

have to change their regulatory models just as we will. But it is these disruptions that give us the economic robustness to actually keep our promises over the next 30 years.

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

□ 1500

#### MEDICARE FOR ALL ACT

The SPEAKER pro tempore. Under the Speaker's announced policy of January 3, 2019, the gentlewoman from Michigan (Ms. TLAIB) is recognized for 60 minutes as the designee of the majority leader.

#### GENERAL LEAVE

Ms. TLAIB. Madam Speaker, I ask unanimous consent that all Members may have 5 legislative days in which to revise and extend their remarks and to include extraneous material on the subject of the Special Order today.

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

There was no objection.

Ms. TLAIB. Madam Speaker, I am honored to co-chair this Special Order for the Congressional Progressive Caucus with my amazing colleague from California, KATIE PORTER.

This is a privilege for me to be able to work with so many of my colleagues on the issues that they are very passionate about, from healthcare to environmental justice to LGBTQ rights. It has been an honor to lead this and to be part of this.

Today, we are talking about an important, important issue to one of my colleagues whom I have known for over 15 years as a community organizer and, later, as an immigration rights attorney working on civil rights issues. It is an honor to introduce my colleague from the State of Washington, the leader on healthcare for all, our wonderful, great colleague, Representative PRAMILA JAYAPAL.

Madam Speaker, I yield to the gentlewoman from Washington (Ms. JAYAPAL).

Ms. JAYAPAL. Madam Speaker, let me say how pleased I am to be with Ms. TLAIB today, leading the Special Order hour, and, Madam Speaker, how pleased I am to see you at the podium.

This is a fantastic group of individuals who have joined us here in Congress, and I couldn't be prouder to serve with both of you and with others who are here as well.

The topic of this Special Order hour is so important. It has been important to me, of course, but also to Members of Congress in general and to communities across the country, and that is the topic of healthcare.

I wanted to break this down a little bit, in terms of where we are on this issue for people who are watching, because this is one of the beauties of the Special Order hour, that we get to talk about the issues that matter; we get to explain things; and we get to put forward our proposals and our ideas.

I am so proud to say that, on February 27, I and my colleague, Representative DEBBIE DINGELL, introduced the Medicare for All Act of 2019, and we had 107 original cosponsors. Those are the folks who sign on right as it is getting introduced.

Of course, a bill gets introduced, and we always add people on after that. But this is 107 original cosponsors for this act that would build upon, improve, and expand Medicare so that it covers every single person in this country—universal healthcare, the idea that healthcare is a right and not a privilege.

Let me start by saying that we Democrats are absolutely united around the need to shore up the Affordable Care Act. There is no question that there is work to do immediately on some of the things that were done to take away access to those with pre-existing conditions, to strip away the benefits of the Affordable Care Act. We are 100 percent united around continuing to do that.

However, we have to have a bold vision that addresses the healthcare crisis in this country that leaves 30 million people uninsured and 40 million people underinsured, without access to healthcare.

We have to understand, in doing that, in the United States today, we spend, depending on what estimate you look at, about \$32 trillion to \$39 trillion on healthcare costs over 10 years. That is going up to about \$50 trillion over the next 10 years on healthcare. That is about 18½ percent of GDP.

If you look at every other major industrialized country in the world, what you see is that they provide healthcare, comprehensive care, to everybody in their country, and they do it at about half the cost, or less, of what the United States spends.

You might think that you could look at costs of healthcare in this country and you could say: Well, America has the best healthcare system in the world, and that is why we spend so much. We have the best healthcare outcomes.

Well, let's talk about that for a second. In the United States, we spend 18½ percent of our GDP on healthcare costs, yet we have the worst health outcomes of any peer country in the world.

Today in the United States, we have the highest maternal mortality rate. We know what that is; that is moms dying in childbirth.

We have the highest infant mortality rate. That is kids dying at young ages.

We have the lowest life expectancy rate of any of our peer countries. In fact, we are the only industrialized country in the world where life expectancy is going down and not up.

So we don't even have good health outcomes to show for our healthcare system.

That is why Representative DINGELL and I and our 105 additional cosponsors of the bill, and Representative TLAIB

and many others who are part of this effort, have introduced the improved Medicare for All Act of 2019.

What this bill does is it offers, first of all, comprehensive coverage to everyone in the country. We say that that includes primary care; it includes vision, dental, hearing; it includes mental health and substance abuse; it includes long-term services and supports, maternal healthcare, and more.

Everybody in the country will have access to healthcare when you get sick, not when you need an emergency room, not when you simply can't take your illness anymore, but when you actually get sick.

This bill is the first time that we will actually have long-term care supports and services included in this coverage. This is very, very important because it covers seniors, obviously, our elderly, as they get toward the end of their life, and it includes people with disabilities who have, traditionally, been left out of this entire sphere.

What we do is we say that, instead of the current system where you have to get so poor that you have to be on Medicaid—you have to have a low level of income, be on Medicaid—if you want long-term supports and services, and the automatic default is institutional care instead of home care, we flip that on its head and we say you get to stay at home with the people you love. You get to be in your home as you are dealing with these incredible challenges that you may have.

Our bill says no premiums, copays, and deductibles. We don't want you to have to think about that as you go to the doctor.

This is very important, because you will hear this is a government takeover of healthcare. That is what opponents of my bill are already trying to tell you.

I want you to hear this really clearly, if you are listening: We use the same network of doctors and hospitals that is already here.

In fact, I bet, if we had a roomful here and I were to ask people how many of you have been told, or have a family member or a relative who has been told, that you can't go to a certain hospital or doctor because it is out of network, or you only get a certain coverage if you go, I bet everybody would raise their hands. I see people raising their hands right now. Good for you. I feel like I have an audience here.

What our plan says is that you can go to any doctor or hospital. The government isn't taking over those services. It is not going to be a different government service. It is just the same as what you have right now.

The only thing that changes is, instead of having to argue with five insurance companies—because maybe you have Medicare and you have Medicare Advantage; maybe you don't have anything at all; maybe you have a combination of things put together. Instead of having to argue with five insurance companies, you get to just say:

This is a government insurance program. This is covered by one insurance program, a single payer.

If you have heard that statement, that is what that means. This is the way that almost every industrialized country in the world does it.

I think that we have to think about what the problem is here, why have we not been able to do this. We have, increasingly, seen our healthcare system, unfortunately, being moved more and more to a for-profit system that puts those profits over patients.

If you look at, for example, the cost of pharmaceutical drugs in our country today, it is so much more expensive to get insulin treatment or cancer treatments or even an MRI in the United States. I have clients and constituents who drive to Canada, who go to other places, because they can't afford the drugs here, and they can buy the exact same thing across the border for significantly cheaper.

We are having a crisis, Madam Speaker, where people are going to bed at night thinking about how they are going to pay their rent and pay for their cancer treatment, how they are going to afford to get the insulin treatments that they want. People are foreclosing on homes.

In fact, two-thirds of all the bankruptcies today in the United States are due to medical issues, medical costs. GoFundMe has become one of the most popular insurance plans around, where people are just banking on the goodness of people to take care of their healthcare costs. That is simply not acceptable.

If we want to take on this question of universal healthcare coverage, which, by the way, Teddy Roosevelt talked about in 1910, Harry Truman in 1945, President Johnson—this is not a radical idea. It is actually something that has been tried and tested.

But here in the United States, the idea that we could provide universal healthcare for everybody, make sure that people get the healthcare access that they need, this is the time for it. Seventy percent of the American people actually agree with us. You might hear that that support goes down if you say some other things, but let's be really clear that the fearmongering out there is driven by for-profit industries that, unfortunately, have a lot to lose if a plan like this were to pass, because we would actually make sure that we are not only providing universal coverage but that we also have cost containment built into our system.

That is what my bill does. We build in cost containment measures so that we can actually bring down the overall cost of healthcare in this country to what is standard in other countries around the world.

This is incredibly important to us, and as we think about who gains and who loses in this, I believe that it is actually a win-win for everybody who is concerned about putting patients over profits.

It is a win-win for doctors who have been trained to take care of patients but, instead, spend 25 to 30 percent of their time dealing with insurance companies and trying to do all the paperwork that needs to be there, trying to argue for a patient of theirs to be able to get the care they need.

It is a win for hospitals that want to make sure that they know what kind of budgets they are going to have and that they can work within that. We have something built into our plan called global budgeting, which is actually the standard in other countries but is being tested in Maryland to great effect, where hospitals get an overall amount of money, and they get a global budget. We have that built in as well.

It is a win for patients. This is the thing that is so important to emphasize again and again.

Actually, before I get to the patients, let me say it is also a win for our businesses, particularly our small- and medium-sized businesses. I have a lot of business owners who might disagree with me on a few other issues, many of them are across the aisle—they are Republicans; they are independents. They come up to me and they say: Representative, I don't agree with you on this or this or this, but please, can you get the Medicare for All bill passed, because we cannot, as small businesses and even medium-sized businesses and, by the way, even large-sized businesses, deal with the growing cost of these insurance premiums that we are paying that are really just going to line the pockets of top CEOs.

The CEO of UnitedHealth took home \$82 million, even as people are not able to afford treatments and are dying. The other CEOs have taken in \$52 million, \$29 million.

We have to make sure that the balance of something like healthcare, which is an essential, I believe, a common good in this country, that we are able to provide that to people.

There are lots of other places where markets can work, but in this marketplace where you need to make sure that healthcare is provided to everybody regardless of whether you are rich or poor, regardless of where you live, regardless of the color of your skin, this is where the government comes in to try to help make sure that that is actually possible.

This is a really important bill for us, and I am absolutely honored to have so many of my colleagues who are so smart on these issues, not only in liberal districts like mine but also in frontline districts, places that were held by Republicans for a very long time.

My Democratic colleagues flipped those districts, and they ran on this issue. They ran on this issue, and they won on this issue, because they know, and their constituents know, that it is time to take profit out of this system and make sure that it once again gets focused on the healthcare of people.

We also have an incredible coalition of labor unions that have come on board for the first time ever. Our teachers are on board, our machinists, our steelworkers. We have so many different unions that are on board this time.

Our disability rights community is on board.

Our women's organizations are on board, because for the first time, we make sure that everybody gets the care they need, whether they are a woman or a man, and we make sure that people have control over their reproductive choices.

We are absolutely thrilled about this.

I want to be clear about one thing, as I turn this back over to my incredible colleague from Michigan. This is not a messaging bill. I want to be clear about that.

For the first time in the House of Representatives, this bill is over 120 pages long. It is a detailed analysis and layout of exactly how this would work. It ensures that everybody gets healthcare. It keeps the existing system of delivery that we have. We are not changing the system of delivery.

It does not in any way say that insurance companies can't continue to operate. They just can't provide the same benefits that we are providing through the government insurance plan. That is actually the way Medicare works right now.

□ 1515

You can't provide the same benefits because we don't want a two-tiered system.

Now, if they want to provide benefits outside of what we provide, they are welcome to do so. That is how Medicare Advantage originally came in to being. Medicare Advantage plans, the benefits that are offered under those, would be included in our plan, so we wouldn't need those plans. But insurance companies are free to continue to innovate as they need to; and we have built in 1 percent of the cost of the bill for the first 5 years actually goes to a fund that ensures transition and appropriate support for workers in the insurance industries who may actually end up having to lose their jobs or to eventually transition into this new system that we have.

We will, for the first time, thanks to Speaker PELOSI's support, and others' support, we will have hearings on this bill. And whether you agree or you disagree with the premise, what I would ask is that you understand how critical it is to address and finally get to universal healthcare in this country.

This is a debate that should have been had on the House floor and in our committees a long time ago. We are finally going to have that with a number of different committees; and I am looking forward to continuing to help lead with all of my colleagues on ensuring that healthcare is a right and not a privilege; that you don't have to be wealthy to get basic healthcare; and

that we improve the ultimate competitiveness of our businesses, our families, our communities, and the health, the basic health, the right to live with dignity and respect for all of our people.

Ms. TLAIB. Madam Speaker, that was incredible. And obviously, many of us in the Congressional Progressive Caucus have fully supported so much of what Medicare for All stands for. I thank the gentlewoman from Washington for her leadership and courage for taking on such a bold move.

Madam Speaker, I am very honored to be here representing the community that raised me. I was raised in Southwest Detroit, in the 13th Congressional District. Growing up in Southwest Detroit, I actually thought that smell was normal, all the pollution that I kind of grew up in, all the truck traffic. As I got older, I realized it wasn't normal. It wasn't normal that so many of my neighbors were getting cancer or had respiratory issues. It wasn't normal that one of five children have asthma.

We have one of the highest—one of the worst air qualities in the State of Michigan in the 13th Congressional District; and it is the third poorest Congressional District in the country.

So the deadly consequences of being uninsured is real for my constituents at home; through no fault of their own, but for the fact that they live in communities that are polluted and communities that lack so much opportunity to be able to thrive.

So this is an important issue, not only to millions of Americans today, but to my residents; this need for universal healthcare. It is a topic that most, if not all of us in this Chamber were sent here to work on. It is a topic that is always on the minds of our residents every single day. It is a topic that is literally a life or death situation, and an issue that has bankrupted many of our families; an issue that we should not be worried about in this country.

We are the richest country on the planet, but the United States is the only industrialized country without universal healthcare.

Fifty thousand residents in my district are uninsured. This is why I am thrilled and excited that over 100 of my colleagues have signed on to sponsor the Medicare for All Act.

More than 30 million Americans are without access to healthcare right now without insurance, with an additional 40 million who cannot afford co-pays and the deductible.

Pharmaceutical companies make billions, Madam Speaker, in profits, while working Americans are forced to go through extraordinary measures to pay for care.

Just the other day, I heard a mother talk about losing her 6-year-old child, her little girl, because she couldn't afford insulin. This is why we need something bold, courageous, transformational, and that is supporting Medicare for All.

We spend the highest amount per capita in the world on healthcare. We need a better system for our constituents. We need Medicare for All.

This system is one that many more of my colleagues should get behind. It provides a system where our constituents will know that they are secure and getting healthcare that they need today. This is a system that will take away the worry of our constituents who have constant, day-in, day-out thinking about the cost of healthcare, and whether or not their current insurance even covers it.

It is really important to be clear about Medicare for All. One, it includes comprehensive coverage for primary care, for hospital, outpatient services, prescription drugs, reproductive health services, newborn care, long-term care services. This is so critical for my residents.

Constantly do I hear, day-in, day-out of families that are taking care of their parents and not having access to long-term care coverage.

It supports mental health and substance abuse treatment, laboratory and diagnostic services, and so much more.

Patients will have complete freedom to choose their doctors. I am going to say this again. Patients will have complete freedom, under the Medicare for All Act, to choose their doctors, hospitals, and other providers that they wish to see.

Long-term care, again, in support for our older Americans, our neighbors, and those with disabilities, will be covered.

Medicare for All will decrease the costs by reducing inefficiency; preventing healthcare corporations from overcharging; and increasing transparency in our system.

Medicare for All will also decrease prescription drug costs by allowing Medicare to finally negotiate our prices.

The legislation also preserves healthcare programs for our veterans and our Native Americans.

Healthcare is a right, Madam Speaker, not a privilege for the wealthy.

And not only is this the most incredible class, and not because I am part of it, but it really is, it is the largest incoming class since Watergate but, more importantly, it is the most diverse.

We not only ran because we wanted to be first, or we wanted to be diverse, we ran because we speak differently; we serve differently; and we are much more courageous than, I think, previous classes ever have been.

So, I am asking our colleagues to please stand up and support Medicare for All. Give it a chance. See the possibility of finally being able to provide for our constituents' universal healthcare.

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

#### AND STILL I RISE

The SPEAKER pro tempore. Under the Speaker's announced policy of Jan-

uary 3, 2019, the gentleman from Texas (Mr. GREEN) is recognized for the remainder of the hour as the designee of the majority leader.

Mr. GREEN of Texas. Madam Speaker, and still I rise because I love my country. And I rise tonight on the Republican side of what we call the aisle.

I do so, Madam Speaker, because the issue that I will call to the attention of this august body is not an issue that I consider a Republican issue. I don't consider it a Democratic issue. I consider this an issue for the American people, past, present, and the future.

This is an issue that has plagued our country almost since its inception. It is an issue that we have avoided with intentionality, avoided because of discomfort, avoided through the years. But it is an issue that we have to address.

So I rise tonight, Madam Speaker, with love of country at heart on the Republican side of the aisle. And I rise to announce, as I have before, that we have to take up the question of impeachment.

I rise, Madam Speaker, to say this and to give some explanations. There are many things that are being misunderstood. I trust that I can bring some degree of clarity to the issues that are misunderstood.

And I know, Madam Speaker, as I rise, and understand that this will come to a vote in this House; I know that it will be a tough vote for many people. I understand. It will be a tough vote for a multiplicity of reasons. It will be a tough vote.

I know what tough votes are like, so I understand. I have people in my community, one example, members of the clergy that I have had to explain some very tough votes to. I have some that have, to this day, not agreed with the tough votes that I have had to take.

Tough votes. I came here to take tough votes. I came here to deal with tough issues, the difficult. I came to do what I believe should have been done long before now; but the opportunity to do it has presented itself since I arrived in Congress, so I take on this challenge. And I understand that this will be a tough vote.

Before I get to some of the nuances of the explanation that I would like to give, let me just tell you who I will be voting for when I take this tough vote. I will be voting for the slave mother who had a baby ripped out of her arms, taken to the auction block.

This is why I can relate to those mothers on the border who had their babies ripped out of their arms; and still, many have not been returned to their mothers, their fathers. I can relate because I understand the historical context. I will be voting for them.

Tough vote, but I will be voting for the slave father who never got to see his child because the mother and the child were taken away, auctioned off, sent to some distant plantation; never allowed the opportunity to enjoy the love that a father ought to with a