are millions and millions of people with preexisting conditions or who run out of insurance when they hit their lifetime caps. We know it has helped, and yet never has a Republican been willing to sit down with us and craft amendments that would make this legislation better.

Repeal means that the Republicans will make Americans sick again.

Mrs. BLACK. Mr. Chairman, I would just like to note that it is ObamaCare that has, sadly, hurt these rural hospitals, healthcare providers, and people living in those rural areas. As a matter of fact, since January of 2010, there have been at least 80 rural hospitals that have had to close. The damage has already been done.

Mr. Chairman, I yield 1½ minutes to the gentleman from Texas (Mr. ARRINGTON), a freshmen on the Budget Committee.

Mr. ARRINGTON. Mr. Chairman, I rise in strong support of S. Con. Res. 3 that would begin the process to repeal ObamaCare.

Our experimentation in the Soviet-style, central planning of our healthcare system has been an abject failure: ObamaCare has failed our middle and working class families who

have seen an uncontrollable increase in deductibles and premiums; it has failed our providers who spent years pursuing their passion for healing our sick but now find themselves spending more time filling out paperwork than caring for their patients; it has failed our small businesses that create 64 percent of the jobs in this country.

Although the pathway of ObamaCare has been paved with good intentions, it has led to a series of disastrous, unintended consequences. To use a medical analogy, ObamaCare has made America sick; and when America is sick, rural America is in the ICU.

I represent 29 rural counties in west Texas, ag producers, oil and gas and renewable energy operators, community bankers, and community hospitals. Like many rural areas throughout the country, my district is feeding and clothing the American people, bolstering our economy, and strengthening our national security.

While large hospitals also suffer under ObamaCare, community hospitals are simply unable to handle the crushing weight of ACA's shrinking reimbursements, regulatory burden, and unfunded mandates. Since ObamaCare was implemented, 80 rural hospitals have closed and 600 more are in danger of closing. Without access to quality health care, our hardworking families in middle America are left high and dry.

The CHAIR. The time of the gentleman has expired.

Mrs. BLACK. Mr. Chairman, I yield an additional 15 seconds to the gentleman from Texas.

Mr. ARRINGTON. Mr. Chairman, one of the greatest travesties of ObamaCare is not just the damage that it has done to our economy, but the destruction of a way of life of over 60 million Americans who call small town America their home. Whether it is producing reliable and affordable energy or a safe and abundant supply of food, people from all over the country rely on rural communities to make America great.

We must repeal ObamaCare, restore market forces, and return to patient-centered care.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 1.8 million people from his State of Texas losing their healthcare coverage, 175,000 workers losing their jobs, and an economic loss of $107 billion in gross State product over 5 years for the State of Texas.

I yield 1 minute to the gentleman from Washington (Mr. LARSEN), a distinguished member of the Transportation and Infrastructure Committee.

Mr. LARSEN of Washington. Mr. Chairman, I rise today in opposition to this budget resolution that would begin the process of repealing the Affordable Care Act without a plan to replace it, and I rise on behalf of my constituents who are imploring Congress to save the Affordable Care Act.

Luanne from Coupeville, Washington, wrote to me. She said:

> As someone with several serious pre-existing conditions, I could not get insurance coverage in the past. My husband and I spent an incredible amount of money—including retirement savings and out-of-pocket dollars—for my care and prescriptions. There were truly times when we had to choose food over medication.

And without the ACA, Jennifer from Lynnwood told me that her best friend ''will be forced to work as many jobs as she can in order to obtain money due to the costs of her pregnancy that will no longer be covered. . . . . She needs the Affordable Care Act, as do many Americans. Please, I beg you, do not get rid of it. . . . The Republicans in Congress do not understand how much of us low-income Americans need this.''

These are just two of the hundreds of Washingtonians who have contacted me over the past 2 weeks.

Mr. Chairman, do not take away these lifesaving benefits from Luanne, Jennifer's friend, and the rest of my constituents.

I urge my colleagues to oppose this bill.

Mrs. BLACK. Mr. Chairman, I yield 1 minute to the gentleman from Pennsylvania (Mr. SMUCKER), who is a new member of our Budget Committee.

Mr. SMUCKER. Mr. Chairman, I rise in support of this resolution, which will be the first step to repealing ObamaCare.

I, like so many of my colleagues, have heard from citizens all across my district in regard to the impact of this system on them. I want to share a conversation I had recently with a constituent.

Tim Hollinger called me. Tim and his wife, Phyllis, are residents of Mount Joy, Pennsylvania, in my home county of Lancaster. Tim is on Medicare, but Phyllis, who is self-employed, has a healthcare plan that she obtained through the ObamaCare marketplace.

Tim and Phyllis' annual income is $53,000 per year. Phyllis' healthcare premium is over $1,000 a month and carries a $2,700 deductible. Let me repeat that. Phyllis' healthcare premium is over $1,000 per month. That is 23 percent of their combined annual income.

The CHAIR. The time of the gentleman has expired.

Mrs. BLACK. Mr. Chair, I yield an additional 15 seconds to the gentleman from Pennsylvania.

Mr. SMUCKER. Mr. Chair, now Phyllis receives a Federal subsidy that covers 35 percent of that monthly cost. She takes pride in the fact that she has never taken a government handout in her life.

Now that she is on ObamaCare, the American taxpayers have to subsidize her health care. To Phyllis, that is not right. To Phyllis, this is about her pride. She is not asking for a lot. She is simply asking that she have access to affordable health care that doesn't require the American taxpayers to help her pay for it.

I look forward to working with my colleagues to fix our Nation's failed healthcare system.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result 479,000 people from his State of Pennsylvania losing their healthcare coverage, 173,000 workers losing their jobs, and an economic loss of $76.5 billion over 5 years in gross State product for the State of Pennsylvania.

I yield 2 minutes to the gentlewoman from California (Ms. LEE), a distinguished member of the Budget Committee.

Ms. LEE. Mr. Chairman, I thank our ranking member for yielding and also for his steadfast commitment to protecting the health and well-being of all Americans.

Mr. Chairman, I rise in strong opposition to this resolution, which would advance the repeal of the Affordable Care Act without any replacement in sight.

Let me be clear. This resolution would wipe away health care from 30 million Americans and raise premiums for millions more. It would also create chaos through our community and our economy and our Nation. It would put the insurance companies back in charge.

It is not just the Affordable Care Act that is on the chopping block. Republicans also want to cut women's reproductive health care. Once again, they want to defund Planned Parenthood, one of the Nation's leading providers of high-quality, affordable health care for women and families. Women would be denied breast cancer screenings and preventive health care. Community clinics in rural and urban communities would be devastated.

We know that Planned Parenthood is one of the Nation's leading providers of high-quality, affordable health care for women and their families. Denying access to healthcare providers such as Planned Parenthood will hurt women who need these services the most: low-income women and women of color. That is why I offered an amendment to protect these critical services. Shamefully, the Rules Committee refused to make it in order and even allow for a debate on this floor.

I also cosponsored the amendment with Representative POCAN and others within the Congressional Progressive Caucus opposing cuts to Medicare, Medicaid, and Social Security benefits. Republicans refused to allow a debate on this critical issue as well.

The most vulnerable—the poor, seniors, and disabled individuals—would be left to fend for themselves, and their lives would be shattered through these Republican cuts.

Mr. Chairman, we must stand up for the millions of people who have coverage because the Affordable Care Act really does save lives. It is a disgrace; Republicans continue to raise this war to kill the ACA without replacing it.

Once again, it will hurt the most vulnerable. People will be sicker again.

America will be sick again. This is a matter of life and death.

Mrs. BLACK. Mr. Chairman, I yield 1½ minutes to the gentleman from Florida (Mr. GAETZ), who is a freshman on our Budget Committee.

Mr. GAETZ. Mr. Chairman, lend me your ears. I come to bury ObamaCare, not to praise it. The evil that men do lives after them.

This is the true legacy of the last 8 years: a doubling of the national debt and $4 trillion in additional spending projected through ObamaCare.

What have my constituents gotten from ObamaCare? Higher taxes, higher premiums, unaffordable deductibles, crippling drug costs, fewer choices, and more mandates.

This resolution shows what will happen if we do nothing. Inaction will lead to $30 trillion in debt, the greatest generational theft the world has ever known.

So it is past time to get the Federal Government out of the healthcare mandate business. Let people buy insurance across State lines; allow people to own their own healthcare decisions through health savings accounts; block-grant Medicaid to our States, our laboratories of democracy; and let's reinvigorate a Federal system that is promised by our Founders.

The jobs data cited by the Democrats doesn't assume the positive economic benefits that come from ObamaCare repeal, including, according to the Congressional Budget Office, $200 billion in additional economic activity, more jobs, more opportunity, and more freedom. This is a flawed study that my friends across the aisle cite, and it is the Republican resolution before this body that offers a better way.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 1.6 million people from his State of Florida losing their healthcare coverage, 181,000 workers losing their jobs, and an economic loss of $90.4 billion in gross State product over 5 years in Florida.

I yield 4 minutes to the gentleman from Maryland (Mr. HOYER), the distinguished Democratic Whip.

Mr. HOYER. Mr. Chairman, every American will be affected by this vote, not just the 20 million people who will lose their insurance immediately. Thirty million, in total, will lose their insurance. Everybody's premium will ultimately go up. Preexisting conditions will not be available. Seniors will pay more for prescription drugs. 25-, 24-, 23-year-olds will be dropped from the insurance of their families.

The fact of the matter is—the gentleman from Florida that just spoke—there is not a better way that has been proposed. There is some discussion about across State lines. There is some other discussion about health savings accounts, which is great if you have the kind of salaries we have; but if you are an average American trying to support your family, getting additional funds to put into a health savings account is not available to you.

Mr. Chairman, this budget resolution is an abdication of responsibility and duty. Rather than showing Republican spending and revenue priorities, it is nothing more than a vehicle for expediting a repeal of the Affordable Care Act and taking insurance coverage away from 30 million people.

□ 1200

Again, let me remind you it is hundreds of millions of people that will be adversely affected.

Since taking the House majority, Republicans have held 65 votes on this floor to undo healthcare reforms that have brought the uninsured rate to its lowest in recorded history and banned discrimination and discriminatory practices, such as denying coverage to Americans with preexisting conditions or charging women higher rates than men simply because of their gender.

Now our Republican colleagues want to repeal the Affordable Care Act without immediately replacing it, contrary to at least 12 of their colleagues in the United States Senate—Republicans—saying that is not the right way to go. That is what this resolution would do.

By the way, they should have adopted this resolution last Congress by April 15. They didn't do so.

This is not a real budget resolution. This is simply a device so that they can jam through repeal of the Affordable Care Act in the United States Senate contrary to the existing rules. It would come at a severe cost to our economy and our budget sustainability.

In addition to the 30 million who would lose their insurance, tens of millions more, as I have said, would see their costs go up. A report by the nonpartisan Commonwealth Fund and Milken Institute found that the repeal would lead to the loss of 3 million jobs, and the Committee for a Responsible Federal Budget found it would add $350 billion to deficits over the next 10 years.

Let us be clear, Mr. Chairman, a vote for this budget resolution is a vote to take health insurance away from 30 million Americans and adversely impact the health care of millions more.

I urge my Republican colleagues who have serious concerns about our fiscal path and misgivings about repealing the Affordable Care Act without replacing it: let's lay down a marker that Congress should not rush headlong into this costly repeal not only in terms of dollars, but in terms of health security consequences for the American people.

Mr. Chairman, I urge the House to vote ''no'' on this dangerous and destructive resolution.

Mrs. BLACK. Mr. Chairman, I do want to note, once again, for my colleagues on the other side of the aisle, if they say we have no plans, I want to reference them several plans that have been filed, and I will leave those here on the desk so they can pick those up at their convenience.

Mr. Chairman, I yield 1½ minutes to the distinguished gentleman from Texas (Mr. POE).

Mr. POE of Texas. Mr. Chairman, the Affordable Care Act is a collection of failed policies and many empty promises.

The American people have spoken. They do not want ObamaCare's high-cost, job-killing, conscious-violating healthcare system. Since the enactment of ObamaCare, almost 5 million Americans have lost their insurance plans and their own doctors. This is a far cry from the fake promises that were made on this House floor in the dark of the night when we were told: ''Pass the bill so that we can figure out what is in it.''

The American people are the ones paying for these failed promises. In fact, it is expected that in 2017, ObamaCare premiums will grow by an average of 22 percent across America. ObamaCare is hurting individual citizens, and it is also hurting small businesses. Out of 75 issues, small-business owners ranked the cost of health insurance as the number one problem they faced in 2016.

ObamaCare is neither affordable, and it is certainly not better care. We cannot afford ObamaCare. Health care should be a decision made by individuals in America, not by bureaucrats here in Washington, D.C. The repeal bill is the first step in finally correcting this huge legislative blunder. Replace ObamaCare with a free-market alternative that provides affordable health care to all Americans. Let Americans choose their health care.

ObamaCare has the efficiency of the post office and the compassion of the IRS, and it is time to make America healthy. Repeal this government control of our health.

And that is just the way it is.

Mr. YARMUTH. Mr. Chairman, I will remind my good friend that his vote today to repeal the Affordable Care Act will result in 1.8 million people from his State of Texas losing their healthcare coverage, 175,000 workers losing their jobs, and an economic loss of $107 billion in gross State product, over 5 years, in Texas.

Mr. Chairman, I yield 1 minute to the gentlewoman from Florida (Ms. CASTOR), who is a distinguished member of the Energy and Commerce Committee.

Ms. CASTOR of Florida. Mr. Chairman, I am compelled to come to the floor this morning to oppose the Republican attempt to pull the rug out from under American families.

Why are we going to a repeal bill without a replacement?

It is irresponsible. What you are doing is you are throwing American families into quicksand. Here is a dirty little secret: this is also a fiscally irresponsible move because this is likely to balloon the debt and the deficit.

Now, what I hear from my families back home in Florida is that the Affordable Care Act has been a godsend to them, and that includes the 9 million families that have private health

insurance. The Affordable Care Act has provided vital consumer protections to prevent them from being discriminated against for a preexisting condition or being canceled if they do get sick, and it has kept premium costs in check.

We also have a lot of Floridians who depend on Medicare; and because of the ACA, Medicare is stronger. In 2015 alone, the average Medicare recipient has put about $1,000 back into their pocket because the ACA closes the doughnut hole.

I urge the House to vote ''no.'' Don't throw American families into chaos and don't wreak havoc on our economy.

Mrs. BLACK. Mr. Chairman, I yield 1 minute to the gentleman from Kansas (Mr. MARSHALL).

Mr. MARSHALL. Mr. Chairman, I rise today in support of today's resolution to repeal the Affordable Care Act.

As a physician, I have lived the nightmare of the ACA for the past 6 years. Because of ObamaCare, I know more physicians leaving their practice this year than any other year. With $12,000 deductibles and annual premium spikes of over 50 and many times over 100 percent, ObamaCare has made health care truly unaffordable and unattainable for many, many people. In fact, it would be irresponsible for Congress to sit back and watch the ACA continue its death spiral and bankrupt our country.

As we begin to replace ObamaCare, we want to reassure Americans we will not pull the rug out from anyone. If you are on a current exchange policy or have preexisting conditions, we will have a period of transition and high-risk pools that will provide you with quality, affordable alternatives.

Like many others, my district sent me here to fix health care, and we intend to do just that.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 137,000 people from his State of Kansas losing their healthcare coverage, 19,000 workers losing their jobs, and an economic loss of $10.5 billion in gross State product, over 5 years, for Kansas.

Mr. Chairman, I yield 1 minute to the gentleman from Rhode Island (Mr. CICILLINE), who is a distinguished member of the Judiciary Committee.

Mr. CICILLINE. Mr. Chairman, for 8 years, House Republicans have wrongly claimed that the Affordable Care Act will be catastrophic for hardworking Americans.

Here are the facts: since its passage, the ACA has helped cover 20 million previously uninsured Americans; 95 percent of America's children are now covered; almost 130 million Americans with preexisting conditions now have the peace of mind to know that they will not be denied health services; and healthcare costs have been growing at the slowest rate in 50 years.

But as Republicans prepare to take control of the White House, it is clear they don't have an actual plan to replace ObamaCare. Not only will their repeal and displace plan cut off millions of Americans—men, women, and children—from quality, affordable health care, but it will also have devastating impacts on our economy.

Repealing the Affordable Care Act will cause the loss of 2.6 million jobs, a majority of which will be non-health industry jobs. It is projected that my home State of Rhode Island will lose more than 12,000 jobs.

This budget resolution will not only increase prescription drug prices for our seniors, raise premiums and out-of-pocket expenses for Americans who buy insurance, but will lead to significantly larger yearly deficits and contribute more than $9.5 trillion in debt over the next decade.

I urge my colleagues to oppose this budget resolution, to protect the American people's access to quality, affordable health care, and to vote ''no.''

Mrs. BLACK. Mr. Chairman, I yield 1 minute to the gentleman from Michigan (Mr. MITCHELL), who is one of our freshman Members.

Mr. MITCHELL. Mr. Chairman, I rise to support the resolution to give relief to the millions of Americans who are struggling to access health care due to the destructive impact of the Affordable Care Act. Americans were promised that, with the passage of the Affordable Care Act, costs for health insurance would decrease and patients could keep their plans and their doctors if they liked them. Americans have now seen the truth: massive increases in premiums, constantly rising deductibles and copays, and fewer plans with fewer providers.

Just because an individual or a family has insurance does not mean they can access and afford health care. Health insurance means little if they cannot find a participating doctor or afford the deductible. In Michigan, premiums have risen over 17 percent this year, and deductibles are up an average of $492.

There is a plan. I will hand carry it over for you to read it. I suggest we not instill fear but, rather, we move forward with a better way to provide health insurance. Broken promises have led us to a broken healthcare system. We promise to fix it and, beginning today, we are going to do just that.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 618,000 people from his State of Michigan losing their healthcare coverage, 101,000 workers losing their jobs, and an economic loss of $54 billion in gross State product, over 5 years, for Michigan.

Mr. Chairman, I yield 1½ minutes to the gentleman from Michigan (Mr. LEVIN), who is a distinguished member and former chairman of the Ways and Means Committee.

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

Mr. LEVIN. Mr. Chairman, I just want to say to my colleague from Michigan: Hundreds of thousands of people are going to lose their insurance under a plan that was agreed to by the Republican Governor, and I will send you the numbers in your district.

Mr. Chairman, the Republican effort to repeal the ACA, causing 30 million Americans to lose their health insurance, is built on a foundation of misrepresentations and falsehoods. Yesterday, the Speaker said the Affordable Care Act is collapsing. It is not. Nationwide, enrollment is higher than it is has ever been, and the percentage of Americans without health insurance is at the lowest level on record.

What is collapsing is the time for Republicans to move beyond their rhetoric and come up with a plan. They say they will produce a comprehensive replacement, but they have been saying that for 7 years.

Mr. NEAL is here. Seven years, Mr. NEAL, we have been hearing that.

Those files on the Republican desk—I wish you would raise them again—aren't a plan. They are a ploy.

Republicans say repealing the Affordable Care Act will help people, and there is at least a sliver of truth to that claim. The GOP repeal bill will help millionaires, providing them an average tax cut of over $50,000 a year. At the same time, it will actually raise taxes on millions of moderate and middle-income families who will lose tax credits for purchasing health insurance.

Mrs. BLACK. Mr. Chairman, I yield 1½ minutes to the gentleman from Virginia (Mr. GARRETT), who is one of our freshman Members.

Mr. GARRETT. Mr. Chairman, I rise today to make a clarification because while I support this resolution, I oppose the description that some here have used. They are calling it a budget. This isn't a budget. It is a paper trail of crimes our government commits against the future of our Nation vis-a-vis overwhelming debt. We need to be honest. We are sitting on $20 trillion in debt, and aside from starting the repeal of the unaffordable care act, this does nothing to address that.

Reluctantly I will vote for it to repeal the monstrosity that is the unaffordable care act.

We were told we need to pass the bill so that we could find out what was in it. Well, we found out what was in it. We saw premiums skyrocket; we saw families lose their plans and their doctors, even the ones they liked and they wanted to keep; and we saw businesses struggle. Now we are left in a position where we need to pass this resolution to get rid of what we found.

Liberty and self-determination are the lifeblood of this Nation, and the Nation is terminally ill. Our debt is a cancer that continues to grow; and like a cancer, it doesn't discriminate. It is colorblind, it is gender neutral, and it doesn't care about your political affiliation or what State you are from. It is here, and it continues to grow.

Our children are being encumbered, packaged, and sold to the gallows by way of unprecedented debt. This is an unprecedented treatment, but if we continue down the ObamaCare unaffordable care act path that we are on, the results are guaranteed.

Today's resolution provides treatment for some of the symptoms, but it is about time that we started getting to the root causes of the disease. The more government encroaches on the lives of its citizens, the more debt grows, the less our liberties can breathe, and the sicker we become. I may be new here, but in Virginia we keep a balanced budget; and it is about time we got serious about one in D.C.

□ 1215

I will vote to pass this here today, but I refuse to call it a budget. I refuse to ignore the problems the unaffordable care act was meant to address. Problems aren't political, solutions are, and we can provide a better way.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 327,000 people from his State of Virginia losing their healthcare coverage, 52,000 workers losing their jobs, and an economic loss of $31 billion over 5 years in gross State product for Virginia.

Mr. Chairman, how much time remains?

The CHAIR. The gentlewoman from Tennessee has 14¾ minutes remaining. The gentleman from Kentucky has 14¾ minutes remaining.

Mr. YARMUTH. Mr. Chairman, I yield 1 minute to the gentleman from Vermont (Mr. WELCH), a distinguished member of the Energy and Commerce Committee.

Mr. WELCH. Mr. Chairman, on probably the most important issue, we are having the dumbest debate. We say the healthcare bill is good. You say it stinks.

We think it is good because we think it is good that kids, until they are age 26, can stay on their parents' plan. We think it is good because people with preexisting conditions ought to have access to health care, and we think it is good that a person who gets sick shouldn't lose their health care.

You say it is bad, even though the plan was based on a Heritage Foundation initiative and adopted largely in Massachusetts by a Republican governor.

Bottom line, you are the majority in the House; you are the majority in the Senate; and you have got the Presidency. You have got some responsibility to show us the beef. Where is the plan?

Now, there is a lot of paper over there, but you haven't shown us a plan. And here is why: because when you put pen to paper, all hell is going to break loose on your side because you have to move beyond the rhetoric to figuring out how you are going to pay to keep our kids on our healthcare plan. You are going to figure out how to pay if we are going to let folks with preexisting conditions have health care.

Those don't solve themselves, and you don't have a plan. We are entitled, the American people are entitled, to have it.

The CHAIR. Members are reminded to address their remarks to the Chair.

Mrs. BLACK. Mr. Chairman, it is now my honor to yield 1½ minutes to the gentleman from Illinois (Mr. RODNEY DAVIS), one of the leaders of our conference.

Mr. RODNEY DAVIS of Illinois. Mr. Chairman, ObamaCare is not working. We know this because the average increase for plans in Illinois was between 45 and 55 percent this year. As a matter of fact, a good friend of mine had an 87 percent increase.

We know this because millions of Americans who were told they could keep their health insurance were kicked off their plans. We know it is not working because 31 million people are underinsured, meaning they can't afford to use the insurance they have. Deductibles are simply too high.

It is not enough to judge this law simply by the number of people who are insured, since it mandates people buy insurance anyway. We must remember the people paying premiums that continue to double and then have a deductible so high that it will never be reached.

That is not success. That is a problem for hardworking taxpayers, many of whom don't qualify for subsidies but were forced off their previous plans because they didn't meet the standards set by ObamaCare and now can't afford the plan they are mandated to buy.

We know it is not working because people in a third of our counties in the U.S. only have one insurance provider to choose from. ObamaCare is collapsing on itself.

Some say: Why not work to fix it? I did. We did. We passed my Hire More Heroes Act. It helps small businesses, helps our heroes. But we have to begin today to fix the bill itself.

To know why this process is needed, let's remember how we got here. This bill was rushed through Congress. It then had 20,000 pages of regulations just for that one bill.

But taking this first step to repeal it should not be mistaken for supporting the status quo before the ACA was put in place. We have a plan. We are going to cover preexisting conditions. Because my wife is a cancer survivor, we have to do that.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 850,000 people from his State of Illinois losing their healthcare coverage, 114,000 workers losing their jobs, and an economic loss of $66 billion in gross State product over 5 years for Illinois.

I yield 1½ minutes to the gentleman from Massachusetts (Mr. NEAL), the distinguished ranking member of the Ways and Means Committee.

Mr. NEAL. Mr. Chairman, I want to tell you that the last speaker said this was rushed through Congress. It took 2 years to write this legislation. Even by congressional standards, this was not rushed through Congress.

We have waited 7 years to hear the alternative, and the gentlewoman from Tennessee has all of these plans over there, and she says: we have got plans right here. How about one plan that we might have a chance to focus on?

They have had the luxury of saying: we are going to do a better job without telling us what the better job entails.

The Governor of Massachusetts recently wrote to our delegation and to the leadership in the House and said: During the ACA repeal-replace deliberations, it is important that coverage gains, patient protections and market stability be maintained.

Let me give you some numbers from Massachusetts. 97.2 percent of the residents of Massachusetts have health care. 100 percent of the children in Massachusetts now have health care.

This is an effort at rhetoric. We want to hear what the plan is. We want to understand what the alternative is. We want to know precisely what is going to be included and, just as importantly, what will be excluded from the benefits that this Affordable Care Act has given to the American people.

Twenty-two million Americans now have healthcare insurance who didn't have it. Nine percent of the American people are without adequate health care. We should be fixing that.

The CHAIR. The time of the gentleman has expired.

Mr. YARMUTH. I yield the gentleman an additional 15 seconds.

Mr. NEAL. I have heard this, in the 29 years I have been in Congress, time and again. Till an honorable effort is put forward, you know what the Republicans should be saying to us right now? Let's get on, together, with making it all work, instead of saying repeal and replace. How empty is that rhetoric?

Mrs. BLACK. Mr. Chairman, it is my distinct honor to yield 1 minute to the gentleman from Wisconsin (Mr. RYAN), who was the chair of our Budget Committee, our Ways and Means Committee, and now he is the Speaker of the House.

Mr. RYAN of Wisconsin. My colleagues, I rise to urge our colleagues in the House to support this resolution, and let me tell you why.

This provides Congress with the legislative tools that we need to repeal and replace ObamaCare. This is a critical first step toward delivering relief to Americans who are struggling under this law.

In the weeks ahead, several steps will be taken to provide relief. Some steps will be taken by this body. Some steps will be taken by the new administration, including, after he is confirmed as HHS Secretary, our own colleague from Georgia (Mr. PRICE).

Our goal is a truly patient-centered system, which means more options to choose from, lower costs, and greater control over your coverage. And as we work to get there, we will make sure that there is a stable transition period so that people don't have the rug pulled out from under them; so that this will be a thoughtful, step-by-step process, and we welcome ideas from both sides of the aisle.

But today, I can't help but think back to, when we were debating this law in 2010, what was said at the time. I was a member of the minority then. I stood right here and pleaded with the majority not to do this. Don't take something so personal like your health care and subject it to a Big Government experiment. Don't do something so arrogant and so contrary to our founding principles.

But they pushed it all the way through, making all kinds of promises. People were promised that their premiums would go down, but, instead, they are skyrocketing. Look at the new premium increases announced just this year: Kansas, 42 percent increase in their premiums; Illinois, 43 percent; Pennsylvania, 53 percent; Nebraska, 51 percent; Alabama, 58 percent; Minnesota, 59 percent; Tennessee, 63 percent increase in premiums; Oklahoma, 69 percent increase this year in premiums; Arizona, 116 percent increase in their premiums.

People were promised: if you like your plan, you can keep it. Well, guess what? That was rated the lie of the year that year. People lost their plans.

People were promised all sorts of choices. You will have all these great menus of choices to choose from. A third of all the counties in America today, you get one choice. Five whole States, one insurer. If you have one choice, that is not a choice, that is a monopoly.

My colleagues, this experiment has failed. This law is collapsing while we speak. We have to step in before things get worse. This is nothing short of a rescue mission.

By taking this step today, we are doing what is right. We are stepping in and stopping the collapse from doing more harm to the working families of America, to bring the kind of relief and bring the kind of solutions that we need to really achieve the noble goal here.

Everyone in America should have access to affordable health care, including people with preexisting conditions. This is what we want to achieve, but that is not what is happening under ObamaCare. The law is collapsing. The insurers are pulling out. People can't afford it. The deductibles are so high it doesn't even feel like you have got insurance in the first place.

This is a rescue mission. This is a necessary move, and I urge all of our colleagues to do what is right because the time is urgent. On top of this, to my colleagues, we need to keep our promise that we made to the American people, and this helps us do just that.

Mr. YARMUTH. Mr. Chairman, I will remind the Speaker that his vote today to repeal the Affordable Care Act will result in 211,000 people from his State of Wisconsin losing their healthcare coverage, 46,000 workers losing their jobs, and an economic loss of $25.7 billion in gross State product over 5 years in Wisconsin.

It gives me great pleasure now to yield 1 minute to the gentlewoman from California (Ms. PELOSI), the distinguished Democratic leader and architect of the Affordable Care Act.

Ms. PELOSI. Mr. Chairman, I thank the gentleman for yielding. I am so proud of him and his leadership as the ranking member on the Budget Committee.

I am so sorry that the Speaker left the floor because I have some very good news for him. Clearly, he does not understand what the Affordable Care Act has brought to our country in terms of expanding benefits, lowering costs, and expanding the access of many more people to the promise of our founders, of life, liberty, and the pursuit of happiness, a healthier life, and the freedom to pursue their happiness.

I understand why the Speaker may want to concentrate on some mythology that he presented about the Affordable Care Act, because he is not going to focus on what this bill on the floor does today, and the Republican budget. It does not create more good-paying jobs, or raise wages. It does not invest in infrastructure to rebuild our Nation.

The Republican plan does not invest in the education of our children or the lifetime learning of working people. It does not help Americans find balance between work and family. It does not reduce the deficit. In fact, it increases the deficit. And it does not seek to drain the swamp of secret money from our elections.

Instead, the Republicans are feeding their ideological obsession with repealing the ACA and dismantling the health and economic security of hard-working families.

We all know that a budget should be a statement of our values. What is important to us as a nation should be reflected in our budget proposals. I always say: Show me your values, show me your budget.

Well, you heard me say some of what this budget does not do. As we get further into the next stage of the budget, we will see that what their budget does is just broaden, widen the disparity in income in our country, give tax breaks to the high end. And part of their tax breaks for the high end is to repeal the Affordable Care Act so they can eliminate the tax on those who are helping to fund the Affordable Care Act.

So let me just talk about the Affordable Care Act for a while, because one of the things that the public should know is that the ACA, Medicare, and Medicaid, are now wed. If you mess with the ACA, it directly impacts these other important initiatives, Medicare and Medicaid.

The Republicans have never supported Medicare. They opposed it at its origin and, over time, continued to oppose it.

□ 1230

In the nineties, their Speaker, Newt Gingrich, said Medicare should wither on the vine. Their Speaker, PAUL RYAN, has in his budget removing the guarantee of Medicare for our seniors. Remove the guarantee. That means you get a voucher and you go shop for Medicare in this nonexistent health plan that they put forth.

Republicans talk about how they are going to repeal and replace. It is interesting illustratively, but not realistic in terms of the fact that, for 6 years, they have had a chance to propose an alternative. We have seen nothing.

What we have seen is cut and run. They want to cut benefits and run. They want to cut savings and run. They want to cut access and run. They want to cut Medicare and run. They want to cut Medicaid and run. The list goes on and on. They want to cut jobs. We will lose 3 million jobs if they have their way with their nonexistent cut-and-run plan on the Affordable Care Act.

Let's talk about the relationship between ACA and Medicare and Medicaid. Hospitals will be devastated under the ACA repeal because they will be left with uncompensated care.

One of the challenges to hospitals was that they must care for people who come in and don't have the ability to pay. With the Affordable Care Act, we now take care of that. That alleviates the cost to corporate America or those who are providing health benefits to their workers, adding between $1,000 and $3,000 a year per policy because they are carrying the uncompensated care cost. The Affordable Care Act alleviates that.

The reality is, as Mr. NEAL, our new ranking member on the Ways and Means Committee, has said, Medicaid is now a health program that crosses the economic spectrum. It is not just for the poor. People think of Medicaid as a poor people initiative—no. It enables mothers to work their way out of poverty by providing affordable coverage for their children—yes.

It enables people with disabilities to get the care needed to live and work in the community, and it provides critical nursing home care for middle class elderly who have spent down their savings and have no other alternatives. As Mr. NEAL says, Grandma is going to be living in the guest room or in the attic or in the basement if you cannot have nursing home care.

This is very important to families because we want a budget that enables people to have good-paying jobs, increase their paycheck so that they can afford their home, address the aspirations of their children, and have a dignified retirement. If they have to care for their aging parents, they do less for

their children. This assault on Medicaid is an assault on the financial stability of families across the board, whatever their age.

Furthermore, Medicaid is one of best tools to fight addiction. We made a big deal about our opioid legislation. Americans who previously did not have access to health care and, therefore, self-medicated with opioids and other painkillers are able to access diagnosis, treatment, and pain management. Medicaid provides real care for the addiction and underlying condition to turn for the better for individuals and their families and the community. The list goes on and on.

The jobs issue. In most of your communities, healthcare providers, hospitals, et cetera, are the biggest employers. They won't be anymore. Millions of jobs will be lost.

Mr. PALLONE, our ranking member on Energy and Commerce, another committee of jurisdiction, keeps making that point. Why are you being, he says, ideological about this when the practical effect is about the economic security of our families? I thank Mr. PALLONE for that.

Mr. BOBBY SCOTT, the ranking member on the Education and the Workforce Committee shows what happens to States if you overturn the Affordable Care Act. In his own State of Virginia, he can give testimony to the increased cost to the State or lack of meeting the healthcare needs of constituents.

The ACA guards and strengthens the health care and economic security of every American, no matter where he or she gets health insurance. It delivers transformational progress in terms of coverage, quality, and cost.

Much has been said about the fact that more than 20 million people now have access to affordable health care. This is a wonderful and remarkable thing, but that is only part of the story.

Every American who has access to health care benefits from this. Most Americans receive their health benefits in the workplace. If you do, you now cannot be discriminated against because of a preexisting medical condition.

You cannot be discriminated against if you are a woman. No longer is being a woman a preexisting medical condition, which means you paid more if you are a woman.

No longer can the insurance companies levy lifetime limits for a preexisting condition that you may have or even for the care that you are getting on a new basis. The list goes on and on.

Do you know how many people have a preexisting medical condition? There are 100 million families affected by preexisting conditions, such as if your child is born prematurely.

I, myself, have five children. Long ago, insurance companies said to me: You are a poor risk because you have had five children. I said: I thought that was a sign of my strength. I didn't know that you were measuring it as a weakness.

Any excuse would have done, but not with the Affordable Care Act. It stands there as a pillar of economic and health security. It stands there as a pillar of economic security like Social Security, Medicare, and Medicaid, which, again, the Republicans and Newt Gingrich opposed in the 1990s and said would wither on the vine. In his budget, PAUL RYAN takes away the guarantee. But it is a pillar of economic and health security.

So the proposal today increases the deficit, does not create jobs, undermines the health security of the American people, and does not do much in any regard to address the challenges I posed in the beginning. It is no wonder they want to talk about the Affordable Care Act. They have nothing to recommend in their budget resolution.

The GOP's repeal plan will raise premiums. Mr. Chairman, the rate of growth of healthcare costs in our country has been greatly diminished by the Affordable Care Act. In the more than 50 years that they have been measuring the rate of growth, it has never been slower than now.

Repeal will create chaos that will echo in the health coverage and costs of every American. Chaos is the order of the day for them.

The American people will not be dragged back to the days when an illness or injury meant financial ruin, that you might not get a job because someone in your family was ill and was going to raise the cost of health care in a company that might hire you, that you could lose your home. Most bankruptcies spring because of not being able to pay medical bills.

In short, we will not allow the Republicans to make America sick again. I urge a ''no'' vote on this unfortunate resolution.

Mrs. BLACK. Mr. Chairman, I yield 1½ minutes to the gentleman from New York (Mr. FASO), one of our newest Members.

Mr. FASO. Mr. Chairman, I thank the new chairman of the Budget Committee for yielding.

Mr. Chairman, I have listened to the debate and I understand the difficulty that both sides have with fixing this system.

We clearly believe the system needs to be repealed and replaced. Moreover, the system needs to be reformed. And there is perhaps no better prominent Democrat in this country who has made the case for reforming this system. I quote former President Bill Clinton, who said just last October:

> So you have got this crazy system where, all of a sudden, 25 million more people have health care and then the people who are out there busting it, sometimes 60 hours a week, wind up with their premiums doubled and their coverage cut in half. It's the craziest thing in the world.

President Bill Clinton.

Mr. Chairman, this is just the first step in terms of fixing this problem. The taxes, the premium increases, the loss of coverage, the small businesses who have been priced out of the market, the discouragement of employment in our country because of the costs that are imposed on the business sector through the ACA have to be fixed; they have to be addressed. Today is just the first step in addressing that.

Later, we will have regulatory changes that come from the Department of Health and Human Services. More importantly, we will all have to come back here to work out a new plan to fix it.

Mr. Chairman, I urge my colleagues to vote for this resolution.

Mr. YARMUTH. Mr. Chairman, I will remind my colleague that his vote today to repeal the Affordable Care Act will result in 939,000 people from his State of New York losing their healthcare coverage, 131,000 workers losing their jobs, and an economic loss of $89.7 billion in gross State product over 5 years in New York.

Mr. Chairman, I yield 1½ minutes to the gentlewoman from California (Ms. MAXINE WATERS), the distinguished ranking member of the Financial Services Committee.

Ms. MAXINE WATERS of California. Mr. Chairman, I rise to oppose this budget, which is designed to repeal—not replace—ObamaCare.

I am adamant about this because of what I have witnessed all of my life. I am going to share with you—and some of you may have never heard of these things—that I have watched people die from preventable diseases.

I have watched, over the years, from the time I was a child, where people had home remedies. They didn't have any prescription drugs.

I watched as my great-grandmother was in pain, in tears, because of arthritis and rheumatism. We had to rub her down with something called liniment.

I have watched men get up and try to go to work with pneumonia. They tried to heal pneumonia with what was known as hot toddies.

I have watched as children have died. Little children used to walk around with little bags around their neck with something in it called asfidity that was supposed to protect them from harm. They had pneumonia. They had colds. That is all they had. They didn't have a doctor. They died from preventable diseases.

Now we have 20 million more people who are insured under this healthcare plan. This is a healthcare plan for all Americans.

The Republicans will tell you that, yes, they are going to give you something better, but they have been saying this for 8 years. They have been after what is known as ObamaCare for 8 years. Why don't they have a remedy? Why don't they have a plan? Why don't they have anything?

They didn't have anything when they started to attack ObamaCare, they don't have anything today, and they are not going to have anything better than the ACA.

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

Mr. Chairman, I want to read the names of some of the groups that have written to us in support of S. Con. Res. 3. There are more than 35 names on here, but I am going to read off some that we would recognize very quickly:

The American Center for Law and Justice, Association of Mature American Citizens, Citizens Against Government Waste, Concerned Women for America, Health Benefits Group, Independent Women's Voice, Medical Device Manufacturers Association, National Association of Manufacturers, National Association of Wholesaler-Distributors, National Restaurant Association, National Retail Federation, National Taxpayers Union, Society for Human Resource Management, and the U.S. Chamber of Commerce.

I just want to extract one paragraph out of the U.S. Chamber's letter that they have written:

> The U.S. Chamber of Commerce supports S. Con. Res. 3, the concurrent resolution setting forth the congressional budget for 2016, an initial step toward making critical improvements to the American healthcare system.''

I think that you can see that not only do our constituents support a change, but also these companies around the country.

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

Mr. YARMUTH. Mr. Chairman I yield 1½ minutes to the gentleman from Virginia (Mr. SCOTT), the distinguished ranking member of the Education and the Workforce Committee.

Mr. SCOTT of Virginia. Mr. Chairman, I rise in opposition to this budget resolution and its intent to compromise the health insurance of all Americans.

Republicans continue to pursue the repeal of the Affordable Care Act, root and branch, despite the fact that there is no credible plan to deal with the chaos that this repeal will create.

Thirty million Americans will lose their insurance, the vast majority being working families. There is no plan to protect the other Americans who have enjoyed improved consumer protections and benefits.

Although the rates have gone up, they have gone up at half the rate that they had been going up before ObamaCare, and most of those in the marketplace don't even have to pay those increased prices because of increased tax credits.

□ 1245

When Republicans talk about repeal and replace, the only thing guaranteed is the repeal part. Republicans have shown little interest in producing an alternative. We have heard lots of complaints, but we have not seen a plan that will make things any better.

Remember, when Medicare was created, most of the Republicans in Congress voted ''no.'' Republicans in the House have voted numerous times, over 60 times, to repeal some or all of the Affordable Care Act without proposing a credible alternative, and now we have some vague ideas but no plan to deal with the total chaos that will be created if ObamaCare is repealed.

I urge my colleagues to save the health and economic security of all Americans by defeating this resolution.

Mrs. BLACK. Mr. Chairman, what I would like to do now is to read some of the broken promises that have occurred through the Affordable Care Act.

Here is one that I think we will all recognize: ''That means that no matter how we reform health care, we will keep this promise to the American people: If you like your doctor, you will be able to keep your doctor, period.'' Those are remarks by the President at the annual conference of the American Medical Association back on June 15, 2009.

Here is another one: ''I will sign a universal health care bill into law by the end of my first term as president that will cover every American and cut the cost of a typical family's premium by up to $2,500 a year.'' This was in a speech on June 23, 2007.

Here is another: ''You should know that once we have fully implemented, you're going to be able to buy insurance through a pool so that you can get the same good rates as a group that if you're an employee at a big company you can get right now—which means your premiums will go down.'' Which we know has absolutely not happened. These were remarks that were made by the President at a campaign event on July 16, 2012.

Here is another one, remarks made by the President after a meeting with the Senate Democrats on December 15, 2009: ''Whatever ideas exist in terms of bending the cost curve and starting to reduce costs for families, businesses, and government, those elements are in this bill.'' As we know today, those elements have not come to fruition.

Another: ''So this law means more choice, more competition, lower costs for millions of Americans.'' These were remarks by the President on the Affordable Care Act and the government shutdown on October 1, 2013.

Another: ''In my mind the Affordable Care Act has been a huge success, but it's got real problems.'' This came from Jonathan Chait, ''Five Days That Shaped a Presidency,'' on October 2, 2016.

The last one that I will read to you: ''I'm willing to look at other ideas to bring down costs. . . .'' These were remarks by the President in the State of the Union Address on January 25, 2011.

In 2013, PolitiFact rated this the number one lie of the year. At publication, PolitiFact found that there were at least 37 instances when President Obama made this vow to the American people. I can say that, as we look at these statements that were made, these are not statements that have come true.

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

Mr. YARMUTH. Mr. Chairman, I yield 1½ minutes to the gentleman from New Jersey (Mr. PALLONE), the distinguished ranking member of the Committee on Energy and Commerce.

Mr. PALLONE. Mr. Chair, I have listened to every Republican who spoke during this budget debate, and I am convinced they will repeal the ACA and run. There will never be a replacement because they don't have the votes for it. The Republicans are ideologues. They don't believe we should regulate insurance companies or help people pay for their premiums, so they can never support a replacement plan that would do these things.

The ACA is a market-based plan to deal with the healthcare crisis that we faced 8 years ago. More and more people didn't have health insurance. Insurance companies wouldn't sell them health insurance if they had a preexisting condition like cancer. People were paying more and more out of pocket, and the fact of the matter is that we stepped in in a practical way, not because we were ideologues, because we were looking at the situation practically to help people.

What did we do? We provided 20 or 30 million people who didn't have insurance with insurance. For those who had health insurance through their employer, we guaranteed them a good benefit package, and we limited their out-of-pocket costs. We looked at this practically because we are trying to help the American people. We were not ideologues. We didn't care about whether you were on the left or the right.

But what the Republicans are doing today is really a farce. They don't care about the average American. They don't care about all these people who have insurance now who didn't have it before, about the benefits that they are getting, that their out-of-pocket costs have been limited. No. They are just ideologues. They want to repeal this. They have no intention of ever replacing it, in my opinion, and they want to go back to the good old days when the insurance companies controlled the market. That is what we are going to have. Repeal and run, that is what you are doing.

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

Mr. YARMUTH. Mr. Chairman, I yield 1 minute to the gentleman from North Carolina (Mr. PRICE), a distinguished member of the Committee on Appropriations.

Mr. PRICE of North Carolina. Mr. Chairman, I rise in strong opposition to this sham Republican budget resolution.

After wringing their hands for the last 8 years about debt and deficits, today's resolution makes clear Republicans care about fiscal discipline only when it is a Democratic President they are dealing with. This budget resolution would add $9.5 trillion to the debt

over the next 10 years. It has only one purpose: to provide for the eventual repeal of the Affordable Care Act, but it would ruin our fiscal health as well.

Of course, the ACA was fully paid for by Democrats with new revenue and with cost-containment measures. Nonpartisan budget experts say that repealing the ACA would actually increase the deficit by $350 billion. So the hypocrisy of our Republican colleagues on this issue is simply breathtaking, even by Washington standards.

Of course, repeal of ACA wouldn't just blow a hole in the budget, it would: destabilize the insurance market and cause premiums to skyrocket; eliminate insurance coverage for 30 million Americans, including 4 million children; raise taxes on the middle-class; burden local and rural hospitals with more uncompensated care; eliminate Medicaid benefits for millions of vulnerable citizens; and abolish vital patient protections, including the provision that stopped insurance companies from discriminating against those with preexisting condition.

After more than 6 years, moreover, we are still waiting for that comprehensive Republican plan to replace the ACA. News flash: they don't have one.

The CHAIR. The time of the gentleman has expired.

Mr. YARMUTH. Mr. Chairman, I yield the gentleman an additional 15 seconds.

Mr. PRICE of North Carolina. They simply don't have one. Rather than work with Democrats to improve the ACA, Republicans continue to put their own political ideology over the health and well-being of the Americans we are all pledged to serve.

I urge all Members to forcefully reject this budget resolution.

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

Mr. YARMUTH. Mr. Chairman, I yield 2 minutes to the gentlewoman from Washington (Ms. JAYAPAL), a distinguished member of the Committee on the Budget.

Ms. JAYAPAL. Mr. Chairman, I rise in strong opposition to this budget resolution. It begins the gutting of the Affordable Care Act, stripping health care for millions of working families across the Nation, including over three-quarters of a million in my home State of Washington.

Here is the bottom line: This repeal will put into chaos small businesses, hospitals, and community health centers. I have one of those in Seattle called the International Community Health Services, which provides culturally appropriate health services to anyone in need. Recently, an elderly woman at ICHS shared her fears about the ACA repeal. She and her husband, a heart attack survivor who went through bypass surgery, rely on Medicare and Medicaid for affordable health services. They have an annual joint income, Mr. Chairman, of $14,000, and they would be unable to afford quality care if the ACA repeal happens and, let's be clear, with absolutely no better plan to replace it.

Mr. Chairman, the budget resolution is a moral document. It does translate our values into commitments, and it should tell the world what the United States stands for. Looking at this budget resolution, I cannot help but conclude that our moral compass will be broken if we pass this resolution. I urge my colleagues to oppose this immoral budget resolution.

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

Mr. YARMUTH. Mr. Chairman, I yield 1½ minutes to the gentlewoman from New York (Ms. VELÁZQUEZ), the ranking member of the Committee on Small Business.

Ms. VELÁZQUEZ. I rise in strong opposition to this resolution. Mr. Chairman, if Republicans go forward with this plan to dismantle the Affordable Care Act, 30 million Americans will lose health insurance. In New York State alone, 1.6 million of our neighbors—who gained coverage through ACA—will lose their health insurance and will see their health insurance taken away, and 2.7 million New Yorkers who have enrolled in Medicaid could lose coverage.

But this is not just about Medicaid, and it is not just about who obtained coverage through the exchanges. This is about the young person just out of college who can stay on their parents' insurance until they turn 26, giving them time to secure employment and coverage on their own. It is about patients with preexisting conditions who, until the ACA, were blocked from securing quality medical insurance. It is about women who have faced gender discrimination in the insurance market. These are the people Republicans will harm with their irresponsible attack on our healthcare system.

Now, let me also note this: the Republican slogan, repeal and replace, is a sham. What are they going to replace the ACA with? They have never, not once, put together a realistic, defensible plan to replace the ACA. Their plan should be called repeal and displace because it will displace millions of Americans from their health coverage. Reject repeal and displace. Vote ''no'' on this bill.

Mr. YARMUTH. Mr. Chairman, I reserve the balance of my time.

Mrs. BLACK. Mr. Chairman, I have no other speakers, and I reserve the balance of my time to conclude the debate of the budget resolution after the Joint Economic Committee has finished its debate.

The CHAIR. The gentleman from Ohio (Mr. TIBERI) and the gentlewoman from New York (Mrs. CAROLYN B. MALONEY) each will control 15 minutes on the subject of economic goals and policies.

The Chair recognizes the gentleman from Ohio.

Mr. TIBERI. Mr. Chairman, it is a pleasure for me to be here in my role as chairman of the Joint Economic Committee. I am also pleased to have a couple of our new Members here today.

I yield 2 minutes to the gentleman from Illinois (Mr. LAHOOD), a new member of the Joint Economic Committee.

Mr. LAHOOD. Mr. Speaker, I rise today in support of this budget resolution as a first step in the process to repeal and replace ObamaCare. It is undeniable that ObamaCare has failed. It has broken promise after promise to the American people.

Constituents in my district in central Illinois are watching their premiums skyrocket by an average of 15 percent. This chart next to me here shows, all across the country in State after State, premiums have skyrocketed. Citizens also face deductibles that are so high that they try to get by without going to a doctor.

One constituent from Roseville, Illinois, whose insurance costs have gone up 75 percent, stated to me recently: ''This is crazy. Almost half of my paycheck goes to insurance. How do they expect us to afford this?''

These burdensome costs stifle families and our small businesses' ability to participate in and help grow our economy. We have a mandate from the American people to fix this broken system and to rescue citizens from escalating healthcare costs.

□ 1300

The goal is not to pull the rug out from underneath anyone. In fact, we are working to provide a stable transition to better, more affordable health care. We must have something that is economically sustainable and fiscally responsible, something that actually works.

I look forward to working with my colleagues to replace ObamaCare with a system grounded in economic reality—a market-driven, consumer-centered healthcare system that provides Americans with more choices, lower costs, and greater flexibility. That is why we are working on a replacement system that will expand consumer choice through health care focused on their needs; a system that will spur innovation in health care; attract new doctors and healthcare providers; and protect patients with preexisting conditions.

Mr. Chairman, we must help Americans gain access to insurance they can afford. Passing this legislation is one step towards helping people and fulfilling our promise to the American people.

I urge my colleagues to support this resolution. We owe it to our citizens.

Mrs. CAROLYN B. MALONEY of New York. Mr. Chairman, I yield myself such time as I may consume.

Here we are more than 3 months into fiscal year 2017, debating a budget which is not really a budget resolution. Even the majority admits it is nothing more than a shell to help them repeal the Affordable Care Act. It doesn't contain any way to grow jobs and it doesn't contain any new ideas to grow our economy.

With all of the majority's rhetoric about deficits over the last decade or more, this budget explodes the deficit and adds $2 trillion—as in T—to the national debt, only to set the stage for repeal of healthcare assistance to millions of Americans.

What is more, the Congressional Budget Office has told us that repeal of the Affordable Care Act would increase the deficit by $353 billion over 10 years. Now, many of my colleagues have noted the devastating effect of the repeal of the Affordable Care Act, the effect that it would have on millions of Americans' health. Thirty million Americans would lose insurance, including 4 million children. The cost of prescription drugs would go up for our seniors. Young people would lose the coverage on their parents' health care. Women wouldn't be protected, and men with preexisting conditions. Pregnancy would no longer be covered.

The Affordable Care Act has made critical progress for Americans. Millions have gained health care that they never had before. Our uninsured rate is now at 8.9 percent. It is the lowest rate in the history of our great country. It is nearly halved from before the Affordable Care Act took place, as you can see from this chart. This is something we should be proud of. We have allowed more and more and more Americans to have health care when they need it. It is literally a life-and-death situation to millions of Americans.

This reckless repeal of the Affordable Care Act will also cause economic havoc. It not only hurts people; it hurts our economy. Now, just last month, our economy added 144,000 private sector jobs—the 75th straight month of job growth in the United States of America. That is something we can all be proud of. That is the longest stretch of job creation since 1939 in our Nation's history.

That is in stark contrast to the way things were at the time that the last Presidential transition took place. When Barack Obama took the oath of office, our economy was shedding a staggering amount of jobs. In December of 2008, the economy lost 695,000 jobs. The next month, another 598,000 jobs gone. We were losing, over a period of time, roughly 700,000 jobs a month. The banks were teetering, lending had halted, the auto industry was exploding, our Nation was in economic turmoil. The combination of a bursting asset bubble and bank panic brought this country to the edge of collapse. It was the worst financial crisis in global history, according to the head of the Federal Reserve, Ben Bernanke—in global history.

Today we have a very different story. Thank you, President Obama. Our unemployment rate, which had soared up to 10 percent, is now at 4.7 percent. That is a great achievement. In 2016 alone, our country added 2.2 million jobs, bringing the total to over 15 million new jobs created over the last 7 years. Instead of shedding jobs and losing jobs under the prior administration, we were gaining.

Just look at this chart. We moved from the deep red valley of political devastation, economic loss of jobs and suffering, to moving out of our economic troubles to a continued growth of blue job creation. In the job creation and in our economy, we also expanded health care to help our people. Just look at this chart. It tells the story—the deep red valley of economic devastation caused by the last Republican administration and the steady job growth under President Obama.

We are now seeing stronger job growth after years of stagnation. Over the past year, average hourly earnings rose to 2.9 percent; another great success. But now we are considering a heartless and, I would say, reckless plan to repeal the Affordable Care Act; a move that threatens to undo our progress and will turn millions of lives absolutely upside down across this great Nation.

A report issued this month by The Commonwealth Fund outlined the disastrous economic consequences of the majority's plan. In just the first year of repeal, our economy will lose nearly 2.6 million jobs and over $255 billion in economic output. Over the course of 5 years, our economy will lose over $1.5 trillion in output.

These devastating job losses are not limited to the healthcare industry. As was pointed out by many Democratic speakers, our whole industry is intertwined. You can't cut the Affordable Care Act without also impacting not only people, but also the delivery of services through our hospitals, and also Medicaid and Medicare. It is all intertwined. It is reckless to move forward and say: Oh, we are going to come up with a good plan.

Well, where is it?

You have had years to come up with it. We have never seen it.

We will lose not just two-thirds, over 1.6 million, of jobs just in health care, but also in related industries—construction, retail, and other sectors. What is more, this repeal plan would also place massive financial burdens on our State budgets.

The Commonwealth Fund report estimates that in just the first year, States would lose out on $8.2 billion in tax revenue. Over 5 years, our States would lose over $48 billion in tax revenue. That means hits to our schools, our roads, our first responders, and our neighborhoods.

Of course, repealing the Affordable Care Act will hurt the millions of people who have directly benefited from it. People have come up to me and told me on the street: I finally have health care; I have health care for my children; I know if they get hurt, they are going to be taken care of.

People in my home State of New York will be hit very hard. Over 2.7 million New Yorkers have healthcare coverage today that they did not have before because of the Affordable Care Act. Now their health care is on the line, for they are among the 30 million who would lose health coverage under the majority's repeal plan.

This not only hurts people, it cost economic development—a loss of $89.7 billion in gross State product for my State of New York alone.

This is the way it is all across the country. Americans of every political stripe, who work hard and play by the rules and think they finally have health care, who have at long last gained it, are now worried about what is going to happen to them tomorrow. They deserve better. They deserve what they already have. They, at least, deserve a plan.

We should not repeal. We shouldn't repeal it in the first place. But if you are going to repeal it, let's be responsible about it and have what it is you are going to put back in place to help people. It is reckless to repeal it.

In the most advanced, most economically prosperous country in the history of the world, our people deserve the certainty that they can have access to health care for themselves and their families. With all that is at stake—health care for millions, the loss of 2.6 million jobs, economic havoc—it is simply irresponsible to move forward with a budget, and reckless to repeal the Affordable Care Act without any real solution to help people.

I urge my colleagues on both sides of the aisle to vote against this budget resolution, which is nothing more than a plan to take health care away from Americans.

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

Mr. TIBERI. Mr. Chairman, it is a pleasure to yield 2 minutes to the gentleman from Florida (Mr. FRANCIS ROONEY), a new Member of this Congress, and a new member of the Joint Economic Committee.

Mr. FRANCIS ROONEY of Florida. Mr. Chairman, I rise to speak about and oppose the travesty known as ObamaCare.

The need to replace this program was obvious on day one. It is a failed socioeconomic experiment perpetrated by people who don't believe in individual choice and don't understand free market competition. In fact, we can see less than half of the folks that were supposed to sign up have done it because it is a bad deal for them. Nothing promised under this medical health insurance program has proved true. Care costs have gone up, premiums and deductibles have skyrocketed.

We have another chart here, if I might, that shows a projected 25-plus percent increase in premiums in 2017. My State of Florida is 19 percent. Coverage has been circumscribed and reduced. This business about keeping your doctor has proven to be another falsehood. You can't afford to keep your doctor. You can't afford to keep your insurance.

The entire program was flawed from the beginning. It is a top-down, government-run boondoggle. All it has done is

create monopolies for a bunch of insurance companies. I have heard heartwrenching personal stories from so many families in southwest Florida who have suffered severe financial burdens and have had reduced and dropped coverage because of ObamaCare.

Paying more for less is bad policy. It is bad economics. It is a raw deal for Americans. Now we have the opportunity to do three things to turn the page and put this disaster of ObamaCare behind us. We have the opportunity today to enact the resolution, which will lead to repealing ObamaCare. We have the opportunity to have Dr. PRICE take the helm of Health and Human Services and begin a substantial administrative overhaul. And we have the opportunity to put in the replacement plan that has been talked about, described in A Better Way for America, which provides a seamless transition into a new form of health care, leaves no one without coverage, and assures the continual coverage of preexisting conditions. But it will offer consumer choice the American way. It will make coverage affordable and competitive.

The CHAIR. The time of the gentleman has expired.

Mr. TIBERI. Mr. Chairman, I yield the gentleman an additional 30 seconds.

Mr. FRANCIS ROONEY of Florida. It will stimulate competition for insurance coverage across State lines for moving an archaic and artificial barrier, which shouldn't be there in the first place. Lastly, it will encourage innovation in the delivery of health care in advances in treatment.

Mrs. CAROLYN B. MALONEY of New York. Mr. Chairman, first, I would like to apologize to two dedicated members of the committee on which we serve: Mr. BEYER and Mr. DELANEY, who have been sitting here, waiting for a long time. But Mr. NADLER tells me he has an absolute pressing emergency and must go first.

Mr. Chairman, I yield 1 minute to the gentleman from New York (Mr. NADLER).

Mr. NADLER. Mr. Chairman, repeal of the Affordable Care Act will be a disaster for the American public. It will send America back to the days when people went bankrupt trying to pay medical bills, and seniors on Medicare spent $3,000 on prescription drugs alone.

Adding insult to a very serious injury, the bill before us would defund Planned Parenthood because of debunked accusations. Republicans are asking us to pass legislation that will punish an invaluable organization without any evidence of due process because they don't agree with it. This bill smacks of an unconstitutional bill of attainder.

If we do pass this bill, we will leave millions of women with no access to health care. Republicans know that community health centers and Medicaid networks do not include enough providers, particularly OB/GYNs, to take on all of Planned Parenthood's patients.

□ 1315

By voting to defund Planned Parenthood today, we will be leaving 2.7 million women and men with no access to reproductive health care.

What a statement for the Republicans to make as their first major piece of legislation. They are saying to the American people, and to women in particular: Republicans don't care about your health or about your families. Republicans just care about politics.

Well, my Democratic colleagues and I care about the health of the American people, about American jobs and about American women. That is why we will vote against this absurd budget resolution; that, and the ACA repeal.

I urge my colleagues to vote against this bill.

Mr. Chair, this budget resolution is primarily a vehicle to repeal the Affordable Care Act and to defund Planned Parenthood, steps the Republicans are taking without putting any plans in place to ensure that millions of men, women, and children will continue to have access to health care they need. They are proposing to let Americans get sick, even die, to score cheap political points.

Repeal of the Affordable Care Act will be a disaster for the American public. In New York State alone, it will result in 2.7 million people losing health insurance and will create a $3 billion hole in the state budget. It will also result in the loss of thousands of health care jobs across the state. Republicans will send America back to the days when people went bankrupt trying to pay medical bills. It will mean that people with private insurance—from their employers or the individual market—will have their insurance cancelled for pre-existing conditions. It will mean that people once again will be subject to annual or lifetime limits—in other words, if you get an expensive illness, a heart attack or cancer, your insurance will run out just when you need it the most. And people on Medicare will have to pay an average of $3,000 a year for prescription drugs.

Adding insult to very serious injury, this bill would defund Planned Parenthood because of debunked accusations. If members have real evidence that Planned Parenthood broke the law, they should send it to federal law enforcement agencies. Instead, they are asking us to pass legislation that will punish an invaluable organization without any evidence or due process because they don't agree with them. My colleagues who love to cloak themselves in the Constitution should know Congress is not the law enforcement body this bill asks us to be—it smacks of a clearly unconstitutional bill of attainder.

If we do pass this bill, we will leave millions of women with no access to health care. Republicans may claim that women can go elsewhere for the services provided by Planned Parenthood—they've even gone so far as to provide additional funding for Community Health Centers to fill the gaps they clearly know this bill will leave behind. But did they check to see if the existing Community Health Centers or Medicaid networks can fill these gaps? Did they ask HHS to confirm that Community Health Centers even employ enough OB/GYNs and other specialists to actually take on the patients currently treated by Planned Parenthood? Of course not.

Republicans know HHS would never be able to make that determination. More than half of Planned Parenthood patients rely on Medicaid. Most states do not have enough Medicaid providers, particularly specialists like OB/GYNs, to absorb Planned Parenthood's patients. By voting to defund Planned Parenthood today, you are leaving 2.7 million women, men, and families with no access to health care.

Republicans are leaving women to suffer with no access to prenatal care, condemning seniors to undiagnosed cancers, and leaving children to suffer with asthma and other chronic illnesses all to make a political statement.

And what a statement for Republicans to make as their first major piece of legislation. They are saying to the American people, and women in particular: Republicans don't care about your health. Republicans don't care about your families. Republicans just care about politics.

Well, my Democratic colleagues and I care about the health of the American people. We care about American jobs. We care about American women. That's why we will vote against this absurd budget resolution. I urge my Republican colleagues to join us.

Mr. TIBERI. I reserve the balance of my time.

Mrs. CAROLYN B. MALONEY of New York. I yield 2 minutes to the gentleman from the great State of Virginia (Mr. BEYER.)

Mr. BEYER. Mr. Chair, I rise with my Joint Economic Committee Democratic colleagues to address the terrible effects that the Republican budget will have on this country's health.

I listened with rapt astonishment to Speaker RYAN's recitation of the percentage increases in the premium costs for insurance, for insurers on the Obama exchanges. But the Speaker omitted important facts.

Number one, more than 80 percent of ObamaCare customers get subsidies to help them pay the cost of these premiums. They do not pay the full cost and will not feel the brunt of these increases.

Number two, these increases are uneven. Yes, Arizona is up, but Rhode Island will decrease 14 percent. The Speaker cherry-picked the highest ones, omitting the overall increase.

But most importantly, number three, most people are unaffected because most people get their insurance through their employer, Medicare, Medicaid, or the VA. Only a small fraction of Americans actually buy insurance on the individual market. Premiums, for the average single person through the employer market last year, were exactly the same as those for families; only up 3 percent.

As an employer myself who offers health insurance to more than 300 people, and someone who is very concerned about the debt, my great concern is that the Republicans seem willing to throw out our total commitment to managing our debt for this repeal.

I have listened to my friends in the Freedom Caucus lament about our national debt and together we have made significant progress on the budget deficits.

But blowing up ObamaCare will blow up our national debt, the most fiscally irresponsible act since we waged two wars without paying for them.

A study by the Commonwealth Fund projects that repealing ObamaCare will cause the State of Virginia to lose up to 100,000 jobs and $50 billion in business output.

I urge my colleagues to vote ''no'' on this most fiscally irresponsible plan.

Mr. TIBERI. I reserve the balance of my time.

Mrs. CAROLYN B. MALONEY of New York. I yield 2 minutes to the gentleman from Maryland (Mr. DELANEY), another distinguished member of the Joint Economic Committee.

Mr. DELANEY. Mr. Chair, we all know that hard-edged partisan politics has not only eroded the confidence that the American people have in our government, but it has caused government to function to a very low standard.

In my 4 years that I have been in this Congress, I have never seen a better example of that than what we have here today. Because today, we are considering a budget that is not only fiscally irresponsible, it doubles our deficits across 10 years, increases the national debt by $10 trillion, but its sole purpose is to repeal the Affordable Care Act.

The purpose of today's budget is not to amend the Affordable Care Act to preserve its strengths and tackle it weaknesses, nor is the purpose of today's budget to repeal the Affordable Care Act and put something in place that has been well thought through and shared with the American public. The purpose of today's bill is to repeal the Affordable Care Act in a cold, hard way and let the chips fall where they fall. And this is not being done because it is good policy.

Anyone who is serious about healthcare policy—even people who oppose the Affordable Care Act—who has looked at this issue, has concluded, by any measure, the Affordable Care Act should not be repealed without a replacement. It is being done for political reasons because my colleagues, unfortunately, for years, have told their supporters that they would repeal this bill at all cost, without having the courage or convictions to explain to them the consequences of repeal without replacement; nor without the determination to do the work to come up with an alternative.

The Affordable Care Act was passed 8 years ago. It was passed on a straight party-line basis, which was unfortunate. It had three important goals, which it has achieved: to expand health care in over 20 million people; to lower the overall cost of health care in this country, which is the most important number in our fiscal health; and to improve the quality of health care.

Is it perfect? No. Are we addressing its problems today? No. Are we repealing it without any replacement? Yes. By any measure, will that be bad for the public health and potentially cause a public health crisis in the United States of America? The answer to that is yes.

I urge my colleagues to reject the budget proposal.

Mrs. CAROLYN B. MALONEY of New York. Mr. Chair, I urge a strong ''no'' vote. This budget resolution jeopardizes the very health of our citizens and puts our economic recovery at risk. I urge a ''no'' vote.

I yield back the balance of my time.

Mr. TIBERI. Mr. Chair, I am prepared to close, and I yield myself such time as I may consume.

Mr. Chair, there are several perspectives, important perspectives, to health care and health insurance: one, value delivered to patients in terms of insurance plan options, choice of doctors, access to treatment, and, most importantly, health outcomes; two, health insurance premiums and healthcare cost sharing; three, budgetary cost to the Federal and State governments; four, supply of healthcare services, including by doctors and hospitals and through medications; and fifth, indirect costs to the economy, such as reduced job creation and labor force participation.

The Affordable Care Act fails on all five counts, and that is why we are here today, to start the process of repealing and replacing it. The program is dysfunctional, and its costs have become and will become more unsustainable.

Supposedly, the central objective for passing the ACA was to insure those who did not have coverage. I was there.

Yet, the increased government sprawl shown in this chart in health care is striking.

The Joint Economic Committee chart from the time of the law's passage illustrates the law's mind-numbing complexity. Unsurprising to anyone skeptical of bureaucratic solutions, the Obama healthcare system has not worked.

Instead of empowering innovators, doctors, patients, ObamaCare has implemented a complex scheme that relies on unelected bureaucrats. And this chart demonstrates that clearly.

Mr. Chair, ObamaCare means fewer choices. In fact, Kimberly, a constituent in my district, recently told me that she had a brain tumor. She said:

> Virtually no doctors take the marketplace insurance, so I am left to change doctors who I have seen for 30 years and switch to new doctors who I don't trust and cannot provide the same healthcare benefits that I have received in the past.

Traumatic for her.

Remarkably, the enrollment failure is happening, despite penalties on individuals failing to obtain coverage and on employers failing to provide it.

Even with billions of dollars in subsidies, in my opinion, this illustrates that many would likely prefer to trade their subsidies for more flexibility, the choice of their own doctors, and useful alternatives.

ObamaCare also means higher premiums. Ohioans, on the individual marketplace, have seen increased premiums by 111 percent since passage of ObamaCare, and now in my State, the average premium is over $5,000.

Republicans agree that the system needs reform, but ObamaCare cannot be reformed. The argument that parts of the American healthcare insurance system were not working previously, and that more people now have health insurance, is irrelevant to the decision to repeal ObamaCare. Nobody claims that the former system was perfect. I certainly don't.

Certainly, the government can increase coverage with subsidies, increase coverage with mandates, but what has it done to the underlying health care that is being provided?

The extent and method by which ObamaCare increases coverage has caused huge and unnecessary collateral damage to all others in the marketplace, all others with respect to patient choice of their doctors, the quality of the care that they are receiving, the supply of health care, and, certainly, State and Federal budgets.

The focus of ObamaCare advocates has been almost exclusively on increasing the number of insured by government subsidy and mandate. I get that. I understand that, but not on maximizing healthy outcomes. Those aren't the same things.

Health insurance is not an end in itself. Effective treatment to healthcare problems is.

Private investment is so needed to push forward medical discoveries, innovation, accelerate drug development, personalize medicine, and harness technology to coordinate our health care and help administrate it.

There is a better way. You will hear from the other side of the aisle that Republicans have no plan to replace ObamaCare. Here are the plans. It is just not true. The goal of the Republican plan is not to go back to the way things were before ObamaCare; it is to move forward.

We want to facilitate a well-functioning market in health care, and health insurance as well. In the United States, we let the marketplace work things out. Republicans want to fix those obstacles and make it better.

Among the features of the Better Way is: portability, patient-centered care, insurance across State lines, medical liability reform, new mechanisms for small businesses and individuals to power together to negotiate, flexibility for our Governors, a patient-centered, patient-focused program.

The government has a role and a responsibility to provide support for those who can't afford it, for those who fall through the cracks. A refundable tax credit is part of our plan, addressing preexisting conditions is part of our plan, and keeping dependents up to 26 on their parents' plan is part of our plan.

But the deeper points to recognize are: One, there is no reason why a free market could not offer insurance to individuals that provides continuous coverage throughout their lives. There is no reason that helping the poor should not limit the choices and flexibilities of everyone else, which ObamaCare has done, much less interfere with the larger economy.

Moreover, the law has had an impact on employment. I see it every week. Economics Professor Casey Mulligan of the University of Chicago estimated that the ACA taxes will affect nearly half of the working population in America, reducing average wages, hours worked, and GDP.

And based upon CBO estimates, the overall impact of the ACA on the supply of labor will become progressively worse as time passes.

ObamaCare took certain problems in healthcare insurance—a large number of uninsured, lack of individual coverage for preexisting conditions, higher premiums for individuals—and used them as an excuse to create socialized medicine.

The repeal of ObamaCare will take us off that path and replacement will offer shortcomings to other problems.

Going forward, Republicans stand ready to provide support away from ObamaCare through a transition. And getting an improved healthcare system in place improves consumer choice.

I understand the anxiety that many are feeling right now listening to the Democrats tell them that health care is going to be yanked out from under them.

When I was a kid, my dad, a steel worker, lost his job. We lost our health care. We lost our insurance. I know what that anxiety is like. And I want to assure everyone today, that is not what we are doing here today.

I know what we are doing here today. We are empowering patients. We are empowering doctors, not bureaucrats. We are giving them more choices, more opportunities, and a better healthcare system.

Mr. Chair, I ask that we support this resolution.

I yield back the balance of my time.

The CHAIR. All time for the Joint Economic Committee has expired.

The gentlewoman from Tennessee has 6 minutes remaining. The gentleman from Kentucky has 2 minutes remaining.

The Chair recognizes the gentlewoman from Tennessee.

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

Mr. YARMUTH. I am prepared to close, and I yield myself the balance of my time.

Mr. Chairman, everybody in this room wants the same thing. We want the best quality of care available to the most people at the lowest price. That is what every American wants. That is what Republicans and Democrats alike want.

We have put our plan to do that on the table. We recognize that there are ways it could be improved. But the idea that there is a plan competing on the other side is just hilarious.

□ 1330

Last night, I testified at the Rules Committee before Chairman SESSIONS. Chairman SESSIONS introduced a bill last year. He had one cosponsor. That gentleman is no longer in the House, so he has no cosponsors as of now. His plan is called the World's Greatest Healthcare Act. I like the name, but I don't know how that relates to any of those other plans. I know that probably some of the elements are similar.

This is the problem with the exercise we are going through. We are heading down a road with no final determination or destination. We are going to repeal the Affordable Care Act, eliminating all the protections that we have provided for 300 million Americans—expanded coverage, expanded guarantees, benefits, and quality—and we don't know what the alternative is.

Waiving around a bunch of papers does not mean there is a plan. It does not mean that the Republicans can say to the American public: ''Here is what your health care is going to look like when we get finished with our repeal and replace.'' They just can't do that.

That is why only 18 percent of the American people, according to a Kaiser survey, want this course of action, want a repeal without a replacement.

All I have to say is, if we go down this path, we won't have repeal and replace. What we will have is repeal and repent because we are going to owe a huge apology to the American people for the damage that we have caused.

I urge my colleagues to reject this resolution.

I yield back the balance of my time.

Mrs. BLACK. Mr. Chairman, after all the debate that we have had today, these facts remain: ObamaCare is failing; health coverage is becoming less affordable; health care is becoming less accessible; and the American people want and deserve something better than this broken status quo.

While my colleagues on the other side of the aisle are doing their best to defend this law and make excuses for the harm it is causing, Republicans promised the American people we will not ignore those in our country who are suffering under the current healthcare system.

Today, we have an opportunity to begin to bring relief to the American people. Today's vote will kick-start the reconciliation process through which we can and must repeal ObamaCare and pave the way to a patient-centered healthcare system, and I include in the RECORD letters supporting passage of S. Con. Res. 3.

CHAMBER OF COMMERCE OF THE UNITED STATES OF AMERICA,
Washington, DC, January 13, 2017.

TO THE MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES: The U.S. Chamber of Commerce supports S. Con. Res. 3, the concurrent resolution setting forth the congressional budget for fiscal year 2017, as an initial step toward making critical improvements to the American health care system.

Congress must repeal the ''Cadillac'' tax, the health insurance tax, the medical device tax, the employer responsibility penalties, and other harmful taxes of the Affordable Care Act that have increased health care costs for millions of Americans. As committees begin consideration of reconciliation legislation, the Chamber will continue to advocate strongly for those and other issues.

Furthermore, this proposal provides for modifications to enacted FY 2017 discretionary spending levels to bring them into alignment with the Appropriations Committee's existing allocation as part of the deeming resolution required by the Bipartisan Budget Act of 2015. These levels are consistent with the statutory limits established by the Budget Control Act and amended by the Bipartisan Budget Act. This legislation would also make changes to mandatory spending to reflect $2 billion in mandatory savings—the same amount established in the reconciliation instructions.

The FY 2017 Appropriations bills include many Chamber policy priorities. The Chamber strongly supports completing work on those bills and hopes that passage of this budget resolution will provide the framework for their quick consideration, including beginning the important work on fiscal year 2018 bills.

Sincerely,

JACK HOWARD.

NATIONAL RETAIL FEDERATION,
January 11, 2017.

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

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

DEAR SPEAKER RYAN AND DEMOCRATIC LEADER PELOSI: I write to share the support of the National Retail Federation (NRF) for S. Con. Res. 3, the fiscal year 2017 budget resolution. Please note that NRF may consider votes on S. Con. Res. 3 and related procedural motions as Opportunity Index Votes for our annual voting scorecard.

The Affordable Care Act (ACA) remains a great concern for NRF and the greater retail community. The ACA adversely influences staffing patterns, discourages full-time employment and adds to the cost of goods in retail stores. NRF opposed enactment of the ACA in 2010 but has also worked steadfastly to change the law since its enactment. We have supported reasonable bipartisan efforts to reduce the ACA's cost burdens and ease compliance concerns. The ACA remains a heavy burden for the retail community despite all of our efforts to fix and adjust to the law.

This budget resolution is the first step toward the eventual repeal of the ACA. We support this first step but will be closely watching the ensuing reconciliation legislation to help keep employment-based coverage as stable and predictable as possible. We strongly urge that the process of replacing the ACA be both bipartisan as well as deliberate. Consensus reform will build on the employment based system, which covers 178 million Americans, but not threaten this coverage in the effort to help others.

For all of these reasons, NRF supports S. Con. Res. 3 and ask for your vote in support.

Sincerely,

DAVID FRENCH,
Senior Vice President, Government Relations.

NATIONAL ASSOCIATION OF WHOLESALER-DISTRIBUTORS,
Washington, DC, January 12, 2017.

Hon. PAUL RYAN,
Speaker, House of Representatives, Washington, DC.
Hon. NANCY PELOSI,
Democratic Leader, House of Representatives, Washington, DC.

DEAR SPEAKER RYAN AND LEADER PELOSI: I write on behalf of the National Association of Wholesaler-Distributors (NAW) to express support for S. Con. Res. 3, the Fiscal Year 2017 Budget Resolution. Passage of the budget resolution will provide an important first step toward the repeal and replacement of the Affordable Care Act (ACA).

It has become painfully apparent that the ACA has not and will not achieve the affordability, competition and choice goals promised by its sponsors. Looking forward, NAW members are deeply concerned about the ACA's potential to do harm to the employment-based health insurance system through which some 170 million Americans acquire their health coverage, particularly as two ill-advised ACA financing components—the excise tax on high-cost health plans (the ''Cadillac Tax'') and the annual fee on health insurance providers (the ''Health Insurance Tax'' or ''HIT'')—take hold.

NAW looks forward to working with Members of both houses of Congress on both sides of the aisle in what we hope will be a collaborative effort to find common legislative ground on marketplace-driven, patient-centered ways to achieve shared access, cost-containment, and quality goals.

I advise that votes taken on and in relation to S. Con. Res. 3 may be considered key votes for the 115th Congress.

Sincerely,

JAMES A. ANDERSON, Jr.,
Vice President-Government Relations.

NATIONAL ASSOCIATION OF MANUFACTURERS,
Washington, DC, January 12, 2017.

DEAR REPRESENTATIVES: The National Association of Manufacturers (NAM), the largest manufacturing association in the United States, representing manufacturers in every industrial sector and in all 50 states, urges you to support S. Con. Res. 3 the Obamacare Repeal Resolution.

The Budget Resolution takes the first step towards repealing the mandates and taxes resulting from the Patient Protection and Affordable Care Act that are driving up the costs of healthcare for manufacturers. Manufacturers believe that repeal of the 40 percent excise tax on high cost plans, the Health Insurance Tax, the Medical Device Tax, and other fees and taxes associated with the Affordable Care Act will help employers contain rising health care costs.

Manufacturers historically have led the business community in providing health benefits to their employees and are committed to continuing this tradition in the future. At the same time, providing health coverage in an environment where costs are consistently rising represents a major challenge for the industry.

The NAM's Key Vote Advisory Committee has indicated that votes on S. Con. Res. 3, including podural motions, may be considered for designation as Key Manufacturing Votes in the 115th Congress.

Thank you for your consideration.

Sincerely,

ARIC NEWHOUSE,
Senior Vice President, Policy and Government Relations.

COUNCIL FOR CITIZENS AGAINST GOVERNMENT WASTE,
Washington, DC, January 12, 2017.

U.S. HOUSE OF REPRESENTATIVES,
Washington, DC.

DEAR REPRESENTATIVE: You will soon have the opportunity to vote on S. Con. Res. 3, a budget resolution that will begin the long-awaited process of repealing the Patient Protection and Affordable Care Act (ACA), better known as Obamacare. On behalf of the more than one million members and supporters of the Council for Citizens Against Government Waste (CCAGW), I urge you to support this important legislation.

Obamacare, which has been a disaster for patients and taxpayers since it was passed in 2010, cannot be fixed. Premiums have dramatically increased, co-ops and state exchanges have failed, and medical costs continue to skyrocket. Conservative estimates suggest that, by its sixth birthday in early 2016, Obamacare had wasted $55 billion, while its onerous regulations and taxes have stifled economic growth and job creation.

Over the past year, more co-ops have collapsed; health insurers have abandoned numerous exchanges; and premiums have increased an average of 25 percent for 2017. Even worse, Obamacare has allowed overzealous Washington bureaucrats to meddle in Americans' most personal and private decisions concerning their health. At the same time, patients are getting less care for their plans due to fewer healthcare options and increasing medical costs; some counties have only one or even no healthcare insurance options (and have to pay a fine, as a result).

Obamacare must be repealed before it further damages consumers and the slow-growing economy. Passage of the ''Obamacare repeal resolution'' is the first step to accomplishing that critical objective. All votes on S. Con. Res. 3 will be among those considered for CCAGW's 2017 Congressional Ratings.

Sincerely,

TOM SCHATZ,
President.

AMERICANS FOR TAX REFORM

Congress is expected to soon vote on S. Con. Res. 3, a budget resolution providing for repeal of Obamacare. The ''repeal resolution'' is step one in undoing the legacy of broken promises under the Barack Obama presidency which have led to higher healthcare costs, cancelled plans, lost doctors, and more than $1 trillion in tax increases which hit millions of middle class families.

All members of the House and Senate should vote ''yes'' on the repeal resolution. The record of Obamacare is one of broken promises and failed policies. Poll after poll has shown the law is unpopular with the American people. Republicans campaigned on repealing Obamacare and this resolution will allow them to fulfill that promise

Members of the Senate should also vote ''no'' on the numerous amendments expected to be offered during consideration of the repeal resolution. The purpose of this budget resolution is to allow for an expedited process to repeal Obamacare through budget reconciliation. These amendments will slow down the process and are largely an attempt for members to play political games.

Passing the repeal resolution will allow members of Congress to pass the first of many tax cuts over the next four years by repealing the more than $1 trillion in higher taxes over a decade. Obamacare's tax hikes directly hit middle class families, in violation of President Obama's ''firm pledge'' not to raise any tax on any family earning less than $250,000 per year. Passing the repeal resolution will allow members of Congress the opportunity to pass the first of many tax cuts over the next four years by repealing these taxes.

The Obamacare law imposed taxes on Health Savings Accounts and Flexible Spending Accounts and imposed an income tax increase on Americans with high medical bills. Obamacare levied a new tax on health insurance, a tax on medical devices, a tax on employer provided care, a steep ''indoor tanning tax'' and even a tax for not buying ''qualifying'' government-mandated insurance.

Passing the repeal resolution will also allow Congress to undo a long list of wasteful subsidies including the risk corridor and reinsurance programs as well as the Prevention and Public Health slush fund. Each of these programs and agencies have seen billions in taxpayer dollars wasted on partisan activities at a time when the federal government already spends far too much. Support for S. Con. Res. 3 is the first step toward enacting a conservative, patient-centered, fiscally responsible healthcare system and eliminating the broken promises, wasteful spending, and higher taxes of the Obama years.

AMERICANS FOR PROSPERITY

For years, our lawmakers in Congress have vowed to get rid of Obamacare. Now, they have their best chance yet to make good on their word.

Barack Obama's signature health-care law has failed to deliver on its promises, and continues to leave Americans with cancelled insurance plans, reduced access to doctors, and premium increases in the double digits—or worse.

Using a process called budget reconciliation, Obamacare's opponents in our new Senate can repeal large portions of the law with a simple majority, while leaving no possibility of a filibuster by lawmakers who want to keep it. Then, the resolution would just need to be passed in the House of Representatives and signed by President Trump after he takes office.

We can't let our lawmakers pass up this opportunity to turn back years of terrible policy and free Americans from Obamacare's burdensome mandates and costs.

Mrs. BLACK. Mr. Chair, I urge my colleagues to vote in favor of this resolution so that we can pursue those solutions that will expand access to care, increase the quality and affordability of that care, and give the American people, not Washington, the power to choose what best fits their individual needs.

I yield back the balance of my time.

Ms. ESHOO. Mr. Chair, I rise today to express my grave concerns with the Republican budget proposal for 2017. The budget before us today is a disaster for the American people. Not only does it add $9 trillion to the national debt and put our nation on the path to fiscal ruin, it begins the process of dismantling the Affordable Care

Act, taking health insurance away from 30 million Americans.

Our national budget is not just pages of numbers. It is a statement of our nation's values. By that measure, this budget is morally bankrupt.

The Affordable Care Act became law in March 2010, yet despite their condemnations of the law, Republicans have failed to present any comprehensive alternative in the nearly seven years since it was signed into law. Not one single proposal. The Majority Leader KEVIN MCCARTHY said it best at the Washington Post's Daily 202 interview on November 29th last year when he suggested our healthcare system should look more like the cable industry because of all the choices consumers have in that market. He said, "I always use the analogy, would I want to pick a cable company to watch what I want to watch on TV? I love the options that I have, I love the ability to switch, I love the different packages that I can pick if I like a certain sports team, or I want to watch HBO or something else. Why can't we have health care in a manner that we can do something to that extent?"

If Republicans think the American people want the cable industry to serve as a model for the health insurance market, our Republican colleagues are even more out of touch than I ever imagined.

After spending years and 65 votes to repeal the ACA, and warning Americans about the dire threats of budget deficits and the national debt, Republicans have suddenly done an about face. They no longer care about the fiscal impact of this budget which adds $9 trillion to the national debt over 10 years. Nor do they care about the fiscal impact of repealing the Affordable Care Act which is estimated to cost $350 billion over 10 years according to the Congressional Budget Office.

The House majority has also set its sights on dismantling our nation's premier social insurance program by including in the House Rules package the unprecedented requirement that each standing committee identify programs that can be moved from mandatory to discretionary spending. This is a chilling and thinly veiled move to begin dismantling the guarantee of Social Security, Medicare, and Medicaid, and tie the future of these essential programs to the uncertainty of the annual appropriations process.

I urge my colleagues to think long and hard about the far-reaching consequences of this budget on the well-being of the American people and the fiscal health of our nation and vote 'No' on final passage.

Mr. BRADY of Texas. Mr. Chair, this bill is a critical first step in our effort to repeal the Affordable Care Act and deliver relief to the millions of Americans who continue to be hurt by this failing law.

The Affordable Care Act has helped some, but it's also inflicted tremendous harm to families and small businesses nationwide. And the damage grows bigger each passing year.

Out of pocket cost are skyrocketing—often more than $10,000 a year.

Choices have disappeared.

And control over your personal health care decisions—whether it's which doctors you can see or which health plan you can have—is gone. It doesn't belong to the American people anymore. Instead, Washington is now in control of people's personal healthcare decisions.

It doesn't have to be this way.

The American people sent a clear signal in November. They are sick of this law because it hasn't improved their care, lowered their costs, or kept its promises.

They want the Affordable Care Act repealed and replaced with a 21st century system—one based on what patients and families want and need, not what Washington thinks is best.

Today, with this legislation, we have an opportunity to send a clear signal of our own:

Relief is on the way.

That's what I want to say to all of my constituents in Texas.

People like Bill in The Woodlands, who just had his health plan canceled for the second year in a row.

People like Lauren in South Montgomery County whose premiums just went up to $900 a month.

Families like the Thomas's in Montgomery, who say they have paid over $24,000 this year for the poorest-quality care they have received in their adult lives. The Thomas's say it'll be $30,000 before their insurance contributes a dime.

To the people of my district—to Bill, to Lauren, to the Thomas family—and to the millions of Americans across the country who are suffering because of the Affordable Care Act:

Relief is on the way.

We are working to deliver health care solutions that truly lower costs, increase choices, and put Americans back in control of their own health care decisions.

That all starts today. It starts by passing this budget legislation and taking the crucial first step to repeal the Affordable Care Act.

Ms. ESHOO. Mr. Chair, I rise today to express my grave concerns with the Republican budget proposal for 2017.

The budget before us today is a disaster for the American people. Not only does it add $9 trillion to the national debt and put our nation on the path to fiscal ruin, it begins the process of dismantling the Affordable Care Act, taking health insurance away from 30 million Americans.

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"I always use the analogy, would I want to pick a cable company to watch what I want to watch on TV? I love the options that I have, I love the ability to switch, I love the different packages that I can pick if I like a certain sports team, or I want to watch HBO or something else. Why can't we have health care in a manner that we can do something to that extent?"

If Republicans think the American people want the cable industry to serve as a model for the health insurance market, our Republican colleagues are even more out of touch than I ever imagined.

After spending years and 65 votes to repeal the ACA, and warning Americans about the dire threats of budget deficits and the national debt, Republicans have suddenly done an about face. They no longer care about the fiscal impact of this budget which adds $9 trillion to the national debt over 10 years. Nor do they care about the fiscal impact of repealing the Affordable Care Act which is estimated to cost $350 billion over 10 years according to the Congressional Budget Office.

The House majority has also set its sights on dismantling our nation's premier social insurance program by including in the House Rules package the unprecedented requirement that each standing committee identify programs that can be moved from mandatory to discretionary spending. This is a chilling and thinly veiled move to begin dismantling the guarantee of Social Security, Medicare, and Medicaid, and tie the future of these essential programs to the uncertainty of the annual appropriations process.

I urge my colleagues to think long and hard about the far-reaching consequences of this budget on the well-being of the American people and the fiscal health of our nation and vote 'No' on final passage.

The CHAIR. All time for general debate has expired.

Pursuant to the rule, the concurrent resolution shall be considered for amendment under the 5-minute rule and is considered read.

The text of the concurrent resolution is as follows:

S. CON. RES. 3

Resolved by the Senate (the House of Representatives concurring),

SECTION 1. CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2017.

(a) DECLARATION.—Congress declares that this resolution is the concurrent resolution on the budget for fiscal year 2017 and that this resolution sets forth the appropriate budgetary levels for fiscal years 2018 through 2026.

(b) TABLE OF CONTENTS.—The table of contents for this concurrent resolution is as follows:

Sec. 1. Concurrent resolution on the budget for fiscal year 2017.

TITLE I—RECOMMENDED LEVELS AND AMOUNTS

Subtitle A—Budgetary Levels in Both Houses

Sec. 1101. Recommended levels and amounts.
Sec. 1102. Major functional categories.

Subtitle B—Levels and Amounts in the Senate

Sec. 1201. Social Security in the Senate.
Sec. 1202. Postal Service discretionary administrative expenses in the Senate.

TITLE II—RECONCILIATION

Sec. 2001. Reconciliation in the Senate.
Sec. 2002. Reconciliation in the House of Representatives.

TITLE III—RESERVE FUNDS

Sec. 3001. Deficit-neutral reserve fund for health care legislation.

Sec. 3002. Reserve fund for health care legislation.

TITLE IV—OTHER MATTERS

Sec. 4001. Enforcement filing.
Sec. 4002. Budgetary treatment of administrative expenses.
Sec. 4003. Application and effect of changes in allocations and aggregates.
Sec. 4004. Exercise of rulemaking powers.

TITLE I—RECOMMENDED LEVELS AND AMOUNTS

Subtitle A—Budgetary Levels in Both Houses

SEC. 1101. RECOMMENDED LEVELS AND AMOUNTS.

The following budgetary levels are appropriate for each of fiscal years 2017 through 2026:

(1) FEDERAL REVENUES.—For purposes of the enforcement of this resolution:

(A) The recommended levels of Federal revenues are as follows:

Fiscal year 2017: $2,682,088,000,000.
Fiscal year 2018: $2,787,834,000,000.
Fiscal year 2019: $2,884,637,000,000.
Fiscal year 2020: $3,012,645,000,000.
Fiscal year 2021: $3,131,369,000,000.
Fiscal year 2022: $3,262,718,000,000.
Fiscal year 2023: $3,402,888,000,000.
Fiscal year 2024: $3,556,097,000,000.
Fiscal year 2025: $3,727,756,000,000.
Fiscal year 2026: $3,903,628,000,000.

(B) The amounts by which the aggregate levels of Federal revenues should be changed are as follows:

Fiscal year 2017: $0.
Fiscal year 2018: $0.
Fiscal year 2019: $0.
Fiscal year 2020: $0.
Fiscal year 2021: $0.
Fiscal year 2022: $0.
Fiscal year 2023: $0.
Fiscal year 2024: $0.
Fiscal year 2025: $0.
Fiscal year 2026: $0.

(2) NEW BUDGET AUTHORITY.—For purposes of the enforcement of this resolution, the appropriate levels of total new budget authority are as follows:

Fiscal year 2017: $3,308,000,000,000.
Fiscal year 2018: $3,350,010,000,000.
Fiscal year 2019: $3,590,479,000,000.
Fiscal year 2020: $3,779,449,000,000.
Fiscal year 2021: $3,947,834,000,000.
Fiscal year 2022: $4,187,893,000,000.
Fiscal year 2023: $4,336,952,000,000.
Fiscal year 2024: $4,473,818,000,000.
Fiscal year 2025: $4,726,484,000,000.
Fiscal year 2026: $4,961,154,000,000.

(3) BUDGET OUTLAYS.—For purposes of the enforcement of this resolution, the appropriate levels of total budget outlays are as follows:

Fiscal year 2017: $3,264,662,000,000.
Fiscal year 2018: $3,329,394,000,000.
Fiscal year 2019: $3,558,237,000,000.
Fiscal year 2020: $3,741,304,000,000.
Fiscal year 2021: $3,916,533,000,000.
Fiscal year 2022: $4,159,803,000,000.
Fiscal year 2023: $4,295,742,000,000.
Fiscal year 2024: $4,419,330,000,000.
Fiscal year 2025: $4,673,813,000,000.
Fiscal year 2026: $4,912,205,000,000.

(4) DEFICITS.—For purposes of the enforcement of this resolution, the amounts of the deficits are as follows:

Fiscal year 2017: $582,574,000,000.
Fiscal year 2018: $541,560,000,000.
Fiscal year 2019: $673,600,000,000.
Fiscal year 2020: $728,659,000,000.
Fiscal year 2021: $785,164,000,000.
Fiscal year 2022: $897,085,000,000.
Fiscal year 2023: $892,854,000,000.
Fiscal year 2024: $863,233,000,000.
Fiscal year 2025: $946,057,000,000.
Fiscal year 2026: $1,008,577,000,000.

(5) PUBLIC DEBT.—Pursuant to section 301(a)(5) of the Congressional Budget Act of 1974 (2 U.S.C. 632(a)(5)), the appropriate levels of the public debt are as follows:

Fiscal year 2017: $20,034,788,000,000.
Fiscal year 2018: $20,784,183,000,000.
Fiscal year 2019: $21,625,729,000,000.
Fiscal year 2020: $22,504,763,000,000.
Fiscal year 2021: $23,440,271,000,000.
Fiscal year 2022: $24,509,421,000,000.
Fiscal year 2023: $25,605,527,000,000.
Fiscal year 2024: $26,701,273,000,000.
Fiscal year 2025: $27,869,175,000,000.
Fiscal year 2026: $29,126,158,000,000.

(6) DEBT HELD BY THE PUBLIC.—The appropriate levels of debt held by the public are as follows:

Fiscal year 2017: $14,593,316,000,000.
Fiscal year 2018: $15,198,740,000,000.
Fiscal year 2019: $15,955,144,000,000.
Fiscal year 2020: $16,791,740,000,000.
Fiscal year 2021: $17,713,599,000,000.
Fiscal year 2022: $18,787,230,000,000.
Fiscal year 2023: $19,901,290,000,000.
Fiscal year 2024: $21,033,163,000,000.
Fiscal year 2025: $22,301,661,000,000.
Fiscal year 2026: $23,691,844,000,000.

SEC. 1102. MAJOR FUNCTIONAL CATEGORIES.

Congress determines and declares that the appropriate levels of new budget authority and outlays for fiscal years 2017 through 2026 for each major functional category are:

(1) National Defense (050):

Fiscal year 2017:
(A) New budget authority, $623,910,000,000.
(B) Outlays, $603,716,000,000.
Fiscal year 2018:
(A) New budget authority, $618,347,000,000.
(B) Outlays, $601,646,000,000.
Fiscal year 2019:
(A) New budget authority, $632,742,000,000.
(B) Outlays, $617,943,000,000.
Fiscal year 2020:
(A) New budget authority, $648,198,000,000.
(B) Outlays, $632,435,000,000.
Fiscal year 2021:
(A) New budget authority, $663,703,000,000.
(B) Outlays, $646,853,000,000.
Fiscal year 2022:
(A) New budget authority, $679,968,000,000.
(B) Outlays, $666,926,000,000.
Fiscal year 2023:
(A) New budget authority, $696,578,000,000.
(B) Outlays, $678,139,000,000.
Fiscal year 2024:
(A) New budget authority, $713,664,000,000.
(B) Outlays, $689,531,000,000.
Fiscal year 2025:
(A) New budget authority, $731,228,000,000.
(B) Outlays, $711,423,000,000.
Fiscal year 2026:
(A) New budget authority, $750,069,000,000.
(B) Outlays, $729,616,000,000.

(2) International Affairs (150):

Fiscal year 2017:
(A) New budget authority, $61,996,000,000.
(B) Outlays, $51,907,000,000.
Fiscal year 2018:
(A) New budget authority, $60,099,000,000.
(B) Outlays, $53,541,000,000.
Fiscal year 2019:
(A) New budget authority, $61,097,000,000.
(B) Outlays, $55,800,000,000.
Fiscal year 2020:
(A) New budget authority, $60,686,000,000.
(B) Outlays, $57,690,000,000.
Fiscal year 2021:
(A) New budget authority, $61,085,000,000.
(B) Outlays, $58,756,000,000.
Fiscal year 2022:
(A) New budget authority, $62,576,000,000.
(B) Outlays, $60,205,000,000.
Fiscal year 2023:
(A) New budget authority, $64,141,000,000.
(B) Outlays, $61,513,000,000.
Fiscal year 2024:
(A) New budget authority, $65,588,000,000.
(B) Outlays, $62,705,000,000.
Fiscal year 2025:
(A) New budget authority, $67,094,000,000.
(B) Outlays, $63,915,000,000.
Fiscal year 2026:
(A) New budget authority, $68,692,000,000.
(B) Outlays, $65,305,000,000.

(3) General Science, Space, and Technology (250):

Fiscal year 2017:
(A) New budget authority, $31,562,000,000.
(B) Outlays, $30,988,000,000.
Fiscal year 2018:
(A) New budget authority, $32,787,000,000.
(B) Outlays, $32,225,000,000.
Fiscal year 2019:
(A) New budget authority, $33,476,000,000.
(B) Outlays, $32,978,000,000.
Fiscal year 2020:
(A) New budget authority, $34,202,000,000.
(B) Outlays, $33,645,000,000.
Fiscal year 2021:
(A) New budget authority, $34,961,000,000.
(B) Outlays, $34,313,000,000.
Fiscal year 2022:
(A) New budget authority, $35,720,000,000.
(B) Outlays, $35,038,000,000.
Fiscal year 2023:
(A) New budget authority, $36,516,000,000.
(B) Outlays, $35,812,000,000.
Fiscal year 2024:
(A) New budget authority, $37,318,000,000.
(B) Outlays, $36,580,000,000.
Fiscal year 2025:
(A) New budget authority, $38,151,000,000.
(B) Outlays, $37,393,000,000.
Fiscal year 2026:
(A) New budget authority, $39,021,000,000.
(B) Outlays, $38,238,000,000.

(4) Energy (270):

Fiscal year 2017:
(A) New budget authority, $4,773,000,000.
(B) Outlays, $3,455,000,000.
Fiscal year 2018:
(A) New budget authority, $4,509,000,000.
(B) Outlays, $3,495,000,000.
Fiscal year 2019:
(A) New budget authority, $4,567,000,000.
(B) Outlays, $4,058,000,000.
Fiscal year 2020:
(A) New budget authority, $4,975,000,000.
(B) Outlays, $4,456,000,000.
Fiscal year 2021:
(A) New budget authority, $5,109,000,000.
(B) Outlays, $4,523,000,000.
Fiscal year 2022:
(A) New budget authority, $5,019,000,000.
(B) Outlays, $4,332,000,000.
Fiscal year 2023:
(A) New budget authority, $4,083,000,000.
(B) Outlays, $3,337,000,000.
Fiscal year 2024:
(A) New budget authority, $3,590,000,000.
(B) Outlays, $2,796,000,000.
Fiscal year 2025:
(A) New budget authority, $3,608,000,000.
(B) Outlays, $2,755,000,000.
Fiscal year 2026:
(A) New budget authority, $5,955,000,000.
(B) Outlays, $5,124,000,000.

(5) Natural Resources and Environment (300):

Fiscal year 2017:
(A) New budget authority, $41,264,000,000.
(B) Outlays, $42,254,000,000.
Fiscal year 2018:
(A) New budget authority, $43,738,000,000.
(B) Outlays, $44,916,000,000.
Fiscal year 2019:
(A) New budget authority, $44,486,000,000.
(B) Outlays, $45,425,000,000.
Fiscal year 2020:
(A) New budget authority, $46,201,000,000.
(B) Outlays, $46,647,000,000.
Fiscal year 2021:
(A) New budget authority, $47,126,000,000.
(B) Outlays, $47,457,000,000.
Fiscal year 2022:
(A) New budget authority, $48,203,000,000.
(B) Outlays, $48,388,000,000.

Fiscal year 2023:
(A) New budget authority, $49,403,000,000.
(B) Outlays, $49,536,000,000.
Fiscal year 2024:
(A) New budget authority, $50,497,000,000.
(B) Outlays, $50,055,000,000.
Fiscal year 2025:
(A) New budget authority, $51,761,000,000.
(B) Outlays, $51,164,000,000.
Fiscal year 2026:
(A) New budget authority, $53,017,000,000.
(B) Outlays, $51,915,000,000.
(6) Agriculture (350):
Fiscal year 2017:
(A) New budget authority, $25,214,000,000.
(B) Outlays, $24,728,000,000.
Fiscal year 2018:
(A) New budget authority, $26,148,000,000.
(B) Outlays, $24,821,000,000.
Fiscal year 2019:
(A) New budget authority, $23,483,000,000.
(B) Outlays, $21,927,000,000.
Fiscal year 2020:
(A) New budget authority, $22,438,000,000.
(B) Outlays, $21,751,000,000.
Fiscal year 2021:
(A) New budget authority, $22,834,000,000.
(B) Outlays, $22,179,000,000.
Fiscal year 2022:
(A) New budget authority, $22,600,000,000.
(B) Outlays, $21,984,000,000.
Fiscal year 2023:
(A) New budget authority, $23,037,000,000.
(B) Outlays, $22,437,000,000.
Fiscal year 2024:
(A) New budget authority, $23,018,000,000.
(B) Outlays, $22,409,000,000.
Fiscal year 2025:
(A) New budget authority, $23,343,000,000.
(B) Outlays, $22,714,000,000.
Fiscal year 2026:
(A) New budget authority, $23,812,000,000.
(B) Outlays, $23,192,000,000.
(7) Commerce and Housing Credit (370):
Fiscal year 2017:
(A) New budget authority, $14,696,000,000.
(B) Outlays, $666,000,000.
Fiscal year 2018:
(A) New budget authority, $16,846,000,000.
(B) Outlays, $1,378,000,000.
Fiscal year 2019:
(A) New budget authority, $18,171,000,000.
(B) Outlays, $5,439,000,000.
Fiscal year 2020:
(A) New budget authority, $15,799,000,000.
(B) Outlays, $2,666,000,000.
Fiscal year 2021:
(A) New budget authority, $14,821,000,000.
(B) Outlays, $915,000,000.
Fiscal year 2022:
(A) New budget authority, $15,408,000,000.
(B) Outlays, $674,000,000.
Fiscal year 2023:
(A) New budget authority, $15,739,000,000.
(B) Outlays, −$840,000,000.
Fiscal year 2024:
(A) New budget authority, $16,143,000,000.
(B) Outlays, −$1,688,000,000.
Fiscal year 2025:
(A) New budget authority, $17,889,000,000.
(B) Outlays, −$2,003,000,000.
Fiscal year 2026:
(A) New budget authority, $17,772,000,000.
(B) Outlays, −$2,238,000,000.
(8) Transportation (400):
Fiscal year 2017:
(A) New budget authority, $92,782,000,000.
(B) Outlays, $91,684,000,000.
Fiscal year 2018:
(A) New budget authority, $94,400,000,000.
(B) Outlays, $93,214,000,000.
Fiscal year 2019:
(A) New budget authority, $96,522,000,000.
(B) Outlays, $95,683,000,000.
Fiscal year 2020:
(A) New budget authority, $91,199,000,000.
(B) Outlays, $97,992,000,000.
Fiscal year 2021:
(A) New budget authority, $92,154,000,000.
(B) Outlays, $99,772,000,000.
Fiscal year 2022:
(A) New budget authority, $93,111,000,000.
(B) Outlays, $101,692,000,000.
Fiscal year 2023:
(A) New budget authority, $94,118,000,000.
(B) Outlays, $103,431,000,000.
Fiscal year 2024:
(A) New budget authority, $95,143,000,000.
(B) Outlays, $105,313,000,000.
Fiscal year 2025:
(A) New budget authority, $96,209,000,000.
(B) Outlays, $107,374,000,000.
Fiscal year 2026:
(A) New budget authority, $97,323,000,000.
(B) Outlays, $109,188,000,000.
(9) Community and Regional Development (450):
Fiscal year 2017:
(A) New budget authority, $19,723,000,000.
(B) Outlays, $22,477,000,000.
Fiscal year 2018:
(A) New budget authority, $19,228,000,000.
(B) Outlays, $21,277,000,000.
Fiscal year 2019:
(A) New budget authority, $19,457,000,000.
(B) Outlays, $20,862,000,000.
Fiscal year 2020:
(A) New budget authority, $19,941,000,000.
(B) Outlays, $20,011,000,000.
Fiscal year 2021:
(A) New budget authority, $20,384,000,000.
(B) Outlays, $21,048,000,000.
Fiscal year 2022:
(A) New budget authority, $20,825,000,000.
(B) Outlays, $19,831,000,000.
Fiscal year 2023:
(A) New budget authority, $21,288,000,000.
(B) Outlays, $19,535,000,000.
Fiscal year 2024:
(A) New budget authority, $21,756,000,000.
(B) Outlays, $19,787,000,000.
Fiscal year 2025:
(A) New budget authority, $22,245,000,000.
(B) Outlays, $19,285,000,000.
Fiscal year 2026:
(A) New budget authority, $22,751,000,000.
(B) Outlays, $20,037,000,000.
(10) Education, Training, Employment, and Social Services (500):
Fiscal year 2017:
(A) New budget authority, $104,433,000,000.
(B) Outlays, $104,210,000,000.
Fiscal year 2018:
(A) New budget authority, $108,980,000,000.
(B) Outlays, $112,802,000,000.
Fiscal year 2019:
(A) New budget authority, $112,424,000,000.
(B) Outlays, $110,765,000,000.
Fiscal year 2020:
(A) New budget authority, $114,905,000,000.
(B) Outlays, $113,377,000,000.
Fiscal year 2021:
(A) New budget authority, $116,921,000,000.
(B) Outlays, $115,591,000,000.
Fiscal year 2022:
(A) New budget authority, $119,027,000,000.
(B) Outlays, $117,545,000,000.
Fiscal year 2023:
(A) New budget authority, $121,298,000,000.
(B) Outlays, $119,761,000,000.
Fiscal year 2024:
(A) New budget authority, $123,621,000,000.
(B) Outlays, $122,001,000,000.
Fiscal year 2025:
(A) New budget authority, $126,016,000,000.
(B) Outlays, $124,359,000,000.
Fiscal year 2026:
(A) New budget authority, $128,391,000,000.
(B) Outlays, $126,748,000,000.
(11) Health (550):
Fiscal year 2017:
(A) New budget authority, $562,137,000,000.
(B) Outlays, $560,191,000,000.
Fiscal year 2018:
(A) New budget authority, $583,006,000,000.
(B) Outlays, $593,197,000,000.
Fiscal year 2019:
(A) New budget authority, $615,940,000,000.
(B) Outlays, $618,089,000,000.
Fiscal year 2020:
(A) New budget authority, $655,892,000,000.
(B) Outlays, $645,814,000,000.
Fiscal year 2021:
(A) New budget authority, $677,902,000,000.
(B) Outlays, $676,781,000,000.
Fiscal year 2022:
(A) New budget authority, $711,176,000,000.
(B) Outlays, $709,301,000,000.
Fiscal year 2023:
(A) New budget authority, $744,335,000,000.
(B) Outlays, $742,568,000,000.
Fiscal year 2024:
(A) New budget authority, $780,899,000,000.
(B) Outlays, $778,293,000,000.
Fiscal year 2025:
(A) New budget authority, $818,388,000,000.
(B) Outlays, $815,246,000,000.
Fiscal year 2026:
(A) New budget authority, $857,176,000,000.
(B) Outlays, $853,880,000,000.
(12) Medicare (570):
Fiscal year 2017:
(A) New budget authority, $600,857,000,000.
(B) Outlays, $600,836,000,000.
Fiscal year 2018:
(A) New budget authority, $600,832,000,000.
(B) Outlays, $600,762,000,000.
Fiscal year 2019:
(A) New budget authority, $667,638,000,000.
(B) Outlays, $667,571,000,000.
Fiscal year 2020:
(A) New budget authority, $716,676,000,000.
(B) Outlays, $716,575,000,000.
Fiscal year 2021:
(A) New budget authority, $767,911,000,000.
(B) Outlays, $767,814,000,000.
Fiscal year 2022:
(A) New budget authority, $862,042,000,000.
(B) Outlays, $861,941,000,000.
Fiscal year 2023:
(A) New budget authority, $886,515,000,000.
(B) Outlays, $886,407,000,000.
Fiscal year 2024:
(A) New budget authority, $903,861,000,000.
(B) Outlays, $903,750,000,000.
Fiscal year 2025:
(A) New budget authority, $1,007,624,000,000.
(B) Outlays, $1,007,510,000,000.
Fiscal year 2026:
(A) New budget authority, $1,085,293,000,000.
(B) Outlays, $1,085,173,000,000.
(13) Income Security (600):
Fiscal year 2017:
(A) New budget authority, $518,181,000,000.
(B) Outlays, $511,658,000,000.
Fiscal year 2018:
(A) New budget authority, $524,233,000,000.
(B) Outlays, $511,612,000,000.
Fiscal year 2019:
(A) New budget authority, $542,725,000,000.
(B) Outlays, $534,067,000,000.
Fiscal year 2020:
(A) New budget authority, $558,241,000,000.
(B) Outlays, $549,382,000,000.
Fiscal year 2021:
(A) New budget authority, $571,963,000,000.
(B) Outlays, $563,481,000,000.
Fiscal year 2022:
(A) New budget authority, $590,120,000,000.
(B) Outlays, $587,572,000,000.
Fiscal year 2023:
(A) New budget authority, $599,505,000,000.
(B) Outlays, $592,338,000,000.
Fiscal year 2024:
(A) New budget authority, $609,225,000,000.
(B) Outlays, $597,287,000,000.
Fiscal year 2025:
(A) New budget authority, $630,433,000,000.
(B) Outlays, $619,437,000,000.
Fiscal year 2026:
(A) New budget authority, $646,660,000,000.
(B) Outlays, $641,957,000,000.
(14) Social Security (650):
Fiscal year 2017:

(A) New budget authority, $37,199,000,000.
(B) Outlays, $37,227,000,000.
Fiscal year 2018:
(A) New budget authority, $40,124,000,000.
(B) Outlays, $40,141,000,000.
Fiscal year 2019:
(A) New budget authority, $43,373,000,000.
(B) Outlays, $43,373,000,000.
Fiscal year 2020:
(A) New budget authority, $46,627,000,000.
(B) Outlays, $46,627,000,000.
Fiscal year 2021:
(A) New budget authority, $50,035,000,000.
(B) Outlays, $50,035,000,000.
Fiscal year 2022:
(A) New budget authority, $53,677,000,000.
(B) Outlays, $53,677,000,000.
Fiscal year 2023:
(A) New budget authority, $57,540,000,000.
(B) Outlays, $57,540,000,000.
Fiscal year 2024:
(A) New budget authority, $61,645,000,000.
(B) Outlays, $61,645,000,000.
Fiscal year 2025:
(A) New budget authority, $66,076,000,000.
(B) Outlays, $66,076,000,000.
Fiscal year 2026:
(A) New budget authority, $70,376,000,000.
(B) Outlays, $70,376,000,000.
(15) Veterans Benefits and Services (700):
Fiscal year 2017:
(A) New budget authority, $177,448,000,000.
(B) Outlays, $182,448,000,000.
Fiscal year 2018:
(A) New budget authority, $178,478,000,000.
(B) Outlays, $179,109,000,000.
Fiscal year 2019:
(A) New budget authority, $193,088,000,000.
(B) Outlays, $192,198,000,000.
Fiscal year 2020:
(A) New budget authority, $199,907,000,000.
(B) Outlays, $198,833,000,000.
Fiscal year 2021:
(A) New budget authority, $206,700,000,000.
(B) Outlays, $205,667,000,000.
Fiscal year 2022:
(A) New budget authority, $223,542,000,000.
(B) Outlays, $222,308,000,000.
Fiscal year 2023:
(A) New budget authority, $221,861,000,000.
(B) Outlays, $220,563,000,000.
Fiscal year 2024:
(A) New budget authority, $219,382,000,000.
(B) Outlays, $218,147,000,000.
Fiscal year 2025:
(A) New budget authority, $237,641,000,000.
(B) Outlays, $236,254,000,000.
Fiscal year 2026:
(A) New budget authority, $245,565,000,000.
(B) Outlays, $244,228,000,000.
(16) Administration of Justice (750):
Fiscal year 2017:
(A) New budget authority, $64,519,000,000.
(B) Outlays, $58,662,000,000.
Fiscal year 2018:
(A) New budget authority, $62,423,000,000.
(B) Outlays, $63,800,000,000.
Fiscal year 2019:
(A) New budget authority, $62,600,000,000.
(B) Outlays, $66,596,000,000.
Fiscal year 2020:
(A) New budget authority, $64,168,000,000.
(B) Outlays, $69,555,000,000.
Fiscal year 2021:
(A) New budget authority, $65,134,000,000.
(B) Outlays, $68,538,000,000.
Fiscal year 2022:
(A) New budget authority, $66,776,000,000.
(B) Outlays, $67,691,000,000.
Fiscal year 2023:
(A) New budget authority, $68,489,000,000.
(B) Outlays, $68,466,000,000.
Fiscal year 2024:
(A) New budget authority, $70,227,000,000.
(B) Outlays, $69,976,000,000.
Fiscal year 2025:
(A) New budget authority, $72,023,000,000.
(B) Outlays, $71,615,000,000.
Fiscal year 2026:
(A) New budget authority, $79,932,000,000.
(B) Outlays, $80,205,000,000.
(17) General Government (800):
Fiscal year 2017:
(A) New budget authority, $25,545,000,000.
(B) Outlays, $24,318,000,000.
Fiscal year 2018:
(A) New budget authority, $27,095,000,000.
(B) Outlays, $25,884,000,000.
Fiscal year 2019:
(A) New budget authority, $27,620,000,000.
(B) Outlays, $26,584,000,000.
Fiscal year 2020:
(A) New budget authority, $28,312,000,000.
(B) Outlays, $27,576,000,000.
Fiscal year 2021:
(A) New budget authority, $29,046,000,000.
(B) Outlays, $28,366,000,000.
Fiscal year 2022:
(A) New budget authority, $29,787,000,000.
(B) Outlays, $29,149,000,000.
Fiscal year 2023:
(A) New budget authority, $30,519,000,000.
(B) Outlays, $29,886,000,000.
Fiscal year 2024:
(A) New budget authority, $31,101,000,000.
(B) Outlays, $30,494,000,000.
Fiscal year 2025:
(A) New budget authority, $31,942,000,000.
(B) Outlays, $31,248,000,000.
Fiscal year 2026:
(A) New budget authority, $32,789,000,000.
(B) Outlays, $32,071,000,000.
(18) Net Interest (900):
Fiscal year 2017:
(A) New budget authority, $393,295,000,000.
(B) Outlays, $393,295,000,000.
Fiscal year 2018:
(A) New budget authority, $453,250,000,000.
(B) Outlays, $453,250,000,000.
Fiscal year 2019:
(A) New budget authority, $526,618,000,000.
(B) Outlays, $526,618,000,000.
Fiscal year 2020:
(A) New budget authority, $590,571,000,000.
(B) Outlays, $590,571,000,000.
Fiscal year 2021:
(A) New budget authority, $645,719,000,000.
(B) Outlays, $645,719,000,000.
Fiscal year 2022:
(A) New budget authority, $698,101,000,000.
(B) Outlays, $698,101,000,000.
Fiscal year 2023:
(A) New budget authority, $755,288,000,000.
(B) Outlays, $755,288,000,000.
Fiscal year 2024:
(A) New budget authority, $806,202,000,000.
(B) Outlays, $806,202,000,000.
Fiscal year 2025:
(A) New budget authority, $854,104,000,000.
(B) Outlays, $854,104,000,000.
Fiscal year 2026:
(A) New budget authority, $903,443,000,000.
(B) Outlays, $903,443,000,000.
(19) Allowances (920):
Fiscal year 2017:
(A) New budget authority, −$3,849,000,000.
(B) Outlays, $7,627,000,000.
Fiscal year 2018:
(A) New budget authority, −$56,166,000,000.
(B) Outlays, −$39,329,000,000.
Fiscal year 2019:
(A) New budget authority, −$55,423,000,000.
(B) Outlays, −$47,614,000,000.
Fiscal year 2020:
(A) New budget authority, −$58,021,000,000.
(B) Outlays, −$52,831,000,000.
Fiscal year 2021:
(A) New budget authority, −$61,491,000,000.
(B) Outlays, −$57,092,000,000.
Fiscal year 2022:
(A) New budget authority, −$63,493,000,000.
(B) Outlays, −$60,260,000,000.
Fiscal year 2023:
(A) New budget authority, −$65,783,000,000.
(B) Outlays, −$62,457,000,000.
Fiscal year 2024:
(A) New budget authority, −$67,817,000,000.
(B) Outlays, −$64,708,000,000.
Fiscal year 2025:
(A) New budget authority, −$70,127,000,000.
(B) Outlays, −$66,892,000,000.
Fiscal year 2026:
(A) New budget authority, −$69,097,000,000.
(B) Outlays, −$68,467,000,000.
(20) Undistributed Offsetting Receipts (950):
Fiscal year 2017:
(A) New budget authority, −$87,685,000,000.
(B) Outlays, −$87,685,000,000.
Fiscal year 2018:
(A) New budget authority, −$88,347,000,000.
(B) Outlays, −$88,347,000,000.
Fiscal year 2019:
(A) New budget authority, −$80,125,000,000.
(B) Outlays, −$80,125,000,000.
Fiscal year 2020:
(A) New budget authority, −$81,468,000,000.
(B) Outlays, −$81,468,000,000.
Fiscal year 2021:
(A) New budget authority, −$84,183,000,000.
(B) Outlays, −$84,183,000,000.
Fiscal year 2022:
(A) New budget authority, −$86,292,000,000.
(B) Outlays, −$86,292,000,000.
Fiscal year 2023:
(A) New budget authority, −$87,518,000,000.
(B) Outlays, −$87,518,000,000.
Fiscal year 2024:
(A) New budget authority, −$91,245,000,000.
(B) Outlays, −$91,245,000,000.
Fiscal year 2025:
(A) New budget authority, −$99,164,000,000.
(B) Outlays, −$99,164,000,000.
Fiscal year 2026:
(A) New budget authority, −$97,786,000,000.
(B) Outlays, −$97,786,000,000.

Subtitle B—Levels and Amounts in the Senate

SEC. 1201. SOCIAL SECURITY IN THE SENATE.

(a) SOCIAL SECURITY REVENUES.—For purposes of Senate enforcement under sections 302 and 311 of the Congressional Budget Act of 1974 (2 U.S.C. 633 and 642), the amounts of revenues of the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund are as follows:
Fiscal year 2017: $826,048,000,000.
Fiscal year 2018: $857,618,000,000.
Fiscal year 2019: $886,810,000,000.
Fiscal year 2020: $918,110,000,000.
Fiscal year 2021: $950,341,000,000.
Fiscal year 2022: $984,537,000,000.
Fiscal year 2023: $1,020,652,000,000.
Fiscal year 2024: $1,058,799,000,000.
Fiscal year 2025: $1,097,690,000,000.
Fiscal year 2026: $1,138,243,000,000.

(b) SOCIAL SECURITY OUTLAYS.—For purposes of Senate enforcement under sections 302 and 311 of the Congressional Budget Act of 1974 (2 U.S.C. 633 and 642), the amounts of outlays of the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund are as follows:
Fiscal year 2017: $805,366,000,000.
Fiscal year 2018: $857,840,000,000.
Fiscal year 2019: $916,764,000,000.
Fiscal year 2020: $980,634,000,000.
Fiscal year 2021: $1,049,127,000,000.
Fiscal year 2022: $1,123,266,000,000.
Fiscal year 2023: $1,200,734,000,000.
Fiscal year 2024: $1,281,840,000,000.
Fiscal year 2025: $1,369,403,000,000.
Fiscal year 2026: $1,463,057,000,000.

(c) SOCIAL SECURITY ADMINISTRATIVE EXPENSES.—In the Senate, the amounts of new budget authority and budget outlays of the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund for administrative expenses are as follows:
Fiscal year 2017:
(A) New budget authority, $5,663,000,000.
(B) Outlays, $5,673,000,000.

Fiscal year 2018:
(A) New budget authority, $6,021,000,000.
(B) Outlays, $5,987,000,000.
Fiscal year 2019:
(A) New budget authority, $6,205,000,000.
(B) Outlays, $6,170,000,000.
Fiscal year 2020:
(A) New budget authority, $6,393,000,000.
(B) Outlays, $6,357,000,000.
Fiscal year 2021:
(A) New budget authority, $6,589,000,000.
(B) Outlays, $6,552,000,000.
Fiscal year 2022:
(A) New budget authority, $6,787,000,000.
(B) Outlays, $6,750,000,000.
Fiscal year 2023:
(A) New budget authority, $6,992,000,000.
(B) Outlays, $6,953,000,000.
Fiscal year 2024:
(A) New budget authority, $7,206,000,000.
(B) Outlays, $7,166,000,000.
Fiscal year 2025:
(A) New budget authority, $7,428,000,000.
(B) Outlays, $7,387,000,000.
Fiscal year 2026:
(A) New budget authority, $7,659,000,000.
(B) Outlays, $7,615,000,000.

SEC. 1202. POSTAL SERVICE DISCRETIONARY ADMINISTRATIVE EXPENSES IN THE SENATE.

In the Senate, the amounts of new budget authority and budget outlays of the Postal Service for discretionary administrative expenses are as follows:
Fiscal year 2017:
(A) New budget authority, $274,000,000.
(B) Outlays, $273,000,000.
Fiscal year 2018:
(A) New budget authority, $283,000,000.
(B) Outlays, $283,000,000.
Fiscal year 2019:
(A) New budget authority, $294,000,000.
(B) Outlays, $294,000,000.
Fiscal year 2020:
(A) New budget authority, $304,000,000.
(B) Outlays, $304,000,000.
Fiscal year 2021:
(A) New budget authority, $315,000,000.
(B) Outlays, $315,000,000.
Fiscal year 2022:
(A) New budget authority, $326,000,000.
(B) Outlays, $325,000,000.
Fiscal year 2023:
(A) New budget authority, $337,000,000.
(B) Outlays, $337,000,000.
Fiscal year 2024:
(A) New budget authority, $350,000,000.
(B) Outlays, $349,000,000.
Fiscal year 2025:
(A) New budget authority, $361,000,000.
(B) Outlays, $360,000,000.
Fiscal year 2026:
(A) New budget authority, $374,000,000.
(B) Outlays, $373,000,000.

TITLE II—RECONCILIATION

SEC. 2001. RECONCILIATION IN THE SENATE.

(a) COMMITTEE ON FINANCE.—The Committee on Finance of the Senate shall report changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(b) COMMITTEE ON HEALTH, EDUCATION, LABOR, AND PENSIONS.—The Committee on Health, Education, Labor, and Pensions of the Senate shall report changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(c) SUBMISSIONS.—In the Senate, not later than January 27, 2017, the Committees named in subsections (a) and (b) shall submit their recommendations to the Committee on the Budget of the Senate. Upon receiving all such recommendations, the Committee on the Budget of the Senate shall report to the Senate a reconciliation bill carrying out all such recommendations without any substantive revision.

SEC. 2002. RECONCILIATION IN THE HOUSE OF REPRESENTATIVES.

(a) COMMITTEE ON ENERGY AND COMMERCE.—The Committee on Energy and Commerce of the House of Representatives shall submit changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(b) COMMITTEE ON WAYS AND MEANS.—The Committee on Ways and Means of the House of Representatives shall submit changes in laws within its jurisdiction to reduce the deficit by not less than $1,000,000,000 for the period of fiscal years 2017 through 2026.

(c) SUBMISSIONS.—In the House of Representatives, not later than January 27, 2017, the committees named in subsections (a) and (b) shall submit their recommendations to the Committee on the Budget of the House of Representatives to carry out this section.

TITLE III—RESERVE FUNDS

SEC. 3001. DEFICIT-NEUTRAL RESERVE FUND FOR HEALTH CARE LEGISLATION.

The Chairman of the Committee on the Budget of the Senate and the Chairman of the Committee on the Budget of the House of Representatives may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution, and, in the Senate, make adjustments to the pay-as-you-go ledger, for—

(1) in the Senate, one or more bills, joint resolutions, amendments, amendments between the Houses, conference reports, or motions related to health care by the amounts provided in such legislation for that purpose, provided that such legislation would not increase the deficit over the period of the total of fiscal years 2017 through 2026; and

(2) in the House of Representatives, one or more bills, joint resolutions, amendments, or conference reports related to health care by the amounts provided in such legislation for that purpose, provided that such legislation would not increase the deficit over the period of the total of fiscal years 2017 through 2026.

SEC. 3002. RESERVE FUND FOR HEALTH CARE LEGISLATION.

(a) IN GENERAL.—The Chairman of the Committee on the Budget of the Senate and the Chairman of the Committee on the Budget of the House of Representatives may revise the allocations of a committee or committees, aggregates, and other appropriate levels in this resolution, and, in the Senate, make adjustments to the pay-as-you-go ledger, for—

(1) in the Senate, one or more bills, joint resolutions, amendments, amendments between the Houses, conference reports, or motions related to health care by the amounts necessary to accommodate the budgetary effects of the legislation, provided that the cost of such legislation, when combined with the cost of any other measure with respect to which the Chairman has exercised the authority under this paragraph, does not exceed the difference obtained by subtracting—

(A) $2,000,000,000; from

(B) the sum of deficit reduction over the period of the total of fiscal years 2017 through 2026 achieved under any measure or measures with respect to which the Chairman has exercised the authority under section 3001(1); and

(2) in the House of Representatives, one or more bills, joint resolutions, amendments, or conference reports related to health care by the amounts necessary to accommodate the budgetary effects of the legislation, provided that the cost of such legislation, when combined with the cost of any other measure with respect to which the Chairman has exercised the authority under this paragraph, does not exceed the difference obtained by subtracting—

(A) $2,000,000,000; from

(B) the sum of deficit reduction over the period of the total of fiscal years 2017 through 2026 achieved under any measure or measures with respect to which the Chairman has exercised the authority under section 3001(2).

(b) EXCEPTIONS FROM CERTAIN PROVISIONS.—Section 404(a) of S. Con. Res. 13 (111th Congress), the concurrent resolution on the budget for fiscal year 2010, and section 3101 of S. Con. Res. 11 (114th Congress), the concurrent resolution on the budget for fiscal year 2016, shall not apply to legislation for which the Chairman of the Committee on the Budget of the applicable House has exercised the authority under subsection (a).

TITLE IV—OTHER MATTERS

SEC. 4001. ENFORCEMENT FILING.

(a) IN THE SENATE.—If this concurrent resolution on the budget is agreed to by the Senate and House of Representatives without the appointment of a committee of conference on the disagreeing votes of the two Houses, the Chairman of the Committee on the Budget of the Senate may submit a statement for publication in the Congressional Record containing—

(1) for the Committee on Appropriations, committee allocations for fiscal year 2017 consistent with the levels in title I for the purpose of enforcing section 302 of the Congressional Budget Act of 1974 (2 U.S.C. 633); and

(2) for all committees other than the Committee on Appropriations, committee allocations for fiscal years 2017, 2017 through 2021, and 2017 through 2026 consistent with the levels in title I for the purpose of enforcing section 302 of the Congressional Budget Act of 1974 (2 U.S.C. 633).

(b) IN THE HOUSE OF REPRESENTATIVES.—In the House of Representatives, if a concurrent resolution on the budget for fiscal year 2017 is adopted without the appointment of a committee of conference on the disagreeing votes of the two Houses with respect to this concurrent resolution on the budget, for the purpose of enforcing the Congressional Budget Act and applicable rules and requirements set forth in the concurrent resolution on the budget, the allocations provided for in this subsection shall apply in the House of Representatives in the same manner as if such allocations were in a joint explanatory statement accompanying a conference report on the budget for fiscal year 2017. The Chairman of the Committee on the Budget of the House of Representatives shall submit a statement for publication in the Congressional Record containing—

(1) for the Committee on Appropriations, committee allocations for fiscal year 2017 consistent with title I for the purpose of enforcing section 302 of the Congressional Budget Act of 1974 (2 U.S.C. 633); and

(2) for all committees other than the Committee on Appropriations, committee allocations consistent with title I for fiscal year 2017 and for the period of fiscal years 2017 through 2026 for the purpose of enforcing 302 of the Congressional Budget Act of 1974 (2 U.S.C. 633).

SEC. 4002. BUDGETARY TREATMENT OF ADMINISTRATIVE EXPENSES.

(a) IN GENERAL.—Notwithstanding section 302(a)(1) of the Congressional Budget Act of 1974 (2 U.S.C. 633(a)(1)), section 13301 of the Budget Enforcement Act of 1990 (2 U.S.C. 632 note), and section 2009a of title 39, United States Code, the report accompanying this concurrent resolution on the budget, the joint explanatory statement accompanying the conference report on any concurrent resolution on the budget, or a statement filed

under section 4001 shall include in an allocation under section 302(a) of the Congressional Budget Act of 1974 to the Committee on Appropriations of the applicable House of Congress amounts for the discretionary administrative expenses of the Social Security Administration and the United States Postal Service.

(b) SPECIAL RULE.—In the Senate and the House of Representatives, for purposes of enforcing section 302(f) of the Congressional Budget Act of 1974 (2 U.S.C. 633(f)), estimates of the level of total new budget authority and total outlays provided by a measure shall include any discretionary amounts described in subsection (a).

SEC. 4003. APPLICATION AND EFFECT OF CHANGES IN ALLOCATIONS AND AGGREGATES.

(a) APPLICATION.—Any adjustments of allocations and aggregates made pursuant to this concurrent resolution shall—

(1) apply while that measure is under consideration;

(2) take effect upon the enactment of that measure; and

(3) be published in the Congressional Record as soon as practicable.

(b) EFFECT OF CHANGED ALLOCATIONS AND AGGREGATES.—Revised allocations and aggregates resulting from these adjustments shall be considered for the purposes of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) as the allocations and aggregates contained in this concurrent resolution.

(c) BUDGET COMMITTEE DETERMINATIONS.—For purposes of this concurrent resolution, the levels of new budget authority, outlays, direct spending, new entitlement authority, revenues, deficits, and surpluses for a fiscal year or period of fiscal years shall be determined on the basis of estimates made by the Chairman of the Committee on the Budget of the applicable House of Congress.

(d) AGGREGATES, ALLOCATIONS AND APPLICATION.—In the House of Representatives, for purposes of this concurrent resolution and budget enforcement, the consideration of any bill or joint resolution, or amendment thereto or conference report thereon, for which the Chairman of the Committee on the Budget of the House of Representatives makes adjustments or revisions in the allocations, aggregates, and other budgetary levels of this concurrent resolution shall not be subject to the points of order set forth in clause 10 of rule XXI of the Rules of the House of Representatives or section 3101 of S. Con. Res. 11 (114th Congress).

SEC. 4004. EXERCISE OF RULEMAKING POWERS.

Congress adopts the provisions of this title—

(1) as an exercise of the rulemaking power of the Senate and the House of Representatives, respectively, and as such they shall be considered as part of the rules of each House or of that House to which they specifically apply, and such rules shall supersede other rules only to the extent that they are inconsistent with such other rules; and

(2) with full recognition of the constitutional right of either the Senate or the House of Representatives to change those rules (insofar as they relate to that House) at any time, in the same manner, and to the same extent as is the case of any other rule of the Senate or House of Representatives.

The CHAIR. No amendment shall be in order except the amendment printed House Report 115–4.

Such amendment may be offered only by the Member designated in the report, shall be considered as read, and shall be debatable for the time specified in the report equally divided and controlled by the proponent and an opponent.

AMENDMENT NO. 1 OFFERED BY MR. YARMUTH

The CHAIR. It is now in order to consider amendment No. 1 printed in House Report 115–4.

Mr. YARMUTH. Mr. Chairman, I have an amendment in the nature of a substitute.

The CHAIR. The Clerk will designate the amendment.

The text of the amendment is as follows:

Strike all after the resolving clause and insert the following:

SECTION 1. CONCURRENT RESOLUTION ON THE BUDGET FOR FISCAL YEAR 2017.

(a) DECLARATION.—Congress declares that this resolution is the concurrent resolution on the budget for fiscal year 2017 and that this resolution sets forth the appropriate budgetary levels for fiscal years 2018 through 2026.

(b) TABLE OF CONTENTS.—The table of contents for this concurrent resolution is as follows:

Sec. 1. Concurrent resolution on the budget for fiscal year 2017.

TITLE I—RECOMMENDED LEVELS AND AMOUNTS

Subtitle A—Budgetary Levels in Both Houses

Sec. 1101. Recommended levels and amounts.

Sec. 1102. Major functional categories.

Subtitle B—Levels and Amounts in the Senate

Sec. 1201. Social Security in the Senate.

Sec. 1202. Postal Service discretionary administrative expenses in the Senate.

TITLE II—RESERVE FUND

Sec. 2001. Deficit-neutral reserve fund for job creation, infrastructure investment, and tax reform.

TITLE III—OTHER MATTERS

Sec. 3001. Budgetary treatment of administrative expenses.

Sec. 3002. Application and effect of changes in allocations and aggregates.

Sec. 3003. Exercise of rulemaking powers.

TITLE I—RECOMMENDED LEVELS AND AMOUNTS

Subtitle A—Budgetary Levels in Both Houses

SEC. 1101. RECOMMENDED LEVELS AND AMOUNTS.

The following budgetary levels are appropriate for each of fiscal years 2017 through 2026:

(1) FEDERAL REVENUES.—For purposes of the enforcement of this resolution:

(A) The recommended levels of Federal revenues are as follows:

Fiscal year 2017: $2,682,088,000,000.
Fiscal year 2018: $2,787,834,000,000.
Fiscal year 2019: $2,884,637,000,000.
Fiscal year 2020: $3,012,645,000,000.
Fiscal year 2021: $3,131,369,000,000.
Fiscal year 2022: $3,262,718,000,000.
Fiscal year 2023: $3,402,888,000,000.
Fiscal year 2024: $3,556,097,000,000.
Fiscal year 2025: $3,727,756,000,000.
Fiscal year 2026: $3,903,628,000,000.

(B) The amounts by which the aggregate levels of Federal revenues should be changed are as follows:

Fiscal year 2017: $0.
Fiscal year 2018: $0.
Fiscal year 2019: $0.
Fiscal year 2020: $0.
Fiscal year 2021: $0.
Fiscal year 2022: $0.
Fiscal year 2023: $0.
Fiscal year 2024: $0.
Fiscal year 2025: $0.
Fiscal year 2026: $0.

(2) NEW BUDGET AUTHORITY.—For purposes of the enforcement of this resolution, the appropriate levels of total new budget authority are as follows:

Fiscal year 2017: $3,308,000,000,000.
Fiscal year 2018: $3,350,010,000,000.
Fiscal year 2019: $3,590,479,000,000.
Fiscal year 2020: $3,779,449,000,000.
Fiscal year 2021: $3,947,834,000,000.
Fiscal year 2022: $4,187,893,000,000.
Fiscal year 2023: $4,336,952,000,000.
Fiscal year 2024: $4,473,818,000,000.
Fiscal year 2025: $4,726,484,000,000.
Fiscal year 2026: $4,963,189,000,000.

(3) BUDGET OUTLAYS.—For purposes of the enforcement of this resolution, the appropriate levels of total budget outlays are as follows:

Fiscal year 2017: $3,264,662,000,000.
Fiscal year 2018: $3,329,394,000,000.
Fiscal year 2019: $3,558,237,000,000.
Fiscal year 2020: $3,741,304,000,000.
Fiscal year 2021: $3,916,533,000,000.
Fiscal year 2022: $4,159,803,000,000.
Fiscal year 2023: $4,295,742,000,000.
Fiscal year 2024: $4,419,330,000,000.
Fiscal year 2025: $4,673,813,000,000.
Fiscal year 2026: $4,914,240,000,000.

(4) DEFICITS.—For purposes of the enforcement of this resolution, the amounts of the deficits are as follows:

Fiscal year 2017: $582,574,000,000.
Fiscal year 2018: $541,560,000,000.
Fiscal year 2019: $673,600,000,000.
Fiscal year 2020: $728,659,000,000.
Fiscal year 2021: $785,164,000,000.
Fiscal year 2022: $897,085,000,000.
Fiscal year 2023: $892,854,000,000.
Fiscal year 2024: $863,233,000,000.
Fiscal year 2025: $946,057,000,000.
Fiscal year 2026: $1,010,612,000,000.

(5) PUBLIC DEBT.—Pursuant to section 301(a)(5) of the Congressional Budget Act of 1974 (2 U.S.C. 632(a)(5)), the appropriate levels of the public debt are as follows:

Fiscal year 2017: $20,034,788,000,000.
Fiscal year 2018: $20,784,183,000,000.
Fiscal year 2019: $21,625,729,000,000.
Fiscal year 2020: $22,504,763,000,000.
Fiscal year 2021: $23,440,271,000,000.
Fiscal year 2022: $24,509,421,000,000.
Fiscal year 2023: $25,605,527,000,000.
Fiscal year 2024: $26,701,273,000,000.
Fiscal year 2025: $27,869,175,000,000.
Fiscal year 2026: $29,128,193,000,000.

(6) DEBT HELD BY THE PUBLIC.—The appropriate levels of debt held by the public are as follows:

Fiscal year 2017: $14,593,316,000,000.
Fiscal year 2018: $15,198,740,000,000.
Fiscal year 2019: $15,955,144,000,000.
Fiscal year 2020: $16,791,740,000,000.
Fiscal year 2021: $17,713,599,000,000.
Fiscal year 2022: $18,787,230,000,000.
Fiscal year 2023: $19,901,290,000,000.
Fiscal year 2024: $21,033,163,000,000.
Fiscal year 2025: $22,301,661,000,000.
Fiscal year 2026: $23,693,879,000,000.

SEC. 1102. MAJOR FUNCTIONAL CATEGORIES.

Congress determines and declares that the appropriate levels of new budget authority and outlays for fiscal years 2017 through 2026 for each major functional category are:

(1) National Defense (050):

Fiscal year 2017:

(A) New budget authority, $623,910,000,000.

(B) Outlays, $603,716,000,000.

Fiscal year 2018:

(A) New budget authority, $618,347,000,000.

(B) Outlays, $601,646,000,000.

Fiscal year 2019:

(A) New budget authority, $632,742,000,000.

(B) Outlays, $617,943,000,000.

Fiscal year 2020:

(A) New budget authority, $648,198,000,000.

(B) Outlays, $632,435,000,000.

Fiscal year 2021:

(A) New budget authority, $663,703,000,000.
(B) Outlays, $646,853,000,000.
Fiscal year 2022:
(A) New budget authority, $679,968,000,000.
(B) Outlays, $666,926,000,000.
Fiscal year 2023:
(A) New budget authority, $696,578,000,000.
(B) Outlays, $678,139,000,000.
Fiscal year 2024:
(A) New budget authority, $713,664,000,000.
(B) Outlays, $689,531,000,000.
Fiscal year 2025:
(A) New budget authority, $731,228,000,000.
(B) Outlays, $711,423,000,000.
Fiscal year 2026:
(A) New budget authority, $750,069,000,000.
(B) Outlays, $729,616,000,000.
(2) International Affairs (150):
Fiscal year 2017:
(A) New budget authority, $61,996,000,000.
(B) Outlays, $51,907,000,000.
Fiscal year 2018:
(A) New budget authority, $60,099,000,000.
(B) Outlays, $53,541,000,000.
Fiscal year 2019:
(A) New budget authority, $61,097,000,000.
(B) Outlays, $55,800,000,000.
Fiscal year 2020:
(A) New budget authority, $60,686,000,000.
(B) Outlays, $57,690,000,000.
Fiscal year 2021:
(A) New budget authority, $61,085,000,000.
(B) Outlays, $58,756,000,000.
Fiscal year 2022:
(A) New budget authority, $62,576,000,000.
(B) Outlays, $60,205,000,000.
Fiscal year 2023:
(A) New budget authority, $64,141,000,000.
(B) Outlays, $61,513,000,000.
Fiscal year 2024:
(A) New budget authority, $65,588,000,000.
(B) Outlays, $62,705,000,000.
Fiscal year 2025:
(A) New budget authority, $67,094,000,000.
(B) Outlays, $63,915,000,000.
Fiscal year 2026:
(A) New budget authority, $68,692,000,000.
(B) Outlays, $65,305,000,000.
(3) General Science, Space, and Technology (250):
Fiscal year 2017:
(A) New budget authority, $31,562,000,000.
(B) Outlays, $30,988,000,000.
Fiscal year 2018:
(A) New budget authority, $32,787,000,000.
(B) Outlays, $32,225,000,000.
Fiscal year 2019:
(A) New budget authority, $33,476,000,000.
(B) Outlays, $32,978,000,000.
Fiscal year 2020:
(A) New budget authority, $34,202,000,000.
(B) Outlays, $33,645,000,000.
Fiscal year 2021:
(A) New budget authority, $34,961,000,000.
(B) Outlays, $34,313,000,000.
Fiscal year 2022:
(A) New budget authority, $35,720,000,000.
(B) Outlays, $35,038,000,000.
Fiscal year 2023:
(A) New budget authority, $36,516,000,000.
(B) Outlays, $35,812,000,000.
Fiscal year 2024:
(A) New budget authority, $37,318,000,000.
(B) Outlays, $36,580,000,000.
Fiscal year 2025:
(A) New budget authority, $38,151,000,000.
(B) Outlays, $37,393,000,000.
Fiscal year 2026:
(A) New budget authority, $39,021,000,000.
(B) Outlays, $38,238,000,000.
(4) Energy (270):
Fiscal year 2017:
(A) New budget authority, $4,773,000,000.
(B) Outlays, $3,455,000,000.
Fiscal year 2018:
(A) New budget authority, $4,509,000,000.
(B) Outlays, $3,495,000,000.
Fiscal year 2019:
(A) New budget authority, $4,567,000,000.
(B) Outlays, $4,058,000,000.
Fiscal year 2020:
(A) New budget authority, $4,975,000,000.
(B) Outlays, $4,456,000,000.
Fiscal year 2021:
(A) New budget authority, $5,109,000,000.
(B) Outlays, $4,523,000,000.
Fiscal year 2022:
(A) New budget authority, $5,019,000,000.
(B) Outlays, $4,332,000,000.
Fiscal year 2023:
(A) New budget authority, $4,083,000,000.
(B) Outlays, $3,337,000,000.
Fiscal year 2024:
(A) New budget authority, $3,590,000,000.
(B) Outlays, $2,796,000,000.
Fiscal year 2025:
(A) New budget authority, $3,608,000,000.
(B) Outlays, $2,755,000,000.
Fiscal year 2026:
(A) New budget authority, $5,955,000,000.
(B) Outlays, $5,124,000,000.
(5) Natural Resources and Environment (300):
Fiscal year 2017:
(A) New budget authority, $41,264,000,000.
(B) Outlays, $42,254,000,000.
Fiscal year 2018:
(A) New budget authority, $43,738,000,000.
(B) Outlays, $44,916,000,000.
Fiscal year 2019:
(A) New budget authority, $44,486,000,000.
(B) Outlays, $45,425,000,000.
Fiscal year 2020:
(A) New budget authority, $46,201,000,000.
(B) Outlays, $46,647,000,000.
Fiscal year 2021:
(A) New budget authority, $47,126,000,000.
(B) Outlays, $47,457,000,000.
Fiscal year 2022:
(A) New budget authority, $48,203,000,000.
(B) Outlays, $48,388,000,000.
Fiscal year 2023:
(A) New budget authority, $49,403,000,000.
(B) Outlays, $49,536,000,000.
Fiscal year 2024:
(A) New budget authority, $50,497,000,000.
(B) Outlays, $50,055,000,000.
Fiscal year 2025:
(A) New budget authority, $51,761,000,000.
(B) Outlays, $51,164,000,000.
Fiscal year 2026:
(A) New budget authority, $53,017,000,000.
(B) Outlays, $51,915,000,000.
(6) Agriculture (350):
Fiscal year 2017:
(A) New budget authority, $25,214,000,000.
(B) Outlays, $24,728,000,000.
Fiscal year 2018:
(A) New budget authority, $26,148,000,000.
(B) Outlays, $24,821,000,000.
Fiscal year 2019:
(A) New budget authority, $23,483,000,000.
(B) Outlays, $21,927,000,000.
Fiscal year 2020:
(A) New budget authority, $22,438,000,000.
(B) Outlays, $21,751,000,000.
Fiscal year 2021:
(A) New budget authority, $22,834,000,000.
(B) Outlays, $22,179,000,000.
Fiscal year 2022:
(A) New budget authority, $22,600,000,000.
(B) Outlays, $21,984,000,000.
Fiscal year 2023:
(A) New budget authority, $23,037,000,000.
(B) Outlays, $22,437,000,000.
Fiscal year 2024:
(A) New budget authority, $23,018,000,000.
(B) Outlays, $22,409,000,000.
Fiscal year 2025:
(A) New budget authority, $23,343,000,000.
(B) Outlays, $22,714,000,000.
Fiscal year 2026:
(A) New budget authority, $23,812,000,000.
(B) Outlays, $23,192,000,000.
(7) Commerce and Housing Credit (370):
Fiscal year 2017:
(A) New budget authority, $14,696,000,000.
(B) Outlays, $666,000,000.
Fiscal year 2018:
(A) New budget authority, $16,846,000,000.
(B) Outlays, $1,378,000,000.
Fiscal year 2019:
(A) New budget authority, $18,171,000,000.
(B) Outlays, $5,439,000,000.
Fiscal year 2020:
(A) New budget authority, $15,799,000,000.
(B) Outlays, $2,666,000,000.
Fiscal year 2021:
(A) New budget authority, $14,821,000,000.
(B) Outlays, $915,000,000.
Fiscal year 2022:
(A) New budget authority, $15,408,000,000.
(B) Outlays, $674,000,000.
Fiscal year 2023:
(A) New budget authority, $15,739,000,000.
(B) Outlays, −$840,000,000.
Fiscal year 2024:
(A) New budget authority, $16,143,000,000.
(B) Outlays, −$1,688,000,000.
Fiscal year 2025:
(A) New budget authority, $17,889,000,000.
(B) Outlays, −$2,003,000,000.
Fiscal year 2026:
(A) New budget authority, $17,772,000,000.
(B) Outlays, −$2,238,000,000.
(8) Transportation (400):
Fiscal year 2017:
(A) New budget authority, $92,782,000,000.
(B) Outlays, $91,684,000,000.
Fiscal year 2018:
(A) New budget authority, $94,400,000,000.
(B) Outlays, $93,214,000,000.
Fiscal year 2019:
(A) New budget authority, $96,522,000,000.
(B) Outlays, $95,683,000,000.
Fiscal year 2020:
(A) New budget authority, $91,199,000,000.
(B) Outlays, $97,992,000,000.
Fiscal year 2021:
(A) New budget authority, $92,154,000,000.
(B) Outlays, $99,772,000,000.
Fiscal year 2022:
(A) New budget authority, $93,111,000,000.
(B) Outlays, $101,692,000,000.
Fiscal year 2023:
(A) New budget authority, $94,118,000,000.
(B) Outlays, $103,431,000,000.
Fiscal year 2024:
(A) New budget authority, $95,143,000,000.
(B) Outlays, $105,313,000,000.
Fiscal year 2025:
(A) New budget authority, $96,209,000,000.
(B) Outlays, $107,374,000,000.
Fiscal year 2026:
(A) New budget authority, $97,323,000,000.
(B) Outlays, $109,188,000,000.
(9) Community and Regional Development (450):
Fiscal year 2017:
(A) New budget authority, $19,723,000,000.
(B) Outlays, $22,477,000,000.
Fiscal year 2018:
(A) New budget authority, $19,228,000,000.
(B) Outlays, $21,277,000,000.
Fiscal year 2019:
(A) New budget authority, $19,457,000,000.
(B) Outlays, $20,862,000,000.
Fiscal year 2020:
(A) New budget authority, $19,941,000,000.
(B) Outlays, $20,011,000,000.
Fiscal year 2021:
(A) New budget authority, $20,384,000,000.
(B) Outlays, $21,048,000,000.
Fiscal year 2022:
(A) New budget authority, $20,825,000,000.
(B) Outlays, $19,831,000,000.
Fiscal year 2023:
(A) New budget authority, $21,288,000,000.
(B) Outlays, $19,535,000,000.
Fiscal year 2024:
(A) New budget authority, $21,756,000,000.
(B) Outlays, $19,787,000,000.
Fiscal year 2025:
(A) New budget authority, $22,245,000,000.

(B) Outlays, $19,285,000,000.
Fiscal year 2026:
(A) New budget authority, $22,751,000,000.
(B) Outlays, $20,037,000,000.
(10) Education, Training, Employment, and Social Services (500):
Fiscal year 2017:
(A) New budget authority, $104,433,000,000.
(B) Outlays, $104,210,000,000.
Fiscal year 2018:
(A) New budget authority, $108,980,000,000.
(B) Outlays, $112,802,000,000.
Fiscal year 2019:
(A) New budget authority, $112,424,000,000.
(B) Outlays, $110,765,000,000.
Fiscal year 2020:
(A) New budget authority, $114,905,000,000.
(B) Outlays, $113,377,000,000.
Fiscal year 2021:
(A) New budget authority, $116,921,000,000.
(B) Outlays, $115,591,000,000.
Fiscal year 2022:
(A) New budget authority, $119,027,000,000.
(B) Outlays, $117,545,000,000.
Fiscal year 2023:
(A) New budget authority, $121,298,000,000.
(B) Outlays, $119,761,000,000.
Fiscal year 2024:
(A) New budget authority, $123,621,000,000.
(B) Outlays, $122,001,000,000.
Fiscal year 2025:
(A) New budget authority, $126,016,000,000.
(B) Outlays, $124,359,000,000.
Fiscal year 2026:
(A) New budget authority, $128,391,000,000.
(B) Outlays, $126,748,000,000.
(11) Health (550):
Fiscal year 2017:
(A) New budget authority, $562,137,000,000.
(B) Outlays, $560,191,000,000.
Fiscal year 2018:
(A) New budget authority, $583,006,000,000.
(B) Outlays, $593,197,000,000.
Fiscal year 2019:
(A) New budget authority, $615,940,000,000.
(B) Outlays, $618,089,000,000.
Fiscal year 2020:
(A) New budget authority, $655,892,000,000.
(B) Outlays, $645,814,000,000.
Fiscal year 2021:
(A) New budget authority, $677,902,000,000.
(B) Outlays, $676,781,000,000.
Fiscal year 2022:
(A) New budget authority, $711,176,000,000.
(B) Outlays, $709,301,000,000.
Fiscal year 2023:
(A) New budget authority, $744,335,000,000.
(B) Outlays, $742,568,000,000.
Fiscal year 2024:
(A) New budget authority, $780,899,000,000.
(B) Outlays, $778,293,000,000.
Fiscal year 2025:
(A) New budget authority, $818,388,000,000.
(B) Outlays, $815,246,000,000.
Fiscal year 2026:
(A) New budget authority, $857,176,000,000.
(B) Outlays, $853,880,000,000.
(12) Medicare (570):
Fiscal year 2017:
(A) New budget authority, $600,857,000,000.
(B) Outlays, $600,836,000,000.
Fiscal year 2018:
(A) New budget authority, $600,832,000,000.
(B) Outlays, $600,762,000,000.
Fiscal year 2019:
(A) New budget authority, $667,638,000,000.
(B) Outlays, $667,571,000,000.
Fiscal year 2020:
(A) New budget authority, $716,676,000,000.
(B) Outlays, $716,575,000,000.
Fiscal year 2021:
(A) New budget authority, $767,911,000,000.
(B) Outlays, $767,814,000,000.
Fiscal year 2022:
(A) New budget authority, $862,042,000,000.
(B) Outlays, $861,941,000,000.
Fiscal year 2023:
(A) New budget authority, $886,515,000,000.
(B) Outlays, $886,407,000,000.
Fiscal year 2024:
(A) New budget authority, $903,861,000,000.
(B) Outlays, $903,750,000,000.
Fiscal year 2025:
(A) New budget authority, $1,007,624,000,000.
(B) Outlays, $1,007,510,000,000.
Fiscal year 2026:
(A) New budget authority, $1,085,293,000,000.
(B) Outlays, $1,085,173,000,000.
(13) Income Security (600):
Fiscal year 2017:
(A) New budget authority, $518,181,000,000.
(B) Outlays, $511,658,000,000.
Fiscal year 2018:
(A) New budget authority, $524,233,000,000.
(B) Outlays, $511,612,000,000.
Fiscal year 2019:
(A) New budget authority, $542,725,000,000.
(B) Outlays, $534,067,000,000.
Fiscal year 2020:
(A) New budget authority, $558,241,000,000.
(B) Outlays, $549,382,000,000.
Fiscal year 2021:
(A) New budget authority, $571,963,000,000.
(B) Outlays, $563,481,000,000.
Fiscal year 2022:
(A) New budget authority, $590,120,000,000.
(B) Outlays, $587,572,000,000.
Fiscal year 2023:
(A) New budget authority, $599,505,000,000.
(B) Outlays, $592,338,000,000.
Fiscal year 2024:
(A) New budget authority, $609,225,000,000.
(B) Outlays, $597,287,000,000.
Fiscal year 2025:
(A) New budget authority, $630,433,000,000.
(B) Outlays, $619,437,000,000.
Fiscal year 2026:
(A) New budget authority, $646,660,000,000.
(B) Outlays, $641,957,000,000.
(14) Social Security (650):
Fiscal year 2017:
(A) New budget authority, $37,199,000,000.
(B) Outlays, $37,227,000,000.
Fiscal year 2018:
(A) New budget authority, $40,124,000,000.
(B) Outlays, $40,141,000,000.
Fiscal year 2019:
(A) New budget authority, $43,373,000,000.
(B) Outlays, $43,373,000,000.
Fiscal year 2020:
(A) New budget authority, $46,627,000,000.
(B) Outlays, $46,627,000,000.
Fiscal year 2021:
(A) New budget authority, $50,035,000,000.
(B) Outlays, $50,035,000,000.
Fiscal year 2022:
(A) New budget authority, $53,677,000,000.
(B) Outlays, $53,677,000,000.
Fiscal year 2023:
(A) New budget authority, $57,540,000,000.
(B) Outlays, $57,540,000,000.
Fiscal year 2024:
(A) New budget authority, $61,645,000,000.
(B) Outlays, $61,645,000,000.
Fiscal year 2025:
(A) New budget authority, $66,076,000,000.
(B) Outlays, $66,076,000,000.
Fiscal year 2026:
(A) New budget authority, $70,376,000,000.
(B) Outlays, $70,376,000,000.
(15) Veterans Benefits and Services (700):
Fiscal year 2017:
(A) New budget authority, $177,448,000,000.
(B) Outlays, $182,448,000,000.
Fiscal year 2018:
(A) New budget authority, $178,478,000,000.
(B) Outlays, $179,109,000,000.
Fiscal year 2019:
(A) New budget authority, $193,088,000,000.
(B) Outlays, $192,198,000,000.
Fiscal year 2020:
(A) New budget authority, $199,907,000,000.
(B) Outlays, $198,833,000,000.
Fiscal year 2021:
(A) New budget authority, $206,700,000,000.
(B) Outlays, $205,667,000,000.
Fiscal year 2022:
(A) New budget authority, $223,542,000,000.
(B) Outlays, $222,308,000,000.
Fiscal year 2023:
(A) New budget authority, $221,861,000,000.
(B) Outlays, $220,563,000,000.
Fiscal year 2024:
(A) New budget authority, $219,382,000,000.
(B) Outlays, $218,147,000,000.
Fiscal year 2025:
(A) New budget authority, $237,641,000,000.
(B) Outlays, $236,254,000,000.
Fiscal year 2026:
(A) New budget authority, $245,565,000,000.
(B) Outlays, $244,228,000,000.
(16) Administration of Justice (750):
Fiscal year 2017:
(A) New budget authority, $64,519,000,000.
(B) Outlays, $58,662,000,000.
Fiscal year 2018:
(A) New budget authority, $62,423,000,000.
(B) Outlays, $63,800,000,000.
Fiscal year 2019:
(A) New budget authority, $62,600,000,000.
(B) Outlays, $66,596,000,000.
Fiscal year 2020:
(A) New budget authority, $64,168,000,000.
(B) Outlays, $69,555,000,000.
Fiscal year 2021:
(A) New budget authority, $65,134,000,000.
(B) Outlays, $68,538,000,000.
Fiscal year 2022:
(A) New budget authority, $66,776,000,000.
(B) Outlays, $67,691,000,000.
Fiscal year 2023:
(A) New budget authority, $68,489,000,000.
(B) Outlays, $68,466,000,000.
Fiscal year 2024:
(A) New budget authority, $70,227,000,000.
(B) Outlays, $69,976,000,000.
Fiscal year 2025:
(A) New budget authority, $72,023,000,000.
(B) Outlays, $71,615,000,000.
Fiscal year 2026:
(A) New budget authority, $79,932,000,000.
(B) Outlays, $80,205,000,000.
(17) General Government (800):
Fiscal year 2017:
(A) New budget authority, $25,545,000,000.
(B) Outlays, $24,318,000,000.
Fiscal year 2018:
(A) New budget authority, $27,095,000,000.
(B) Outlays, $25,884,000,000.
Fiscal year 2019:
(A) New budget authority, $27,620,000,000.
(B) Outlays, $26,584,000,000.
Fiscal year 2020:
(A) New budget authority, $28,312,000,000.
(B) Outlays, $27,576,000,000.
Fiscal year 2021:
(A) New budget authority, $29,046,000,000.
(B) Outlays, $28,366,000,000.
Fiscal year 2022:
(A) New budget authority, $29,787,000,000.
(B) Outlays, $29,149,000,000.
Fiscal year 2023:
(A) New budget authority, $30,519,000,000.
(B) Outlays, $29,886,000,000.
Fiscal year 2024:
(A) New budget authority, $31,101,000,000.
(B) Outlays, $30,494,000,000.
Fiscal year 2025:
(A) New budget authority, $31,942,000,000.
(B) Outlays, $31,248,000,000.
Fiscal year 2026:
(A) New budget authority, $32,789,000,000.
(B) Outlays, $32,071,000,000.
(18) Net Interest (900):
Fiscal year 2017:
(A) New budget authority, $393,295,000,000.
(B) Outlays, $393,295,000,000.
Fiscal year 2018:
(A) New budget authority, $453,250,000,000.
(B) Outlays, $453,250,000,000.
Fiscal year 2019:
(A) New budget authority, $526,618,000,000.
(B) Outlays, $526,618,000,000.
Fiscal year 2020:

(A) New budget authority, $590,571,000,000.
(B) Outlays, $590,571,000,000.
Fiscal year 2021:
(A) New budget authority, $645,719,000,000.
(B) Outlays, $645,719,000,000.
Fiscal year 2022:
(A) New budget authority, $698,101,000,000.
(B) Outlays, $698,101,000,000.
Fiscal year 2023:
(A) New budget authority, $755,288,000,000.
(B) Outlays, $755,288,000,000.
Fiscal year 2024:
(A) New budget authority, $806,202,000,000.
(B) Outlays, $806,202,000,000.
Fiscal year 2025:
(A) New budget authority, $854,104,000,000.
(B) Outlays, $854,104,000,000.
Fiscal year 2026:
(A) New budget authority, $903,478,000,000.
(B) Outlays, $903,478,000,000.
(19) Allowances (920):
Fiscal year 2017:
(A) New budget authority, −$3,849,000,000.
(B) Outlays, $7,627,000,000.
Fiscal year 2018:
(A) New budget authority, −$56,166,000,000.
(B) Outlays, −$39,329,000,000.
Fiscal year 2019:
(A) New budget authority, −$55,423,000,000.
(B) Outlays, −$47,614,000,000.
Fiscal year 2020:
(A) New budget authority, −$58,021,000,000.
(B) Outlays, −$52,831,000,000.
Fiscal year 2021:
(A) New budget authority, −$61,491,000,000.
(B) Outlays, −$57,092,000,000.
Fiscal year 2022:
(A) New budget authority, −$63,493,000,000.
(B) Outlays, −$60,260,000,000.
Fiscal year 2023:
(A) New budget authority, −$65,783,000,000.
(B) Outlays, −$62,457,000,000.
Fiscal year 2024:
(A) New budget authority, −$67,817,000,000.
(B) Outlays, −$64,708,000,000.
Fiscal year 2025:
(A) New budget authority, −$70,127,000,000.
(B) Outlays, −$66,892,000,000.
Fiscal year 2026:
(A) New budget authority, −$71,097,000,000.
(B) Outlays, −$70,467,000,000.
(20) Undistributed Offsetting Receipts (950):
Fiscal year 2017:
(A) New budget authority, −$87,685,000,000.
(B) Outlays, −$87,685,000,000.
Fiscal year 2018:
(A) New budget authority, −$88,347,000,000.
(B) Outlays, −$88,347,000,000.
Fiscal year 2019:
(A) New budget authority, −$80,125,000,000.
(B) Outlays, −$80,125,000,000.
Fiscal year 2020:
(A) New budget authority, −$81,468,000,000.
(B) Outlays, −$81,468,000,000.
Fiscal year 2021:
(A) New budget authority, −$84,183,000,000.
(B) Outlays, −$84,183,000,000.
Fiscal year 2022:
(A) New budget authority, −$86,292,000,000.
(B) Outlays, −$86,292,000,000.
Fiscal year 2023:
(A) New budget authority, −$87,518,000,000.
(B) Outlays, −$87,518,000,000.
Fiscal year 2024:
(A) New budget authority, −$91,245,000,000.
(B) Outlays, −$91,245,000,000.
Fiscal year 2025:
(A) New budget authority, −$99,164,000,000.
(B) Outlays, −$99,164,000,000.
Fiscal year 2026:
(A) New budget authority, −$97,786,000,000.
(B) Outlays, −$97,786,000,000.

Subtitle B—Levels and Amounts in the Senate

SEC. 1201. SOCIAL SECURITY IN THE SENATE.

(a) SOCIAL SECURITY REVENUES.—For purposes of Senate enforcement under sections 302 and 311 of the Congressional Budget Act of 1974 (2 U.S.C. 633 and 642), the amounts of revenues of the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund are as follows:
Fiscal year 2017: $826,048,000,000.
Fiscal year 2018: $857,618,000,000.
Fiscal year 2019: $886,810,000,000.
Fiscal year 2020: $918,110,000,000.
Fiscal year 2021: $950,341,000,000.
Fiscal year 2022: $984,537,000,000.
Fiscal year 2023: $1,020,652,000,000.
Fiscal year 2024: $1,058,799,000,000.
Fiscal year 2025: $1,097,690,000,000.
Fiscal year 2026: $1,138,243,000,000.

(b) SOCIAL SECURITY OUTLAYS.—For purposes of Senate enforcement under sections 302 and 311 of the Congressional Budget Act of 1974 (2 U.S.C. 633 and 642), the amounts of outlays of the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund are as follows:
Fiscal year 2017: $805,366,000,000.
Fiscal year 2018: $857,840,000,000.
Fiscal year 2019: $916,764,000,000.
Fiscal year 2020: $980,634,000,000.
Fiscal year 2021: $1,049,127,000,000.
Fiscal year 2022: $1,123,266,000,000.
Fiscal year 2023: $1,200,734,000,000.
Fiscal year 2024: $1,281,840,000,000.
Fiscal year 2025: $1,369,403,000,000.
Fiscal year 2026: $1,463,057,000,000.

(c) SOCIAL SECURITY ADMINISTRATIVE EXPENSES.—In the Senate, the amounts of new budget authority and budget outlays of the Federal Old-Age and Survivors Insurance Trust Fund and the Federal Disability Insurance Trust Fund for administrative expenses are as follows:
Fiscal year 2017:
(A) New budget authority, $5,663,000,000.
(B) Outlays, $5,673,000,000.
Fiscal year 2018:
(A) New budget authority, $6,021,000,000.
(B) Outlays, $5,987,000,000.
Fiscal year 2019:
(A) New budget authority, $6,205,000,000.
(B) Outlays, $6,170,000,000.
Fiscal year 2020:
(A) New budget authority, $6,393,000,000.
(B) Outlays, $6,357,000,000.
Fiscal year 2021:
(A) New budget authority, $6,589,000,000.
(B) Outlays, $6,552,000,000.
Fiscal year 2022:
(A) New budget authority, $6,787,000,000.
(B) Outlays, $6,750,000,000.
Fiscal year 2023:
(A) New budget authority, $6,992,000,000.
(B) Outlays, $6,953,000,000.
Fiscal year 2024:
(A) New budget authority, $7,206,000,000.
(B) Outlays, $7,166,000,000.
Fiscal year 2025:
(A) New budget authority, $7,428,000,000.
(B) Outlays, $7,387,000,000.
Fiscal year 2026:
(A) New budget authority, $7,659,000,000.
(B) Outlays, $7,615,000,000.

SEC. 1202. POSTAL SERVICE DISCRETIONARY ADMINISTRATIVE EXPENSES IN THE SENATE.

In the Senate, the amounts of new budget authority and budget outlays of the Postal Service for discretionary administrative expenses are as follows:
Fiscal year 2017:
(A) New budget authority, $274,000,000.
(B) Outlays, $273,000,000.
Fiscal year 2018:
(A) New budget authority, $283,000,000.
(B) Outlays, $283,000,000.
Fiscal year 2019:
(A) New budget authority, $294,000,000.
(B) Outlays, $294,000,000.
Fiscal year 2020:
(A) New budget authority, $304,000,000.
(B) Outlays, $304,000,000.
Fiscal year 2021:
(A) New budget authority, $315,000,000.
(B) Outlays, $315,000,000.
Fiscal year 2022:
(A) New budget authority, $326,000,000.
(B) Outlays, $325,000,000.
Fiscal year 2023:
(A) New budget authority, $337,000,000.
(B) Outlays, $337,000,000.
Fiscal year 2024:
(A) New budget authority, $350,000,000.
(B) Outlays, $349,000,000.
Fiscal year 2025:
(A) New budget authority, $361,000,000.
(B) Outlays, $360,000,000.
Fiscal year 2026:
(A) New budget authority, $374,000,000.
(B) Outlays, $373,000,000.

TITLE II—RESERVE FUND

SEC. 2001. DEFICIT-NEUTRAL RESERVE FUND FOR JOB CREATION, INFRASTRUCTURE INVESTMENT, AND TAX REFORM.

In the House of Representatives, the chair of the Committee on the Budget may revise the allocations, aggregates, and other appropriate levels in this resolution for any bill, joint resolution, amendment, or conference report that provide job creation through robust Federal investments in America's infrastructure and reforming the tax code to provide relief for American families. The revisions may be made for any measure that—

(1) provides for additional investments in highways, public transit, rail, aviation, harbors, seaports, inland waterway systems, public housing, broadband, energy, water, and other job-creating infrastructure improvements, and

(2) reforms the tax code to support hard-working American families;

by the amounts provided in such measure if such measure does not increase the deficit for either of the following time periods: fiscal year 2017 to fiscal year 2021 or fiscal year 2017 to fiscal year 2026.

TITLE III—OTHER MATTERS

SEC. 3001. BUDGETARY TREATMENT OF ADMINISTRATIVE EXPENSES.

(a) IN GENERAL.—Notwithstanding section 302(a)(1) of the Congressional Budget Act of 1974 (2 U.S.C. 633(a)(1)), section 13301 of the Budget Enforcement Act of 1990 (2 U.S.C. 632 note), and section 2009a of title 39, United States Code, the report accompanying this concurrent resolution on the budget, the joint explanatory statement accompanying the conference report on any concurrent resolution on the budget, shall include in an allocation under section 302(a) of the Congressional Budget Act of 1974 to the Committee on Appropriations of the applicable House of Congress amounts for the discretionary administrative expenses of the Social Security Administration and the United States Postal Service.

(b) SPECIAL RULE.—In the Senate and the House of Representatives, for purposes of enforcing section 302(f) of the Congressional Budget Act of 1974 (2 U.S.C. 633(f)), estimates of the level of total new budget authority and total outlays provided by a measure shall include any discretionary amounts described in subsection (a).

SEC. 3002. APPLICATION AND EFFECT OF CHANGES IN ALLOCATIONS AND AGGREGATES.

(a) APPLICATION.—Any adjustments of allocations and aggregates made pursuant to this concurrent resolution shall—

(1) apply while that measure is under consideration;

(2) take effect upon the enactment of that measure; and

(3) be published in the Congressional Record as soon as practicable.

(b) EFFECT OF CHANGED ALLOCATIONS AND AGGREGATES.—Revised allocations and aggregates resulting from these adjustments shall be considered for the purposes of the Congressional Budget Act of 1974 (2 U.S.C. 621 et seq.) as the allocations and aggregates contained in this concurrent resolution.

(c) BUDGET COMMITTEE DETERMINATIONS.—For purposes of this concurrent resolution, the levels of new budget authority, outlays, direct spending, new entitlement authority, revenues, deficits, and surpluses for a fiscal year or period of fiscal years shall be determined on the basis of estimates made by the Chairman of the Committee on the Budget of the applicable House of Congress.

SEC. 3003. EXERCISE OF RULEMAKING POWERS.

Congress adopts the provisions of this title—

(1) as an exercise of the rulemaking power of the Senate and the House of Representatives, respectively, and as such they shall be considered as part of the rules of each House or of that House to which they specifically apply, and such rules shall supersede other rules only to the extent that they are inconsistent with such other rules; and

(2) with full recognition of the constitutional right of either the Senate or the House of Representatives to change those rules (insofar as they relate to that House) at any time, in the same manner, and to the same extent as is the case of any other rule of the Senate or House of Representatives.

The CHAIR. Pursuant to House Resolution 48, the gentleman from Kentucky (Mr. YARMUTH) and a Member opposed each will control 10 minutes.

The Chair recognizes the gentleman from Kentucky.

Mr. YARMUTH. Mr. Chairman, the Republican rush to eliminate the Affordable Care Act, to take health insurance from 30 million Americans, introduce chaos into the health insurance market, and give millionaires and billionaires a giant tax cut is misguided and does not reflect the values of the American people. On top of that, it can significantly damage our economy.

Repeal will upend our Nation's healthcare system. Hospitals will see a spike in uncompensated care, leading to reduced services, job cuts, or higher prices for every one. It will cost the Nation 2.6 million jobs in 2019 alone, including 44,000 jobs in Kentucky. The hit to the economy will be in the trillions of dollars, and it will give corporations and the wealthy hundreds of billions of dollars of tax cuts.

Repeal isn't about what is best for the American people. It is solely about politics and what is in the financial interest of the well-off and the well-connected. There is absolutely no logic to this.

That said, if Republicans are determined to rush something through Congress right now using the budget process, we would suggest a totally different approach. Let's look at areas where this Congress and this incoming administration can work together to address a pressing challenge facing the country.

Members of both parties and the President-elect have expressed support for repairing our Nation's failing infrastructure, investing in our roads, bridges, ports, and other transportation needs to create jobs and build a stronger economic future. The substitute I have offered today provides the budget procedures needed for such a bill to be considered.

Mr. Chair, I urge my colleagues to support this alternative budget so we can move our Nation forward together.

I reserve the balance of my time.

Mrs. BLACK. Mr. Chairman, I claim the time in opposition.

The CHAIR. The gentlewoman from Tennessee is recognized for 10 minutes.

Mrs. BLACK. Mr. Chairman, the Democratic substitute would guarantee that the American people continue to be harmed by ObamaCare. It would ensure that insurance markets continue to collapse and that premiums and deductibles continue to rise and that patients have less access to healthcare choices.

At a time when we are trying to provide relief to the American people and protect them from a failed and broken status quo, this amendment ignores those who are suffering under the law. It ignores the 20 million Americans who have either paid the ObamaCare penalty or sought an exemption from it because the cost of complying with the law is either too costly or not worth their trouble.

This amendment tells those families who have seen their premiums go up dramatically—many, who are paying more and getting less—that there is no relief in sight for you. What is more, the substitute does not include any reconciliation instructions, and it lacks the savings we achieve through our instructions.

The bottom line is this: ObamaCare is collapsing. It is failing. The American people need relief. And in order to get them that relief, we need to reject this amendment and get to work on patient-centered solutions for our Nation's healthcare challenges.

I yield back the balance of my time.

Mr. YARMUTH. Mr. Chair, I yield 2 minutes to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ), a distinguished member of the Budget Committee.

Ms. WASSERMAN SCHULTZ. Mr. Chair, as a mother, a breast cancer survivor, and a proud Floridian, I rise today in strong opposition to the majority's irresponsible efforts to repeal the Affordable Care Act. The facts speak for themselves:

20 million Americans, including more than a million and a half Floridians, have obtained quality, affordable health care since the ACA became law.

129 million Americans, who, like me, have preexisting conditions, can no longer be discriminated against by their health insurance company.

Our Nation's young adults now rest easy that they can stay on their parents' insurance until they are 26.

Allow me to remind my colleagues on the other side of the aisle that we are elected to help Americans, not hurt Americans. Make no mistake, repealing the ACA will not only rip health care away from millions of Americans who have ObamaCare, but we owe it to the 155 million Americans with employer-based coverage to maintain the prohibition against annual and lifetime limits.

Before the ACA, 105 million Americans, most of them with employer coverage, had a lifetime limit on their insurance policy. The ACA prohibits annual and lifetime limits on policies.

We owe it to our seniors to stop the repeal of key new Medicare benefits. Repeal of these lifesaving provisions would actually increase prescription drug costs for millions of seniors in the doughnut hole who are currently saving more than $2,000 on their drugs due to the ACA by reopening the gap in Medicare part D coverage.

In addition, since enactment of the ACA, the solvency of the Medicare trust fund has been extended by 11 years. And we owe it to the 129 million Americans like me with preexisting conditions, such as breast cancer survivors, to stop repeal so they cannot be dropped or denied coverage or charged an exorbitant premium by their insurance company.

As a cancer survivor, I am also appalled that the Republican plan—or lack of a plan—would increase out-of-pocket costs for every patient by requiring them once again to pay for preventative services like cancer screenings.

Mr. Chairman, the assault on the well-being of our constituents is an outrage, and we will not take it lying down. We will fight tooth and nail for the established right of all Americans to have quality, affordable healthcare coverage and not return to the days when it was available only as a privilege to those who could afford it or who were fortunate enough not to have a preexisting condition.

Mr. YARMUTH. Mr. Chairman, I yield 2 minutes to the gentleman from Tennessee (Mr. COHEN), a distinguished member of the Judiciary Committee.

Mr. COHEN. Mr. Chairman, I have been listening to the debate, and I see the buzzwords that have been used about the repeal of the Affordable Care Act: ''patient-centered''—that sounds good—and ''against bureaucrats''—that sounds good. What they don't tell you is that it is for the insurance companies.

They say it leaves it patient-centered and for the people to deal with it, not the government—because the people will have to deal with the insurance companies in the future. The people don't want to have to deal with insurance companies when their claims are denied, when they won't pay them, when they won't allow them to have certain procedures. That is what the American people are against.

The Affordable Care Act was insurance reform on steroids. And you can't have all of the insurance reform on steroids without government action looking out for the people versus the insurance companies.

They also don't tell you about rich people, who the other side is always concerned about, who could use tax credits and get a lot more money for their tax credits because they are at a higher tax rate than others. So, in essence, they are going to get more out of this.

What we ought to be doing—it is what this alternative budget is about—is trying to create jobs, jobs for people in infrastructure, construction jobs for people out there in middle America.

America used to be first in infrastructure, and now we are 28th in infrastructure. We need to have an infrastructure that gets goods to market and goods to the public for sale. That helps create jobs further. Jobs is what is important, and it is where America used to be first—in infrastructure jobs.

America has always been last in health care. We were the only industrialized country in the world without a national healthcare policy, and the Republicans never wanted a national healthcare policy until now.

So the Affordable Care Act did good because it woke the people up on the other side of the aisle to the fact that we needed to have a policy to make sure people got health care because they have never, ever cared about it.

Teddy Roosevelt cared about it in their party. Richard Nixon cared about it in their party. Mitt Romney cared about it in their party. But they were mute. They didn't say a word about it. All of a sudden—because they found something they thought is good.

Two-thirds of the people in Tennessee like the Affordable Care Act. Don't repeal it.

Pass this alternative budget and create jobs.

Mr. YARMUTH. Mr. Chair, I yield 2 minutes to the gentleman from Pennsylvania (Mr. BRENDAN F. BOYLE), a new member of the Budget Committee.

Mr. BRENDAN F. BOYLE of Pennsylvania. Mr. Chairman, it is interesting that after 6 years of the mantra of repeal and replace, here we are. And we have repeal and maybe replace at some point when we get around to it; although, that shouldn't be very surprising, considering.

What is ObamaCare?

More than 20 years ago, Senator Bob Dole, then the Republican leader of the Senate, and a group of his colleagues introduced the Republican alternative to the then-Democratic plan to expand health insurance to some 40 million Americans who didn't have it. The Republican plan hatched at the Heritage Foundation was, instead of expanding Medicare for all, let's instead create a system of taxes and tax credits where we pool all the uninsured together and we enable them to buy private health insurance on a marketplace.

Fast-forward about two decades. Barack Obama comes to the White House wanting to compromise, wanting to create a system that would disrupt the existing healthcare system as little as possible, and decides to go in this direction. Then suddenly, all of those on the other side who supported that idea for two decades decided it was socialism and could not possibly be the healthcare law.

So the reason why they don't have an alternative to ObamaCare is because this is the market solution. This was the more moderate approach. This actually isn't a Big Government-run plan.

So I am extending a hand to the other side. If they really want to come up with a way to improve the Affordable Care Act, there are many of us on this side who genuinely want to work on that. I have already voted, as a Member only here 2 years, on ways we can improve the Affordable Care Act and make some modifications, the same way we have made modifications to Medicare and Medicaid many times since 1965.

Mr. Chairman, if the real intent of the other side is just to strip away health insurance to 22 million Americans, we will say ''no'' and continue to fight it.

□ 1345

Mr. YARMUTH. Mr. Chairman, as I said in my closing to the debate on the resolution itself, it would be wonderful if the Republicans had a plan that they could describe to the American people so that American families would know what would be in their healthcare future. It would also be nice if they would wait to repeal the Affordable Care Act until they could do that. I think the American people expect it. The poll I mentioned from Kaiser, 82 percent of the people preferred to go in that direction. Let's find out if there is a better way.

I have said many times in public the reason there has been no Republican alternative to the Affordable Care Act is because there really are only two alternatives: one is to go back to the era in which insurance companies decided who lived and died, and the other one is to go to single payer, something like Medicare for everyone. I would love to discuss that option. I think it would be immensely popular in this country. But, instead, Republicans come up with ideas that are drifting in the other direction, again, back to not patient-centered care but back to insurance company-centered care.

The important thing today is that we have an alternative here through which we can actually do something constructive for the American people, something that will help the economy, something that will make vital investments in our Nation and the future economy instead of putting the country's healthcare system at risk. That is what this amendment does. That is why I introduced it, and that is why I urge my colleagues to support it.

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

The CHAIR. The question is on the amendment offered by the gentleman from Kentucky (Mr. YARMUTH).

The question was taken; and the Chair announced that the noes appeared to have it.

Mr. YARMUTH. Mr. Chair, I demand a recorded vote.

The CHAIR. Pursuant to clause 6 of rule XVIII, further proceedings on the amendment offered by the gentleman from Kentucky will be postponed.

Mrs. BLACK. Mr. Chairman, I move that the Committee do now rise.

The motion was agreed to.

Accordingly, the Committee rose; and the Speaker pro tempore (Mr. WOMACK) having assumed the chair, Mr. HULTGREN, Chair of the Committee of the Whole House on the state of the Union, reported that that Committee, having had under consideration the concurrent resolution (S. Con. Res. 3) setting forth the congressional budget for the United States Government for fiscal year 2017 and setting forth the appropriate budgetary levels for fiscal years 2018 through 2026, had come to no resolution thereon.

PROVIDING FOR EXCEPTION TO LIMITATION AGAINST APPOINTMENT OF PERSONS AS SECRETARY OF DEFENSE WITHIN SEVEN YEARS OF RELIEF FROM ACTIVE DUTY

Mr. THORNBERRY. Mr. Speaker, pursuant to House Resolution 48, I call up the bill (S. 84) to provide for an exception to a limitation against appointment of persons as Secretary of Defense within seven years of relief from active duty as a regular commissioned officer of the Armed Forces and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. Pursuant to House Resolution 48, the bill is considered read.

The text of the bill is as follows:

S. 84

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. EXCEPTION TO LIMITATION AGAINST APPOINTMENT OF PERSONS AS SECRETARY OF DEFENSE WITHIN SEVEN YEARS OF RELIEF FROM ACTIVE DUTY AS REGULAR COMMISSIONED OFFICERS OF THE ARMED FORCES.

(a) IN GENERAL.—Notwithstanding the second sentence of section 113(a) of title 10, United States Code, the first person appointed, by and with the advice and consent of the Senate, as Secretary of Defense after the date of the enactment of this Act may be a person who is, on the date of appointment, within seven years after relief, but not within three years after relief, from active duty as a commissioned officer of a regular component of the Armed Forces.

(b) LIMITED EXCEPTION.—This section applies only to the first person appointed as Secretary of Defense as described in subsection (a) after the date of the enactment of this Act, and to no other person.

The SPEAKER pro tempore. The bill shall be debatable for 90 minutes, equally divided and controlled by the chair and ranking minority member of the Committee on Armed Services.