

(AZ-01) Message #1 Backup

Schweikert has repeatedly tried to ban all abortions nationwide with no exceptions for rape, incest, or to save a woman's life. In Congress, he cosponsored extreme laws to make abortion a crime and even outlaw fertility treatments like IVF and common forms of birth control. And after Roe v. Wade was overturned, he blocked a law that would have repealed Arizona's extreme 1864 ban, allowing it to take effect.

Schweikert Has Repeatedly Tried To Ban All Abortions Nationwide With No Exceptions For Rape, Incest, Or To Save A Woman's Life. In Congress, He Cosponsored Extreme Laws To Make Abortion A Crime And Even Outlaw Fertility Treatments Like IVF And Common Forms Of Birth Control. And After Roe V. Wade Was Overturned, He Blocked A Law That Would Have Repealed Arizona's Extreme 1864 Ban, Allowing It To Take Effect.

David Schweikert Was A Perennial Co-Sponsor Of The Life At Conception Act

2011: Schweikert Cosponsored The Life At Conception Act. [H.R. 374, Introduced [1/20/11](#)]

2013: Schweikert Cosponsored The Life At Conception Act. [H.R. 1091, Introduced [3/12/13](#)]

2015: Schweikert Cosponsored The Life At Conception Act. [H.R. 816, Introduced [2/9/15](#)]

2017: Schweikert Cosponsored The Life At Conception Act. [H.R. 681, Introduced [1/24/17](#)]

2019: Schweikert Cosponsored The Life At Conception Act. [H.R. 616, Introduced [1/16/19](#)]

2021: Schweikert Cosponsored The Life At Conception Act. [H.R. 1011, Introduced [2/11/21](#)]

The Life At Conception Act Would Ban Abortions With No Exceptions For Rape, Incest, Or To Save The Life Of The Pregnant Person

Los Angeles Times: The Life At Conception Act's Language "Leaves Little Room For Ambiguity On Abortion" And Would Constitute A Nationwide Ban On The Practice From The Moment Of Fertilization. "The Life at Conception Act is fewer than 300 words, but its language leaves little room for ambiguity on abortion. The bill, introduced in the U.S. House earlier in the congressional session, seeks 'equal protection for the right to life of each born and preborn human person,' specifying that it covers 'all stages of life, including the moment of fertilization, cloning, or other moment at which an individual member of the human species comes into being.' Put simply: 'It would be a nationwide abortion ban,' said Mary Ziegler, a professor at UC Davis School of Law who studies reproductive rights. Even California, which has positioned itself as a haven for abortion rights, would be affected." [Los Angeles Times, [8/29/22](#)]

Rewire: The Life At Conception Act "Would Effectively Ban Abortion With No Exception For Rape, Incest, Or To Save The Life Of The Pregnant Person." "H.R. 616 would grant equal protection under the 14th Amendment to the Constitution of the United States for the right to life of each born and 'preborn' human person. [...] It would effectively ban abortion with no exception for rape, incest, or to save the life of the pregnant person. It would also ban birth control pills, IUDs, and emergency contraception. In addition, it would eliminate certain medical choices for women, including some cancer treatments and in vitro fertilization." [Rewire, [9/28/19](#)]

The Life At Conception Act Implemented Equal Protection For Unborn Fetuses Based On The Idea That Human Life Begins At The Moment Of Conception. "U.S. Senator Rand Paul today introduced the Life at Conception Act. The legislation would implement equal protection under the 14th Amendment for the right to life of

each born and unborn human. [...] ‘The Life at Conception Act legislatively declares what most Americans believe and what science has long known - that human life begins at the moment of conception, and therefore, is entitled to legal protection from that point forward.’ [U.S. Senator Rand Paul, Press Release, accessed [6/1/22](#)]

Personhood Bills Like The Life At Conception Act Would Severely Impact, And Potentially Eliminate, In Vitro Fertilization

The Life At Conception Act Would Grant Equal Protection Under The 14th Amendment To Fetuses, Effectively Banning Abortion With No Exceptions And Eliminating Medical Choices Including In Vitro Fertilization. “H.R. 616 would grant equal protection under the 14th Amendment to the Constitution of the United States for the right to life of each born and ‘preborn’ human person. ‘Human person’ is defined as: [...] each and every member of the species homo sapiens at all stages of life, including the moment of fertilization, cloning, or other moment at which an individual member of the human species comes into being. The bill would grant constitutional rights to fertilized eggs, embryos, fetuses, and clones. It would effectively ban abortion with no exception for rape, incest, or to save the life of the pregnant person. It would also ban birth control pills, IUDs, and emergency contraception. In addition, it would eliminate certain medical choices for women, including some cancer treatments and in vitro fertilization. The bill would not allow for prosecution of any pregnant person for the ‘death’ of their ‘unborn child.’” [Rewire, [9/28/19](#)]

Personhood Bills That Define Human Life To Begin At Conception Would Severely Impact Infertility Treatments, Especially IVF. “Personhood bills aim to define human life to begin at the moment of fertilization or conception and grant constitutional rights and privileges to all persons from that moment. If these proposals were to become personhood laws, they would severely impact infertility treatments, especially IVF.” [Arc Fertility, What Do Personhood Bills & Laws Mean in IVF, accessed [2/23/24](#)]

Arc Fertility: If Fertilized Eggs/Embryos Are Considered Full Humans, Anything That Puts An Embryo At Risk Could Be A Criminal Violation, Including IVF Treatments. “As outlined by RESOLVE, with Personhood legislation, however, the legality of effective pro-pregnancy fertility treatments such as IVF could be called into question: if microscopic fertilized eggs/embryos are full humans, anything that puts an embryo at risk could be a criminal violation, even if its goal is the undeniable social good of helping someone have a baby.” [Arc Fertility, What Do Personhood Bills & Laws Mean in IVF, accessed [2/23/24](#)]

July 2022: Schweikert Voted Against The Women’s Health Protection Act, Which Would Codify Roe v. Wade

David Schweikert Voted Against The Women’s Health Protection Act To Establish The Statutory Right For Patients To Receive And For Providers To Provide Abortions And To Prohibit Certain State Restrictions On Abortion. In July 2022 Schweikert voted for: “Passage of the bill that would statutorily establish that health care providers have a right to provide and patients have a right to receive abortion services, and it would prohibit certain restrictions related to abortion services. The bill would specify that rights established by the bill may not be restricted by certain requirements or limitations related to abortion services, including prohibitions on abortion prior to fetal viability, or after fetal viability if a provider determines that continuation of a pregnancy would pose a risk to a patient’s life or health; requirements that patients disclose reasons for seeking an abortion or make medically unnecessary in-person appointments; requirements that providers provide medically inaccurate information or perform specific medical tests or procedures in connection with the provision of abortion services; limitations on providers’ ability to prescribe drugs based on good-faith medical judgment, provide services via telemedicine or provide immediate services when a delay would pose a risk to a patient’s health; and requirements for facilities and personnel that would not apply to facilities providing medically comparable procedures. It would also prohibit requirements or limitations that are similar to those established by the bill or that impede access to abortion services and expressly or implicitly single out abortion services, providers or facilities. It would specify factors that courts may consider to determine whether a requirement or limitation impedes access to abortion services, including whether it interferes with providers’ ability to provide services; poses a risk to patients’ health; is likely to delay or deter patients in accessing services or necessitate in-person visits that would not otherwise be required; is likely to

result in a decreased availability of services in a state or region; is likely to result in increased costs of providing or obtaining services; or imposes penalties that are not imposed on other health care providers for comparable conduct. It would require a party defending a requirement or limitation to establish that it significantly advances the safety of abortion services or patient health and that such goals cannot be advanced by a less restrictive alternative measure. It would authorize the Justice Department, health care providers and private individuals and entities to bring a civil action in U.S. district court for injunctive relief against any state or government official charged with implementing or enforcing a requirement or limitation challenged as a violation of rights established by the bill. It would authorize district courts to award appropriate equitable relief, including temporary, preliminary or permanent injunctive relief, and to award costs of litigation to a prevailing plaintiff. It would require courts to ‘liberally construe’ provisions of the bill to effectuate its purposes. The bill is substantively identical to HR 3755, which the House passed in September 2021, but adds findings related to the June 2022 Supreme Court decision in *Dobbs v. Jackson Women’s Health Organization*.” The bill passed by a vote of 219-210. [H.R. 8296, [Vote #360](#), 7/15/22; CQ, [7/15/22](#)]

- **The Women’s Health Protection Act “Enshrine[d] The Protections Of Roe V. Wade Into Law.”** “The House on Friday passed legislation that would protect access to reproductive health care, including the ability to travel across state lines for an abortion, as part of Democrats’ efforts to minimize the consequences of the Supreme Court overturning *Roe v. Wade* last month. One bill, the Women’s Health Protection Act, would enshrine the protections of *Roe v. Wade* into law. The House already passed the bill last year, but it did not advance in a Senate vote in May. The House passed the bill, 219-210, prompting applause from Democrats in the chamber.” [Washington Post, [7/15/22](#)]
- **The Women’s Health Protection Act Prevented States From Prohibiting Abortions Before Fetal Viability Or After Fetal Viability When The Patient’s Life Or Health Is At Risk.** “The bill would prevent state governments from limiting a health care provider’s ability to prescribe certain drugs, offer abortion services via telemedicine, or immediately provide abortion services when the provider determines a delay risks the patient’s health, according to CRS. It also prevents states from requiring patients to make medically unnecessary in-person visits before receiving abortion services or forcing women to disclose their reasons for obtaining abortions and related services. WHPA would ban states from prohibiting abortion services before or after fetal viability when a provider determines the pregnancy risks the patient’s life or health.” [ABC News, [3/7/22](#)]

April 2024: The Arizona Supreme Court Voted To Reinstate An 1864 Near-Total Abortion Ban

April 2024: The Arizona Supreme Court Voted To Reinstate An 1864 Near-Total Abortion Ban. “The Arizona Supreme Court gave the go-ahead Tuesday to prepare to enforce a long-dormant law that bans nearly all abortions, drastically altering the legal landscape for terminating pregnancies in a state likely to have a key role in the presidential election. The law predating Arizona’s statehood provides no exceptions for rape or incest and allows abortions only if the mother’s life is in jeopardy. Arizona’s highest court suggested doctors can be prosecuted under the 1864 law, though the opinion written by the court’s majority didn’t explicitly say that. The Tuesday decision threw out an earlier lower-court decision that concluded doctors couldn’t be charged for performing abortions in the first 15 weeks of pregnancy.” [Associated Press, [4/10/24](#)]

The 1864 Ban Pre-Dated Arizona’s Statehood And Provided No Exceptions For Rape Or Incest

The 1864 Ban Pre-Dated Arizona’s Statehood And Provided No Exceptions For Rape Or Incest. “The law predating Arizona’s statehood provides no exceptions for rape or incest and allows abortions only if the mother’s life is in jeopardy. Arizona’s highest court suggested doctors can be prosecuted under the 1864 law, though the opinion written by the court’s majority didn’t explicitly say that. The Tuesday decision threw out an earlier lower-court decision that concluded doctors couldn’t be charged for performing abortions in the first 15 weeks of pregnancy.” [Associated Press, [4/10/24](#)]

(AZ-01) Message #2 Backup

David Schweikert threatens the Social Security and Medicare benefits that Arizona seniors earned and rely on. Schweikert said Social Security and Medicare could cause “the end of [the] Republic” and is pushing a radical plan that would make deep cuts to Social Security, raise the retirement age to get benefits, and end Medicare as we know it.

David Schweikert Threatens The Social Security And Medicare Benefits That Arizona Seniors Earned And Rely On. Schweikert Said Social Security And Medicare Could Cause “The End Of [The] Republic” And Is Pushing A Radical Plan That Would Make Deep Cuts To Social Security, Raise The Retirement Age To Get Benefits, And End Medicare As We Know It.

Schweikert Supported Cuts to Social Security And Called Entitlement Programs Like Social Security And Medicare The “True Crisis”

Schweikert Suggested People Should Delay Their Retirement Because It Would Help The Social Security System And The Workforce. HOST: [9:04] “I think was because of what's been going on in the world the last two years and what might be going on with people's 401k is they're talking about people keep delaying their retirement anyway. Right. And so is that, is that a good thing? Or is that a good thing or a bad thing for the numbers?” SCHWEIKERT: [9:20] “If we would get some of the tax system right, it could be actually a terrific thing, because having people stay in the workforce longer, really helps everyone, helps the health care system helps the... but what could we do with Social Security, Medicare, to incentivize being in the workplace instead of taking your retirement at 62? How do I get to say do it and 67 or stayed keep working? We desperately need workers in the United States.” [Wake Up! Tucson, [6/2/22](#)] (AUDIO)

Schweikert: Without Entitlement Reforms, Social Security’s Contribution To The Nation’s Debt Will Only Increase. “The even broader problem of Social Security’s impact on the budget and national debt was approached differently by partisans on the subcommittee. Rep. Joe Crowley, D-N.Y., pointed to a dear colleague letter that he and panel colleague Rep. John Larson, D-Conn., had created in January with more than 100 signatures calling for a major funding increase for the agency. But Rep. David Schweikert, R-Ariz., warned that without entitlement reforms, Social Security’s contribution to the nation’s \$19 trillion debt will only increase. Every 10 years it adds the equivalent of two Departments of Defense, he said. The crisis is among the greatest systemic threats to this nation.” [Atlantic Media, 3/7/18]

Schweikert Said That The Trend Of Seniors Being Incentivized To Remain Working Past Retirement Age Was “Really Interesting.” “YELLEN: Well, you know, I think a strong -- a strong labor market does attract people back in and people who might've left and retired are being incented to remain in the labor force. Of course, we know that more recent cohorts of retirees, although when people reach retirement age, their labor force participation falls, significantly younger retirees are working more than older retirees. And that's a trend well (ph). SCHWEIKERT: And that's a really interesting trend of how many of our seniors are staying in the labor force. YELLEN: More than they -- more than they used to.” [Hearing Transcript, Joint Economic Hearing On The Economic Outlook, 11/29/17]

Schweikert Claimed That Entitlements Were The True Crisis

Schweikert, 2012: The True Crisis Is Entitlements. “SCHWEIKERT: But let's -- let's -- no, no, no, no. Let's deal with one of the true crises here. It's entitlements. It's the explosion of growth of entitlements. But that's politically so dangerous for either side to actually tell the truth about. WILLIS: Well, look, you know, the Democrats say they don't want to give up on entitlements, they don't want to cut entitlements. The Republicans are desperate not to raise taxes. And that's kind of the conundrum we've found ourselves in.” [Willis Report, 11/18/11]

Schweikert Claimed That Debt From Social Security And Medicare Was An Existential Threat And Said “This Is The End Of Your Republic” If The Social Programs Were Not Cut

Schweikert Claimed That The Debt From Social Security And Medicare Were An Existential Threat And “The End Of Your Republic” If Social Programs Were Not Cut

Schweikert Claimed That The Debt From Social Security And Medicare Were An Existential Threat To The United States, Saying “This Is The End Of Your Republic.” “The wheels are coming off, and we're going to dink-around with little arguments saying, ‘well, I have an idea, we're going to work on it all year. And our big success, we're gonna save a half a percent on Medicare spending’. We've lost our minds around here, our unwillingness to do the things that are difficult because we got to explain to a reporter, or it's going to be an attack at one of our campaigns. This is the end of your Republic. This basically means you will live in a country with functionally no growth and functioning, every incremental dollar you have is trying to just cover the interest the borrowing costs of your country. And it's not tax receipts. We have chart after chart after chart after chart that demonstrates its spending- it's mostly demographics. We got old.” [Rep. Schweikert Floor Speech, C-Span, [7/20/23](#)]

HEADLINE: Arizona Rep. Schweikert Warns Of ‘End Of Your Republic’ If Social Program Funds Aren’t Cut. [American Journal News, [8/3/23](#)]

Schweikert Pushed For Plans That Would Make Cuts To Social Security And End Medicare As We Know It By Turning It Into A Voucher Program

Schweikert Was A Member Of The Republican Study Committee

David Schweikert Was A Member Of The Republican Study Committee. [Republican Study Committee, Membership, accessed [7/16/24](#)]



[PRESS RELEASES](#) [ABOUT](#) [TASK FORCES](#) [OFFICIAL POSITIONS](#) [PAST TASK FORCES](#)

MEMBERSHIP

ALABAMA

Rep. Robert B. Aderholt
Rep. Jerry L. Carl
Rep. Barry Moore
Rep. Gary J. Palmer
Rep. Mike Rogers
Rep. Dale W. Strong

ARKANSAS

Rep. J. French Hill
Rep. Bruce Westerman

ARIZONA

Rep. Juan Ciscomani
Rep. Paul A. Gosar
Rep. Debbie Lesko
Rep. David Schweikert

CALIFORNIA

Rep. Mike Garcia
Rep. Darrell Issa
Rep. Kevin Kiley
Rep. Doug LaMalfa
Rep. Tom McClintock
Rep. Jay Obernolte

[Republican Study Committee, Membership, accessed [7/16/24](#)]

The RSC’s Budget Called For Raising The Retirement Age

The RSC’s Fiscal Year 2024 Budget Proposal Raise The Retirement Age For Social Security

Headline: “Social Security Benefits Targeted For Cuts By House Conservatives.” [Bloomberg, [6/14/23](#)]

The RSC’s Budget Called For Raising The Retirement Age For Social Security. The RSC Budget would “[...] make modest adjustments to the retirement age for future retirees to account for increases in life expectancy.” “Every Social Security retirement reform supported by the RSC Budget was previously offered in a bipartisan

fashion. For instance, the RSC Budget would make modest changes to the primary insurance amount (PIA) benefit formula for individuals who are not near retirement and earn more than the wealthiest PIA benefit factor. It would also make modest adjustments to the retirement age for future retirees to account for increases in life expectancy. Finally, for these individuals, it would limit and phase out auxiliary benefits for high income earners.” [Republican Study Committee, Fiscal Year 2024 Budget, [6/14/23](#)]

- Roll Call: “The Plan Offered By The 175-Member Republican Study Committee Would Gradually Raise The Age At Which Future Retirees Can Start Claiming Full Social Security Benefits From 67 To 69.” “The plan offered by the 175-member Republican Study Committee would gradually raise the age at which future retirees can start claiming full Social Security benefits from 67 to 69, a politically fraught proposal that’s all but certain to appear in Democratic campaign ads.” [Roll Call, [6/14/23](#)]
- Roll Call: “The Retirement Age Would Reach 69 For Those Who Turn 62 In 2033.” “Cline said the group has proposed gradually raising the Social Security retirement age, but not for current retirees or those nearing retirement. He said those now aged 59 would see an increase in the retirement age of three months per year beginning in 2026. The retirement age would reach 69 for those who turn 62 in 2033.” [Roll Call, [6/14/23](#)]

The RSC Budget Would End Medicare’s Ability To Negotiate Drug Prices And End Guaranteed Medicare Benefits

RSC Budget Called For Repealing The Inflation Reduction Act

The RSC Fiscal Year 2025 Budget Advocated For The “Full Repeal Of The Disastrous Inflation Reduction Act.” “The RSC Budget opposes the price controls enacted by the Inflation Reduction Act. Rather than enact reforms to lower costs through increased competition in the pharmaceutical industry, President Biden and Congressional Democrats have embraced socialist price controls that will limit access to life-saving drugs for those who desperately need them. Several companies have already abandoned research into new cures for drugs treating diseases such as blood cancer and Stargardt disease. According to the University of Chicago, the price-control provisions included in the Inflation Reduction Act would reduce medical research and development spending by as much as 60 percent and result in 342 fewer life-saving medical treatments. As part of the full repeal of the disastrous Inflation Reduction Act, the RSC Budget would ensure continued access to these life-saving treatments by removing these price controls.” [Republican Study Committee, [3/20/24](#)]

The Inflation Reduction Act Allowed Medicare To Negotiate Drug Prices, Capped Out-Of-Pocket Medicare Costs And Lowering Health Care Premiums

The Inflation Reduction Act Allowed Medicare To Negotiate Drug Prices. “For the first time in history, Medicare has the ability to directly negotiate the prices of covered prescription drugs due to the Inflation Reduction Act.” [Department of Health and Human Services, [8/16/23](#)]

The Inflation Reduction Act Capped Out-Of-Pocket Medicare Costs To \$2,000. “Starting in 2024, there will be a cap on annual out-of-pocket costs in Medicare Part D. In 2025, this annual cap will drop to \$2,000 and will be indexed annually thereafter. The Inflation Reduction Act also includes other provisions designed to decrease spending for Part D enrollees and taxpayers.” [Department of Health and Human Services, [8/16/23](#)]

The Inflation Reduction Act Capped The Cost Of Insulin To \$35 Per Month. “The Inflation Reduction Act caps out-of-pocket spending at \$35 per month’s supply of each insulin product covered under Medicare. These provisions are making insulin more affordable for many people covered by Medicare.” [Department of Health and Human Services, [8/16/23](#)]

The Inflation Reduction Act Lowered Premiums For Health Care Plans On HealthCare.gov And State-Based Marketplaces. “The Inflation Reduction Act extends enhanced financial help to purchase plans on HealthCare.gov and State-based Marketplaces, saving enrollees money on their premiums. National estimates show that, on average, consumers receiving tax credits continue to save over \$800 in premiums per year.” [Department of Health and Human Services, [8/16/23](#)]

The RSC Model Would End Guaranteed Medicare Benefits

The RSC Budget Would Implement A Premium Support Model. “To achieve this, the RSC budget would implement a premium support model where private plans would compete with a federal Medicare plan (the ‘Fed Plan’) that would offer the traditional Medicare benefits received through Part A, B, and D.” [Republican Study Committee, Fiscal Year 2024 Budget, [6/14/23](#)]

Premium Support Models Shifted Costs Onto Beneficiaries. “In areas where Medicare incurs relatively high costs, the amount of the premium-support payment would equal the cost of a relatively inexpensive private plan, and beneficiaries would have to pay higher premiums to participate in traditional Medicare. In areas with relatively low Medicare spending, beneficiaries who wanted to enroll in a private plan would face higher premiums or fewer benefits, or might find that no private plan was available. [...] The vouchers would purchase less coverage with each passing year, pushing more costs on to beneficiaries. Over time, seniors would have to pay more to keep the health plans and the doctors they like, or they would get fewer benefits.” [Center On Budget and Policy Priorities, [3/28/12](#)]

Schweikert Supported Budgets That Would Raise The Retirement Age

2017: Schweikert Voted For A Republican Study Committee Alternative FY18 Budget. [H Con Res 71, [Vote #555](#), 10/5/17; CQ, [10/5/17](#)]

- **RSC Budget Would Gradually Raise The Retirement Age For Social Security To 69.** “The RSC budget would eliminate Social Security’s long-run shortfall and make the program sustainably solvent by adopting Representative Sam Johnson’s (R-TX) ‘Social Security Reform Act,’ which would slow initial benefit growth for higher-earners, gradually raise the normal retirement age to 69, and means-test annual cost-of-living adjustments, which would be calculated based on the chained Consumer Price Index (CPI).” [Committee for a Responsible Federal Budget, [9/11/17](#)]

Schweikert Supported Budgets That Would End Medicare As We Know It

Schweikert Voted For FY18 House Republican Budget Resolution. [H Con Res 71, [Vote #557](#), 10/5/17; CQ, [10/5/17](#)]

AP: House Budget “Reprises A Controversial Plan To Turn Medicare Into A Voucher-Like Program.” “The House on Thursday passed a \$4.1 trillion budget plan that promises deep cuts to social programs while paving the way for Republicans to rewrite the tax code later this year. The 2018 House GOP budget reprises a controversial plan to turn Medicare into a voucher-like program for future retirees as well as the party’s efforts to repeal the “Obamacare” health law. Republicans controlling Congress have no plans to actually implement those cuts while they pursue their tax overhaul.” [Associated Press, [10/5/17](#)]

2014: Schweikert Voted For FY2014 Republican Study Committee (RSC) Budget. [H Con Res 96, [Vote #175](#), 4/10/14; CQ, [4/10/14](#)]

- **RSC Budget Turned Medicare Into A Voucher Program And Increased The Retirement Age To 70.** “The RSC believes we should save Medicare from bankruptcy by transitioning to a solvent premium-support system,

as passed in previous House Republican Budgets. [...] SAFEGUARDS SOCIAL SECURITY AND DISABILITY INSURANCE: This budget would slowly phase in an increase in the Social Security full-retirement age. The full retirement age would continue the current-law's gradual increase of two months per year beginning in 2022 until the full retirement age reaches 70." [RSC Budget, via Wayback Machine, accessed [3/29/18](#)]

2013: Schweikert Voted For FY2014 Republican Study Committee (RSC) Budget. [H. Con. Res 25, [Vote #86](#), 3/20/13; CQ, [3/20/13](#)]

- **RSC Budget Would Turn Medicare Into A Voucher Program For Those 59 And Younger.** "The key difference between [the RSC and Ryan budgets] is the plan to overhaul Medicare. While Ryan calls for implementing his 'premium support' plan for future beneficiaries age 54 and younger, the RSC budget would start the change for people 59 and below." [The Hill, [3/15/13](#)]

Schweikert Supported Cuts to Social Security

Schweikert Suggested People Should Delay Their Retirement Because It Would Help The Social Security System And The Workforce. HOST: [9:04] "I think was because of what's been going on in the world the last two years and what might be going on with people's 401k is they're talking about people keep delaying their retirement anyway. Right. And so is that, is that a good thing? Or is that a good thing or a bad thing for the numbers?" SCHWEIKERT: [9:20] "If we would get some of the tax system right, it could be actually a terrific thing, because having people stay in the workforce longer, really helps everyone, helps the health care system helps the... but what could we do with Social Security, Medicare, to incentivize being in the workplace instead of taking your retirement at 62? How do I get to say do it and 67 or stayed keep working? We desperately need workers in the United States." [Wake Up! Tucson, [6/2/22](#)] (AUDIO)

Schweikert: Without Entitlement Reforms, Social Security's Contribution To The Nation's Debt Will Only Increase. "The even broader problem of Social Security's impact on the budget and national debt was approached differently by partisans on the subcommittee. Rep. Joe Crowley, D-N.Y., pointed to a dear colleague letter that he and panel colleague Rep. John Larson, D-Conn., had created in January with more than 100 signatures calling for a major funding increase for the agency. But Rep. David Schweikert, R-Ariz., warned that without entitlement reforms, Social Security's contribution to the nation's \$19 trillion debt will only increase. Every 10 years it adds the equivalent of two Departments of Defense, he said. The crisis is among the greatest systemic threats to this nation." [Atlantic Media, 3/7/18]

Schweikert Said That The Trend Of Seniors Being Incentivized To Remain Working Past Retirement Age Was "Really Interesting." "YELLEN: Well, you know, I think a strong -- a strong labor market does attract people back in and people who might've left and retired are being incented to remain in the labor force. Of course, we know that more recent cohorts of retirees, although when people reach retirement age, their labor force participation falls, significantly younger retirees are working more than older retirees. And that's a trend well (ph). SCHWEIKERT: And that's a really interesting trend of how many of our seniors are staying in the labor force. YELLEN: More than they -- more than they used to." [Hearing Transcript, Joint Economic Hearing On The Economic Outlook, 11/29/17]

(AZ-01) Message #3 Backup

Shah is an E.R. doctor who stood up to his own party and worked with Republicans in the Arizona legislature to increase funding for border security. And he was the only Democrat to vote to strengthen criminal penalties for fentanyl trafficking.

Shah Is An E.R. Doctor Who Stood Up To His Own Party And Worked With Republicans In The Arizona Legislature To Increase Funding For Border Security. And He Was The Only Democrat To Vote To Strengthen Criminal Penalties For Fentanyl Trafficking.

Shah Was An Emergency Room Doctor Who Worked With Republicans To Increase Funding For Border Security And Was The Only Democrat To Vote To Strengthen Penalties For Fentanyl Trafficking

Amish Shah Was An Emergency Room Doctor. “Shah was first elected to the House in 2018 in Legislative District 24, which covered parts of Phoenix and Scottsdale. After redistricting, the emergency room doctor was reelected out of Legislative District 5, which runs from northern Phoenix to the city's downtown area.” [ABC15, [2/1/24](#)]

2022: Shah Voted For A Republican Initiative To Increase Border Funding

2022: Shah Voted In Support Of HB 2591, Which Authorized Up To \$250,000 In Increase Border Funding From The Department Of Emergency And Military Affairs. According to the Arizona State Legislature, Shah voted in support of HB 2591, “b. In addition to the appropriations prescribed in subsection a of this section, the department of emergency and military affairs may use up to \$250,000 from the border security fund each fiscal year to administer this section. Notwithstanding any other law, the department of emergency and military affairs is authorized additional full-time equivalent positions paid from the appropriation made by this subsection to administer this section.” The bill passed the House by a vote of 41 to 18 with 1 not voting. Then, the bill passed the Senate by a vote of 18 to 10 with 2 not voting. Governor Ducey signed the bill into law on April 25, 2022. [Arizona State Legislature, HB 2591, [2/23/22](#)]

In 2022, Shah Was The Only Democrat To Vote For House Bill 2253, Which Established Nine Grams As The Threshold Amount For Fentanyl Or Fentanyl Mimetic Substances In Arizona

2022: Shah Voted For A Motion Titled “On Passage” For HB2253 “Threshold Amount; Fentanyl.” According to the Arizona Legislature, Shah voted for a motion titled “On Passage” for HB2253 “Threshold amount; fentanyl.” The motion Passed the House on June 23, 2022 by a vote of 32-22, with 6 voting present and 0 not voting. 1 Democrats and 31 Republicans voted for the motion, while 22 Democrats and 0 Republicans voted against the motion. [Arizona Legislature, Bill Summary, HB2253, [6/23/22](#)]

2022: Shah Was The Only Democrat To Vote For HB2253 “Threshold Amount; Fentanyl.” According to the Arizona Legislature, Shah voted for a motion titled “On Passage” for HB2253 “Threshold amount; fentanyl.” The motion Passed the House on June 23, 2022 by a vote of 32-22, with 6 voting present and 0 not voting. 1 Democrats and 31 Republicans voted for the motion, while 22 Democrats and 0 Republicans voted against the motion. [Arizona Legislature, Bill Summary, HB2253, [6/23/22](#)]

House Bill 2253 Established Nine Grams As The Threshold Amount For Fentanyl Or Fentanyl Mimetic Substances In Arizona. [Arizona House of Representatives 2022 Session Summary, accessed [3/16/22](#)]

HB 2253 (Chapter 371): NOW: threshold amount; fentanyl

Establishes nine grams as the threshold amount for fentanyl or fentanyl mimetic substances.

Effective: September 24, 2022

[Arizona House of Representatives 2022 Session Summary, accessed [3/16/22](#)]

(AZ-01) Message #4 Backup

Dr. Shah is an emergency room doctor who is committed to lowering health care costs and protecting abortion rights and a bipartisan former state representative who works with both parties to deliver results for Arizona families.

Dr. Shah Is An Emergency Room Doctor Who Is Committed To Lowering Health Care Costs And Protecting Abortion Rights And A Bipartisan Former State Representative Who Works With Both Parties To Deliver Results For Arizona Families.

Shah Was An E.R. Doctor And Bipartisan Former State Representative

Amish Shah Was An Emergency Room Doctor. “Shah was first elected to the House in 2018 in Legislative District 24, which covered parts of Phoenix and Scottsdale. After redistricting, the emergency room doctor was reelected out of Legislative District 5, which runs from northern Phoenix to the city's downtown area.” [ABC15, [2/1/24](#)]

HB2227, A Bill Sponsored By Shah, Enjoyed Bipartisan Support. “Some of Shah’s other key health bills don’t have bipartisan co-sponsorship, but he said have generally been widely supported by members from both parties. One of these bills, HB 2227, was passed by the House Health and Human Services committee on Jan. 31 in a 7-2 vote, and now awaits discussion in the House Appropriations Committee. The bill would appropriate \$1 million from the state general fund and nearly \$2.5 million from the Medicaid expenditure authority to the Arizona Health Care Cost Containment System (AHCCCS) for increasing enrollee six-week postpartum follow up visit rates for new mothers. Shah said this funding would lead to improved health outcomes for new mothers, noting that individuals covered by AHCCCS have a significantly low rate of follow up for their routine six-week postpartum appointment with their OBGYN. He said these check-ups were extremely important to address maternal mental health concerns, as well as the post-delivery physical exam. Shah said the ‘nay’ votes came from a few legislators’ financial concerns.” [State of Reform, [2/23/22](#)]

Shah Worked With Democrats And Republicans To Deliver Results For Arizona Families

HB2227, A Bill Sponsored By Shah, Enjoyed Bipartisan Support. “Some of Shah’s other key health bills don’t have bipartisan co-sponsorship, but he said have generally been widely supported by members from both parties. One of these bills, HB 2227, was passed by the House Health and Human Services committee on Jan. 31 in a 7-2 vote, and now awaits discussion in the House Appropriations Committee. The bill would appropriate \$1 million from the state general fund and nearly \$2.5 million from the Medicaid expenditure authority to the Arizona Health Care Cost Containment System (AHCCCS) for increasing enrollee six-week postpartum follow up visit rates for new mothers. Shah said this funding would lead to improved health outcomes for new mothers, noting that individuals covered by AHCCCS have a significantly low rate of follow up for their routine six-week postpartum appointment with their OBGYN. He said these check-ups were extremely important to address maternal mental health concerns, as well as the post-delivery physical exam. Shah said the ‘nay’ votes came from a few legislators’ financial concerns.” [State of Reform, [2/23/22](#)]

- The Bill Would Appropriate \$1 Million From The State General Fund And Nearly \$2.5 Million From The Medicaid Expenditure Authority To The Arizona Health Care Cost Containment System (AHCCCS) For Increasing Enrollee Six-Week Postpartum Follow Up Visit Rates For New Mothers. State of Reform reported, “Some of Shah’s other key health bills don’t have bipartisan co-sponsorship, but he said have generally been widely supported by members from both parties. One of these bills, HB 2227, was passed by the House Health and Human Services committee on Jan. 31 in a 7-2 vote, and now awaits discussion in the House Appropriations Committee. The bill would appropriate \$1 million from the state general fund and nearly \$2.5 million from the Medicaid expenditure authority to the Arizona Health Care Cost Containment System

(AHCCCS) for increasing enrollee six-week postpartum follow up visit rates for new mothers. Shah said this funding would lead to improved health outcomes for new mothers, noting that individuals covered by AHCCCS have a significantly low rate of follow up for their routine six-week postpartum appointment with their OBGYN. He said these check-ups were extremely important to address maternal mental health concerns, as well as the post-delivery physical exam. Shah said the ‘nay’ votes came from a few legislators’ financial concerns.” [State of Reform, [2/23/22](#)]

February 2022: Shah Co-Sponsored A Bipartisan Bill In The Arizona State Legislature That Would Implement Nondiscrimination Laws Against Members Of The LGBTQ Community. “In a move to show its political and moral support on issues of preserving religious rights while protecting members of the LGBTQ community, The Church of Jesus Christ of Latter-day Saints has joined with other stakeholders to support proposed legislation in Arizona. Church representatives gathered with local government and community leaders on the Senate lawn of the Arizona State Capitol on Monday morning, where the bill was first announced. The bill was to be filed Monday with the state’s legislature. The bill is being co-sponsored by Arizona’s Speaker of the House Rusty Bowers, a Republican and a member of the LDS Church, and Rep. Amish Shah, a Democrat. The bipartisan bill provides equality in housing, employment and more, including making it illegal to use conversion therapy.” [Daily Herald, [2/7/22](#)]

(AZ-01) Message #5 Backup

In the State House, Shah led the fight to block an extreme abortion ban from becoming law in Arizona. In Congress, he will fight to defend abortion rights and keep politicians out of personal medical decisions that should be between a woman and her doctor.

In The State House, Shah Led The Fight To Block An Extreme Abortion Ban From Becoming Law In Arizona. In Congress, He Will Fight To Defend Abortion Rights And Keep Politicians Out Of Personal Medical Decisions That Should Be Between A Woman And Her Doctor.

In The State House, Shah Led The Fight To Block An Extreme Abortion Ban From Becoming Law In Arizona

Arizona Legislature: SB 1457 “Requires Arizona Law To Be Interpreted And Construed To Acknowledge, On Behalf Of An Unborn Child At Every Stage Of Development, All Rights, Privileges And Immunities Available To Other Persons, Citizens And Residents Of Arizona, Subject Only To The U.S. Constitution And Decisions Of The U.S. Supreme Court.” According to the Arizona Legislature, on April 1, 2021, Shah voted against SB 1457, which “[p]rohibits acts related to an abortion based on genetic abnormality. Prohibits public educational institutions from outlined acts related to abortion. Requires outlined disclosures prior to an abortion. Enumerates rights granted to an unborn child. [...] An abortion may not be performed or induced without the voluntary and informed consent of the woman on whom the abortion is to be performed or induced. Except in the case of a medical emergency, and in addition to other requirements, consent to an abortion is voluntary and informed only if various statutory requirements and disclosures are met (A.R.S. § 36-2153). Requires Arizona law to be interpreted and construed to acknowledge, on behalf of an unborn child at every stage of development, all rights, privileges and immunities available to other persons, citizens and residents of Arizona, subject only to the U.S. Constitution and decisions of the U.S. Supreme Court.” The vote passed with 31 in favor and 29 against. Governor Ducey signed the bill into law on April 27, 2021. [Arizona Legislature, SB 1457, [3/24/22](#); Bill Summary, [2/1/22](#)]

- **Shah Voted Against SB 1457.** [Arizona Legislature, SB 1457, House Final Reading, Action Date [4/22/21](#)]
- **Reuters: “A Federal Judge... Blocked A 2021 Arizona Law Recognizing The Personhood Of A Fetus**

From The Moment Of Fertilization, Siding With Abortion Providers Who Said The Measure Was Too Vague And Exposed Them To Prosecution. “A federal judge on Monday blocked a 2021 Arizona law recognizing the personhood of a fetus from the moment of fertilization, siding with abortion providers who said the measure was too vague and exposed them to prosecution.” [Reuters, [7/12/22](#)]

In Congress, Shah Will Fight To Defend Abortion Rights And Keep Politicians Out Of Personal Medical Decisions That Should Be Between A Woman And Her Doctor

Shah: “I’m 100% Pro-Choice.” SHAH: “I stand for Universal Health Care, including Reproductive Rights. I’m 100% pro-choice.” [Amish for Arizona, accessed [9/6/24](#)]

July 2022: Shah Tweeted That “We Must Codify Roe V. Wade.” According to Shah in a tweet, “Bodily autonomy is one of the core principles of medicine. End of story. We must codify #roevwade. I will do everything in my power at the Arizona State Legislature to reclaim the right to choose.” [Amish Shah, MD, Twitter, [7/9/22](#)]



Amish Shah, MD 
@DrAmishShah

Bodily autonomy is one of the core principles of medicine. End of story. We must codify [#roevwade](#). I will do everything in my power at the Arizona State Legislature to reclaim the right to choose.

1:01 PM · Jul 9, 2022

[Amish Shah, MD, Twitter, [7/9/22](#)]

(AZ-01) Message #6 Backup

In the State House, Shah worked with both parties to lower the cost of health care and require insurance companies to cover more services. In Congress, he will stand up to the big drug companies and fight to require Medicare to negotiate lower prices for more prescription drugs.

In The State House, Shah Worked With Both Parties To Lower The Cost Of Health Care And Require Insurance Companies To Cover More Services. In Congress, He Will Stand Up To The Big Drug Companies And Fight To Require Medicare To Negotiate Lower Prices For More Prescription Drugs.

In The State House, Shah Worked With Both Parties To Lower The Cost Of Health Care And Require Insurance Companies To Cover More Services

HB2227, A Bill Sponsored By Shah, Enjoyed Bipartisan Support. “Some of Shah’s other key health bills don’t have bipartisan co-sponsorship, but he said have generally been widely supported by members from both parties. One of these bills, HB 2227, was passed by the House Health and Human Services committee on Jan. 31 in a 7-2 vote, and now awaits discussion in the House Appropriations Committee. The bill would appropriate \$1 million from the state general fund and nearly \$2.5 million from the Medicaid expenditure authority to the Arizona Health Care Cost Containment System (AHCCCS) for increasing enrollee six-week postpartum follow up visit rates for

new mothers. Shah said this funding would lead to improved health outcomes for new mothers, noting that individuals covered by AHCCCS have a significantly low rate of follow up for their routine six-week postpartum appointment with their OBGYN. He said these check-ups were extremely important to address maternal mental health concerns, as well as the post-delivery physical exam. Shah said the ‘nay’ votes came from a few legislators’ financial concerns.” [State of Reform, [2/23/22](#)]

- **The Bill Would Appropriate \$1 Million From The State General Fund And Nearly \$2.5 Million From The Medicaid Expenditure Authority To The Arizona Health Care Cost Containment System (AHCCCS) For Increasing Enrollee Six-Week Postpartum Follow Up Visit Rates For New Mothers.** “Some of Shah’s other key health bills don’t have bipartisan co-sponsorship, but he said have generally been widely supported by members from both parties. One of these bills, HB 2227, was passed by the House Health and Human Services committee on Jan. 31 in a 7-2 vote, and now awaits discussion in the House Appropriations Committee. The bill would appropriate \$1 million from the state general fund and nearly \$2.5 million from the Medicaid expenditure authority to the Arizona Health Care Cost Containment System (AHCCCS) for increasing enrollee six-week postpartum follow up visit rates for new mothers. Shah said this funding would lead to improved health outcomes for new mothers, noting that individuals covered by AHCCCS have a significantly low rate of follow up for their routine six-week postpartum appointment with their OBGYN. He said these check-ups were extremely important to address maternal mental health concerns, as well as the post-delivery physical exam. Shah said the ‘nay’ votes came from a few legislators’ financial concerns.” [State of Reform, [2/23/22](#)]

2022: Shah Voted In Support Of HB 2144, Which Required Hospitals To Cover Biomarker Testing.

According to the Arizona State Legislature, Shah voted in support of HB 2144, “Be it enacted by the Legislature of the State of Arizona: Section 1. Title 20, chapter 4, article 3, Arizona Revised Statutes, is amended by adding section 20-841.13, to read: 20-841.13. Biomarker testing; coverage; definitions A. A hospital service corporation or medical service corporation that issues, amends, delivers or renews a subscription contract on or after January 1, 2023 shall provide coverage for biomarker testing.” The bill passed the Senate by a vote of 25 to 2 with 3 not voting. Then, the bill passed the House by a vote of 52 to 4 with 4 not voting. Governor Ducey signed the bill into law on 5/6/22. [Arizona State Legislature, HB 2144, [5/2/22](#)]

- **2022: Governor Ducey Signed HB 2144, Which Required Hospitals To Cover Biomarker Testing “When There’s A Clinical Need.”** “Before signing the bill at the Dignity Health Cancer Institute at St. Joseph’s Hospital and Medical Center in Phoenix, the governor said Arizona now joins only a handful of other states in requiring health insurance plans to cover biomarker testing when there’s a clinical need. ‘These types of tests have become a crucial part of cancer and other disease therapies and should be available to everyone who wants one,’ said Governor Ducey. ‘Biomarker tests save lives. They help doctors determine the best course of treatment, prevent unnecessary treatments and will help us cure diseases like cancer in the future. No one should be denied this information.’ The legislation, H.B. 2144, was sponsored by Rep. Regina Cobb of Kingman and passed with strong bipartisan support in the Arizona House and Senate.” [AZ Big Media, [5/8/22](#)]

In Congress, Shah Will Stand Up To The Big Drug Companies And Fight To Require Medicare To Negotiate Lower Prices For More Prescription Drugs.

Shah: Costs Of Health Care Are “A Kitchen Table Issue.” “At least six Democratic doctors are running for competitive House seats this cycle, several of whom are state legislators and are building their brands around addressing the high cost of health care. ‘It’s a kitchen table issue,’ said Amish Shah, an emergency room doctor and Arizona state representative, who is trying to flip Rep. David Schweikert’s seat. ‘People spend a large amount of their monthly income on health care costs.’” [Axios, [4/2/24](#)]

Shah Committed To Stand Up “To Big Pharma To End The Price Gouging Of Essential Medications Like Insulin” And Work To Lower Costs. “Dr. Shah is an emergency room physician who is committed to lowering healthcare costs and standing up to Big Pharma to end the price gouging of essential medications like insulin. [...]

In Congress, he'll work to lower costs for hardworking Arizonans and protect abortion rights.” [Amish for Arizona, About, accessed [9/6/24](#)]