

events such as the Super Bowl and the Final Four. Just this week, the Department of Homeland Security had a briefing for Members of the Texas delegation on the Super Bowl, talking about the security that will be implemented in Houston. It was quite impressive. But during that briefing for Members of Congress—and I see two of them here, Mr. AL GREEN and Mr. FARENTHOLD, who were at that briefing—they talked about how probably sex trafficking will be at that location, and how they are going to try to prevent it.

It is quite impressive, the Blue Campaign that is taking place by the Department of Homeland Security. We are going to be ready for those people who want to try to promote sex trafficking in Houston because of the Super Bowl, making sure that there is not going to be sex trafficking in our town, in our country, and that our children are not for sale.

So it is important that we recognize it when we see it, and it is because of awareness of citizens like Mr. Avila that America is turning the tide and making sure that we enforce our sex trafficking laws.

And that is just the way it is.

#### REFINE THE AFFORDABLE CARE ACT—DON'T REPEAL

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

Mr. BLUMENAUER. Mr. Speaker, it is heartening that a few of our Republican colleagues are urging caution on the reckless approach to repeal the Affordable Care Act. They are acknowledging that the only reasonable way to proceed—if that is the objective—is to, at the same time that they repeal, provide the American people with a replacement, a replacement that meets their criteria.

One reason they have not done so is that Republicans don't really agree, don't really know how to do that. The new President promises that a repeal-and-replace program will be better. It will have lower costs and better coverage—a tall order—and we have seen no details.

The troubling fact for the Republicans bent on repealing the Affordable Care Act is that the ACA is working, and most of the major provisions are wildly popular: no lifetime limits on health care; no denial for preexisting conditions to almost 130 million Americans who would otherwise have their health care at risk; allowing children to stay on their parents' health insurance until they are age 25; not charging women higher premiums than men simply because of their chromosomes.

These elements are absolutely essential going forward, and the American public wants this to continue. Sadly, even if they do slow down and try to do it right, there is much damage that is being done with the uncertainty in the

air. They have unsettled 18 percent of our economy—over \$3 trillion of annual expenses—disrupting the 6 years of progress in making the system work better.

I have been talking to people in my community, finding out about some of the damage that is being done, their concerns and apprehensions. The largest employer in the city of Portland is Oregon Health & Science University. They already have felt compelled to implant a hiring freeze, dial back some of their programming, trying to reconfigure, preparing for the worst.

The local government, partnering with the private sector to treat the poor and the elderly, people with mental health issues, are having their important reforms put at risk, and they are scrambling to try and figure out how to do it.

The State of Oregon, not unlike many States around the country, is facing some budget challenges, and there is a \$1.7 billion question dealing with the uncertainty going forward with Medicaid.

Rural hospitals are especially vulnerable, and they will explain it to any Congressman who chooses to ask. Most important for many of them is the fact that this approach that is being pursued on Capitol Hill with this question mark puts at risk one of the greatest achievements of the Affordable Care Act. The vast amounts of money spent on uncompensated care, charity care, has been dramatically reduced. People are getting their health care earlier, and it is being paid for. And those uncompensated care levels are falling dramatically. They are getting better care, more timely.

The health providers in my community are concerned they are still going to have to provide the care, but it will be done later in an emergency room, not in a clinic setting, and they are left holding the bag financially. It is not hard to find out how damaging this approach has been.

Certainly, the Affordable Care Act could use refinement and improvement. We have been trying to do that for the last 6 years. The local medical associations, community clinics, hospitals, health plans are all willing to say how that could be done; but at the same time, they will explain what is at risk and why we owe it to them and the people we serve to understand the damage that is being done and try and minimize it.

The course that is being followed will make America sick again, and that is not the way to start a new administration, a new Congress. We should do what we should have been doing for the last 6 years: working together, cooperatively, to build upon, refine, and improve the Affordable Care Act and give the American public the health care they deserve.

#### HIGHLIGHTING THE IMPORTANCE OF RURAL HEALTH CARE

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

Mr. THOMPSON of Pennsylvania. Mr. Speaker, before I was elected to serve in the House of Representatives, I spent nearly 30 years in the nonprofit healthcare field assisting those individuals who were facing life-changing diseases and disability. Additionally, as a member of my home community, I have volunteered for decades as an emergency medical technician, serving my neighbors in their time of trauma or medical emergency needs.

I am acutely aware of the challenges many face when it comes to obtaining reasonably priced health care. It is especially critical for rural America, like much of the Fifth Congressional District of Pennsylvania.

We are facing a healthcare crisis in our Nation's rural areas. These often disadvantaged populations are still struggling to access affordable, quality care. Many remain uninsured. Many find themselves newly uninsured as a result of the pressures and the demands and the mandates of the Affordable Care Act. Most are underinsured; however, access to quality care really does remain the largest challenge.

Even when people gain access to health insurance or coverage, it does not equal access to care. Rural hospitals across the country are closing, leaving patients without access to their emergency rooms and long-term care facilities. When you close a hospital in a rural area, the result is a commute that means the difference, frequently, between life and death.

Eighty rural hospitals have closed since 2010. One in three rural hospitals are financially vulnerable. At the current closure rate, more than 25 percent of rural hospitals will close in less than a decade.

As this Congress examines ways to improve our Nation's healthcare system, we must not forget that rural health care is unique and requires different programs to succeed.

In addition to hospital closures, a workforce shortage plagues rural America; 77 percent of more than 2,000 rural counties in the United States are designated as having a shortage of healthcare professionals. Recruitment and retention of experienced professionals, including primary care physicians, is an ongoing challenge.

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Mr. Speaker, no matter how you pay for health care, if there are not qualified and trained professionals in those communities, healthcare access does not exist. Congress must act to stop cuts to rural hospitals and strengthen the healthcare workforce in underserved areas.

Furthermore, the opioid epidemic that is sweeping the Nation has ravaged our rural communities, leaving