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House of Representatives

The House met at noon and was called to order by the Speaker pro tempore (Mr. NEWHOUSE).

DESIGNATION OF SPEAKER PRO TEMPORE

The SPEAKER pro tempore laid before the House the following communication from the Speaker:

WASHINGTON, DC,
March 20, 2017.

I hereby appoint the Honorable DAN NEWHOUSE to act as Speaker pro tempore on this day.

PAUL D. RYAN,
Speaker of the House of Representatives.

MORNING-HOUR DEBATE

The SPEAKER pro tempore. Pursuant to the order of the House of January 3, 2017, the Chair will now recognize Members from lists submitted by the majority and minority leaders for morning-hour debate.

The Chair will alternate recognition between the parties, with each party limited to 1 hour and each Member other than the majority and minority leaders and the minority whip limited to 5 minutes, but in no event shall debate continue beyond 1:50 p.m.

WHAT CONGRESSIONAL BUDGET OFFICE SAYS ABOUT AMERICAN HEALTH CARE ACT

The SPEAKER pro tempore. The Chair recognizes the gentleman from Connecticut (Mr. COURTNEY) for 5 minutes.

Mr. COURTNEY. Mr. Speaker, after 7 years of railing against the Affordable Care Act, a little less than 2 weeks ago we finally got an opportunity to see what the Republican repeal-and-replace plan actually looks like.

President Trump described it on March 7, again, a little less than 2 weeks ago, as our wonderful new healthcare bill.

The new Secretary of Health and Human Services, Tom Price, solemnly promised that no one will be worse off financially as part of this bill known as the American Health Care Act.

Well, Mr. Speaker, as President John Adams once said a long time ago, facts are stubborn things; and over the last 2 weeks, we have had an opportunity to see what the Congressional Budget Office says about the American Health Care Act. Again, this is the neutral body that advises the Congress and the Nation with budgetary analysis both in terms of taxes and spending and also in terms of healthcare coverage.

What it has told us is that 24 million Americans will lose their health coverage between now and 2024. In fact, it will go up by 14 million just in the first couple of years under this bill, which, again, after 7 years, we never got a chance to see it, but now we are finally getting that opportunity.

Mr. Speaker, sometimes it is a little sort of too much to talk about these large numbers and top-line numbers. What I want to share with you and my colleagues and also anyone watching this speech is that the Kaiser Family Foundation, which is, again, one of the most respected healthcare, nonprofit, educational institutions in our country, has produced an interactive website which basically gives any American the opportunity to scroll across a map of America, find the county where you live, punch in what their income level and age is, and then compare the existing law with the American Health Care Act. Again, that website is kff.org/interactive/tax-credits. Again, kff.org.

I had an opportunity to use that website for my district in eastern Connecticut, a district I proudly represent, the home of the UConn Women Huskies and the home of the Groton submarine base, the oldest submarine base in America. What it showed is that, for people living in New London County, in

Windham County, in Tolland County, in Middlesex County, if you are 60 years old and you are making \$50,000 a year, you lose \$3,230—in terms of premium tax credits compared to existing law—in the proposal which, again, was finally unveiled 2 weeks ago.

If you make only \$30,000 a year and you are 60 years old, you lose \$5,850, a 59 percent reduction in terms of your income assistance to buy health coverage. Again, the prior number was 45 percent.

Unlike what Mr. Price said, this, in fact, is much worse off financially for people in those age groups and where they live. It is far worse off financially in terms of where they stand. In fact, it makes it impossible for people to afford health insurance.

That is why the Congressional Budget Office, looking at that kind of data, has made the conclusion that, if we pass this bill—and the vote is scheduled on Thursday—we will see, again, millions of Americans who will basically be priced out of the opportunity to buy health insurance.

And when you are 60 years old—as someone who is 63, I can tell you—that is not a good place to be in terms of your health status and the risk that you carry when you get older in life in terms of the need to be able to access healthcare coverage.

Mr. Speaker, it is that reason why, when you look at what the stakeholders that deliver health care in America—the American Nurses Association, the American Hospital Association, the AARP, and, finally, the American Medical Association—who have looked at this bill over the last 2 weeks, they have universally pleaded with Congress to block this measure, to slow down the rush to judgment which is going to deprive people of one of the most elemental, basic needs that all of us share.

We are not immortal. We are not immune to getting illness and disease. It

□ This symbol represents the time of day during the House proceedings, e.g., □ 1407 is 2:07 p.m.

Matter set in this typeface indicates words inserted or appended, rather than spoken, by a Member of the House on the floor.



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