

are skyrocketing. Nearly 70 percent of U.S. counties have only two or fewer insurers offering plans on their State's exchanges. Thirty-four percent fewer doctors and other healthcare providers accept ObamaCare insurance compared to private insurance. Congress must act decisively to protect the American people from this failed law.

The American Health Care Act is an important step in this process. While not perfect, it moves us significantly in the right direction, which is why *The Wall Street Journal* says that the legislation would be "the most consequential social policy reform since the welfare overhaul of 1996."

I am also encouraged that the committees of jurisdiction are, as we speak, entertaining amendments in regular order that will improve the legislation. But even without these amendments, the American Health Care Act is a dramatic improvement over ObamaCare.

The bill ends job-killing individual and employer mandates. It cuts \$1 trillion of ObamaCare's worst taxes, including the medical device tax, the health care insurance tax, and the Medicare payroll tax. It blocks Federal funds from Planned Parenthood. It reduces regulations so that individuals can buy plans that they want and can afford. And it reforms Medicaid by returning power to the States.

Some have criticized this bill because it lacks certain important reforms that will bend the cost curve down, such as association health plans, interstate competition, reforms to facilitate more competition and choice in the private health insurance marketplace, and medical liability reform. These are important reforms, and I support them.

In fact, I have introduced a medical liability reform bill that would deal with the doctor shortage and junk lawsuits and reduce costs. Unfortunately, these reforms are not eligible for inclusion in the reconciliation bill under the rules of the Senate. But it is important to note that this is just the first phase in a three-phase process to repeal and replace ObamaCare.

This bill is a crucial and necessary first step in a step-by-step process. In stark contrast to ObamaCare, we are actually reading the bill, and we invite the American people to do the same—readthebill.gop. I hope all Americans will take this opportunity to learn more about this bill and offer their feedback.

Mr. Speaker, we have tried to put Washington in charge of health care. Now it is time to put patients, their doctors, and their families in charge.

CFPB REGULATIONS HINDERING MANUFACTURED HOUSING FINANCING

Mr. BARR. Mr. Speaker, last month, a hospital worker in Paducah, Kentucky, applied for a loan of \$38,500 to finance a manufactured home. He had an 8 percent down payment. His monthly income was \$2,200 per month—plenty to cover the all-in housing costs of \$670 per month. The payment for his own

home would have been less than what he was spending on rent, but he was unable to get financing. He contacted his local banks and credit unions, but they did not finance manufactured homes.

This hospital worker from Kentucky can't get financing because of the very entity that was created to protect consumers—the Consumer Financial Protection Bureau. That is right, the Federal Government is protecting people right out of homeownership. Consumers are protected so much they can't even purchase a manufactured home.

Lenders have stopped making manufactured housing loans because of the Dodd-Frank Act and CFPB regulations. Even worse, current owners are having to sell their homes below market value to cash buyers because potential buyers can't find financing.

And this isn't just anecdotal. Government statistics prove that CFPB rules have prevented credit-worthy consumers from accessing affordable financing that would allow them to purchase manufactured homes. According to 2014 HMDA data, manufactured home loan volume for loans under \$75,000 decreased in the first year that these regulations went into effect.

This is proof that many lenders who were previously willing to make manufactured home loans are no longer capable of doing so under Dodd-Frank. These are exactly the kinds of top-down bureaucratic Federal regulations that my constituents in rural Kentucky are fed up with.

The CFPB has the authority to make adjustments to its requirements, but it has refused to act even when the data shows that consumers are being harmed.

A bipartisan group of Members of this body came together in the last Congress to do what the CFPB has refused to do. The House voted three times to make these changes so that people seeking to purchase manufactured homes would have access to financing.

I invite my colleagues to join me in this fight for consumers. Let's work together to make these changes to the CFPB and to their regulations and stop Federal bureaucrats from hurting modest income Americans who need access to affordable housing and deserve access to the American Dream of homeownership.

GUN VIOLENCE RESEARCH

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Mrs. MURPHY) for 5 minutes.

Mrs. MURPHY of Florida. Mr. Speaker, each year, about 33,000 Americans die in gun-related incidents, and twice as many are wounded.

Over 60 percent of gun deaths are suicides. Individuals in emotional distress who attempt suicide with a gun rarely survive, so they don't get the chance to reconsider, to recover, and to live on.

Nearly 35 percent of gun deaths in this country are homicides, with one

human being using a firearm to take the life of a fellow human being. These homicides occur as a part of the daily drumbeat of violence, particularly in cities, but also our suburbs and small towns.

Homicides in certain cities have become so customary they are relegated to the back pages of newspapers or not covered at all. Of course, the lack of public attention does not diminish the private pain felt by a victim's family and friends.

Homicides in America also take place in the context of mass shootings that make headlines because the carnage is so immense. The most recent incident was the deadliest in American history. On June 12, 2016, an individual using a semiautomatic rifle shot 49 people to death and wounded 53 at the Pulse nightclub in my hometown of Orlando.

My guest to the President's address to Congress last week was Dr. Marc Levy, a surgeon in Orlando. He and his team operated on victims of the Pulse nightclub shooting, some of whom had their bodies torn apart. As Dr. Levy and other first responders that fateful evening can attest, a weapon designed for the battlefield transformed a celebration of life into a scene of devastation and death that resembled a war zone.

Although Orlando united in the wake of the Pulse attack, earning the label "Orlando Strong," our city was profoundly and permanently affected by this tragedy. I don't want another American community to experience what we have endured.

That is why today I am introducing legislation that would take a modest but meaningful step forward. Specifically, my bill would ensure that the CDC can offer evidence-based research into the causes of gun-related incidents and potential ways to reduce gun deaths and injuries. This research would inform policymakers as they consider whether to enact reasonable reforms that both save lives and protect the constitutional rights of law-abiding gun owners.

The decision rests with elected officials about whether to pass new laws designed to keep the most dangerous weapons out of the hands of the most dangerous individuals, in a manner consistent with the Second Amendment. But lawmakers of both parties should have the benefit of the best scientific research on the subject as they deliberate and debate.

My bill is necessary because, for 20 years, Congress has included a policy rider that, as a practical matter, has prevented the CDC and other HHS agencies from supporting research on gun-related incidents.

I can respect that elected officials, like the diverse Americans that they represent, have a range of views about the wisdom of enacting reasonable reforms within the space allowed by the Second Amendment. What I cannot respect is any lawmaker who would seek to suppress research into gun-related

incidents merely because the lawmaker fears this research could serve as the basis for legislative action that the lawmaker does not favor.

Restricting research because you disagree with its results is unAmerican to its core, a deviation from our proud national tradition of free and open inquiry.

As lawmakers, we must recognize that gun incidents are claiming the lives of too many of our citizens and tearing apart too many of our communities. In deciding how best to confront this challenge, we should seek out and sponsor research on this subject, not shun it.

For this reason, my bill would repeal the current policy rider and express the sense of Congress that no such policy riders should be enacted in the future.

I hope my colleagues will cosponsor this legislation, which underscores the importance of fact-based policymaking, and places people before politics.

TRUMP CARE COSTS MORE AND DELIVERS LESS

The SPEAKER pro tempore. The Chair recognizes the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ) for 5 minutes.

Ms. WASSERMAN SCHULTZ. Mr. Speaker, in listening to my colleagues on the other side of the aisle this morning, I am struck by the adage, "You are entitled to your opinion, but you are not entitled to your own facts."

I think it is important to note that the reality of the passage of the Affordable Care Act in 2010 was that there were hundreds of hours of hearings, many opportunities for all Members to provide input, mandatory processes that allowed for changes to that legislation that eventually became law, discussion, and a CBO analysis that shed light on the true cost—nothing like what has been described during the 24-hour whirlwind in the middle of the night that has resulted in the ramming through of legislation that will clearly increase costs and cover fewer individuals.

Mr. Speaker, as a mother, a breast cancer survivor, and a proud Floridian, I rise today in opposition to the majority's irresponsible proposal to repeal the Affordable Care Act.

After preaching for 7 years about a superior alternative to ObamaCare, my colleagues across the aisle have finally revealed their TrumpCare plan to the American people.

As you might expect from TrumpCare, it promises more, delivers less, has fewer protections, and costs more. In other words, it will make America sick again.

To add insult to injury, my Republican colleagues have moved this bill under the cover of darkness, without any hearings or even an analysis of its cost from the Congressional Budget Office.

However, we do have an earlier CBO report that estimates that 15 million people would lose health insurance just as a result of repealing the individual mandate, which this bill, of course, does.

Perhaps even more disturbing is the fact that President Trump told 129 million Americans like me, as a breast cancer survivor with preexisting conditions, that he would preserve the ACA provision prohibiting insurance companies from dropping us or denying us coverage, but he and his Republican colleagues in the House broke their promise and did not keep their word.

The bill would once again allow insurance companies to charge people higher premiums when they have a preexisting condition, which will make coverage unaffordable. That is unconscionable.

This bill will also punish millions of people who experience a lapse in coverage. Before we had the Affordable Care Act, an estimated 59.1 million people lacked continuous coverage for at least part of the previous year.

One of those 59.1 million people was Suzanne Boyd from my district in Sunrise, Florida, who, with two daughters heading to college, was just starting to realize her dream of owning her own special events small business as her full-time job. Suzanne had insurance coverage for years through her husband's employer-sponsored health plan, until 2012, when her husband, Mark, died of lung cancer. Two weeks later, the family lost their employer-sponsored health insurance. Only 5 months after that, Suzanne, now widowed and uninsured, was diagnosed with Hodgkin lymphoma.

As Suzanne has said, before the Affordable Care Act, she wouldn't even have been able to think about starting her own business. She probably would have looked for another corporate job with health benefits. But knowing she would soon be able to obtain insurance under the ACA and that her preexisting condition couldn't be held against her when she applied, she started her company in 2013. She eventually qualified for a plan that cost her \$192 a month with substantial government subsidies.

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Under the Republican plan, people like Suzanne may be forced to pay a 30 percent higher premium each month in order to receive care.

Make no mistake: these massive increases in healthcare costs dumped on the backs of American working families will only benefit the wealthiest few. The 400 richest families in America will see a tax break worth \$7 million a year. That would make the GOP bill one of the largest transfers in wealth from low- and middle-income families to the wealthiest in recent memory.

This tax cut for the wealthy will also fall on the shoulders of seniors across America who will be forced to pay premiums five times higher than what

younger individuals pay for health coverage. Not only is that cruel, but it is also unsustainable.

According to the 2016 Medicare Trustees Report, the Medicare trust fund is solvent until 2028, 11 years longer than what was expected before the enactment of the Affordable Care Act reforms. In contrast, as the AARP noted, certain repeal provisions in the GOP bill could hasten the insolvency of Medicare by up to 4 years and diminish Medicare's ability to pay for services in the future.

Millions of seniors depend on Medicare in conjunction with Medicaid to cover their long-term care needs, but Republicans' plans to make America sick again would destroy Medicaid as we know it. At least 11 million Americans stand to lose their healthcare coverage with the passage of this bill. And if you are fortunate enough not to be one of those 11 million, well, then I hope you are not, either, one of the tens of millions of seniors with long-term care needs, Americans with disabilities, pregnant women, children, or others who rely on Medicaid, because these drastic cuts and per capita caps are going to hurt them, too.

TrumpCare's assault on Medicaid will also disproportionately affect women. This is an unconscionable piece of legislation that must have the light of day shining on it and that must not be allowed to become law. Democrats will stand in the breach to make sure that Americans don't get sick like they used to.

CELEBRATING SCHOOL SOCIAL WORKERS

The SPEAKER pro tempore (Mr. WOODALL). The Chair recognizes the gentlewoman from Wisconsin (Ms. MOORE) for 5 minutes.

Ms. MOORE. Mr. Speaker, the month of March is when social workers throughout the country celebrate Social Work Month. I am here today to honor a special group of social workers who work in one of the most important institutions in our society: our schools.

To honor the vital role school social workers serve in our communities, I am proud to introduce H.R. 171, to recognize the many contributions of school social workers and to designate this week, March 5 through 11, as School Social Work Week.

School social workers are critical members of a school's educational team. They strengthen partnerships between students' homes, schools, and communities as they work to ensure student academic success. School social workers are uniquely trained and specially equipped to mentor students who face emotional, academic, and behavioral barriers to learning.

Their expertise guides students through serious life challenges, including poverty, disability, sexual and physical abuse, addiction, bullying, and various forms of familial separation such as military deployment, divorce,