

Johnson, E. B.	McEachin	Ryan (OH)
Jones	McGovern	Sánchez
Jordan	McKinley	Sanford
Keating	Moore	Sarbanes
Kelly (IL)	Moulton	Schakowsky
Kennedy	Murphy (FL)	Schiff
Khanna	Napolitano	Schrader
Kihuen	Neal	Sewell (AL)
Kilmer	Norcross	Sires
Kind	O'Halleran	Slaughter
Kinzinger	Pallone	Soto
Knight	Panetta	Swalwell (CA)
Krishnamoorthi	Pascrell	Tenney
LaHood	Paulsen	Thompson (CA)
Lance	Payne	Thompson (MS)
Langevin	Perry	Thompson (PA)
Larsen (WA)	Peters	Tipton
Larson (CT)	Peterson	Torres
Lawrence	Pittenger	Trott
Lawson (FL)	Poe (TX)	Tsongas
Lee	Poliquin	Turner
Levin	Price (NC)	Turner
Lewis (GA)	Raskin	Upton
Lieu, Ted	Ratcliffe	Valadao
LoBiondo	Reed	Vargas
Loebsock	Reichert	Veasey
Lofgren	Renacci	Vela
Lowe	Rice (NY)	Visclosky
Lujan, Ben Ray	Richmond	Waters, Maxine
Lynch	Rogers (AL)	Watson Coleman
MacArthur	Rohrabacher	Welch
Maloney, Sean	Rokita	Wilson (FL)
Marshall	Rouzer	Woodall
Mast	Roybal-Allard	Yoder
Matsui	Rush	Young (AK)

SECTION 1. ELIMINATION OF NON-APPLICATION OF CERTAIN STATE WAIVER PROVISIONS TO MEMBERS OF CONGRESS AND CONGRESSIONAL STAFF.

If the American Health Care Act is enacted, effective as if included in the enactment of such Act, section 2701(b)(5)(A)(ii) of the Public Health Service Act (42 U.S.C. 300gg(b)(5)(A)(ii)), as added by subsection (a) of section 136 of the American Health Care Act (relating to permitting States to waive certain ACA requirements to encourage fair health insurance premiums), is amended by striking "1312(d)(3)(D)."

The SPEAKER pro tempore. Pursuant to House Resolution 308, the gentleman from Texas (Mr. BURGESS) and the gentleman from New Jersey (Mr. PALLONE) each will control 30 minutes.

The Chair recognizes the gentleman from Texas.

GENERAL LEAVE

Mr. BURGESS. Mr. Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and insert extraneous material on H.R. 2192.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from Texas?

There was no objection.

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

Mr. Speaker, after 7 years, we have heard the stories from our constituents, from our patients, from our friends, from our families who have suffered under the Affordable Care Act. Today, we will have a chance to vote on a plan that will rescue and revitalize the market and lower costs and increase flexibility for patients to choose and keep a health insurance plan that works for them and their family. However, before we can do that, we have to pass a bill that will ensure that Members of Congress and their staffs are treated the same way as the rest of America.

So let's be clear. We firmly believe that Members of Congress should live by the same rules as everyone else, period. The bill we are considering now will make a simple technical correction to ensure that the American Health Care Act and its amendments apply equally to everyone when signed into law.

Over the last several months, we have worked thoughtfully and thoroughly with our colleagues in the Senate to achieve our shared goal of repealing and replacing ObamaCare. Throughout these discussions, we have come to better appreciate and better understand the other Chamber's reconciliation limitations. As a result, we have drafted the American Health Care Act with constant awareness of what the slightest misstep may mean for the legislation's privileged status or that 51-vote threshold in the other body.

Some might say it is easier for a camel to go through the eye of a needle than to draft House policy to Senate procedure, but we are confident that we have achieved that challenging feat.

One of the limitations we have come to respect is that no committee other

than the Senate Committee on Finance or the Senate Committee on Health, Education, Labor, and Pensions can receive a jurisdictional referral. For example, if we were to cross-reference multi-State plans established by the Affordable Care Act, we would get a referral to the Senate Homeland Security and Governmental Affairs Committee because those plans are under the Office of Personnel Management.

□ 1115

So let's be clear, congressional healthcare operates as a small group plan within the District of Columbia's SHOP Exchange. This was a decision that was made by the Obama administration.

So for waivers impacting the essential health benefits of age rating, which impacts both the individual and small group markets, Members of Congress and our staffs would be treated the same. As far as community rating, this impacts only the individual market, so no group plans, including Members of Congress or our staffs, would be impacted.

Even so, in an attempt to be crystal clear, today we are passing a bill, out of fairness and transparency, to ensure that Congress operates under the same laws as private citizens, a principle that both Republicans and Democrats should support.

My thanks to Representative MCSALLY for her leadership on this issue. Her bill helps deliver us a step closer to fulfilling our promise. Today we will fulfill our promise to provide relief from the higher costs and the dwindling choices for patients under the Affordable Care Act. Today we will repeal and replace ObamaCare with a better solution.

I reserve the balance of my time.

Mr. PALLONE. Mr. Speaker, I yield myself 2 minutes.

I remind my colleague from Texas that his vote for the healthcare bill will take away protections for 4,536,000 people with preexisting conditions in Texas.

Mr. Speaker, I heard my colleague from Texas talk about repeal and replace. This is the myth, the hoax, that the Republicans and the President are trying to play on the American people. I assure you this is repeal. There is no replacement.

The people are going to lose their insurance. They are going to pay more. They are going to have lousy insurance because they are not going to have any kind of protections.

We passed the Affordable Care Act because the States were not doing the right thing. People couldn't afford insurance. They couldn't pay for a premium. They were too high.

So what did we do? We expanded Medicaid, and we provided generous subsidies for those people who needed it.

We also knew, under the old system where the States were in charge, that people got lousy insurance if they

ANSWERED "PRESENT"—2

Rice (SC) Tonko

NOT VOTING—9

Aderholt	Engel	Newhouse
Butterfield	Gohmert	Nolan
DeLauro	Meehan	Pelosi

□ 1110

So the Journal was approved.

The result of the vote was announced as above recorded.

Stated for:

Ms. DELAURO. Mr. Speaker, I was unavoidably detained. Had I been present, I would have voted "yea" on rollcall No. 254.

MESSAGE FROM THE SENATE

A message from the Senate by Ms. Curtis, one of its clerks, announced that the Senate has agreed to without amendment a joint resolution of the House of the following title:

H.J. Res. 66. Joint resolution disapproving the rule submitted by the Department of Labor relating to savings arrangements established by States for non-governmental employees.

PUBLIC HEALTH SERVICE ACT AMENDMENT

Mr. BURGESS. Mr. Speaker, pursuant to House Resolution 308, I call up the bill (H.R. 2192) to amend the Public Health Service Act to eliminate the non-application of certain State waiver provisions to Members of Congress and congressional staff, and ask for its immediate consideration in the House.

The Clerk read the title of the bill.

The SPEAKER pro tempore. (Mr. SIMPSON). Pursuant to House Resolution 308, the bill is considered read.

The text of the bill is as follows:

H.R. 2192

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

could even find it. Sometimes they didn't have hospitalization, so we insisted there had to be a package that included preexisting conditions.

We also said that, you know, if you were paying a lot for your copays or your deductibles, we are going to put limits on those things as well. And we put limits also on how much you can charge, what we call "community rating."

Now, what are the Republicans doing here today? They are getting rid of all that. They want to go back to the old days. And when they tell you that somehow they are going to be able to do this, the reason they can't do anything is because they repeal most of the pay-fors that pay for the subsidies that pay for the Affordable Care Act.

So when they tell you: Oh, we are going to give extra money for this, for high-risk pools or to help the States if they decide to have waivers, the bottom line is there is no money left here. There is no money to pay for those subsidies; there is no money to pay for Medicaid expansion; there is not enough money to pay for high-risk pools because they have repealed the underlying pay-fors that we use to pay for the Affordable Care Act.

What they are doing now is going back to the old system, the Wild West of the States. They are allowing States to waive the essential benefits package. They are saying to States that they can charge whatever they want for the insurance because they got rid of community ratings.

The SPEAKER pro tempore. The time of the gentleman has expired.

Mr. PALLONE. Mr. Speaker, I yield myself another 15 seconds to say this: Do not buy into this hoax. There is no money left. They want to go back to the old system, and the old system stunk. What we did was correct the problems of the old system. So don't believe this cruel hoax.

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Arizona (Ms. MCSALLY), the author of the bill.

Ms. MCSALLY. Mr. Speaker, I rise today in support of my bill, H.R. 2192, a measure that eliminates double standards by preventing Members of Congress from being exempt from the State waiver provisions of the American Health Care Act, as amended.

Due to very arcane Senate procedural rules within the budget reconciliation process, the MacArthur amendment to the American Health Care Act does not and cannot apply to Members of Congress. To address this, I have introduced this simple, standalone, two-page bill that would appeal the exemption for Members of Congress should the American Health Care Act become law.

In the military, the same code of conduct and standards apply to the entire chain of command. Now, in my role as a lawmaker, I believe that any law we

pass that applies to our constituents must also apply equally to Members of Congress. Individuals who are stewards of the public trust must abide by the rules that they make. My bill, H.R. 2192, will ensure that Congress abides by the laws they pass and is treated no differently than other hardworking Americans.

Regardless of your vote on the AHCA, this is a bill that each and every single Member of Congress should support.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Arizona that her vote for this bill could increase premiums for people with breast cancer in Arizona by \$42,250.

I yield 1½ minutes to the gentlewoman from California (Ms. ESHOO).

Ms. ESHOO. Mr. Speaker, I think that today is yet another sad day here in the House of Representatives for the people of our country, because what is being brought forward is the same bill that we debated and that went down because of the weight of the problems and the cruelty of that bill. It is the same thing with a few more poison pills in it.

People are going to have to pay higher premiums and deductibles, and it is going to increase what comes out of their pocket; there is going to be less coverage; 24 million people will lose their coverage—that remains in this bill—and key protections are gutted, American people: emergency rooms, maternity care, opioid, mental health care, a string of things that you want in your insurance coverage, a crushing age tax for seniors.

Now, there is a real hypocrisy here. Every single Member of Congress has been enrolled in the Affordable Care Act. I want to know which one of you dropped out of it. It was good enough for you—one person, great. Two people, big deal. It was good enough for you, but it is not good enough for your constituents.

And you know what? Who is standing with you? Not the doctors in our country, not the AARP to seniors, not nurses, not the cancer association, not anyone. This bill violates the American people.

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

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), the vice chairman of the Health Subcommittee on Energy and Commerce.

Mr. GUTHRIE. Mr. Speaker, I rise today to urge my colleagues to support the American Health Care Act.

A constituent of mine from Kentucky personally reached out to share her story. Under ObamaCare, the cost of her family's monthly premium rose to over \$1,000 with a deductible of over \$12,000, in total, almost half her income. When she fell and broke three ribs, she couldn't afford to go to the emergency room because of the astronomical deductible. She suffered for weeks until as she could afford care;

and as she said in her own words: "I paid 50 percent of my income for something I am forced to buy and cannot use."

In Kentucky, there are many counties with just one health insurer on the exchange. That is not right. Affordable health care means having real access to health care when you need it. ObamaCare reduces access. It is not there, when they need it, for many Americans.

I urge my colleagues to support the American Health Care Act.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Kentucky that his vote for the healthcare bill will take away protections for 881,000 people with preexisting conditions in Kentucky.

I yield 1½ minutes to the gentleman from Texas (Mr. GENE GREEN), the ranking member of the Health Subcommittee.

Mr. GENE GREEN of Texas. Mr. Speaker, it is appalling what is happening today on the House floor. It appears to be: let's just pass a bill, no matter what it does or who gets hurt with it.

TrumpCare is nothing more than broken promises and mean-spirited policy. It would mean higher healthcare costs for more than 24 million hardworking Americans losing their health coverage, key protections are gutted, older Americans are hung out to dry, the end of Medicaid as we know it, and cuts in Medicare.

If TrumpCare passes, Americans with preexisting conditions could be pushed off their insurance and sent in the high-risk pools that are not affordable. High-risk insurance pools do not work when everyone in the pool is a high risk. I was a State legislator when we did that. You have to have high-risk pools that share the wealth, so to speak.

People will be left with soaring costs, worse coverage, and rationed care. It is a frightening future where millions of Americans who need affordable, dependable health care are left out in the cold.

There is an obvious, irresponsible reason why this vote is being rammed through without even a Congressional Budget Office estimate or an opportunity for Members to even know what is in it. They don't want people figuring out the real-world consequences and the devastation it means to our American families. History will not be kind to the people who support this awful bill.

I urge my colleagues to do what is right and vote "no."

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Texas (Mr. OLSON).

Mr. OLSON. Mr. Speaker, the Senate never quits. When ObamaCare was passed in 2010, the Senate Democrats refused to use ObamaCare for their personal insurance. Most Americans know that what is good for the goose is good for the gander. My staff, my family,

and I have been on ObamaCare since day one.

Incredibly, the Senate is at it again. They don't want the American Health Care Act to apply to them because it is not right. They are special, and so they put a clause to exempt Congress from the American Health Care Act so they could filibuster the healthcare bill. That dog didn't hunt in 2010; it ain't hunting in 2017. If it is good for the American people, our bosses, it is good for their servants, Congress, us.

I urge my colleagues to be true public servants. Vote for H.R. 2192.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Texas that his vote for this bill could increase premiums for people with diabetes in Texas by \$5,100.

I yield 1½ minutes to the gentlewoman from Colorado (Ms. DEGETTE).

Ms. DEGETTE. Mr. Speaker, the American Health Care Act was pulled from the House floor in March because the American people realized it was a deeply flawed bill. That bill would have ripped healthcare coverage away from 24 million of our constituents.

For those lucky enough to maintain coverage, the bill would have massively raised premiums, deductibles, and out-of-pocket costs. The crushing age tax in this bill would force older adults to pay astronomically high premiums.

So what did the majority do in the last 6 weeks? They made the bill worse.

The MacArthur amendment lets States opt out of the essential benefits of the ACA. Not only would this jeopardize insurance availability for the one-third of Americans who have preexisting conditions, it would let insurance companies deny coverage altogether for maternity, for emergency room, for mental health, and for other essential benefits. And because the MacArthur amendment eliminates community ratings, everybody's insurance costs would skyrocket.

I am going to tell you something. My Republican colleagues are going to be really, really sorry that they rushed this bill to the floor before they got an amended CBO score. The reason is, when we do get this—and make no mistake, we will get this—they are going to find out that many more millions of people besides the 24 million people, originally, who are going to lose their insurance are going to be shocked to wake up to find out, if this TrumpCare bill passes, many millions more will lose their coverage.

I urge a “no” vote on this poorly conceived legislation.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Florida (Mr. BILIRAKIS), a valuable member of the Health Subcommittee on the Energy and Commerce Committee.

Mr. BILIRAKIS. Mr. Speaker, I rise today in support of H.R. 2192 to ensure Members of Congress and staff are not exempt from the American Health Care Act. Making good on our word, this legislation will be passed alongside the

American Health Care Act and fixes a technical error made to comply with the Senate rules.

In our country, lawmakers are not above the law. Elected officials and the people we represent should have the same health care, period.

As an original cosponsor of H.R. 2192, I believe this is common sense. It is straightforward legislation, and it is necessary as a companion bill to the American Health Care Act.

□ 1130

It is really quite simple: Congress should live by the same laws it creates.

When the American Health Care Act becomes law, Members of Congress and staff will have the same health care as the American people. I urge passage of H.R. 2192, in conjunction with the American Health Care Act.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Florida that his vote for the healthcare bill will take away protections for 3,116,000 people with preexisting conditions in Florida.

Mr. Speaker, I yield 1½ minutes to the gentleman from Pennsylvania (Mr. MICHAEL F. DOYLE).

Mr. MICHAEL F. DOYLE of Pennsylvania. Mr. Speaker, for the past 7 years we have had 62 votes to repeal the Affordable Care Act, but Republicans have never once put a plan on the floor for the American people. Well, today, we all get a chance to go on record of where we stand on this bill, this shameful, cruel bill.

Here are the facts: 24 million Americans are going to lose their insurance if this bill becomes law. Over \$839 billion gets cut out of the Medicaid program. The essential benefit package in States, wiped out. In my State, it is taking care of people with mental illness and opioid addiction; gone. This takes \$117 billion out of the Medicare trust fund.

This is a healthcare bill—this is really a tax bill masquerading as a healthcare bill. The plan here is to take this money out of the healthcare system and use it for tax cuts. That is what this bill is going to do.

This creates a survival-of-the-fittest health care for America. If you are young, if you are healthy, if you are wealthy, this bill is for you; you are going to do okay. But if you are old, if you are sick, if you are poor, there is no coverage in this bill for you.

If you have a young child with cancer, guess what, those benefits aren't going to be paid. You are going to run out of benefits.

These high-risk pools are a sham. They are not adequately funded. This bill must be defeated. The American people will remember who votes for this bill today.

Mr. BURGESS. Mr. Speaker, I yield myself 2 minutes.

Mr. Speaker, I wish to now speak to the underlying MacArthur amendment that the McSally bill is here to modify. The MacArthur amendment specifi-

cally would allow States to waive three of ObamaCare's costliest mandates. Let me stress that again. It would allow States—not require States; it would allow States to waive three of ObamaCare's costliest mandates, essential health benefits, age ratings, and community rating.

In waiving these Federal mandates, health insurers would not be allowed to discriminate by gender or preexisting condition, and no one would be denied coverage, period.

Here is how it works: a State may apply to waive essential health benefits or to increase the age rating ratio from the bill's underlying 5-to-1 ratio. They may also change the way individuals who have not maintained continuous coverage are charged for their healthcare plan, but only if the State has a risk-sharing program in place, like the Federal Invisible Risk Sharing Program established by the Palmer-Schweikert amendment.

In order to receive a waiver, a State must explain to the Secretary of Health and Human Services how the program will reduce average premiums for patients, increase enrollment for residents, stabilize the State's health insurance market, stabilize premiums for individuals living with preexisting conditions, or increase the patient's healthcare options.

It is important to note that in providing assistance to reduce premiums or other out-of-pocket costs, for individuals who may be subject to an increase in their monthly premiums because they reside in a State with an approved waiver, have a preexisting condition, are uninsured because they have not maintained continuous coverage and they purchase health insurance on the individual market, there will be \$138 billion to assist with premium assistance.

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

Mr. PALLONE. Mr. Speaker, I yield 1½ minutes to the gentlewoman from Illinois (Ms. SCHAKOWSKY).

Ms. SCHAKOWSKY. Mr. Speaker, understand this: the Republicans planned to exempt Members of Congress from the provisions of TrumpCare until they got caught.

So here are five numbers that show just how deadly and dangerous the Republican bill is:

Twenty-four million is the number of children, adults, and veterans whose health insurance will be ripped away.

\$880 billion is the size of the cut to Medicaid, threatening health care and long-term care for 74 million people: children, pregnant women, the elderly, and the disabled.

\$600 billion is the tax cut that goes to millionaires and billionaires and corporations.

758 percent is the premium increase a 64-year-old making \$26,000 a year will pay because of the Republican age tax.

Seventeen percent is the percent of Americans who supported TrumpCare before they made it worse.

The Republicans' attempt to improve TrumpCare is like trying to douse a dumpster fire with gasoline. This bill is a disaster, and anyone who votes for it does so at their extreme peril. The American people are watching, and they will not forget.

Mr. BURGESS. Mr. Speaker, I would point out that within the State of Illinois, there were eight plans in 2015. There are five plans in 2017 with a 57 percent increase in premiums.

Mr. Speaker, I yield 1 minute to the gentleman from Ohio (Mr. JOHNSON), a valuable member of the Energy and Commerce Committee.

Mr. JOHNSON of Ohio. Mr. Speaker, I thank the gentleman for giving me time to speak up.

I, too, agree that Members of Congress should be subject to the same rules and laws that the American people are. So I support my colleague, Ms. MCSALLY, in this legislation.

But, you know, I want to speak to the bigger, broader issue here. My colleague from Pennsylvania said: What about that family with that kid that has cancer?

Where was my colleague and the friends on the other side of the aisle when ObamaCare resulted in millions of policy cancellations and millions of Americans losing their coverage because of the broken promises?

Where was my colleague and the Democrats when millions of Americans were forced out of work because of the job-killing policies of ObamaCare?

Let me tell you something. The American people remembered that, and that is what happened in 2010.

We didn't hide in a back room to get what we are doing today done. We have been working on it for 6 years, and we are going to get it done today. We are going to meet the promises that we made to the American people, and starting today, ObamaCare is on its way out the door.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Ohio that his vote for this bill will take away protections for 1,919,000 people in Ohio with preexisting conditions.

Mr. Speaker, I yield 1½ minutes to the gentleman from North Carolina (Mr. BUTTERFIELD).

Mr. BUTTERFIELD. So you have been working on it for 6 years. My information is that you posted this bill at 8 last night. The Congressional Budget Office has not given it a score. They have not told the American people how much it is going to cost or how many people it is going to affect.

You have skyrocketed premiums for hardworking Americans who have preexisting conditions, and that is what my colleagues need to understand.

If you are an average 40-year-old adult with a preexisting condition and have diabetes, it is estimated your premiums will rise \$400 a month. If you have rheumatoid arthritis, \$800 a month. And heaven forbid if you have some preexisting condition involving cancer; the numbers just go off of the chart.

You know and I know this bill will not see the light of day in the Senate. This is a political stunt to save face with your rightwing base. You know it and we know it.

If this wasn't so serious, affecting the economy and the affordability of insurance, I would say just go on and do it, because you will lose your opportunity to serve in this House and you will ultimately lose the majority.

Don't do it. Forget about politics. Think about the 24 million Americans who will not be able to afford health insurance coverage.

That is why the American Medical Association, AARP, American Nurses Association, and all of the other stakeholder groups have pleaded with you. They have called your office. They have written you letters. They have written us letters.

Don't do it. I ask you to vote "no" on this ill-conceived legislation.

The SPEAKER pro tempore. The gentleman and all Members are reminded to direct their remarks to the Chair.

Mr. BURGESS. Mr. Speaker, directed to the Chair, I would just make note of the fact in North Carolina, there were three plans offered in 2015, down to two plans in 2017, premium increase of 82 percent.

Mr. Speaker, it is now my pleasure to yield 1 minute to the gentleman from Michigan (Mr. WALBERG), another member of the Energy and Commerce Committee.

Mr. WALBERG. Mr. Speaker, regardless of the myths being spun by the other side of the aisle that refused to read 129 pages of a bill, the Affordable Care Act is anything but affordable.

My constituents have been asking for relief from this collapsing law for years. They can no longer afford to pay more for less; and refusing to act is not an option.

Under ObamaCare, out-of-pocket expenses have skyrocketed not just for people on exchanges, but for all patients. Premium increases are nearly four times larger than previously projected.

Unfortunately, our colleagues on the other side of the aisle, Mr. Speaker, seem content with the current flawed system which puts the government in charge of people's health and promises coverage that is going away.

Let's vote to increase choice, lower costs, enhance protections, truly cover preexisting conditions, and get Washington out of the way so that patients and their doctors are once again at the center of healthcare decisions.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Michigan that his vote for this bill could increase premiums for those who are pregnant in Michigan by \$13,790 per year.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from California (Ms. MATSUI).

Ms. MATSUI. Mr. Speaker, Republicans are turning their backs on the American people today. There are no guarantees with this bill. This bill will

raise costs for families, penalize people nearing retirement with an age tax, and rip coverage away from millions of Americans.

And if that wasn't bad enough, this revised TrumpCare bill guts protections for people with preexisting conditions; people like Cameron, who was diagnosed with cancer at 24 years old. Because of the Affordable Care Act, he was able to access coverage and attend graduate school. Now, of course, he has a preexisting condition.

This is personal for Cameron and millions more in this country, and they are not going to be silent as Republicans rush this legislation through.

Mr. Speaker, lives are on the line. I urge my Republican colleagues to have the courage to vote "no" on this legislation.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Georgia (Mr. CARTER), another valuable member of the Energy and Commerce Committee and a member of the Health Subcommittee.

Mr. CARTER of Georgia. Mr. Speaker, I rise today to urge my colleagues to support the American Health Care Act.

For the last 7 years, I have watched ObamaCare crush the healthcare system that I worked in for more than 30 years. Thanks to ObamaCare, we have an insurance exchange that has withered to where a third of the counties in our country have only one insurer. At home in Georgia, 96 counties have only one choice on the exchange. That is not a choice.

ObamaCare has failed, and the American Health Care Act is critical to resuscitate our healthcare system and move it in a direction where patients, families, and doctors are making decisions, not the Federal Government and bureaucrats sitting behind a desk in Washington.

The American people need and deserve better, and that is why we must pass the American Health Care Act. This legislation guts ObamaCare and rebuilds a system that would deliver the choice and control that patients need and deserve all while ensuring that health insurers will not be allowed to discriminate by gender or preexisting conditions, and no one will be denied coverage, period.

□ 1145

Mr. PALLONE. Mr. Speaker, I remind my colleague from Georgia that his vote for the healthcare bill will take away protections for 1,791,000 people with preexisting conditions in Georgia.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Florida (Ms. CASTOR), who is the vice ranking member our committee.

Ms. CASTOR of Florida. Mr. Speaker, this bill will be devastating to families all across America. The Republican bill rips coverage away from millions of Americans. The last projection was 24 million. They didn't wait for the new

projection, which is going to be much higher.

The Republican bill hurts Medicare, and it shortens the life of the Medicare trust fund just when we have more baby boomers retiring and calling on Medicare. It imposes a huge age tax because it makes affordable insurance much less affordable if you are about age 50 or older.

A dirty little secret here that most people have not discussed is the harm it does to the Medicaid guarantee. For over 50 years in America, we have said that if you are disabled, if you have a family member with Alzheimer's, or if you have a child with a complex medical condition, you are not going to be destitute because your health care is so expensive. That is one of the fundamental guarantees of Medicaid for 50 years. They take that away and go to the heart of the medical care that is provided under Medicaid as well. It is shameful.

But it got worse. As we approach this day, they didn't have the votes, so they made it worse by going to the heart of the Affordable Care Act which ended discrimination against our neighbors with a preexisting condition.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. CASTOR of Florida. They also said essential health benefits are not going to matter. What good is an insurance policy if you buy it and you can't go to the emergency room? We have got to vote "no" on this bill.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Ms. CASTOR of Florida. We have got to fight back against this crass power play that transfers all the wealth in this country. Vote "no."

The SPEAKER pro tempore. The gentlewoman is no longer under recognition.

The Chair would ask Members to respect the gavel and the time yielded.

Mr. BURGESS. Mr. Speaker, I would point out that, in the State of Florida, there were 10 insurance plans available in the individual market in 2015, down to 5 plans in 2017, with a 24 percent premium increase.

Mr. Speaker, I yield 2 minutes to the gentleman from New York (Mr. COLLINS), who is a very valuable member of the Energy and Commerce Committee.

Mr. COLLINS of New York. Mr. Speaker, for the past 7 years, the American people have pleaded with their Representatives in Washington to repeal ObamaCare. Today, every Member of this body has the opportunity to do just that. We have the chance to eliminate excruciating mandates and taxes that are suffocating our economy and marketplaces.

Under ObamaCare, premiums have increased by over 37 percent since 2014, one-third of counties in this country have only one insurance provider, and 4.7 million Americans were kicked off the insurance coverage they wanted to maintain despite President Obama's promise that, if you like your healthcare plan, you can keep it.

But today we have the chance to lower premiums, increase competition among insurance providers, and improve access to health insurance for all Americans. We finally have the chance to formally reject an unprecedented government overreach into health care and take the first step towards giving patients control over their own health.

In western New York, this bill will have even more profound benefits. The amendment that I authored with Representative JOHN FASO will relieve county governments in New York of a \$2.3 billion unfunded mandate forced onto county taxpayers by the Governor of New York and will substantially reduce the tax burdens of property owners across New York State. This one provision of the American Health Care Act will save taxpayers in the eight counties that I represent over \$470 million a year.

This is a game-changer for local New York governments and restores a fundamental tenet of representative democracies that the level of government that makes the decision about spending should be responsible for raising those funds. I am proud to stand up for western New Yorkers whose voices have been silenced for too long, and I am proud to vote for the freedom, fiscal responsibility, and local decision-making this bill guarantees.

Mr. Speaker, I urge all my colleagues to do the same.

Mr. PALLONE. Mr. Speaker, I remind my colleague from New York that his vote for this bill will take away protections for 3,031,000 people in New York with preexisting conditions.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from New York (Ms. CLARKE).

Ms. CLARKE of New York. Mr. Speaker, I rise today in strong opposition to the American Health Care Act. This dangerous and destructive bill leaves 24 million Americans without coverage. It will cause the uninsured rate for my district in Brooklyn, New York, to skyrocket to over 12 percent and leaves over 400,000 Brooklynites in my district without coverage.

Because of the severe cuts to Medicaid, this bill will also put people in the terrible position of having to choose between being able to eat, being able to obtain life-sustaining medication, or visiting their doctor.

Which one do you, Mr. Speaker, suggest they choose?

For most Americans, Medicaid benefits are not the end goal but, rather, provide temporary support. For seniors, Medicaid can mean the difference between nursing home care and dying alone.

I urge my colleagues to consider the harmful and deadly real-life impact of this legislation, and I vehemently oppose it. I ask that we resist this cynical reverse Robin Hood sham that takes from the poor and gives to the rich.

As President Lincoln said: "You can fool some of the people all of the time,

and all of the people some of the time, but you can't fool all of the people all of the time." This is a sham, and we need to vote it down.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Florida (Mr. DUNN), who is a very valuable Member of Congress and a fellow physician.

Mr. DUNN. Mr. Speaker, I rise today, once again, in support of the American Health Care Act. I do this as a doctor for the good of my patients. We are here today to repeal ObamaCare, to take healthcare decisions away from Washington bureaucrats and give them back to the people.

The American Health Care Act will create a patient-centered system that will lower the cost of health care and serve patients. This act eliminates ObamaCare's taxes, subsidies, and mandates. It defunds Planned Parenthood. It puts Medicaid on a budget, and it is the largest entitlement reform in a generation.

Without Washington mandates driving up costs and limiting access to care, Americans will have the freedom to obtain quality healthcare plans that fit their needs at a cost they can afford.

All this talk about preexisting conditions, this bill provides guaranteed issuance.

Let's not break our promise on repealing ObamaCare. Let's be true to our word. We owe it to the people who sent us here.

I support the American Health Care Act, Mr. Speaker, and I urge all Members to do the same.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Florida that his vote for this bill could increase premiums for people with asthma in Florida by \$4,090 per year.

Mr. Speaker, I yield 1½ minutes to the gentleman from Massachusetts (Mr. KENNEDY).

Mr. KENNEDY. Mr. Speaker, what this legislation does on the surface is very clear: it makes health care more expensive. The more you need it—the sicker or older or poorer you are—the further out of reach it will be. That is why doctors, hospitals, nurses, the mental health community, and patients have spoken out, and spoken out against this bill.

But this bill doesn't just cut coverage and hike premiums all for a tax cut for the wealthy. It codifies a worldview by this administration that is dead set on dividing America along the lines of the god of your prayers, whom you love, where you come from, and your fate and fortune. We see it in their tax plan, in their budget cuts, in immigration policy, and now in health care, a worldview that scapegoats the struggling and the suffering, that sees fault in illness, and that rejects the most basic universal truth of the human existence, which is that every single one of us one day will be brought to our knees by a diagnosis we didn't expect, a phone call we can't imagine, and a loss we cannot endure.

So we take care of each other because, but for the grace of God, there go I one day, and we hope we will be shown that mercy, too. It is the ultimate test of the character of this country confronting our Chamber today: not the power we give the strong, but the strength with which we embrace the weak.

Mr. BURGESS. Mr. Speaker, may I inquire as to the time remaining.

The SPEAKER pro tempore. The gentleman from Texas has 13¾ minutes remaining. The gentleman from New Jersey has 11¼ minutes remaining.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Virginia (Mr. GRIFFITH), who is a valuable member of the Energy and Commerce Committee.

Mr. GRIFFITH. Mr. Speaker, this bill guarantees access for all. And when I say "access," let me be clear: it is access for all.

When you have insurance companies that are pulling out—today we learned Aetna is pulling out of Virginia—and when you have counties across these United States that no longer have anyone who is willing to provide the ObamaCare insurance, that is not access;

When you have a situation where somebody comes up to you at the local county fair and says, "You have got to get me out of ObamaCare. It is killing me. It is killing our family's finances because we have such a high deductible, because we have such a high copay, and my husband is very sick," he may have a piece of paper, Mr. Speaker, he may have a piece of paper, but it is not really health insurance when you can't really use it without having to sell off what little assets you may have or worry about whether or not you can afford to have a roof over your head any longer.

This is not working. ObamaCare is not working. This bill will bring some sanity back to the system. It will take us a couple of years, but the rates of insurance will, in fact, come down.

This business that we keep hearing that all these people are going to be without availability of insurance, it is just fake news. It is not true. This bill does everything that people want it to do, but it gives them choices—not mandates from the Federal Government, but choices—about their health care.

I have been interested to hear some people saying that you all are just ramming this through because the bill wasn't posted until last night. What wasn't posted until last night was the Long-Upton amendment, or the Upton-Long amendment. It is two pages. I invite my colleagues on the other side of the aisle to read it. The McSally bill is a page and a quarter. The MacArthur amendment, which has been out for over a week, is about 8 pages. They could have read it while we have been standing here debating this bill.

But they don't choose to read the bill, they don't choose to learn the facts, and they don't choose to tell the

American people the truth. They want to scare the American people to make them believe that this is a bad bill.

This is a good bill, and I urge everyone to vote "yes."

Mr. PALLONE. Mr. Speaker, I remind my colleague from Virginia that his vote for the healthcare bill will take away protections for 1,344,000 people with preexisting conditions in Virginia.

Mr. Speaker, I yield 1½ minutes to the gentleman from California (Mr. PETERS).

Mr. PETERS. Mr. Speaker, I have seen this bill every step of the way over the short month we have considered it. I was there for the 26-hour meeting we had at the Energy and Commerce Committee. We didn't have an analysis from the Congressional Budget Office then either. If you want to accuse us of not wanting to know the facts, that is something that is very basic to know. We would like to have that here. Here we are again on the floor without that analysis.

Through all of that time, the sad thing is that we have not heard one real argument for how this bill would make health care more affordable and accessible for families in my district in San Diego or anywhere in the country.

Now, the healthcare system isn't perfect. There are problems with some insurance markets because they are not providing the choice they should. So let's fix them. But that is not what we are doing. What we are doing is we are on the cusp of passing a bill that is opposed by doctors, nurses, hospitals, patients, seniors, and just about everybody because it would make the problems in our healthcare system worse, not better.

This is a bill that, if it were to become law, would rip health insurance coverage away from at least 24 million Americans. That is the Congressional Budget Office. That is not fake news. That is the truth.

The bill would leave many Americans with preexisting conditions with premiums they can't afford or without any coverage at all.

Today's votes take us one step closer to a system where families go bankrupt over an unexpected illness and our emergency rooms are filled with mothers once again seeking basic care for their children.

I refuse to accept that is the best we can do for the American people, and I am voting "no."

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Tennessee (Mr. ROE), who is a fellow physician and the chairman of the House Veterans' Affairs Committee.

Mr. ROE of Tennessee. Mr. Speaker, the American Health Care Act in no way changes the existing regulations that allow a veteran who is eligible but not enrolled in the Department of Veterans Affairs' healthcare system from using a tax credit to purchase health insurance. Language that would have codified that legislation into law was

removed from an earlier version of the bill to comply with Senate rules.

□ 1200

Removing language in no way changes that existing regulation or a veteran's eligibility to receive a tax credit. By the way, that is the exact same language that was in the ACA. I repeat that: the American Health Care Act in no way affects a veteran's ability to access tax credits.

I am disturbed that our colleagues in the minority, Mr. Speaker, would assert that it does, in an effort to score political points against this legislation. Fear-mongering has no place in this debate or where America's veterans are concerned.

As chairman of the Veterans' Affairs Committee, as a medical doctor, and as a veteran myself, ensuring that veterans' health care is protected is my highest priority in this Congress, and I would not stand for language in this bill or any other bill that would compromise a veteran's ability to access care.

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

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

Ms. LEE. Mr. Speaker, I rise to express my opposition to this morally bankrupt bill, and I include in the RECORD a letter of opposition from the National Rural Health Association.

[From the National Rural Health Association]

VOTE NO TO THE AMERICAN HEALTH CARE ACT

The National Rural Health Association urges a NO vote on the American Health Care Act (AHCA).

Rural Americans are older, poorer and sicker than other populations. In fact, a January 2017 CDC report pronounced that life expectancies for rural Americans have declined and the top five chronic diseases are worse in rural America. The AHCA does nothing to improve the health care crisis in rural America, and will lead to poorer rural health outcomes, more uninsured and an increase in the rural hospital closure crisis.

Though some provisions in the modified AHCA bill improve the base bill, NRHA is concerned that the bill still falls woefully short in making health care affordable and accessible to rural Americans. For example, the modified bill contains a decrease in the Medical Expense Deduction threshold from 10% to 5.8% in an attempt to assist Americans between the ages of 50 and 64 who would see their premiums skyrocket under the current plan. However, this deduction is not a credit and therefore would be of little use to low income seniors that are in very low tax brackets or do not pay income tax at all. Additionally, the new amendments to freeze Medicaid expansion enrollment as of Jan. 1, 2018, and reduce the Medicaid per-capita growth rate will disproportionately harm rural Americans.

The AHCA will hurt vulnerable populations in rural Americans, leaving millions of the sickest, most underserved populations in our nation without coverage, and further escalating the rural hospital closure crisis. According to the Wall Street Journal, the "GOP health plan would hit rural areas hard.

... Poor, older Americans would see the largest increase in insurance-coverage costs." The LA Times reports "Americans who swept President Trump to victory—lower-income, older voters in conservative, rural parts of the country—stand to lose the most in federal healthcare aid under a Republican plan to repeal and replace the Affordable Care Act." Let's be clear—many provisions in the ACA failed rural America. The lack of plan competition in rural markets, exorbitant premiums, deductibles and co-pays, the co-op collapses, lack of Medicaid expansion, and devastating Medicare cuts to rural providers—all collided to create a health care crisis in rural America. However, it's beyond frustrating that an opportunity to fix these problems is squandered, and instead, a greater health care crisis will be created in rural America.

Congress has long recognized the importance of the rural health care safety net and has steadfastly worked to protect it. And now, much of the protections created to maintain access to care for the 62 million who live in rural America are in jeopardy. We implore Congress to continue its fight to protect rural patients' access to care. Three improvements are critical for rural patients and providers:

1. Medicaid—Though most rural residents are in non-expansion states, a higher proportion of rural residents are covered by Medicaid (21% vs. 16%).

Congress and the states have long recognized that rural is different and thus requires different programs to succeed. Rural payment programs for hospitals and providers are not 'bonus' payments, but rather alternative, cost-effective and targeted payment formulas that maintain access to care for millions of rural patients and financial stability for thousands of rural providers across the country. Any federal health care reform must protect a state's ability to protect its rural safety net providers. The federal government must not abdicate its moral, legal, and financial responsibilities to rural, Medicaid eligible populations by ensuring access to care.

Any federal health care reform proposal must protect access to care in Rural America, and must provide an option to a state to receive an enhanced reimbursement included in a matching rate or a per capita cap, specifically targeted to create stability among rural providers to maintain access to care for rural communities. Enhancements must be equivalent to the cost of providing care for rural safety net providers, a safeguard that ensures the enhanced reimbursement is provided to the safety net provider to allow for continued access to care. Rural safety net providers include, but not limited to, Critical Access Hospitals, Rural Prospective Payment Hospitals, Rural Health Clinics, Indian Health Service providers, and individual rural providers.

2. Market Reform—Forty-one percent of rural marketplace enrollees have only a single option of insurer, representing 70 percent of counties that have only one option. This lack of competition in the marketplace means higher premiums. Rural residents average per month cost exceeds urban (\$569.34 for small town rural vs. \$415.85 for metropolitan).

Rural Americans are more likely to have obesity, diabetes, cancer, and traumatic injury; they are more likely to participate in high risk health behaviors including smoking, poor diet, physical inactivity, and substance abuse. Rural Americans are more likely to be uninsured or underinsured and less likely to receive employer sponsored health insurance. Rural communities have fewer health care providers for insurers to contract, with to provide an adequate network to serve the community.

Any federal health care reform proposal must address the fact that insurance providers are withdrawing from rural markets. Despite record profit levels, insurance companies are permitted to cherry pick profitable markets for participation and are currently not obliged to provide service to markets with less advantageous risk pools. Demographic realities of the rural population make the market less profitable, and thus less desirable for an insurance company with no incentive to take on such exposure. In the same way that financial service institutions are required to provide services to underserved neighborhoods, profitable insurance companies should be required to provide services in underserved communities.

3. Stop Bad Debt Cuts to Rural Hospitals—Rural hospitals serve more Medicare patients (46% rural vs. 40.9% urban), thus across-the-board Medicare cuts do not have across the board impacts. A goal of the ACA was to have hospital bad debt decrease significantly.

However, because of unaffordable health plans in rural areas, rural patients still cannot afford health care. Bad debt among rural hospitals has actually increased 50% since the ACA was passed. According to MedPAC "Average Medicare margins are negative, and under current law they are expected to decline in 2016" has led to 7% gains in median profit margins for urban providers while rural providers have experienced a median loss of 6%.

If Congress does not act, all the decades of efforts to protect rural patients' access to care, could rapidly be undone. The National Rural Health Association implores Congress to act now to protect rural health care across the nation.

Mr. PALLONE. Mr. Speaker, I want to remind my colleague from Tennessee that his vote could increase premiums with breast cancer in Tennessee by \$38,550 per year.

Mr. Speaker, I yield 1½ minutes to the gentlewoman from Michigan (Mrs. DINGELL).

Mrs. DINGELL. Mr. Speaker, I rise today in strong opposition to this misguided legislation to repeal the Affordable Care Act.

This vote might be the single most important issue our Congress deals with. It literally means life or death for too many people in our country.

What we vote on today is ultimately a reflection of our values as a nation. I believe that we have a moral responsibility to take care of the most vulnerable among us. The nuns taught me that. The Bible teaches us that. They are the sick, the poor, the elderly. This dangerous bill does nothing to protect them. In fact, it will do more harm to our most vulnerable.

There are 129 million Americans who suffer from a preexisting condition. They are our neighbors, our friends, and, for some, our family. They are the people attending their townhall meetings.

For me, I am a caregiver. I spend more time at the hospital and with the doctors than I want to. Person after person comes up to me and tells me their story and begs me not to lose their insurance. Healthy Michigan let them go to the doctor for the first time.

The Affordable Care Act made a guarantee that someone with a pre-

existing condition could not be charged more than healthy people and that coverage would be available to all.

Please vote against this shameful bill.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentlewoman from Tennessee (Mrs. BLACK), the chairman of the Budget Committee.

Mrs. BLACK. Mr. Speaker, I am always amazed when I start hearing conversations about the Affordable Care Act and how it is working so well today.

I want to talk about two situations in my home State of Tennessee.

When the Affordable Care Act went into place in the State of Tennessee, we had a risk pool. The risk pool covered about 28,000 people. They were happy with their care, they were happy with their providers, and they were happy with the cost. It was patient centered. They determined what best fit their needs. These were people with preexisting conditions, happy with where they were.

In 1 day, because the Federal Government said, You don't meet this and you don't meet that and you don't meet this, they lost their insurance. They were in the marketplace.

I want to tell you about two situations that are very close to me, but they only represent a number of the many calls that I get in my office.

One is a good friend of mine who has lupus. She went on the marketplace. For the first year, she did pretty good. Her premiums were pretty low; her deductible was reasonable. But here is what she found: she couldn't keep her doctor.

Can you imagine someone who has had lupus for a number of years, it is being controlled, and now she is told she cannot keep her doctor? She had to find other doctors. She was not happy with that because she had a relationship. They didn't use the same treatment and care that she had received before. So she has not felt very healthy.

In the meantime, every year that it is renewed, she calls me to say: My premiums have gone up, my deductibles have gone up, and now it is more than what I was paying before when I liked what I had and I couldn't keep it, opposite of what the President told everyone: If you like what you have, you can keep it.

The second one is someone who has myasthenia gravis. Again, on that same risk pool. She lost her opportunity to get the medication that she was receiving, an IV medication. She has myasthenia gravis. She was very controlled, able to work, living a healthy lifestyle.

The SPEAKER pro tempore. The time of the gentlewoman has expired.

Mr. BURGESS. Mr. Speaker, I yield an additional 1 minute to the gentlewoman.

Mrs. BLACK. She lost her opportunity to have that medication because that medication was \$400 a month, now

it is \$3,400 month, and no longer can she get her medication.

When the other side talks about how wonderful this system is, I implore them to come to our State and talk to the people in our State.

I am a registered nurse. I know what it is like to take care of people who have healthcare conditions who need to be in a risk pool. But let's do it the right way. Let's give it to our States. Let's allow this now to be used in a way that is patient-centered, the way it was working in my home State of Tennessee.

Mr. Speaker, I support this bill, and I am looking forward to the vote later on this afternoon.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Tennessee that her vote will take away protections for 1.265 million in her State with preexisting conditions.

Mr. Speaker, I yield 45 seconds to the gentleman from Maryland (Mr. SARBANES).

Mr. SARBANES. Mr. Speaker, I thank the gentleman for yielding.

Mr. Speaker, President Trump and the Republicans are looking for a win. They want to put points on the scoreboard. But why would you want to win by taking healthcare coverage away from 24 million Americans? Why would you consider it a victory to raise premiums and copayments and deductibles on millions of Americans, including millions of older Americans? Why would you view it as a success to eliminate protections for preexisting conditions?

If I could vote against this bill 100 times, I would do it. If I could vote against it 1,000 times for the thousands of my constituents that will be hurt by this bill, I would.

It is wrong, it is immoral, and it is inhumane.

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Kentucky (Mr. GUTHRIE), the vice chairman of the Health Subcommittee on the Energy and Commerce Committee.

Mr. GUTHRIE. Mr. Speaker, I thank the chairman for yielding.

Mr. Speaker, what I want to talk about is what is underlying in this bill in the traditional reform in Medicaid.

Medicaid currently costs State and Federal Governments \$600 billion. It is estimated in 10 years—a decade—to cost a trillion dollars. It is a system that is set up to implode on itself.

So we want to fix the problem before we get to the critical point where it is going to implode. Let's fix it now, and let's make it right.

What we do is allow States to have the same money they had in 2016—the exact same money—with growth. The growth would be the CPI, medical, and, in some categories, plus one. They also have growth in demographics. We have some people who retire to other States. They have a concern. What if I am from a State where somebody lives in an area and then they move to my State when they are older and typi-

cally cost more in the Medicaid system? We adjust for that. It is in the per capita allotment. As they move, they would transfer. It is not a traditional block grant, unless the State chooses to do so.

We are here reforming an entitlement program for the first time since the 1990s. It is a very sound, solid way, and a way that preserves and protects the program and prevents the program from imploding on itself within a decade.

Mr. PALLONE. Mr. Speaker, I remind my colleague from Kentucky that his vote for the healthcare bill will take away protections for 881,000 people with preexisting conditions in Kentucky.

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

Mr. RUIZ. Mr. Speaker, this bill is worse than a sham. This bill is worse than a sugar pill. This bill is downright ugly. It is poison. As an emergency medicine doctor, I urge you to do no harm. I urge everybody to do no harm.

Let's be clear: a vote for this bill is a vote for 24 million people to lose their insurance. A vote for this bill is to add an age tax to those 55 years old and older. A vote for this bill is raise out-of-pocket costs for everyone, with less coverage. A vote for this bill is to take away guarantees for emergency care, medicine, mental health, and maternity care. A vote for this bill is to allow private health insurance companies to drop patients who have a preexisting illness.

How, you may ask? Let's say I see a patient with diabetes who doesn't have health insurance. A private health insurance company can say: No, we are not going to cover you. Why don't you go to the high-risk, high-cost State insurance pool that is way too expensive, with no guarantees that they will cover what they need. Therefore, they won't be able to afford it. They won't have coverage. They are going to go into financial ruin. All of this is in order to give \$6 billion in tax cuts to the wealthiest.

I urge everybody to vote "no."

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from Oregon (Mr. WALDEN), the chairman of the full Committee on Energy and Commerce.

Mr. WALDEN. Mr. Speaker, I thank our colleagues who have worked so hard on this legislation to try and rescue these failing insurance markets.

We learned yesterday, I think most of Iowa now will not have a single insurer left on the exchanges. If you are one of the people out there in the one-out-of-three counties where people only have one option for insurance, what we are trying to do here is fix this market so you actually have insurance to cover you.

We believe that in going forward with this piece of legislation not only do we give more flexibility to States to innovate, they care about the people in their States. I know my home State of Oregon does. Yet they are facing a

shortfall right now that this legislation would provide over \$320 million to help fill.

One of their proposals is to kick 350,000 people off of Medicaid. This would help fill the gap: \$320 million in the next 2 years to fill an \$882 million shortfall they have.

But this is a problem across the country. What we are trying to do here is reform ObamaCare, the Affordable Care Act, in a way that will work going into the future. Otherwise, people are going to be left with not only enormous rate increases in the premiums, but also you have seen an explosion in the cost of what they have to pay out of pocket.

I have had people in my district say: Look, I am outside of that area where I get a subsidy, and I am paying full price. Our premiums have gone up 50 percent in the last 2 years. My options have gone down from four or five to maybe one or two, maybe three, and it is getting worse. They are threatening to pull out. My out-of-pocket costs are now so high, I am paying for something I can't even afford to use.

We are trying to fix and rescue this market and bring people in.

You hear all these numbers State by State. I am not buying into that at all. They don't understand what our bill does. We are giving States authority, we are giving protections for people, and we are going to get this straightened out once and for all so that we have an insurance market that works, but, more importantly, that we have a healthcare system that people can afford and that we can get quality health care when they see a doctor, between them and their doctor, without a bureaucrat in between.

Mr. PALLONE. Mr. Speaker, I yield to the gentlewoman from Michigan (Mrs. LAWRENCE) for the purpose of a unanimous consent request.

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

Mrs. LAWRENCE. Mr. Speaker, I rise today to express my opposition to this horrible bill, and I include in the RECORD a letter in opposition from the Children's Hospital Association.

CHILDREN'S HOSPITAL ASSOCIATION,
Washington, DC, March 15, 2017.

Hon. ORRIN HATCH,
Chairman, Committee on Finance, U.S. Senate,
Washington, DC.

Hon. RON WYDEN,
Ranking Member, Committee on Finance, U.S.
Senate, Washington, DC.

Hon. GREG WALDEN,
Chairman, Committee on Energy and Commerce,
House of Representatives, Washington, DC.

Hon. FRANK PALLONE,
Ranking Member, Committee on Energy and
Commerce, House of Representatives, Wash-
ington, DC.

DEAR CHAIRMEN HATCH AND WALDEN: On behalf of our nation's children's hospitals and the patients and families they serve, we believe the American Health Care Act (AHCA) in its current form is a setback to child health on a national level. Over 30 million children receive their health care coverage through Medicaid. The legislation as written

cuts the budget, coverage, and benefits for the care for children, many of whom have significant health care needs, including children with disabilities.

Children's hospitals have identified several provisions in the AHCA that create serious concerns about the bill as passed by the House Energy and Commerce Committee. Foremost among these concerns is that the bill would cut the health care budget for children by converting the Medicaid program to a per-capita cap system beginning in 2020. This limits future funding for the states and risks significant reductions in the Medicaid budgets providing care for over 30 million children. The current Medicaid entitlement financing structure allows for greater certainty for children in the Medicaid program and shifting to a capped environment risks undermining the current health care available to children.

We are alarmed children's health care financing is not considered and protected in the AHCA, and that children are exposed to equal funding risk in the Congressional Budget Office (CBO) estimates that AHCA will reduce overall Medicaid funding by \$880 billion or 25%. Medicaid is the largest payer for children's health care in the nation and cuts of this magnitude will have a severe negative impact on children's health care. There are also discrete program changes envisioned in the AHCA posing detrimental effects to children's access to health care. Eligibility policy changes in the bill risk reducing or delaying access to Medicaid coverage. We are concerned by CBO's projections that Medicaid enrollment will substantially decrease under the AHCA and the absence of information on the impact on children specifically suggests that additional examination of these issues is needed.

We support maintaining Medicaid as an entitlement for children as well as retaining essential elements of the program. Every child in America should have access to high quality health care and Medicaid is critical to this aim. Research shows providing Medicaid coverage for children is a smart investment for the nation, resulting in better health outcomes for children into their adult lives and bringing long-term returns for the country.

Children's hospitals cannot support any bill that does not safeguard funding, coverage and benefits for children. With respect to the AHCA, we call on lawmakers to protect kids and recommend, at a minimum, the following:

We must not cut funding for children's care under a per capita cap. Children are already funded at the lowest per beneficiary levels, and ensuring sufficient funding for children's health care into the future is absolutely essential. Accomplishing this under the current proposal requires clear identification of spending for all children, including those eligible based on disability, and exempting funds spent on children from a "claw back" on any spending that exceeds per capita cap target expenditures. We believe spending on all children should be protected from recoupment in the following year. This is critical to ensuring states do not have incentives to restrict children's access to medically necessary care.

Ensure all funding for children, including blind and disabled children, is clearly identified. Accurate information on Medicaid spending is vital to evaluating the program's effectiveness for children and holding states accountable for the delivery of services. We believe all children, including blind and disabled children, should be included in a single children's 1903A enrollee category and the per capita cap for children should be adjusted accordingly to reflect the higher expenses of children with disabilities. Children

are a separate and distinct population from adults. Funding dedicated to children must be identifiable, allowing for an accurate picture of the federal and state investment in kids. This is an important part of ensuring accountability and the availability of sufficient resources to address children's health care needs. We believe it is important to consider protections preventing diversion of resources specifically intended for children. As we work with state governments to innovate and improve care delivery, the nation's pediatric providers are in a better position to help states achieve their goals if all kids are in a common eligibility category.

Continue requirements that all children receive pediatric-specific benefits providing medically necessary care determined by their physicians. The current Medicaid structure includes important protections for all children and ensures they have access to medically-necessary care. It is essential that Congress includes language guaranteeing continued access to pediatric-specific services provided under the Early and Periodic Screening Diagnostic and Treatment (EPSDT) benefit.

Maintain Medicaid coverage levels for children and protect them from potential loss of coverage or delays in eligibility. Changes to eligibility, such as ending hospitals' ability to make presumptive eligibility determinations, limiting retroactive coverage, or reducing children's Medicaid mandatory eligibility levels, directly risk children's coverage and should not be included.

Remove the provision in the bill eliminating hospital presumptive eligibility authority. Hospital presumptive eligibility authority allows hospitals to temporarily enroll children, pregnant women, and other individuals in Medicaid until their full enrollment determination can be made. This means earlier access to needed care for Medicaid eligible children.

Remove the provision in the bill repealing the ability of states to provide retroactive eligibility up to three months prior to the month of application, as allowed under current law. Ensuring retroactive coverage of benefits under Medicaid is very important for children, especially children with complex medical conditions. Without this provision, it will be challenging for families who incur high levels of expense prior to their Medicaid-eligible child being enrolled in the program.

Remove the provision in the bill reducing mandatory eligibility levels for children age 6-18 from 133 percent of federal poverty level (FPL) to 100 percent of FPL. All other children are required to be covered by Medicaid up to 133 percent of the FPL.

Thank you again for the opportunity to provide comment on this legislation. We look forward to working with you in this Congress to at least maintain the benefits children have today, and to hopefully strengthen health care for children into the future.

Very best regards,

MARK WIETECHA,
President and CEO,

Children's Hospital Association.

Mr. PALLONE. Mr. Speaker, I remind the chairman that his vote for the healthcare bill will take away protections for 654,000 people with pre-existing conditions in Oregon.

Mr. Speaker, I yield 1 minute to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Mr. Speaker, I thank the gentleman for leading and for his leadership.

Mr. Speaker, let's be very clear about where we are with TrumpCare 2.0.

This bill still strips 24 million Americans of health care, cuts \$880 billion from Medicaid, and increases premiums for the majority of Americans. It still has an age tax if you are 50 to 64 years old, and cuts maternity care and coverage for substance abuse disorders.

It still gives \$1 trillion in tax cuts to the wealthiest millionaires, billionaires, and corporations on the backs of working people who will pay more and get less.

TrumpCare 2.0 adds insult to injury because my Republican colleagues would like you to believe that they are going to cover preexisting conditions. That is just not true.

American people, be clear: this will not cover preexisting conditions, and 133 million Americans with those preexisting conditions will suffer. There are kids like James Kish, an 8-year-old in my district who has a brain tumor and literally stands to die if this bill passes.

Mr. Speaker, hundreds across this country are calling our offices and weeping. We should all weep that this bill is coming to the floor. We should vote "no."

□ 1215

Mr. BURGESS. Mr. Speaker, I yield 20 seconds to the gentleman from Oregon.

Mr. WALDEN. Mr. Speaker, I have to say that the information that we are being told, even The New York Times has characterized some of it as being misleading, and it is. When you say Oregonians are going to suddenly be thrown out, that is not true on preexisting conditions because there is no waiver request. You are just making that stuff up. I dispute it. It is misleading. It is wrong. It is fear-mongering, and I am sorry it is happening on this floor.

Mr. PALLONE. Mr. Speaker, I just want to remind my chairman that he represents more people on Medicaid expansion than any Republican in the country, and this bill ends Medicaid expansion.

Mr. Speaker, I yield 1 minute to the gentlewoman from Ohio (Ms. KAPTUR).

Ms. KAPTUR. Mr. Speaker, TrumpCare is another false promise. Actually, it is musical chairs. Millions of Americans will be left out and priced out, especially the sick, the old, the pregnant, and the mentally ill. Health insurance means life or death.

In this concoction, who is eligible? How much will it cost? Who will be left out?

There is no budget score from the Congressional Budget Office. Republicans aren't guaranteeing affordable coverage. Everybody knows even a one-word change in your insurance policy can make a gigantic difference in your coverage.

Why not give Americans a chance to calculate the bill's true cost and how it will impact them?

As a result of the Affordable Care Act, 1 million Ohioans now have health

insurance who didn't have it before. Here we are at the end of our long voting week with a major proposal that will rip away the health insurance benefits or make them unaffordable for millions of Americans. Musical chairs is not the way to run the people's House nor the life-and-death affairs of a great nation. TrumpCare sets up a cruel game of musical chairs. Shame, shame, shame.

Mr. BURGESS. Mr. Speaker, I yield 1 minute to the gentleman from Kentucky (Mr. GUTHRIE), the vice chairman of the Subcommittee on Health.

Mr. GUTHRIE. Mr. Speaker, I am surprised that my friends on the other side are defending the ObamaCare age tax, which is a tax on young people. I am the right demographic for it.

This is how it works: people from age 26 to 34 pay more so people from age 50 to 64 pay less.

Think about this: I am 53. In 3 years, I will be 56, my daughter will be 26. What I am asking her to do and what we are asking her to do if we don't repeal this is, as you are wanting to buy a house, get married—she got married—buy a house, start a family, get her family moving forward, we are going to say: But we want you to pay more for your health care so I can pay less.

That is what they are doing. They are having parents have their children pay more so they can pay less. With all of us, I think we want our children, as they start their families, start their life, to have more breaks, not put another burden on them.

I defend the fact that we are giving tax relief to young people, for people from age 26 to 34, who can least afford the premiums that we are putting on them.

Mr. PALLONE. Mr. Speaker, may I inquire as to the time that remains on both sides?

The SPEAKER pro tempore. The gentleman from New Jersey has 2¾ minutes remaining. The gentleman from Texas has 3 minutes remaining.

Mr. PALLONE. Mr. Speaker, I yield 1 minute to the gentleman from Rhode Island (Mr. CICILLINE).

Mr. CICILLINE. Mr. Speaker, this is the cruelest and most immoral thing I have seen the Republican Party do to the American people. Tens of thousands of Americans will die if this bill passes. That is a fact. Republicans have been deceiving the American people for the last 8 years. They don't care about working people, and this bill proves it. They care about insurance companies and drug companies that fund their campaigns. They care about the millionaires and billionaires who get huge tax cuts in this bill. Don't try to tell me that they care about factory and construction workers who will be hurt by this bill. Don't try to tell me that they care about single moms who won't be able to put food on the table after you pass this bill. Don't try to tell me that they care about cancer survivors who are going to pay \$140,000 more for health insurance.

I don't know how anyone can look their constituents in the eye if they vote for this bill. Shame on you if you do. If you vote for this bill, there will come a day when you will have to answer for your vote, when you will have to look a friend, a family member in the eye, someone who is sick or dying, and say: I did this to you.

Don't do it. Vote "no."

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

Mr. BURGESS. Mr. Speaker, I yield 2 minutes to the gentleman from South Carolina (Mr. RICE).

Mr. RICE of South Carolina. Mr. Speaker, I stand in support of the American people today who are being dragged down by this failing disaster called ObamaCare. Since I first got to Congress, I have consistently heard from people across the Seventh District of South Carolina who have been negatively affected by ObamaCare.

We were told: If you like your plan, you could keep it.

We were told: Your premiums would go down by \$2,500 per family.

We were told it would provide more choice. But what we have seen is exactly the opposite. 232,000 South Carolinians' plans were canceled, premiums have increased by double digits every year and are up by 28 percent this year. There is only one insurer left in South Carolina, and they are threatening to pull out. The law is failing miserably and getting worse.

This bill repeals harmful ObamaCare taxes across the board that drove up healthcare costs and transitions health care to a more competitive, patient-centered insurance market. There are still fixes that need to be made to further improve health care, but this is a dramatic move forward from where we are today and the first step in moving America's health care from an unsustainable system to a sustainable one.

Mr. PALLONE. Mr. Speaker, I remind my colleague from South Carolina that his vote for the healthcare bill will take away protections for 822,000 people with preexisting conditions in South Carolina.

Mr. Speaker, I yield 45 seconds to the gentlewoman from Florida (Ms. WASSERMAN SCHULTZ).

Ms. WASSERMAN SCHULTZ. Mr. Speaker, I rise today to condemn this abhorrent legislation that will rip away protections from millions of Americans. I am a breast cancer survivor. President Trump and our Republican colleagues promised Americans like me that we would not be discriminated against based on our preexisting conditions.

I am not sure if any Republicans actually know what it is like to live every single day of your life waiting for the other shoe to drop, but with this bill, you yank that peace of mind that we have with the Affordable Care Act out from under us.

This bill would allow States to segregate sick people into separate, infe-

rior coverage and leave individuals exposed to catastrophic health costs, benefit exclusions, and waiting lists. High-risk pools spin sick people into a death spiral. Premiums go ever higher and coverage is spotty.

I can only hope that my colleagues come to their senses before inevitably handing so many Americans a death sentence. Make no mistake, people will die as a result of this bill.

Mr. BURGESS. Mr. Speaker, may I inquire as to the time remaining?

The SPEAKER pro tempore. The gentleman from Texas has 1½ minutes remaining. The gentleman from New Jersey has ¾ minute remaining.

Mr. BURGESS. Mr. Speaker, I yield myself 1 minute.

I do want to take a minute today to thank the superior team we have in the House Legislative Counsel. They have put in many man hours and woman hours to draft this bill that is being considered here in the House today. Specifically I want to thank Ed Grossman, Jessica Shapiro, Michelle Vanek, and Jesse Cross for their devotion to the people of the United States in helping us draft this legislation.

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

Mr. PALLONE. Mr. Speaker, I yield my remaining time to the gentlewoman from Illinois (Ms. KELLY).

Ms. KELLY of Illinois. Mr. Speaker, how tragic it is that before House Republicans skip town, they will steal from Medicare, pass an age tax on older Americans, say that children with autism are a preexisting condition, and tell folks: If you have diabetes, you are paying \$5,600 more.

This morning, I heard from many hospitals, doctors, and nurses across Illinois. They know what families need to be taken care of and to be healthy. They do not believe that stripping 24 million Americans of their health insurance is in the best interests of our national health.

To my eight Illinois colleagues on the Republican side of the aisle, if you vote "yes" on this bill, the eight of you own its aftermath in our State; you own the 47,000 jobs that you will kill; you own the health of the million-plus Illinoisans who will be stripped of their health insurance.

Let's kill this horrific bill and work together to make health insurance affordable and accessible for all.

The SPEAKER pro tempore. The Chair again reminds Members to direct their remarks to the Chair.

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

Mr. BURGESS. Mr. Speaker, I yield myself the balance of my time.

Mr. Speaker, we are here today to correct a technical problem that exists with trying to draft to Senate rules with the House legislation. Recognizing the problem, the gentlewoman from Arizona (Ms. MCSALLY) has introduced a straightforward and practical bill to fix the problem. It is a simple 2-page bill that, when the American

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

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

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

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

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

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

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

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

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

The yeas and nays were ordered.

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

FURTHER MESSAGE FROM THE SENATE

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

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

AMERICAN HEALTH CARE ACT OF 2017

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

The Clerk read the title of the bill.

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

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

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

The Chair recognizes the gentlewoman from Tennessee.

GENERAL LEAVE

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

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

There was no objection.

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

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

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

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

□ 1230

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Those with preexisting conditions get insurance at the standard rate;

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

Personal bankruptcies are down 50 percent.